Governance, Compliance and Ethics

Agenda

Committee Members
Chair: Reina Gonzalez, JD
Byron Cryer, MD
Ramon Miguez, PE
Jeff Tillotson, JD
Marjorie Petty, JD

Agenda for the ***Governance, Compliance and Ethics Committee Meeting of the Board of Managers*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, August 5, 2026, at 11:00 AM***, at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Executive Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. Videoconferencing access is also possible via WebEx. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2304 317 2650; meeting password: 1234) to join the meeting. The ***Governance, Compliance and Ethics Committee*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Governance, Compliance and Ethics Committee*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

	PAGE	TIME (MIN)	PRESENTER(S)
I. Declare a Quorum Present/Call to Order/Mission Statement ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and **C**ollaboration **A**ccountability **R**espect **E**quity The agenda has been developed by the Chief Governance Officer in consultation with the Board Chair and reviewed and affirmed by Counsel.			Chair

	PAGE	TIME (MIN)	PRESENTER(S)
II. Public Comments Regarding Agenda Items *See public comment registration information and rules at https://www.parklandhospital.com/board-of-managers*			
III. Reports Requiring Deliberation(s) or Possible Action A. Presentation of the Charters of the Standing Committees of the Board of Managers i. Audit Committee ii. Budget & Finance Committee iii. Governance, Compliance & Ethics Committee iv. Quality of Care & Patient Safety Committee v. Talent Development & Executive Compensation Committee	*6-31*	10	Saul Cordero
B. Presentation of Proposed Changes to Parkland Policy SYS.LEAD.004, *Organizational Plan*	*32*	5	Brad Nitschke, JD
C. Discussion and Consideration of Recommendations and Action Plan from the April 11, 2026, Board Governance Retreat	*53*	20	Saul Cordero
D. Presentation of the Revised Code of Conduct and Ethics	*79*	5	Melanie Roberts
E. Presentation of the Fiscal Year 2027 Compliance and Ethics Department Budget	*81*	5	Melanie Roberts
IV. Executive Session Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007; Tex. Gov't Code §§551.071			
A. Institutional Ethics Committee Report (Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007)	*83*	15	Jennifer Wimberly, MD
B. Review and Potential Discussion on the Following Compliance and Ethics Reports (Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007) i. FY26 Compliance Risk Assessment & Enterprise Risk Management Survey ii. FY27 Compliance Work Plan Focus Areas iii. Department Resources & Vendor Products Optimization Plan iv. Compliance Program Policy Action Plan v. FY26 Annual Work Plan, Departmental Goals and/or Objectives Dashboard	*103*	10	Melanie Roberts

	PAGE	TIME (MIN)	PRESENTER(S)
vi. Compliance Audit Program Enhancement			
C. Attorney-Client Privileged & Confidential Review and Discussion of Quarterly Report of Open Compliance Reviews and Audit Reports (Tex. Gov't Code §551.071)	*114*	10	Brad Nitschke, JD Roshan Thayil
D. Discussion Regarding Report and/or Information Provided by the Chief Compliance & Ethics Officer and Related Items on this Agenda (Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007)		10	Chair
V. Executive Session – Possible Deliberation Regarding Documents Received by the Committee Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007; Tex. Gov't Code §§551.071			
A. Quarter Three Fiscal Year 2026 (Q3 FY26) Compliance and Ethics Department Reports:	*117*		Chair
i. Exclusion Screening Results			
ii. Conflicts of Interest Program Activities and Dashboard			
iii. Compliance Audit Dashboard			
iv. Investigations Dashboard with Description of Industry Benchmark Categories			
v. Key Performance Indicators with Methodology, Metrics and Measurements			
vi. Code of Conduct and Ethics: 2026 Summary of Changes			
vii. Recommendations from Outside Counsel Regarding the Governance Retreat Executive Findings	*132*		
VI. Action Item			
A. The Board may take action on any agenda item(s) above			Chair
VII. Closing Remarks			
VIII. Adjourn			

III. Reports Requiring Deliberation(s) or Possible Action

III. Reports Requiring Deliberation(s) or Approval

III (A). Presentation of the Charters of the Standing Committees of the Board of Managers

i. Audit Committee
ii. Budget & Finance Committee
iii. Governance, Compliance & Ethics Committee
iv. Quality of Care & Patient Safety Committee
v. Talent Development & Executive Compensation Committee

Parkland

Parkland Health Board of Managers Committee Charters
Executive Summary

Background:

- Charters last approved by the Board of Managers November 19, 2025
- Current charters up for approval by the Board of Managers August 26th, 2026

Key Revisions:

- **Audit Committee** (approved at 6/11 Audit)
  - Addition of the Chief Legal Officer as a committee liaison
  - Addition of committee responsibility of management oversight applicable by law
  - Addition of language to the Legal Oversight section regarding review of litigation matters
- **Budget, Finance and Infrastructure Committee** (approved at 7/28 meeting)
  - Addition of responsibility to exercise general oversight on proposals, projects, equipment purchase and construction within the hospital district
  - Assuming duties of the no longer active Facilities Committee

- **Governance, Compliance and Ethics Committee Charter**
  - To be determined on August 6th (no recommendations at this time)

- **Quality of Care and Patient Safety Committee Charter** (approved at 7/29 QBOM)
  - Annual review of the quality program changed from every three to every five years
  - Annual quality training will be completed as designated by the Chief Quality and Safety Officer

- **Talent Development and Executive Compensation Committee Charter** (approved at 5/6 TDEC)
  - Potential revision to the purpose section of the committee charter

Parkland

PARKLAND HEALTH
Audit Committee Charter

The Board of Managers (the "Board") of Parkland Health ("Parkland") has authorized the formation of an Audit Committee (the "Committee") and approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Committee, a standing committee of the Board, assists the Board in fulfilling its oversight responsibilities for the financial reporting process, the system of internal controls, the audit process, and the organization's process for monitoring compliance with laws and regulations.

The primary goals of the Committee are to: (a) assist the Board in fulfilling its fiduciary responsibilities relating to Parkland's legal and financial compliance with applicable laws, regulatory requirements, industry guidelines, and policies; (b) oversee applicable accounting and auditing reporting practices reflecting the condition of Parkland; (c) provide a vehicle for communication between the Board and management of Parkland with regard to proper operation of Parkland, (d) to receive and review audit reports prepared by internal and external auditors; and (e) direct the performance of special projects.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of the Chair and at least two other Board members. The executive liaisons to the Committee shall be the Chief Audit Executive and the General Counsel and Chief Legal Officer (CLO) and the Chief Governance Officer who shall assist the Committee and the Committee Chair in discharging their responsibilities. ~~. The Chief Governance Officer shall assist the Committee and the Committee Chair in discharging their responsibilities.~~ No member of the Committee shall be an officer or employee of Parkland, its subsidiaries or affiliates. All Committee members shall be independent of management and free of any relationship that, in the opinion of the Board, would interfere with the exercise of independent judgment as a Committee member.

The Committee will follow the operating guidelines for membership, meetings, minutes and committee actions as authorized by the Board and as amended from time to time.

The Committee will meet regularly and no less than quarterly unless the Committee determines otherwise. A majority of the Committee shall constitute a quorum for the purposes of conducting business.

Responsibilities

1. Authority – the Committee has authority to conduct or authorize investigations into any matters within its scope of responsibility. It is empowered to:

   A. Appoint, compensate, and oversee the work of any registered public accounting firm employed by the organization.

   B. Resolve any disagreements between management and the auditor regarding financial reporting.

   C. Pre-approve all audit and non-audit services.

   D. Retain independent counsel, accountants, or others to advise the Committee or assist in the conduct of an investigation, if the Committee determines that conducting such investigation outside of management oversight is necessary because of an actual or potential conflict of interest involving the CEO, CAE, CLO, and/or Chief Compliance and Ethics Officer.

E. In the conduct of activities authorized by this Charter, sSeek any information it requires from employees, all of whom are directed to cooperate with the Committee's requests, or external parties.

F. Meet with Parkland's officers, external auditors, or outside counsel, as necessary to carry out activities authorized by this Charter and in compliance with applicable law.

2. In carrying out its responsibilities for each area below, the Committee will:

A. Internal Audit

1) Review and approve in conjunction with management and the Chief Audit Executive (CAE) the internal audit charter, activities, staffing, budget, and organizational structure of the internal audit function.

2) Review and approve the annual audit plan and all major changes for recommendation to the Board of Managers for final approval.

3) Ensure there are no unjustified restrictions or limitations of the CAE.

4) Approve the appointment and/or termination of the CAE.

5) At least annually, review and approve the performance of the CAE and concur with the annual compensation and salary adjustment.

6) Review the effectiveness of the internal audit function, including compliance with The Institute of Internal Auditors' International Professional Practices Framework and Global Internal Audit Standards.

7) On a regular basis, meet separately with the CAE to discuss any matters that the Committee or CAE believes should be discussed privately to the extent allowed by applicable law.

B. External Audit

1) Provide oversight of Parkland's external audit function, including audit scope and approach, coordination of audit effort with internal audit, reporting obligations, and the proposed annual external audit plan.

2) Review and recommend to the Board the appointment and/or termination of the independent auditors selected to audit Parkland's financial statements.

3) Meet with the independent auditor and financial management of Parkland to review the audit for the current year including any comments or recommendations of the independent auditors for accuracy and appropriate disclosures.

4) Review changes in the accounting standards and policies applicable to Parkland with the independent auditors. Make appropriate recommendations to the Board on the findings included in the independent auditors' management letter.

5) On a regular basis, meet separately with the external auditors to discuss any matters that the committee or auditors believe should be discussed privately, to the extent permitted by applicable law.

C. Internal Controls

1) Review management's assessments of risk of criminal conduct and effectiveness of internal controls to prevent fraud and abuse, and applicable remediation steps.

2) Consider the effectiveness of the organization's internal control system.

3) Understand the scope of internal and external auditors' review of internal control over financial reporting, and obtain reports on significant findings and recommendations, together with management's responses.

4) Provide opportunities for the Chief Executive Officer, CAE, ~~General Counsel~~ CLO and the independent auditors to brief the Committee on their independent evaluation of Parkland's compliance with legal, regulatory, financial, accounting, and auditing practices.

D. Legal Oversight

1) Review ~~and oversight~~ of significant litigation matters and settlements in conjunction with the ~~General Counsel~~CLO, provided that Committee review is not a condition to approval of a settlement pursuant to applicable Parkland policy.

E. Reporting Responsibilities

1) Regularly report to the Board about Committee activities, issues, and related recommendations.

2) Review any other reports the organization issues that relate to committee responsibilities.

F. Other Responsibilities

1) Perform other activities related to this charter as requested by the Board.

2) Institute and oversee special investigations as needed.

3) Review the observations of third-party audit engagements.

4) Annually review and assess the adequacy of the Committee charter, requesting Board approval for proposed changes, and ensure appropriate disclosure as may be required by law or regulation.

5) Confirm annually that all responsibilities outlined in this charter have been carried out.

6) Evaluate the Committee's and individual members' performance on a regular basis.

Approvals:

Audit Committee Chair	**Date**
Dallas County Hospital District Board Chair	**Date**

Previously Approved

June 8, 2022

August 23, 2023

September 25, 2024

August 27, 2025

PARKLAND HEALTH
Audit Committee Charter

The Board of Managers (the "Board") of Parkland Health ("Parkland") has authorized the formation of an Audit Committee (the "Committee") and approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Committee, a standing committee of the Board, assists the Board in fulfilling its oversight responsibilities for the financial reporting process, the system of internal controls, the audit process, and the organization's process for monitoring compliance with laws and regulations.

The primary goals of the Committee are to: (a) assist the Board in fulfilling its fiduciary responsibilities relating to Parkland's legal and financial compliance with applicable laws, regulatory requirements, industry guidelines, and policies; (b) oversee applicable accounting and auditing reporting practices reflecting the condition of Parkland; (c) provide a vehicle for communication between the Board and management of Parkland with regard to proper operation of Parkland, (d) to receive and review audit reports prepared by internal and external auditors; and (e) direct the performance of special projects.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of the Chair and at least two other Board members. The executive liaisons to the Committee shall be the Chief Audit Executive and the General Counsel and Chief Legal Officer (CLO) and the Chief Governance Officer who shall assist the Committee and the Committee Chair in discharging their responsibilities. ~~. The Chief Governance Officer shall assist the Committee and the Committee Chair in discharging their responsibilities.~~ No member of the Committee shall be an officer or employee of Parkland, its subsidiaries or affiliates. All Committee members shall be independent of management and free of any relationship that, in the opinion of the Board, would interfere with the exercise of independent judgment as a Committee member.

The Committee will follow the operating guidelines for membership, meetings, minutes and committee actions as authorized by the Board and as amended from time to time.

The Committee will meet regularly and no less than quarterly unless the Committee determines otherwise. A majority of the Committee shall constitute a quorum for the purposes of conducting business.

Responsibilities

1. Authority – the Committee has authority to conduct or authorize investigations into any matters within its scope of responsibility. It is empowered to:

   A. Appoint, compensate, and oversee the work of any registered public accounting firm employed by the organization.

   B. Resolve any disagreements between management and the auditor regarding financial reporting.

   C. Pre-approve all audit and non-audit services.

   D. Retain independent counsel, accountants, or others to advise the Committee or assist in the conduct of an investigation, if the Committee determines that conducting such investigation outside of management oversight is necessary because of an actual or potential conflict of interest involving the CEO, CAE, CLO, and/or Chief Compliance and Ethics Officer.

E. In the conduct of activities authorized by this Charter, seek any information it requires from employees, all of whom are directed to cooperate with the Committee's requests, or external parties.

F. Meet with Parkland's officers, external auditors, or outside counsel, as necessary to carry out activities authorized by this Charter and in compliance with applicable law.

2. In carrying out its responsibilities for each area below, the Committee will:

A. Internal Audit

1) Review and approve in conjunction with management and the Chief Audit Executive (CAE) the internal audit charter, activities, staffing, budget, and organizational structure of the internal audit function.

2) Review and approve the annual audit plan and all major changes for recommendation to the Board of Managers for final approval.

3) Ensure there are no unjustified restrictions or limitations of the CAE.

4) Approve the appointment and/or termination of the CAE.

5) At least annually, review and approve the performance of the CAE and concur with the annual compensation and salary adjustment.

6) Review the effectiveness of the internal audit function, including compliance with The Institute of Internal Auditors' International Professional Practices Framework and Global Internal Audit Standards.

7) On a regular basis, meet separately with the CAE to discuss any matters that the Committee or CAE believes should be discussed privately to the extent allowed by applicable law.

B. External Audit

1) Provide oversight of Parkland's external audit function, including audit scope and approach, coordination of audit effort with internal audit, reporting obligations, and the proposed annual external audit plan.

2) Review and recommend to the Board the appointment and/or termination of the independent auditors selected to audit Parkland's financial statements.

3) Meet with the independent auditor and financial management of Parkland to review the audit for the current year including any comments or recommendations of the independent auditors for accuracy and appropriate disclosures.

4) Review changes in the accounting standards and policies applicable to Parkland with the independent auditors. Make appropriate recommendations to the Board on the findings included in the independent auditors' management letter.

5) On a regular basis, meet separately with the external auditors to discuss any matters that the committee or auditors believe should be discussed privately, to the extent permitted by applicable law.

C. Internal Controls

1) Review management's assessments of risk of criminal conduct and effectiveness of internal controls to prevent fraud and abuse, and applicable remediation steps.

2) Consider the effectiveness of the organization's internal control system.

3) Understand the scope of internal and external auditors' review of internal control over financial reporting, and obtain reports on significant findings and recommendations, together with management's responses.

4) Provide opportunities for the Chief Executive Officer, CAE, CLO and the independent auditors to brief the Committee on their independent evaluation of Parkland's compliance with legal, regulatory, financial, accounting, and auditing practices.

D. Legal Oversight

1) Review of significant litigation matters and settlements in conjunction with the CLO, provided that Committee review is not a condition to approval of a settlement pursuant to applicable Parkland policy.

E. Reporting Responsibilities

1) Regularly report to the Board about Committee activities, issues, and related recommendations.

2) Review any other reports the organization issues that relate to committee responsibilities.

F. Other Responsibilities

1) Perform other activities related to this charter as requested by the Board.

2) Institute and oversee special investigations as needed.

3) Review the observations of third-party audit engagements.

4) Annually review and assess the adequacy of the Committee charter, requesting Board approval for proposed changes, and ensure appropriate disclosure as may be required by law or regulation.

5) Confirm annually that all responsibilities outlined in this charter have been carried out.

6) Evaluate the Committee's and individual members' performance on a regular basis.

Approvals:

_____ _____

Audit Committee Chair **Date**

_____ _____

Dallas County Hospital District Board Chair **Date**

Previously Approved

June 8, 2022

August 23, 2023

September 25, 2024

August 27, 2025

PARKLAND HEALTH
Budget, Finance and Infrastructure Committee Charter

The Board of Managers (the "Board") of the Parkland Health ("Parkland") has authorized the formation of a Budget, Finance and Infrastructure Committee (the "Committee") and approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Committee is a standing committee of the Board, which has oversight authority over Parkland's financial affairs. The Committee shall at all times be familiar with the income and expenditures of Parkland (appropriately seeking additional supportive material, as necessary for understanding), advise the Chief Executive Officer, the Chief Operating Officer, and the Chief Financial Officer in connection with the preparation of the Budget, review the proposed budget in advance of presentation to the Board and, as appropriate or necessary, make related recommendations to the Board. The Committee shall exercise general oversight of purchasing activities and contracts. The committee ensures that contracts requiring Board approval align with the organization's mission and goals, while exercising fiduciary duty, financial oversight, and risk management. The Ceommittee is responsible for reviewing, revising, and recommending Board approval of contracts. The Committee will inform the Board of developments, trends, and opportunities that may influence Parkland's ability to effectively contract for and purchase goods and services.

The Committee shall exercise general oversight over institutional proposals, involving building projects and equipment, included in the development and construction of new buildings for the Hospital District. The Committee shall also be responsible for providing general oversight for the Hospital District's facilities related activities, including its facilities operations, maintenance, grounds, real estate holdings, and leasehold interests.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of at least two other Board members. The executive liaisons to the Committee shall be the Chief Executive Officer, the Chief Financial Officer, Chief Governance Officer and the General Counsel, all of whom shall assist the Committee and the Committee Chair in discharging their responsibilities.

The Committee will follow the operating guidelines for membership, meetings, minutes and committee actions as authorized by the Board and as amended from time to time. The Committee will meet regularly and no less than ten times per year unless the Committee determines otherwise. A majority of the Committee shall constitute a quorum for the purposes of conducting business.

Responsibilities

Within specific parameters adopted by the Board from time to time, the Committee shall have the authority to approve contracts requiring Board approval and shall provide routine reports to the Board of its actions and consideration of such contracts.

In fulfilling its charge, the Committee's responsibilities shall include the following, among others:

- Overseeing the three- year financial plan, setting forth in detail expected receipts, income, expenses, and capital expenditures for the ensuing year;
- Reviewing and approving annual operating budgets, including any recommendations by Management with respect thereto;
- Reviewing Parkland's monthly financial statements and performance in order to ensure that the

Board remains well informed of Parkland's financial status.

- Reviewing and approving contracts, as needed and directed by the Board;
- Monitoring and evaluating the management of Parkland's funds;
- Reviewing and evaluating methods of financing business ventures;
- Reviewing and evaluating the debt structure of Parkland and borrowing proposals;
- Reviewing un-budgeted expenditures with actual or expected costs exceeding $200,000 for major projects and related equipment and making appropriate recommendations to the Board, per Parkland policy;
- Reviewing major facilities projects with respect to budget performance, schedule, significant project modifications, and material risks.
- Serve as resource to the Board for all financial matters
- Overseeing the periodic establishment of financial objectives

Approvals:

_____

Budget, Finance and Infrastructure Committee Chair **Date**

_____

Dallas County Hospital District Chair **Date**

Previously Approved
July 24, 2018
August 22, 2019
September 23, 2020
August 25, 2021
August 23, 2023
September 25, 2024
November, 19, 2025
~~**April, 2026**~~

PARKLAND HEALTH
Budget, Finance and Infrastructure Committee Charter

The Board of Managers (the "Board") of the Parkland Health ("Parkland") has authorized the formation of a Budget, Finance and Infrastructure Committee (the "Committee") and approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Committee is a standing committee of the Board, which has oversight authority over Parkland's financial affairs. The Committee shall at all times be familiar with the income and expenditures of Parkland (appropriately seeking additional supportive material, as necessary for understanding), advise the Chief Executive Officer, the Chief Operating Officer, and the Chief Financial Officer in connection with the preparation of the Budget, review the proposed budget in advance of presentation to the Board and, as appropriate or necessary, make related recommendations to the Board. The Committee shall exercise general oversight of purchasing activities and contracts. The committee ensures that contracts requiring Board approval align with the organization's mission and goals, while exercising fiduciary duty, financial oversight, and risk management. The Committee is responsible for reviewing, revising, and recommending Board approval of contracts. The Committee will inform the Board of developments, trends, and opportunities that may influence Parkland's ability to effectively contract for and purchase goods and services.

The Committee shall exercise general oversight over institutional proposals, involving building projects and equipment, included in the development and construction of new buildings for the Hospital District. The Committee shall also be responsible for providing general oversight for the Hospital District's facilities related activities, including its facilities operations, maintenance, grounds, real estate holdings, and leasehold interests.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of at least two other Board members. The executive liaisons to the Committee shall be the Chief Executive Officer, the Chief Financial Officer, Chief Governance Officer and the General Counsel, all of whom shall assist the Committee and the Committee Chair in discharging their responsibilities.

The Committee will follow the operating guidelines for membership, meetings, minutes and committee actions as authorized by the Board and as amended from time to time. The Committee will meet regularly and no less than ten times per year unless the Committee determines otherwise. A majority of the Committee shall constitute a quorum for the purposes of conducting business.

Responsibilities

Within specific parameters adopted by the Board from time to time, the Committee shall have the authority to approve contracts requiring Board approval and shall provide routine reports to the Board of its actions and consideration of such contracts.

In fulfilling its charge, the Committee's responsibilities shall include the following, among others:

- Overseeing the three- year financial plan, setting forth in detail expected receipts, income, expenses, and capital expenditures for the ensuing year;
- Reviewing and approving annual operating budgets, including any recommendations by Management with respect thereto;
- Reviewing Parkland's monthly financial statements and performance in order to ensure that the

Board remains well informed of Parkland's financial status.

- Reviewing and approving contracts, as needed and directed by the Board;
- Monitoring and evaluating the management of Parkland's funds;
- Reviewing and evaluating methods of financing business ventures;
- Reviewing and evaluating the debt structure of Parkland and borrowing proposals;
- Reviewing un-budgeted expenditures with actual or expected costs exceeding $200,000 for major projects and related equipment and making appropriate recommendations to the Board, per Parkland policy;
- Reviewing major facilities projects with respect to budget performance, schedule, significant project modifications, and material risks.
- Serve as resource to the Board for all financial matters
- Overseeing the periodic establishment of financial objectives

Approvals:

_____

Budget, Finance and Infrastructure Committee Chair **Date**

_____

Dallas County Hospital District Chair **Date**

Previously Approved
July 24, 2018
August 22, 2019
September 23, 2020
August 25, 2021
August 23, 2023
September 25, 2024
November, 19 2025

PARKLAND HEALTH

The Governance, Compliance and Ethics Committee Charter

Parkland Health ("Parkland") is committed to developing a governance system that is informed by relevant best practices and to fostering a culture of compliance that emphasizes integrity, ethical conduct and accountability. To facilitate the fulfillment of those commitments, Parkland's Board of Managers (the "Board") has authorized the formation of a Governance, Compliance and Ethics Committee (the "Committee") and it has approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Board has oversight authority with respect to Parkland's governance practices; the operations and efficacy of its Compliance and Ethics Program (the "Compliance Program"); and Parkland's compliance with applicable federal and state laws, regulations and administrative rules. The Committee is a standing committee of the Board and is responsible for assessing the effectiveness of the Compliance Program as well as oversight of the performance of the Chief Compliance and Ethics Officer (the "CCEO") and the Compliance and Ethics Department (the "Department"). The Committee shall also be responsible for driving Board development, orientation, education and self-assessment. The Committee shall make periodic reports to the Board on all matters being handled by the Committee.

The Executive Liaisons to the Committee shall be the Chief Executive Officer (the "CEO"), the General Counsel ("GC"), the Chief Governance Officer, and the CCEO, all of whom shall assist the Committee and the Committee Chair in discharging their responsibilities. The CCEO shall report to the CEO.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of at least two other Board members. The Committee will follow the operating guidelines for membership, meetings, minutes and committee actions as authorized by the Board and as amended from time to time.

The Committee will meet with such frequency and at such intervals as it determines are necessary to fulfill its duties and responsibilities, and in any case not less than four times per year. A majority of the Committee shall constitute a quorum for the purpose of conducting business.

Governance Responsibilities

In fulfilling its charge related to governance, the Committee is responsible for the following activities and functions, among others:

1. In consultation with Parkland's executive management team, periodically considering the composition of the Board to determine whether additional expertise and skills would facilitate the Board's work, for possible recommendation to the Dallas County Commissioner's Court;
2. As needed, assisting the Chair of the Board with member recruitment;
3. Developing a description of the responsibilities and expectations of a Board member, including statutory and fiduciary duties;
4. Overseeing Board members' development, including orientation and annual educational plan;
5. Meeting regularly with the Executive Liaisons to the Committee to discuss and review Board Governance activities. Among other things, the Executive Liaisons to the Committee will be

responsible for researching and updating the Committee on pertinent educational opportunities; and

6. Developing and leading an annual self-evaluation by the Board and Board effectiveness assessment.

Compliance and Ethics Responsibilities

In fulfilling its charge related to the Compliance Program and the Department, the Committee is responsible for the following activities and functions, among others:

1. Oversight of the Compliance Program. Overseeing the structure, operation and efficacy of the Compliance Program and more specifically:
    a) Promoting a Parkland-wide organizational culture focused on compliance and ethical behavior and non-retaliation;
    b) Oversight to ensure appropriate accountability for compliance with the fundamental Federal and state legal and regulatory requirements that apply to all facets of Parkland's mission and work;
    c) Ensuring that Parkland's Code of Conduct and Ethics and compliance-related policies and procedures are complete, periodically revised as necessary, and consistently enforced;
    d) Remaining informed with respect to the work of the Executive Compliance and Ethics Committee (the "ECC");
    e) Reviewing, on an annual basis, the Compliance Program risk assessment and associated work plan which includes auditing and monitoring initiatives;
    f) Reviewing periodically management's responses to compliance-related inquiries and requests from Federal and state legislators, regulators and/or enforcement officials;
    g) Ensuring that the Board is apprised of significant developments relating to the compliance expectations of Federal and state regulators and enforcement officials; and
    h) Receiving and reviewing periodic reports from the CCEO on the following matters, among others:
        i. The development of the Department, the adequacy of its resources and progress against the annual work plan; and
        ii. Key compliance initiatives undertaken by Parkland.

2. Annual Compliance Program Review.
    a) At least once every three (3) years, the Committee in consultation with the CEO will commission an external review of the Compliance Program to be conducted by an independent third party.
    b) In the interim years, the Committee will receive an assessment report from the CCEO as to the operation and effectiveness of the Compliance Program.
    c) At least annually, the Committee will receive and review a report from the CCEO and CEO demonstrating oversight of the Compliance Program as evidenced by operating in conformance with the ECC Charter.

3. Compliance Reporting. On a regular basis, the CCEO will provide the Committee and/or the Chair a report summarizing the following;
    a) The receipt, investigation, tracking and resolution of concerns reported through the Disclosure Program;
    b) Audits, reviews and/or investigations by government agencies;
    c) Internal reviews and/or audits regarding compliance matters;

d) Overpayments to Federal health care programs; and
e) Any employment or engagement of an individual or entity who is currently, or is likely to be, excluded, debarred, suspended or otherwise declared ineligible to participate in Federal health care programs or Federal procurement or non-procurement programs.

4. Outside Expert.
   a) The Committee will engage outside experts, as needed, to fulfill its duties.
   b) When warranted, based on a potentially significant, adequately substantiated allegation against a member of senior management (*i.e.*, Senior Vice President or above), the Committee has the ability to directly supervise a compliance investigation through the engagement of outside legal counsel, in coordination with the General Counsel, as appropriate.

5. Oversight of the CCEO.
   a) The CCEO will report to the CEO.
   b) Annual evaluations of the performance of the CCEO will be completed by the CEO. Prior to any action being taken regarding the hiring or termination of the CCEO, the Committee must be consulted; and
   c) At least annually, or as needed, meeting with the CCEO in a one-on-one, closed Committee session.

6. Oversight of the Department.
   a) Reviewing and approving annually the budget for the Department and any revisions to a previously-approved budget for the Department. Before submitting to the Committee a proposed annual budget, or revision thereto, the CCEO shall review the proposal with the CEO and the Chief Financial Officer;
   b) Periodically assessing the Department, including span of control and adequacy of staffing levels, expertise, and resources.

7. Training. Completing, on an annual basis, compliance related training.

8. Conflicts of Interest. Reviewing and overseeing compliance with the Parkland's conflicts of interest policies.

9. Board Reporting. Reporting to the Board at its regularly scheduled meetings.

Other Responsibilities

At least annually, in consultation with the CCEO and the GC, the Committee will review its Charter and it will make recommendations to the Board regarding any revisions that it determines are appropriate and warranted. The Committee will perform such other duties as may be assigned to it by the Board from time to time.

Prior Review: **February 11, 2014**
April 7, 2015
September 29, 2015
August 8, 2018
September 23, 2020
August 25, 2021

Approved:

August 24, 2022
August 23, 2023
September 25, 2024
November 19, 2025

Governance, Compliance & Ethics Committee Chair **Date**

Dallas County Hospital District Board Chair **Date**

PARKLAND HEALTH
Quality of Care and Patient Safety Board Committee Charter

The Board of Managers (the "Board") of Parkland Health ("Parkland") has authorized the formation of a Quality of Care and Patient Safety Board Committee (the "Committee") and approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Committee is a standing committee of the Board. Parkland's Board has oversight authority over the Parkland's Quality, Safety and Performance Improvement Program (the "Quality Program"). The Committee is responsible for assessing the effectiveness of the Quality Program and oversight of the Quality and Safety Operations ("QSO") Division. The Committee is dedicated to ensuring the delivery of safe, high-quality healthcare across Parkland to the patients and community Parkland serves.

The Committee shall have the authority (1) to consider a recommendation from the Medical Executive Committee to approve, deny or modify a request for credentials (privileges, initial appointment, or reappointment) and (2) to recommend to the Board whether the request for credentials should be approved, denied, or modified. The Committee may make a credentialing recommendation to the Board, but a recommendation is not required. The Board shall have final authority regarding whether to grant a request for credentials.

The Committee shall have the authority to approve, deny, or modify the Medical Executive Committee's routine peer review recommendations on matters that originate with the Professional Staff Review Oversight Committee, which require Board approval, and the Committee shall provide routine reports to the Board of the Committee's actions and consideration of such routine peer review matters.

In all other peer review matters, the Board shall have final authority to make decisions. For example, the Committee shall have the authority to consider a recommendation from the Medical Executive Committee subsequent to a formal investigation and make a recommendation to the Board regarding the matter. The Board shall consider the Medical Executive Committee and Committee's recommendations, and the Board shall have final authority to accept, reject or modify the recommendations.

The Executive Liaisons to the Committee shall be the Chief Medical Officer (the "CMO"), the Chief Quality and Safety Officer ("CQSO"), and the Chief Governance Officer who shall assist the Committee and the Committee Chair in discharging their responsibilities.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of at least two other Board members.

The Committee will follow the operating guidelines for membership, meetings, minutes, and committee actions as authorized by the Board and as amended from time to time.

The Committee will meet regularly and no less than nine (9) times per year unless the Committee determines otherwise. A majority of the Committee shall constitute a quorum for the ~~purposes~~purpose of conducting business.

Responsibilities

In fulfilling its charge, the Committee is responsible for the following activities and functions, among other things:

1. Oversight of the Quality Program.

Overseeing the structure, operation, and efficacy of the Quality Program and more specifically:

a) Reviewing, on an annual basis, the QSO Division work plan and risk assessment;
b) Ensuring that Parkland adopts a comprehensive, system-wide quality assurance and process improvement plan ("QAPI Plan") and monitors its implementation and efficacy;
c) Ensuring Quality Program-related policies and procedures are complete, periodically revised as necessary, and consistently enforced;
d) Assessing periodically Parkland's compliance with applicable Federal, state and county laws and regulations, and adherence to professionally recognized standards of care;
e) Remaining informed with respect to the work of the Executive Quality Committee (the "EQC");
f) Ensuring that the Board is apprised of significant developments relating to the expectations of Federal and state regulators and accrediting bodies with respect to quality and safety;
g) Promoting a system-wide organizational culture focused on safety, reliability, and "Just" behavior;
h) Receiving and reviewing regular reports from the CQSO on the following matters, among others:
    i) The development of the QSO Division, the adequacy of its resources, and progress against the annual work plan;
    ii) Key quality, safety, and performance improvement initiatives; and
    iii) The identification, investigation, and mitigation of significant safety (patient, employee, visitor) events.
i) Conducting an Annual Quality Program Review.
    i) At least once every ~~three~~ five (5~~3~~) years, the Committee in consultation with the Chief Executive Officer will commission an external review of the Quality Program to be conducted by an independent third party and
    ii) In the interim years, the Committee will receive an assessment report from the CQSO as to the operation and effectiveness of the Quality Program.

2. Utilization of the Ambulatory and Hospital Clinical Excellence Dashboards

a) Reviewing and approving the performance metrics that comprise the Ambulatory and Hospital Clinical Excellence Dashboards, as recommended by EQC, on at least an annual basis.
b) Reviewing and discussing the Ambulatory and Hospital Clinical Excellence Dashboards on a regular basis and ensuring appropriate actions are taken to improve specific metrics as needed.

3. Oversight of the Chief Quality and Safety Officer ("CQSO")

a) The CQSO reports to the CMO, or their designee.
b) The CMO or their designee will complete the annual evaluation of the CQSO. Prior to any action being taken regarding the hiring or termination of the CQSO, the CMO must consult with the Committee.
c) At least annually, or as needed, meeting with the CQSO in a one-on-one, closed Committee session.

4. Quality and Safety Operations Division

a) Annually reviewing and approving the QSO Division budget and any revisions to a ~~previously approved~~previously approved budget. The CQSO will review any proposed or revised budget proposal with their supervisor and CFO before ~~submitting~~submitting it to the Committee.
b) Periodically assessing the QSO Division, including span of control and adequacy of staffing levels, expertise, and resources.

5. Oversight of Medical Executive Committee (MEC)

Overseeing the structure, operation, and efficacy of the MEC and its sub-committees and more specifically:

a) May review the MEC's recommendations regarding requests for credentialing (privileging, initial appointment, and reappointment) of physicians and other providers across the System and make recommendations to the Board regarding whether to approve, deny or modify requests. The Board has the final authority to make these decisions.
b) Oversight of ~~Medical Staff Professional Services~~ Medical Staff Professional Services (MSPS) office-related policies, procedures and practices that enable the MSPS office to process medical staff and non-physician clinical provider applications, appointments, and reappointments and that expedite Committee's recommendations to the Board with respect to granting clinical privileges.
c) Monitoring the outcomes and performance of the medical staff in carrying out its responsibilities for evaluating and improving patient care.

6. Other Responsibilities

a) Regular reporting to the Board about the health and efficacy of the Quality Program and the QSO Division.
b) Completing, on an annual basis, ongoing quality-related training sessions as designated by the Chief Quality and Safety Officer.~~.~~
c) Performing such other duties as may be assigned by the Board.
d) Reviewing annually the Committee Charter and recommending changes to the Board, as appropriate.

Approvals:

Quality of Care & Patient Safety Board Committee Chair	**Date**
Dallas County Hospital District Board Chair	**Date**

Approved:
~~**August 20, 2018**~~
~~**September 18, 2019**~~
~~**September 23, 2020**~~
August 25, 2021
July 21, 2022
February 22, 2023
August 23, 2023
September 25, 2024

PARKLAND HEALTH
Quality of Care and Patient Safety Board Committee Charter

The Board of Managers (the "Board") of Parkland Health ("Parkland") has authorized the formation of a Quality of Care and Patient Safety Board Committee (the "Committee") and approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Committee is a standing committee of the Board. Parkland's Board has oversight authority over the Parkland's Quality, Safety and Performance Improvement Program (the "Quality Program"). The Committee is responsible for assessing the effectiveness of the Quality Program and oversight of the Quality and Safety Operations ("QSO") Division. The Committee is dedicated to ensuring the delivery of safe, high-quality healthcare across Parkland to the patients and community Parkland serves.

The Committee shall have the authority (1) to consider a recommendation from the Medical Executive Committee to approve, deny or modify a request for credentials (privileges, initial appointment, or reappointment) and (2) to recommend to the Board whether the request for credentials should be approved, denied, or modified. The Committee may make a credentialing recommendation to the Board, but a recommendation is not required. The Board shall have final authority regarding whether to grant a request for credentials.

The Committee shall have the authority to approve, deny, or modify the Medical Executive Committee's routine peer review recommendations on matters that originate with the Professional Staff Review Oversight Committee, which require Board approval, and the Committee shall provide routine reports to the Board of the Committee's actions and consideration of such routine peer review matters.

In all other peer review matters, the Board shall have final authority to make decisions. For example, the Committee shall have the authority to consider a recommendation from the Medical Executive Committee subsequent to a formal investigation and make a recommendation to the Board regarding the matter. The Board shall consider the Medical Executive Committee and Committee's recommendations, and the Board shall have final authority to accept, reject or modify the recommendations.

The Executive Liaisons to the Committee shall be the Chief Medical Officer (the "CMO"), the Chief Quality and Safety Officer ("CQSO"), and the Chief Governance Officer who shall assist the Committee and the Committee Chair in discharging their responsibilities.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of at least two other Board members.

The Committee will follow the operating guidelines for membership, meetings, minutes, and committee actions as authorized by the Board and as amended from time to time.

The Committee will meet regularly and no less than nine (9) times per year unless the Committee determines otherwise. A majority of the Committee shall constitute a quorum for the purpose of conducting business.

Responsibilities

In fulfilling its charge, the Committee is responsible for the following activities and functions, among other things:

1. Oversight of the Quality Program.

Overseeing the structure, operation, and efficacy of the Quality Program and more specifically:

a) Reviewing, on an annual basis, the QSO Division work plan and risk assessment;
b) Ensuring that Parkland adopts a comprehensive, system-wide quality assurance and process improvement plan ("QAPI Plan") and monitors its implementation and efficacy;
c) Ensuring Quality Program-related policies and procedures are complete, periodically revised as necessary, and consistently enforced;
d) Assessing periodically Parkland's compliance with applicable Federal, state and county laws and regulations, and adherence to professionally recognized standards of care;
e) Remaining informed with respect to the work of the Executive Quality Committee (the "EQC");
f) Ensuring that the Board is apprised of significant developments relating to the expectations of Federal and state regulators and accrediting bodies with respect to quality and safety;
g) Promoting a system-wide organizational culture focused on safety, reliability, and "Just" behavior;
h) Receiving and reviewing regular reports from the CQSO on the following matters, among others:
    i) The development of the QSO Division, the adequacy of its resources, and progress against the annual work plan;
    ii) Key quality, safety, and performance improvement initiatives; and
    iii) The identification, investigation, and mitigation of significant safety (patient, employee, visitor) events.
i) Conducting an Annual Quality Program Review.
    i) At least once every five (5) years, the Committee in consultation with the Chief Executive Officer will commission an external review of the Quality Program to be conducted by an independent third party and
    ii) In the interim years, the Committee will receive an assessment report from the CQSO as to the operation and effectiveness of the Quality Program.

2. Utilization of the Ambulatory and Hospital Clinical Excellence Dashboards

a) Reviewing and approving the performance metrics that comprise the Ambulatory and Hospital Clinical Excellence Dashboards, as recommended by EQC, on at least an annual basis.
b) Reviewing and discussing the Ambulatory and Hospital Clinical Excellence Dashboards on a regular basis and ensuring appropriate actions are taken to improve specific metrics as needed.

3. Oversight of the Chief Quality and Safety Officer ("CQSO")

a) The CQSO reports to the CMO, or their designee.
b) The CMO or their designee will complete the annual evaluation of the CQSO. Prior to any action being taken regarding the hiring or termination of the CQSO, the CMO must consult with the Committee.
c) At least annually, or as needed, meeting with the CQSO in a one-on-one, closed Committee session.

4. Quality and Safety Operations Division

a) Annually reviewing and approving the QSO Division budget and any revisions to a previously approved budget. The CQSO will review any proposed or revised budget proposal with their supervisor and CFO before submitting it to the Committee.
b) Periodically assessing the QSO Division, including span of control and adequacy of staffing levels, expertise, and resources.

5. Oversight of Medical Executive Committee (MEC)

Overseeing the structure, operation, and efficacy of the MEC and its sub-committees and more specifically:

a) May review the MEC's recommendations regarding requests for credentialing (privileging, initial appointment, and reappointment) of physicians and other providers across the System and make recommendations to the Board regarding whether to approve, deny or modify requests. The Board has the final authority to make these decisions.
b) Oversight of Medical Staff Professional Services (MSPS) office-related policies, procedures and practices that enable the MSPS office to process medical staff and non-physician clinical provider applications, appointments, and reappointments and that expedite Committee's recommendations to the Board with respect to granting clinical privileges.
c) Monitoring the outcomes and performance of the medical staff in carrying out its responsibilities for evaluating and improving patient care.

6. Other Responsibilities

a) Regular reporting to the Board about the health and efficacy of the Quality Program and the QSO Division.
b) Completing, on an annual basis, ongoing quality-related training sessions as designated by the Chief Quality and Safety Officer.
c) Performing such other duties as may be assigned by the Board.
d) Reviewing annually the Committee Charter and recommending changes to the Board, as appropriate.

Approvals:

Quality of Care & Patient Safety Board Committee Chair	**Date**
Dallas County Hospital District Board Chair	**Date**

Approved:
August 25, 2021
July 21, 2022
February 22, 2023
August 23, 2023
September 25, 2024
November 19. 2025

PARKLAND HEALTH
Talent Development and Executive Compensation Committee Charter

The Board of Managers (the "Board") of Parkland Health ("Parkland") has authorized the formation of a Talent Development and Executive Compensation Committee (the "Committee") and approved the following charter to set forth the purposes, structure, authority, and duties and responsibilities of the Committee and the members thereof.

Purpose

The Committee is a standing committee of the Board. The Committee will ensure a sustained enterprise-wide focus on Parkland's talent-related programs, including human resources, diversity and inclusion, leadership and succession planning and other key areas under the leadership of the Chief Talent Officer. Additionally, the Committee ensures that the Board fully understands the process by which executive compensation decisions are made in relation to market practices, regulatory guidelines, and the established compensation philosophy. The Committee shall review the performance of the Chief Executive Officer and evaluate, determine and recommend the appropriate compensation to the Board. The Committee shall also work closely with the Chief Executive Officer to review the process for evaluating the performance of the executives that have a formal direct reporting relationship with the Board, including the Chief Audit Executive and General Counsel. The Committee shall also work closely with the Chief Executive Officer, the General Counsel, and the Chief Talent Officer to evaluate and recommend to the Board Parkland's Talent and Executive Compensation philosophy. The Committee shall also work closely with the Chief Executive Officer on the development of organizational goals and key performance metrics at the senior leadership level.

Membership, Meetings, Minutes and Committee Action

The Committee shall be chaired by a member of the Board and shall consist of the Chair and at least two other Board members. The executive liaisons to the Committee shall be the Chief Executive Officer, the Chief Talent Officer, and the Chief Governance Officer that shall assist the Committee and the Committee Chair in discharging their responsibilities.

The Committee will follow the operating guidelines for membership, meetings, minutes and committee actions as authorized by the Board and as amended from time to time.

The Committee will meet regularly and no less than quarterly unless the Committee determines otherwise. A majority of the Committee shall constitute a quorum for the purposes of conducting business.

Responsibilities

In fulfilling its charge, the Committee is responsible for oversight of the following activities and functions, among other things:

- Reviewing and recommending to the full Board for approval the talent and compensation philosophy and incentive plan developed and recommended by Management that provides a framework for determining base pay, incentives, and benefits.
- Periodically review the appropriateness of the compensation philosophy statement to determine whether it positions Parkland at the "right point" in its relevant market.
- Identify procedures for Committee function, including:
    - Determine compensation for the CEO.

- Establish CEO performance objectives and evaluate CEO performance.
- Ensure the sustainability of clear succession plans for senior executives.
- Foster the improvement of cultural and ethnic diversity internal and external to Parkland.
- Assist in efforts to improve employee engagement.
- Ensure the effective administration according to policy of incentive plans, supplemental executive retirement plan, special benefits, and severance provisions.

- Review and approve executive compensation in a manner that qualifies for the rebuttable presumption of reasonableness under the IRS intermediate sanctions rules.
- Ensure that formal and timely performance assessments are conducted for the CEO.
- Engage an independent compensation firm to provide education, advice, and comparability data.
- As the Committee deems necessary engage other professional advisors (e.g., legal, accounting, and tax) as needed for matters requiring independence, and ensure that such advisors do not have any conflict as it relates to their work.
- Ensure that executives (consisting of the CEO and other members of the senior management team) do not have undue influence over the advisor selection process and resulting studies and recommendations that require independence.

Approvals:

Talent Development and Executive Compensation Chair	**Date**
Dallas County Hospital District Chair	**Date**

Previously Approved
July 29, 2014
May 10, 2017
August 8, 2018
August 14, 2019
September 23, 2020
August 25, 2021
August 24, 2022
August 23, 2023
September 25, 2024
November, 19 2025

III. Reports Requiring Deliberation(s) or Approval

III (B). Presentation of Proposed Changes to Parkland Policy

SYS.LEAD.004, *Organizational Plan*

SYS.LEAD.004 Organizational Plan

Background:

- Last published August 2023.
- Reviewed every three years.

Updates:

- Updated terminology throughout.
- Minor clarifications throughout.
- Added Chief Health Officer and updated title for Chief Health Equity Officer.
- Updated References

Reviews and approvals of this version:

- Ciel Murphy, Director of Legal Operations
- Parkland Chiefs
- Board Governance Compliance and Ethics Committee (scheduled 8/5/26)
- Board of Managers (scheduled for 8/26/26)

Organizational Plan	SYS.LEAD.004	Published: 8/24/23
System		Page **1** of **7**

PURPOSE:

To ~~construct and~~ describe the organizational structure for Dallas County Hospital District.

SCOPE:

Parkland Health Workforce members.

POLICY:

1. Scope of Services

   A. Dallas County Hospital District, d/b/a Parkland Health (Parkland) is comprised of ~~Acute Care~~ Parkland Memorial Hospital, and its internal departments and operations, including its clinics, long term care facilities, ~~, and Dallas County Jail and Juvenile Health Services~~Correctional Health Dallas County~~, and~~ . Parkland also has ~~certain~~ affiliates including Parkland HOMES, Parkland Center for Clinical Innovation, Parkland Community Health Plan, ~~and~~ Parkland Health Foundation, and the Parkland Auxiliary. Parkland continually strives to provide patient-centered, patient-valued care that is consistent with the patients' needs, values, and recognized belief system.

   B. ~~Parkland's~~ Parkland Memorial Hospital facilities also serve as the primary teaching site for The University of Texas Southwestern Medical Center at Dallas (UTSW), and a teaching site for other institutions having contractual relationships with Parkland for their students and residents.

   C. Parkland participates in the training and education of hospital professionals. Through its affiliation with ~~Dallas College and other~~ colleges, ~~and~~ universities, and other educational institutions, Parkland trains and educates workforce members to serve in support, assistive, and licensed positions. ~~Through its affiliations with UTSW,~~ Parkland supports and participates in clinical research.

   D. Parkland is committed to providing high quality care for the vulnerable populations across the continuum of care from public health and preventative

DRAFT

services to specialty care including acute and post-acute services.

E. Parkland maintains recognized “Centers of Excellence.” Outpatient Clinics ~~at Acute CareHospital~~ provide a wide range of ambulatory services, including specialties and sub-specialties. Primary care is provided through the Community Oriented Primary Care (COPC) Health

DRAFT

Centers. The homeless population of Dallas County is offered healthcare through mobile services referred to as the "Homeless Outreach Medical Services" (HOMES) program.

F. Parkland is a Level 1 Trauma Hospital with a ~~certified~~ verified adult and pediatric Burn Center ~~that receives the majority of trauma burn cases on a regional basis.~~

G. Services are provided through contracted arrangement for radiation oncology and planned cardiovascular surgery. Inpatient pediatrics is generally limited to burns, newborn nursery, and neonatal intensive care unit services.

H. Each division within Parkland identifies division specific performance improvement priorities and goals.

I. Parkland is continually cognizant ~~of its minority development effects in purchasing and employment decisions~~of its obligation to serve the entire Dallas County community as a healthcare provider, purchaser of goods and services, and employer of choice.

2. Leadership of the Organization

A. The Dallas County Commissioners' Court approves Parkland's tax rate, annual budget and all real property transactions. The Court also appoints the Board of Managers, the governing body of the ~~hospital~~organization.

B. ~~Board of Managers (Board)—~~The Board of Managers (Board) is the governing body of Parkland with statutory responsibility to manage Parkland, through retaining a qualified administrator and establishing governing policies, maintaining quality patient care, and planning for Parkland's future. The Board appoints the administrator who serves as the Chief Executive Officer (CEO) to perform the duties, supervise the work and activities, and generally direct the affairs of Parkland under the established policies. The Board defines medical indigence levels and determines the guidelines for the provision of tax support (charity) care. In collaboration with the CEO, the Board sets the organization's priorities for performance improvement. The Board is responsible for ~~all governing issues~~governance of the hospital district; ~~, except for the~~ final approval of Parkland's budget, its tax rate, and real property transactions~~, all of which are approved by~~ rest with the Commissioners Court. The Board is also

DRAFT

charged with the responsibility of appointing the medical staff and employing the necessary clinical and administrative support as needed for the operation of Parkland. Board members serve for no more than two consecutive three-year terms, or until a successor is appointed.

DRAFT

C. Chief Executive Officer (CEO)—employs the necessary administrative and clinical staff to operate Parkland, provides leadership to meet the goals of Parkland's mission, develops and presents the annual budget, and directs priorities for strategic planning. The CEO (with Board approval where required) shall also appoint (or delegate the appointment of) the appropriate personnel to ensure effective operations and management of the Hospital District including, but not limited to, the following:

1) Chief Operating Officer (COO)—is responsible for Parkland's operations and delegates and directs administrative and management activities.

2) Chief Financial Officer (CFO)—is responsible preparing the annual budget and for the financial operations of Parkland.

3) Chief Medical ~~Clinical~~ Officer (CM~~C~~O)—is responsible for the functioning and activities of the Medical Staff Office and the Graduate Medical Education Office, working with the organized medical staff to provide safe and quality care.

~~3)~~4) Chief Health Officer – is responsible for delivery systems improvements including digital health, value-based care, utilization management, research, workforce wellbeing, ethics, innovation, and community engagement.~~virtual care, home-based care, informatics, research and innovation.~~

~~4)~~5) Chief Nursing Executive (CNE~~O~~)—is responsible for the overall direction of nursing care, including the development of a nursing philosophy, providing continuing education, developing directives and procedures, maintaining a recruitment/retention plan, and implementing a nursing performance improvement process.

~~5)~~6) General Counsel and Chief Legal Officer (CLO) - is responsible for providing legal advice and services to Parkland management and the Board.

~~6)~~7) Chief Quality & Safety Officer (CQSO) – is responsible for ensuring effective programs exist to promote the quality and safety of patient care, and compliance with professionally recognized standards of care.

~~7)~~8) Chief Compliance and Ethics Officer (CCEO) - is responsible for designing

and implementing a system-wide compliance and ethics program. The responsibilities include~~,~~ but are not limited to overseeing compliance and ethics education, monitoring and reporting of compliance and ethics issues.

~~8)~~9) Privacy Officer (PO) – is responsible for Parkland's privacy program. The responsibilities include, but are not limited to, the oversight of all activities related to compliance with federal and state laws governing privacy of health information.

DRAFT

~~9)~~10) Chief Information Officer (CIO) - is responsible for the day-to-day and long- term operations of Information Services.

~~10)~~11) Chief Talent Officer (CTO) – is responsible for development of effective talent management strategies for all employee-related areas, including Human Resources, Learning and Development, Equitable Workforce representation ~~Diversity and Inclusion~~, and Service Excellence.

~~11)~~12) Chief Governance Officer (CGO) – is responsible for managing Board engagement and assisting the CEO with maintaining an effective and trusting relationship between the Board and administration.

~~12)~~13) Chief ~~Diversity, Equity, and Inclusion~~Health Equity Officer (C~~DEI~~HEO) – is responsible for the development, implementation, and oversight of the organization's ~~Diversity,~~Health Equity~~, and Inclusion (DEI)~~ strategy focusing on talent acquisition, career development, and retention; patient care quality and safety; community engagement; supplier diversity; and other related areas.

3. Communication Plan

A. Parkland's organizational plan is regularly communicated to the staff and the community through various means. ~~Corporate~~The Corporate Communications department plays a central role in creating and distributing written materials for our community, customers, and staff.

1) Parkland Now: Parkland Now is a weekly newsletter that is distributed to Parkland employees. Parkland Now is designed to update staff on activities within the system.

2) Parkland Later: Parkland Later is a weekly electronic "one-page" newsletter designed to catch any information overflow or time sensitive-news that has missed a print date.

3) Computer Screen Savers: Computer screen savers are utilized in break rooms and the cafeteria to alert staff and visitors of upcoming events.

4) Intranet banners: Intranet banners are rotating images on the intranet home page, and feature events, news and system info.

DRAFT

5) Parkland TV: Parkland TV includes videos shown on the Parkland YouTube channel and televisions above employee time clocks.

6) ~~Quarterly~~ Employee Town Halls: Employee town halls are held regularly and throughout various locations in the system.

7) Other mechanisms for communication include Parkland's Intranet and email to send messages.

B. Parkland's Board and division directives and procedure manuals guide the decisions and operations of Parkland while setting the guidelines for high quality care and service.

C. Other modes of communication include meetings at all levels. The Board, Executive Management, and leadership meetings are all held on a routine basis. Monthly or biweekly meetings are generally held at the department level with staff.

D. Parkland's ~~mandate and~~ mission vision statements are posted on the hospital's website and intranet.

4. Staff Competency

A. Staff competency is ~~continuously~~ assessed at all the department levels. Competence is addressed within the job descriptions~~,~~ and evaluated at the time of employment and orientation. Ongoing evaluation and support for staff competence include department specific competency testing for high-risk tasks, age-specific care, staff education, and annual performance appraisals~~evaluations~~. Staff competency for the various departments is addressed in each department's organizational plan.

5. Education Plan

A. Each new employee shall successfully complete general orientation, which includes orientation to the safety plans, infection control, the compliance program, privacy, quality of care, patient safety, and the mission of Parkland.

B. The administrative staff of Parkland maintains continuing education through their participation in professional organizations such as the American College of Healthcare Executives. There are various organizations that are specific to

DRAFT

certain specialties or departments such as the Society of Ambulatory Care

DRAFT

Professionals. The administrative staff is expected to participate in ongoing education.

C. There is a plan for educating and training all levels of staff. Each division/department is responsible for developing and maintaining departmental or unit job specific orientation and educational programs for its staff.

6. Staffing

A. Staffing needs are addressed in each department's organizational plan. Staffing needs are based on calculation, considering patient acuity, volume and work performance by the unit or department. Information on staffing needs is gathered and reviewed on an ongoing basis. Emergency staffing is addressed in the hospital-wide disaster plan.

DEFINITIONS:

Workforce member: An Officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland. "Workforce member" also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.

REFERENCES:

Centers for Medicaid and Medicare (CMS). State Operations Manual-Appendix A: Regulations and Interpretive Guidelines for Hospitals

The Joint Commission (TJC)., Comprehensive Accreditation Manual for Hospitals., Leadership and Human Resources Standard ~~LD.01.01.01 EP1, EP2~~ (Accessed 2026~~3~~).

The Texas Administrative Code (TAC). Title 26, Part I, Chapter 505: Hospital Licensing

DRAFT

~~The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.01.03.01 EP1, EP2, EP3, EP4 (Accessed 2023).~~

~~The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.01.04.01 EP1, EP5 (Accessed 2023).~~

~~The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.02.01.01 EP2, EP3 (Accessed 2023).~~

DRAFT

~~The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.04.03.09 EP2 (Accessed 2023).~~

~~The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard HR.01.04.01 EP1 (Accessed 2023).~~

~~The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard HR.01.06.01 EP1, EP5 Accessed 2023).~~

DRAFT

Organizational Plan	SYS.LEAD.004	Published: MM/DD/YY
SYSTEM		Page 1 of 7

PURPOSE:

To describe the organizational structure for Dallas County Hospital District.

SCOPE:

All Parkland Workforce members.

PROCEDURE:

1. Scope of Services

   A. Dallas County Hospital District, d/b/a Parkland Health (Parkland) is comprised of Parkland Memorial Hospital, and its internal departments and operations, including its clinics, long term care facilities, Correctional Health Dallas County. Parkland also has affiliates including Parkland HOMES, Parkland Center for Clinical Innovation, Parkland Community Health Plan, Parkland Health Foundation, and the Parkland Auxiliary. Parkland continually strives to provide patient-centered, patient-valued care that is consistent with the patients' needs, values, and recognized belief system.

   B. Parkland Memorial Hospital facilities also serve as the primary teaching site for The University of Texas Southwestern Medical Center at Dallas (UTSW), and a teaching site for other institutions having contractual relationships with Parkland for their students and residents.

   C. Parkland participates in the training and education of hospital professionals. Through its affiliation with colleges, universities, and other educational institutions, Parkland trains and educates workforce members to serve in support, assistive, and licensed positions. Parkland supports and participates in clinical research.

   D. Parkland is committed to providing high quality care for the vulnerable populations across the continuum of care from public health and preventative services to specialty care including acute and post-acute services.

E. Parkland maintains recognized “Centers of Excellence.” Outpatient Clinics provide a wide range of ambulatory services, including specialties and sub-specialties. Primary care is provided through the Community Oriented Primary Care (COPC) Health Centers. The homeless population of Dallas County is offered healthcare through mobile services referred to as the “Homeless Outreach Medical Services” (HOMES) program.

F. Parkland is a Level 1 Trauma Hospital with a verified adult and pediatric Burn Center

G. Services are provided through contracted arrangement for radiation oncology and planned cardiovascular surgery. Inpatient pediatrics is generally limited to burns, newborn nursery, and neonatal intensive care unit services.

H. Each division within Parkland identifies division specific performance improvement priorities and goals.

I. Parkland is continually cognizant of its obligation to serve the entire Dallas County community as a healthcare provider, purchaser of goods and services, and employer of choice.

2. Leadership of the Organization

A. The Dallas County Commissioners’ Court approves Parkland’s tax rate, annual budget and all real property transactions. The Court also appoints the Board of Managers, the governing body of the organization.

B. The Board of Managers (Board) is the governing body of Parkland with statutory responsibility to manage Parkland, through retaining a qualified administrator and establishing governing policies, maintaining quality patient care, and planning for Parkland’s future. The Board appoints the administrator who serves as the Chief Executive Officer (CEO) to perform the duties, supervise the work and activities, and generally direct the affairs of Parkland under the established policies. The Board defines medical indigence levels and determines the guidelines for the provision of tax support (charity) care. In collaboration with the CEO, the Board sets the organization’s priorities for performance improvement. The Board is responsible for governance of the hospital district; final approval of Parkland’s budget, its tax rate, and real property transactions rest with the Commissioners Court. The Board is also charged with the responsibility of appointing the medical

DRAFT

staff and employing the necessary clinical and administrative support as needed for the operation of Parkland. Board members serve for no more than two consecutive three-year terms, or until a successor is appointed.

C. Chief Executive Officer (CEO) employs the necessary administrative and clinical staff to operate Parkland, provides leadership to meet the goals of Parkland's mission, develops and presents the annual budget, and directs priorities for strategic planning. The CEO (with Board approval where required) shall also appoint (or delegate the appointment of) the appropriate personnel to ensure effective operations and management of the Hospital District including, but not limited to, the following:

1) Chief Operating Officer (COO) is responsible for Parkland's operations and delegates and directs administrative and management activities.

2) Chief Financial Officer (CFO) is responsible for preparing the annual budget and for the financial operations of Parkland.

3) Chief Medical Officer (CMO) is responsible for the functioning and activities of the Medical Staff Office and the Graduate Medical Education Office, working with the organized medical staff to provide safe and quality care.

4) Chief Health Officer is responsible for delivery systems improvements including digital health, value-based care, utilization management, research, workforce wellbeing, ethics, innovation, and community engagement.

5) Chief Nursing Executive (CNE) is responsible for the overall direction of nursing care, including the development of a nursing philosophy, providing continuing education, developing directives and procedures, maintaining a recruitment/retention plan, and implementing a nursing performance improvement process.

6) General Counsel and Chief Legal Officer (CLO) is responsible for providing legal advice and services to Parkland management and the Board.

7) Chief Quality & Safety Officer (CQSO) is responsible for ensuring effective programs exist to promote the quality and safety of patient care, and compliance with professionally recognized standards of care.

DRAFT

8) Chief Compliance and Ethics Officer (CCEO) is responsible for designing and implementing a system-wide compliance and ethics program. The responsibilities include but are not limited to overseeing compliance and ethics education, monitoring and reporting of compliance and ethics issues.

9) Privacy Officer (PO) is responsible for Parkland's privacy program. The responsibilities include, but are not limited to, the oversight of all activities related to compliance with federal and state laws governing privacy of health information.

10) Chief Information Officer (CIO) is responsible for the day-to-day and long-term operations of Information Services.

11) Chief Talent Officer (CTO) is responsible for development of effective talent management strategies for all employee-related areas, including Human Resources, Learning and Development, Equitable Workforce representation, and Service Excellence.

12) Chief Governance Officer (CGO) is responsible for managing Board engagement and assisting the CEO with maintaining an effective and trusting relationship between the Board and administration.

13) Chief Health Equity Officer (CHEO) is responsible for the development, implementation, and oversight of the organization's Health Equity strategy focusing on talent acquisition, career development, and retention; patient care quality and safety; community engagement; supplier diversity; and other related areas.

3. Communication Plan

A. Parkland's organizational plan is regularly communicated to the staff and the community through various means. The Corporate Communications department plays a central role in creating and distributing written materials for our community, customers, and staff.

1) Parkland Now: Parkland Now is a weekly newsletter that is distributed to Parkland employees. Parkland Now is designed to update staff on activities within the system.

DRAFT

2) Parkland Later: Parkland Later is a weekly electronic “one-page” newsletter designed to catch any information overflow or time sensitive-news that has missed a print date.

3) Computer Screen Savers: Computer screen savers are utilized in break rooms and the cafeteria to alert staff and visitors of upcoming events.

4) Intranet banners: Intranet banners are rotating images on the intranet home page, and feature events, news and system info.

5) Parkland TV: Parkland TV includes videos shown on the Parkland YouTube channel and televisions above employee time clocks.

6) Employee Town Halls: Employee town halls are held regularly and throughout various locations in the system.

7) Other mechanisms for communication include Parkland’s Intranet and email to send messages.

B. Parkland’s Board and division directives and procedure manuals guide the decisions and operations of Parkland while setting the guidelines for high quality care and service.

C. Other modes of communication include meetings at all levels. The Board, Executive Management, and leadership meetings are all held on a routine basis. Monthly or biweekly meetings are generally held at the department level with staff.

D. Parkland’s mission and vision statements are posted on the hospital’s website and intranet.

4. Staff Competency

A. Staff competency is assessed at all department levels. Competence is addressed within the job descriptions and evaluated at the time of employment and orientation. Ongoing evaluation and support for staff competence include department specific competency testing for high-risk tasks, age-specific care, staff education, and annual performance appraisals. Staff competency for the various departments is addressed in each department’s organizational plan.

DRAFT

5. Education Plan

   A. Each new employee shall successfully complete general orientation, which includes orientation to the safety plans, infection control, the compliance program, privacy, quality of care, patient safety, and the mission of Parkland.

   B. The administrative staff of Parkland maintains continuing education through their participation in professional organizations such as the American College of Healthcare Executives. There are various organizations that are specific to certain specialties or departments such as the Society of Ambulatory Care Professionals. The administrative staff is expected to participate in ongoing education.

   C. There is a plan for educating and training all levels of staff. Each division/department is responsible for developing and maintaining departmental or unit job specific orientation and educational programs for its staff.

6. Staffing

   A. Staffing needs are addressed in each department's organizational plan. Staffing needs are based on calculation, considering patient acuity, volume and work performance by the unit or department. Information on staffing needs is gathered and reviewed on an ongoing basis. Emergency staffing is addressed in the hospital-wide disaster plan.

EQUIPMENT:

N/A

DEFINITIONS:

Workforce Member: An Officer, board member, employee, volunteer, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate. "Workforce member" also includes

all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.

REFERENCES:

Centers for Medicaid and Medicare (CMS). State Operations Manual-Appendix A: Regulations and Interpretive Guidelines for Hospitals

The Joint Commission (TJC). Comprehensive Accreditation Manual for Hospitals. Leadership and Human Resources Standard (Accessed 2026).

The Texas Administrative Code (TAC). Title 26, Part I, Chapter 505: Hospital Licensing

DRAFT

III. Reports Requiring Deliberation(s) or Approval

III (C). Discussion and Consideration of Follow-up Requests, Recommendations and Action Plan from the April 11, 2026, Board Governance Retreat

III. Reports Requiring Deliberation(s) or Approval

III (D). Presentation of the Revised Code of Conduct and Ethics

Code of Conduct and Ethics
2026 Edition

1

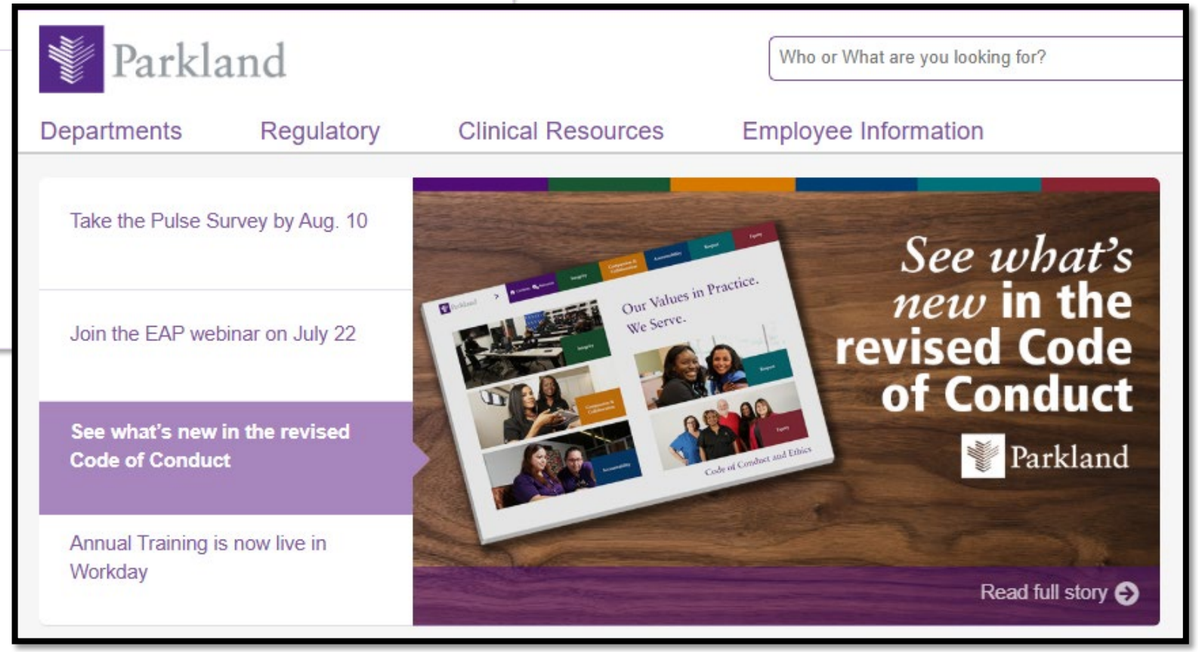
English & Spanish Versions

- Published to Parkland's Intranet and Internet sites on June 8, 2026
- Brochure version highlighting important concepts is in development
- Booklet version (complete document) to be printed in limited quantities for distribution as needed

2

Dedicated Awareness Campaign

- Feature story on Intranet site – July
- Business Partner & Liaison Network Communications – August
- Leadership Forum & Town Hall Communications – August
- Main Campus Park Market 'Tabletop' Event – September



III. Reports Requiring Deliberation(s) or Approval

III (E). Presentation of the Fiscal Year 2027 Compliance and Ethics Department Budget

FY27 Budget Review
Compliance and Ethics Department (Cost Center 87150 – Corporate Compliance)

	FY26 Budget	FY27 Budget	Comments
Salaries	3,568,767	4,048,699	Increase following the addition of several new Director-level positions.
Professional Fees	365,949	274,061	Savings resulting from termination of contract for services that were consolidated into other existing department resources.
Employee Benefits	705	705	
Contract Labor	135,571	0	
Supplies	35,840	31,913	
Depreciation	110,008	122,908	
Other Expense	97,404	118,432	New expense to offer Continuing Education Credit through AACME accredited program for Compliance and Ethics training (for employed physicians and other non-physician licensed/certified personnel).
Total Expenses	4,314,244	4,596,718	

IV. Executive Session

Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007; Tex. Gov't Code §551.071

VI. Action Item

VI (A). The Board may take action on any agenda item(s) above.

VII. Closing Remarks

VIII. Adjourn