Minutes of the Quality of Care and Patient Safety Committee meeting of the Board of Managers of the Dallas County Hospital District held Wednesday, July 29, 2026, scheduled for 10:00 a.m. in the WISH building Executive Conference Room 02-175 at Parkland Health and via Webex. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Byron Cryer, MD, noted that a quorum was physically present and called the meeting to order at 10:00 a.m. Committee members and Eric G. Bing, MD, PhD, Farida Minner, RN, and Todd Furniss attended in person.

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

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

Brett Moran, Chief Health Officer
Carmen Bowling, SVP Nursing
Dawn Marchetto, SVP Nursing
Donna Richardson, EVP & Chief Nursing Officer
Enrique Gallegos, SVP Ops & Assoc. COO (via Webex)
Fred Cerise, President & CEO
Gretchen Blake, VP Quality & Clinical Effectiveness
Jessica Hernandez, Chief Health Equity Officer
Joseph Chang, Chief Medical Officer
Jose Joglar, Past MEC President
Judy Herrington, SVP Nursing
Kareem AbdelFattah, VP & ACMO
Karen Garvey, VP Safety & Clinical Risk Management
Melanie Roberts, Chief Compliance & Ethics Officer
Michael Lane, SVP & Chief Quality and Safety Officer
Morgan Simmons, Governance Program Manager
Natalie Garza Vasquez, Administrative Resident
Paige Lueking, Associate General Counsel
Ryan Mauck, MD – Service Chief, Urology; President-Elect – Med Staff
Saul Cordero, SVP & Chief Governance & Strategy Officer
Sobha Fuller, SVP Nursing

Other Attendees:
Jenni Burnes, MHA
Joanna Brown, MBA, MS, CCC-SLP
John Thottakara, MD
Shaida Khan, DO

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

II. Public Comments Regarding Agenda Items

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

III. Conflicts of Interest

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

IV. Executive Session – Quality & Patient Safety Operations Section

At 10:02 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) and Guide**
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 on service lines related to quality and safety

a. Neuroscience PIC

b. Physical Medicine and Rehabilitation PIC

D. **Update and Report Regarding Medical Staff Professional Services**
Annual report from department related to quality and safety

E. **Possible Deliberation Regarding the Following**

A. Executive Summaries
Overview of QSO departmental reports

B. Clinical Excellence Operating Review Update for Hospital and Ambulatory

Monthly update of quality key performance indicators (KPIs)

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

D. Regulatory & Accreditation Affairs Surveys and Complaints
Quarterly update on various surveys and complaints

E. Update and Report Regarding Patient Relations: Complaints, Grievances, and Successes
Biannual report on patient complaints and grievances

F. QBOM Charter – Executive Summary

G. QBOM Charter – Redline

H. QBOM Charter – Clean *(Approval needed)*

I. QSO Budget *(Approval needed)*

J. Parkland Policy: SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program – Executive Summary

K. Parkland Policy: SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program – Redlined

L. Parkland Policy: SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program – Clean *(Approval needed)*

M. CY2026 Infection Prevention Annual Program and Risk Assessment Summary

N. CY2026 Infection Prevention Risk Assessment

O. CY2026 Infection Prevention Plan - Redlined

P. CY2026 Infection Prevention Plan – Clean *(Approval needed)*

~ End of Quality Portion of QBOM Agenda

IV. Executive Session: Medical Executive Committee (MEC)

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

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. Cardiology DoP Triage – Clinical Cardiac Electrophysiology (CCEP)
2. Medical Staff Bylaws (language update from “foreign to international” medical graduate)
3. Consideration and Appropriate Action of Utilization Management Plan: CM-U-12

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

IV. Executive Session: Update and Report Regarding Correctional Health
See Health & Safety Code § 161.032

VI. Executive Session: Discussion regarding report and/or information provided by the Medical Executive Committee President and related items on this agenda.
The Committee did not conduct a discussion with the Medical Executive Committee President, Dr. Ryan Mauck without other members of management present.

Chair adjourned Executive Session and moved into Open Session at 12:28 pm.

IV. Action Items (Open Session)

A. Consideration and Appropriate Action Regarding Quality of Care and Patient Safety Board Committee Charter

B. Consideration and Appropriate Action Regarding Quality and Safety Operations 2027 Budget

C. Consideration and Appropriate Action Regarding SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program

D. Consideration and Appropriate Action Regarding CY2026 Infection Prevention Plan

E. 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. Cardiology DoP Triage – Clinical Cardiac Electrophysiology (CCEP)

F. Consideration and Appropriate Action of Medical Staff Bylaws (language update from “foreign to international” medical graduate)

G. Consideration and Appropriate Action of Utilization Management Plan: CM-U-12

Byron Cryer requested a motion to consider the action items as listed on the agenda. Todd Furniss motioned to recommend approval the Medical Executive Committee Recommendations, Credentialing Report, Delineation of Privileges, Medical Staff Bylaws, Policies and all other action items as discussed as part of the MEC portion of the quality meeting. Eric Bing seconded the motion. The motion passed unanimously.

Byron Cryer requested a motion to recommend approval of the Quality Committee Charter with the included revisions regarding the external audit of the program moving from three to five years to the full Board. Todd Furniss motioned to recommend. Farida Minner seconded. The motion passed unanimously.

Byron Cryer requested a motion to recommend approval of the Quality department Budget to the Full Board. Todd motioned for the FY27 Quality Budget. Farida Minner seconded the motion. The motion passed unanimously.

VII. Follow-Up Requests: None

VIII. Closing Remarks

IX. **Adjourn**

With no further business to discuss, Committee Chair Byron Cryer, MD, adjourned the meeting at 12:28 pm.

SO RECORDED:

Byron Cryer, M.D.
Byron Cryer, M.D. (Sep 8, 2026 13:11:54 CDT)

Byron Cryer, MD
Committee Chair

Brad Nitschke
Brad Nitschke (Sep 8, 2026 13:20:18 CDT)

Brad Nitschke, JD
Assistant Secretary