Minutes of the Quality of Care and Patient Safety Committee meeting of the Board of Managers of the Dallas County Hospital District, held Wednesday, September 24th, 2025, scheduled for 9:00 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 9:08 a.m. Committee members Eric G. Bing, MD, and Farida Minner, RN Byron Cryer, MD, and Todd Furniss, JD attended in person.

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

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

Brad Nitschke, Interim EVP Legal Affairs
Brett Moran, Chief Health Officer
David Alexander, SVP Nursing
Donna Richardson, EVP & Chief Nursing Officer
Edmundo Castañeda, EVP & Chief Operating Officer
Fred Cerise, President & CEO
Gretchen Blake, VP Quality & Clinical Effectiveness
Geoffrey Camp, VP Behavioral Health Services
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
Michael Lane, SVP & Chief Quality and Safety Officer
Michelle Ng, Administrative Resident
Morgan Simmons, Governance Program Coordinator
Saul Cordero, SVP & Chief Governance & Strategy Officer

Attendees via Webex:

Jessica Porembka, MD - Quality Assurance Medical Director, Parkland Radiology
Christopher Heid, MD – Service Chief, Cardiovascular Thoracic Surgery
Jody C. Hayes, MD - Medical Director, Breast Imaging
Navid Sadeghi, MD, MS – Service Chief, Global Oncology
Jenni Burnes, MHA – Vice President, Imaging Services
Samuel P. Mandell, MD, MPH, FACS, FABA – Chief Burn Surgery
Douglas Sammer, MD – Chief Plastic Surgery
Andrew Crisologo, DPM – Medical Director-Surgery

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 9:09 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. Department Performance Improvement Committee (PIC)/ Clinical Quality Committee (CQC) Annual Presentation(s)
Annual report from service lines related to quality and safety
   a. Burn CQC
   b. Surgery PIC

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. Cause Analysis Cumulative Falls Report
Quarterly report for patient falls

F. Update and Report on Parkland Nursing Home Administrative Quality Report
Biannual report on key performance indicators

~ 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 10:06 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. Neurosurgery DoP – Full Revision
        ii. Child Neurology DoP – Full Revision
        iii. Non-Physician Clinical Provider Staff Radiology DoP – Full Revision
        iv. Cardiology DoP – Triage
        v.

VII. **Executive Session: Discussion regarding report and/or information provided by the Chief Quality Safety Officer and related items on this agenda.**
The Committee did not conduct 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 11:07 am.

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

A. 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. Neurosurgery DoP – Full Revision
      b. Child Neurology DoP – Full Revision
      c. Non-Physician Clinical Provider Staff Radiology DoP – Full Revision
      d. Cardiology DoP – Triage

Todd Furniss motioned to approve the Medical Executive Committee Recommendations, Delineation of Privileges, and Credentialing Report. Byron Cryer 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 11:08 am.

SO RECORDED:

Elizabeth Palacios,MD
Elizabeth Palacios,MD (Oct 31, 2025 06:44:27 CDT)

Elizabeth Palacios, MD
Committee Chair

Steven Roth
Steven Roth (Nov 5, 2025 15:40:31 CST)

Steven Roth, JD, MPH
Assistant Secretary