Minutes of the Board of Managers meeting of the Dallas County Hospital District, held Wednesday, February 26th, 2025, scheduled for 12:50 PM. (or immediately following the HOMES meeting) in the WISH Building 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

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 12:56 PM.

Board Member attendees included: Vincent Hall, Lisa Sutter, Todd Furniss, JD, Eric G. Bing, MD, Farida Minner, RN, Byron Cryer MD, Yasmin J Simon, and Elizabeth palacios, MD.

Board members Reina Gonzalez and Ramon Miguez were not present.

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

Blanca Garcia, Strategy Director
Brett Moran, Chief Health Officer
Donna Richardson, EVP & CNE
Edmundo Castañeda, EVP & Chief Operating Officer
Fred Cerise, President & Chief Executive Officer
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Strategy Program Manager
James Orrison, Administrative Resident
Joseph Chang, SVP & CMO
Jessica Hernandez, SVP & Chief Health Equity Officer
Joe Longo, Chief Information Officer
Keri Disney-Story, VP/Clinical Finance
Lance Mendiola, Interim VP Facilities
Morgan Simmons, Governance Program Coordinator
Melanie Roberts, SVP/Chief Compliance & Ethics Officer
Michael Lane, SVP Chief Quality and Safety Officer
Michael Malaise, SVP Communications Ext Affairs
Monal Shah, SVP ACMO Clinical Strategy & Value
Pamela Bryant, SVP/Supply Chain Management
Rick Humphrey, EVP & Chief Financial Officer
Samia Zia, Director Strategy
Saul Cordero, SVP & Chief Governance & Strategy Officer
Shannan Bradley, VP Care Mgmt Post Acute Services
Steven Roth, EVP & Chief Legal Office
Steve Miff, CEO - PCCI
Stephanie Crank, RN Prof Development Practitioner

Additional Attendees:
Socorro Salazar, Dallas County Commission (via Webex)
Alison Leonard, Blue Cottage of Cannon Design
Juliet Rogers, Blue Cottage of Cannon Design
Debbie Jacobs, Blue Cottage of Cannon Design
Jake Meyer, Blue Cottage of Cannon Design
Reverend Matthew Norton, Clinical Pastora Education

II. Mission Statement

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

III. Invocation

Rev. Matthew Norton offered an invocation at the beginning of the meeting.

IV. Public Comments Regarding Non-Agenda Items

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

V. Public Comments Regarding Agenda Items

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

VI. Conflicts of Interest

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

VII. Consent Agenda: Minutes

A. Consideration and Appropriate Action Regarding Minutes 2025-01-15 Facilities Committee
B. Consideration and Appropriate Action Regarding Minutes 2025-01-28 Audit Committee
C. Consideration and Appropriate Action Regarding Minutes 2025-01-28 Budget & Finance Committee
D. Consideration and Appropriate Action Regarding Minutes 2025-01-29 Quality of Care & Patient Safety Committee
E. Consideration and Appropriate Action Regarding Minutes 2025-01-29 Board of Managers

VIII. Consent Agenda: Contracts

Consideration and Appropriate Action Regarding Contracts over $200,000 **(See Attached List of Contracts)**

IX. Consent Agenda: Capital Substitutions

Consideration and Appropriate Action Regarding Capital Substitutions **(See Attached List of Substitutions)**

X. Consent Agenda: Other

A. Consideration and Appropriate Action regarding Parkland's PCCI Services Agreement and IP Transfer Agreement

B. Consideration and Appropriate Action Regarding Annual Sustainability Strategic Plan

C. Consideration and Appropriate Action Regarding Office of the Governor/Public Safety Office General Victim Assistance Grant and First Responders Mental Health Grant

D. Consideration and Appropriate Action regarding Parkland's PCCI Services Agreement and IP Transfer Agreement

E. Consideration and Appropriate Action Regarding Annual Sustainability Strategic Plan

F. Consideration and Appropriate Action Regarding Record Retention Policy SYS.LEG.007

XI. Consent Agenda: Medical Executive Committee Items

G. Consideration and Appropriate Action Regarding Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers

Marjorie Petty asked for a motion to approve the consent agenda. Todd Furniss motioned for approval. Lisa Sutter seconded. The motion carried unanimously.

XII. Reports Requiring Deliberation(s) or Approval(s)

A. Strategic Facilities Plan Review of Current State

Juliet Rogers from Blue Cottage of Cannon Design introduced the agenda for the presentation on the current state of the Strategic Facilities Plan. Following Juliet, Alison Leonard presented the project schedule and reminded the Board that the plan is on track for phase three which reviews the current state and looks ahead at the future state as well. Alison let the Board know of the next time they will hear from Blue Cottage on the future state analysis which will be in May 2025. Debbie Jacobs reminded the Board of their trade-off activity outputs from the last Board meeting. Two takeaways from the last activity showed the desire to move off campus into the community in different aspects and focus on prevention of disease alongside treating disease. Debbie reviewed the stakeholder engagement overview from November 2024-January 2025 and presented the

general feedback from the strategic interviews. Jake Meyer reviewed the patient origin analysis by subregion and service for FY24 (inpatient discharges, outpatient encounters and radiology encounters etc.). Jake mentioned the amount of activity and health needs in the Southeast region of Dallas County and engaged the Board in discussion on the need for services in that region. Jake presented on the baseline capacity overview data from FY24 and discussed the implications in different departments such as ambulatory, inpatient emergency department, surgery, and radiology among others. Next, Alison presented on the need for optimizing administrative workspace and utilizing the existing hybrid work practices in the most efficient way. Alison also presented on the integration strategies or digital and telehealth to improve outpatient access.

Executive Session

At 1:33 pm., the Board went 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.

A. Strategic Facilities Plan Review of Current State – Potential New Service Lines and Property/Land Strategy *Tex. Gov't Code §§551.072, §§551.085*

Chair adjourned Executive Session and moved into Open Session at 1:57 pm.

B. CEO Update on System Operations

Dr. Cerise presented on the Parkland vacancy rate. Dr. Cerise mentioned that the FYTD25 rate is 5.7% versus 5.1% from FY24. When looking at nursing vacancy rates specifically, there is a slightly higher vacancy rate although Parkland is doing much better than other regional rates. This also plays a role in Parkland's overall turnover rate which is low as of FYTD25 at 11.0% under the target of 13.6%. Dr. Cerise highlighted the hospital income statement from January 2025. The month of January was a strong month financially with mostly positive variances compared to budget and volumes. Dr. Cerise mentioned the ongoing conversation between Parkland and the state legislators regarding the federal implications being proposed and their affects on Parkland.

C. Discussion Regarding Length of Stay (LOS) Performance

Dr. Monal Shah and Shannon Bardley presented an overview of Parkland's current Length of Stay (LOS) data. Monal defined observation care which is a well-defined set of specific clinically appropriate services which include ongoing short-term treatment as defined by CMS. Monal reminded the Board that observation length of stay does not go into the inpatient length of stay calculation. Monal discussed the slight rise in length of

stay based on seasonal changes between October and current length of stay. Monal presented on the volume by length of stay and discussed the impact that some of our longer length of stay patient (30 days or more) have on the overall data. Monal presented data to the Board that showed 97.5% of patients at Parkland are discharged by day 30. Monal mentioned the various reasons for an increase in length of stay as it pertains to behavioral health and the inpatient psych unit which caused the overall LOS to rise by 58% since 2019.
Shannan Bradley discussed the intervention strategies that have recently impacted Parkland's LOS. Enhanced communication and decision making among leadership and delegated contacts for hospice and Home Health have helped reduce the average LOS. Additionally, targeting a multidisciplinary approach for patients who have a LOS greater than 15 days and addressing discharge barriers have improved the LOS. Shannan presented the contract costs as they relate to nursing homes, hospice, residential care, recuperative care, and cardinal wing. These initiatives along with others, have positively impacted the length of stay at Parkland.

D. Discussion Regarding Parkland's Artificial Intelligence Governance Resolution
Joe Longo, Brett Moran, and Roshan Thayil presented the AI Governance Resolution. Brett Moran outlined the necessity to stay up to date with the growth of AI in healthcare and how Parkland is a frontline leader in the industry. Joe Longo discussed the importance of continuing Parkland's leadership in responsible AI use, which has already improved patient care quality, reduced resource utilization, and enhanced staff job satisfaction. They emphasized the need to consider both the value and risks of AI solutions, particularly those involving Automated Decision-Making Support (ADMS) AI, which require heightened scrutiny. The Board recognized various frameworks for AI governance and stressed the importance of including AI-related risk assessment and mitigation in corporate compliance programs and ensuring governance structures are flexible to respond to changing laws and industry standards. The resolution includes coordinating stakeholders for responsible AI use, establishing a framework for AI governance and oversight, identifying and assessing AI-related risks, monitoring and mitigating these risks, ensuring consistent policies and communications, committing to transparency in AI use, disseminating internal and external communications, protecting Parkland's data, continuing thought leadership in ethical AI use, and regularly reporting to the Board on AI-related issues.

E. Update and Report on PCCI Initiatives
Steve Miff presented an update on PCCI initiatives. Steve began with presenting PCCI's organizational AI leadership in the Nation through the National Academy of Medicine AI Adoption and Code of Conduct, NIST, Health Evolution and more. Steve presented an update on the geo-hospital non-medical drivers of health derived from precise calculations tailored to the subregions which are based on 9 state-wide data sources. This tool provides localized insight, root cause analysis for leading health vulnerabilities and

precise targeted indicators. The proxy individual NMDOH tool can utilize block group determinants of health as a proxy for individuals based on their area. Steve next presented on the CVC planned improvements for county mapping to allow access to vital clinical services. Steve reviewed the current PCCI AI models deployed at Parkland along with certain pilot models that are running on silent-mode and will be employed in the future.

F. Discussion Regarding Board Self Evaluation

Marge Petty engaged the Board in a round table discussion regarding the aggregate data from the post-meting Board surveys over the past year. Marge reminded the Board that these are complimentary to the bi-annual Board self-assessment survey through The Governance Institute which allows the Board to reflect on best practices and Board composition.

Following the Board Self Evaluation discussion, Marjorie Petty asked for a motion to approve the AI Governance Resolution while in open session. Todd Furniss motioned for approval. Vincent Hall seconded. The motion carried unanimously.

Scheduled 5 Minute Break

XIII. Executive Session

At 3:20 pm., the Board went 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.

H. Update and Report Regarding Parkland's Cybersecurity Ongoing Initiatives
Tex. Gov't Code § 418.183(f).

I. Consultation with Attorney Regarding Board Deliberation and Applicable Texas Law
Tex. Gov't Code §551.071

Chair adjourned Executive Session and moved into Open Session at 4:10 pm.

XIV. Adjourn

With no further business to discuss, the Chair adjourned the meeting at 4:11 p.m.

SO RECORDED:

Marjorie D. Petty
Marjorie D. Petty (Mar 31, 2025 08:42 CDT)

Marjorie D. Petty, JD
Chair

Steven Roth
Steven Roth (Mar 28, 2025 16:22 CDT)

Steven Roth, JD, MPH
Assistant Secretary

Appendix A (Contracts Reviewed for Appropiate Action)

Item	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.	MWBE %	MWBE Gender	MWBE Ethnicity
February 26, 2025												
Medical Products and Services												
M1	Expense	Mod # 1 Professional Services (Geriatric Primary Care, Pathways Forward and Recuperative Care Programs)	Joseph F. Benenate, D.O.	3/13/2020 - 3/12/2026	$44,000	$200,400	Contract Extension without Competition	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Lisa Cross / Kathleen Lamy, Post-Acute Service	N/A	N/A	N/A
Construction and Facilities												
C1	Capital	Venue Go RS Ultrasounds	GE Healthcare	Last Signature – 3/3/2026	$451,496	$451,496	GPO Purchase	Yes	Patrick Eaton, Clinical Engineering	N/A	N/A	N/A
C2	Capital	Laser System + Neximer	Philips Healthcare	Last Signature – 3/6/2026	$240,000	$240,000	GPO Purchase	Yes	Shilpa Shakalli, Clinical Engineering	N/A	N/A	N/A
Information Technology												
IT1	Expense	Mod # 3 Revuud IT Consultant	Revuud Inc	12/2/2024 - 12/5/2025	$125,580	$270,480	Sole Source Modification	Yes	Cynthia Hamilton and Leilei Olsson	0%	N/A	N/A
Hospital Operations												
O1	Revenue	Mod # 1 Funding Request Sushi Revenue Contract	Advanced Fresh Concepts	7/1/2023 - 6/30/2026	($701,000)	($900,000)	Non-Sole Source Modification	N/A-Revenue	Eric Walker, Nutrition Services	N/A	N/A	N/A
O2	Revenue	Administrative Services (PCCI)	Parkland Center for Clinical Innovation	3/1/2025 – 2/29/2028	($1,328,304)	($1,328,304)	Contract with Affiliate	N/A-Revenue	Richard Humphrey, Finance	0%	N/A	N/A
Ratification/Deviation/Informational Only												
R1	Expense-Ratification	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Sole Source	Expense-Ratification	[illegible]	[illegible]	[illegible]	[illegible]
R2	Expense-Ratification	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	N/A- no modification to contract was required and no additional funds expire	Yes	[illegible]	N/A	N/A	N/A
R3	Capital-Equipment Donation	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Non-Sole Source Modification	Yes	[illegible]	[illegible]	[illegible]	[illegible]

Parkland Health
FY2025 Capital Substitution
For February 2025 Board Meeting

Ref #	Division	Project Total	Substitution Amount	Description
1	Information Technology	$2,812,730	$163,116	**Cerner Equipment Replacement**
	Explanation	This request is for Cerner equipment replacement for medical device interfaces. The current platform has been discontinued by the manufacturer and is no longer supported, leading to the unavailability of replacement parts/interfaces for new patient monitoring systems, which are intended to integrate with EPIC. This equipment will automate the transfer of patient vitals from medical instruments directly into Epic, without the need for human data entry and intervention. This hardware reduces errors and liability. This initiative is part of the ongoing maintenance of the current equipment, which is now in its ninth year.		
	Driver(s) of Increased Expense:	Increase in price since the original quote was received		
	Description of Item:	Hardware replacement		
2	Laboratory Services	$241,120	$241,120	**Slide Stainers (2)**
	Explanation	A "slide stainer" in anatomic pathology is a specialized automated machine used to stain tissue samples, which are mounted on microscope slides. This allows for better visualization of cellular structures under a microscope by a pathologist. Both slide stainers to be replaced were approved and funded for replacement in a prior fiscal year, but the equipment that was purchased did not pass validation testing. Multiple attempts were made with the vendor to resolve the testing/validation issues but the issues couldn't be resolved. Ultimately, the originally purchased equipment had to be returned to the vendor in exchange for alternate, non-slide staining products (slide scanner and cryostat), which were needed as well.		
	Driver(s) of Increased Expense:	Return of previously approved/purchased slide stainers for alternate products		
	Description of Item:	Slide stainers		
	Grand Total	**$5,053,850**	**$404,236**	