Minutes of the Quality of Care and Patient Safety Committee meeting of the Board of Managers of the Dallas County Hospital District, held Wednesday, August 27th, 2025, scheduled for 10:00 a.m. in the WISH building Executive Conference Room 02-175 at Parkland Health and via Webex. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Elizabeth Palacios, MD, noted that a quorum was physically present and called the meeting to order at 10:01 a.m. Committee members Eric G. Bing, MD, and Farida Minner, RN attended in person.

Board Member attendees included: Marjorie Petty, JD, Ramon Miguez, PE, and Vincent Hall, and Reina Gonzalez, JD.

Staff Present (via Webex and in-person) included:

Brett Moran, Chief Health Officer
Carmen Bowling, Interim SVP Nursing
Donna Richardson, EVP & Chief Nursing Officer
Dawn Marchetto, SVP/Nursing
Edmundo Castañeda, EVP & Chief Operating Officer
Fred Cerise, President & CEO
Gretchen Blake, VP Quality & Clinical Effectiveness via Webex
James Griffin, President of the Medical Executive Committee
Judy Herrington, SVP Nursing via Webex
Karen Garvey, VP Safety & Clinical Risk Management
Kathleen Doherty, VP Nursing Surgical Services
Maggie Palmer, VP/Medical Staff Professional Services
Marlin Suell, Chief of Police
Michael Lane, SVP & Chief Quality and Safety Officer
Michelle Ng, Administrative Resident
Morgan Simmons, Governance Program Coordinator
Nneka Egbuniwe, VP Deputy General Counsel
Saul Cordero, SVP & Chief Governance & Strategy Officer

Attendees via Webex:

DeLancey Johnson - Senior Vice President, Associate Chief Talent Officer
Elaine Duryea, MD – Service Chief, Obstetrics
Omaira Azizad, MD – Assoc. Chief Quality and Safety Officer; Dir., Anesthesia Quality and Safety

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Executive Session – Quality & Patient Safety Operations Section

At 10:03 a.m. the Committee moved into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

Members of management were excused from the discussion of topics, as necessary.

In executive session, the Committee received the presentation and reports as specified in the posted agenda.

I. Executive Session: Quality & Patient Safety Operations (QSO)

Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occupations. Code §160.007

A. **Update and Report by Chief Quality and Safety Officer**
Includes briefing from Executive Quality Committee (EQC)

B. **Review of Safety Event Cause Analysis (CA) Case(s)**
Shared learnings from recent safety event(s) with associated guide

C. **Update and Report Regarding Quality-Related Key Performance Indicators (KPIs)**
Reports for quality improvement project(s) throughout the enterprise

1. Workforce Safety Update
Biannual report on workplace violence and efforts to reduce events

2. Department Performance Improvement Committee (PIC)/ Clinical Quality Committee (CQC) Annual Presentation(s)
Annual report from service lines related to quality and safety
   a. Anesthesia CQC

D. Update and Report Regarding Patient Satisfaction: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
Biannual report for patient satisfaction scores and activities

II. Possible Deliberation Regarding the Following

A. Executive Summaries
Overview of QSO departmental reports

B. Hospital Clinical Excellence Operating Review Update
Monthly update of quality key performance indicators (KPIs) for Inpatient Care

C. Population Health Clinical Excellence Operating Review Update
Monthly update of quality key performance indicators (KPIs) for Population Health

D. Cause Analysis (CA) Log
List of upcoming cause analysis case reviews

E. Quality and Safety Operations FY2026 Annual Budget
Annual summary of QSO budget

F. Update and Report Regarding Contracts Oversight Committee
Biannual summary of quality monitoring for contracted patient services

G. Parkland Policy: IP 1-00 Authority Statement and Program Elements for Infection Prevention – Executive Summary

H. Parkland Policy: IP 1-00 Authority Statement and Program Elements for Infection Prevention – redline version

I. Parkland Policy: IP 1-00 Authority Statement and Program Elements for Infection Prevention – clean version

~ end of Quality Portion of QBOM Agenda

VI. Executive Session: Medical Executive Committee ("MEC")

James D. Griffin, MD, President of the Medical Executive Committee, discussed the items posted on the agenda starting at 11:19 am.

A. Consideration and Appropriate Action Regarding Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers

1. Medical Staff and Non-Physician Clinical Providers to Parkland Health
   a. Credentialing Report
   b. Delineation of Privileges (DoPs)
      i. Core Privilege FPPE Resolution – Update
      ii. Pathology DoP – Full Revision
      iii. OB/Gyn Triage – Add HIPEC

VII. **Executive Session: Discussion regarding report and/or information provided by the Chief Quality Safety Officer and related items on this agenda.**
The Committee conducted a discussion with the Chief Quality & Safety Officer, SVP, Michael Lane, without other members of management present.

VIII. **Executive Session: Discussion regarding report and/or information provided by the Medical Executive Committee President and related items on this agenda.**
The Committee conducted a discussion with the Medical Executive Committee President, Dr. James Griffin without other members of management present.

Chair adjourned Executive Session and moved into Open Session at 11:57 am.

IX. **Action Items (Open Session)**

A. Consideration and Appropriate Action Regarding: Policy: IP 1-00 Authority Statement and Program Elements for Infection Prevention
B. Consideration and Appropriate Action Regarding Quality & Safety Operations Department FY26 Budget Report
C. Consideration and Appropriate Action Regarding MEC Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers
    1. Credentialing Report
    2. Delineation of Privileges (DoPs)
        a. Core Privilege FPPE Resolution – Update
        b. Pathology DoP – Full Revision
        c. OB/Gyn Triage – Add HIPEC

Eric Bing motioned to approve the Medical Executive Committee Recommendations, Delineation of Privileges, Credentialing Report, Policy Amendments and FY26 Department Budget. Farida Minner seconded the motion. The motion passed unanimously.

X. Follow-Up Requests: None

XI. Closing Remarks

XII. Adjourn

With no further business to discuss, Committee Chair Elizabeth Palacios, MD, adjourned the meeting at 12:06 pm.

SO RECORDED:

Elizabeth A Palacios, MD
Elizabeth A Palacios, MD (Oct 18, 2025 19:41:37 CDT)

Elizabeth Palacios, MD
Committee Chair

Steven Roth
Steven Roth (Oct 1, 2025 14:19:41 CDT)

Steven Roth, JD, MPH
Assistant Secretary