Parkland

Board of Managers

Agenda for the ***Board of Managers*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday February 22, 2023 at 12:50 PM (or immediately following HOMES meeting)*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, 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: 2620 974 8244; meeting password: 1234) to join the meeting. The ***Board of Managers*** 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), 551.085 (deliberation by governing board of certain providers of health care services), 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 ***Board of Managers*** 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. Opening/Call to Order/Declare a Quorum Present/Mission Statement/Opening Remarks ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity			Chair
A. Invocation by Rev. Joe Howard		5	Rev. Joe Howard
B. Public Comments Regarding Agenda Items *See public comment registration information and rules at https://www.parklandhospital.com/board-of-managers*			
II. Consent Agenda			
A. Minutes 2023-01-11 Facilities Committee	*4*		Chair
B. Minutes 2023-01-24 Budget & Finance Committee	*9*		
C. Minutes 2023-01-25 Quality of Care & Patient Safety Committee	*17*		
D. Minutes 2023-01-25 Board of Managers	*22*		
E. Approve Office of the Governor Grant Submission	*28*		
F. Approve Maternal Level of Care Program Plan	*32*		
G. Approve Retirement Plan Funding Policy, 8311-1-20	*35*		
H. Approve Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers	*46*		
III. Reports Requiring Deliberation(s) or Approval(s)			
A. Recognitions	*48*	5	Chair
B. Black Men in White Coats Discussion	*49*	15	Dale Okorodudu, MD
C. Questions & Discussion Related Black Men in White Coats	*50*	10	Chair

		PAGE	TIME (MIN)	PRESENTER(S)
D.	CEO System Update	*51*	15	Fred Cerise, MD
E.	Questions & Discussion Related to CEO System Update	*52*	10	Chair
F.	Adopt Implementation Strategy to Meet the Health Needs Identified Through the 2022 Community Health Needs Assessment (CHNA)	*53*	15	Jessica Hernandez
G.	Questions & Discussion Related to CHNA Implementation Plan	*77*	10	Chair
H.	Discuss Process for Parkland's FY24 Annual Plan	*78*	10	Chair
IV.	**Executive Session** Tex. Gov't Code §§551.074, §§551.076 and §§551.089			
A.	Cybersecurity Update	*79*	60	Joe Longo and John Riggi
B.	Questions & Discussion Related to Cybersecurity	*181*	15	Chair
C.	Security Assessment Update	*182*	15	Edmundo Castañeda
D.	Questions & Discussion Related to Security Assessment Update	*193*	10	Chair
E.	Personnel Matter Regarding CEO Annual Goals	*194*	10	Chair
F.	Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer	*201*	10	Chair
G.	Personnel Matters Pertaining to Duties and Responsibilities of Board Members	*202*	10	Chair
V.	**Executive Session Reference Documents** Tex. Occup. Code §160.007 Tex. Health & Safety Code §§161.0315 & 161.032			
A.	Medical Executive Committee Credentialing Report	*203*		
B.	Delineation of Privileges Allergy and Immunology	*235*		
C.	Delineation of Privileges Internal Medicine	*240*		
D.	Delineation of Privileges Non-Physician Clinical Provider Staff – Women's Health	*259*		
VI.	**Reference Documents**			
VII.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
VIII.	**Adjourn**			Chair
A.	Closing Remarks			
B.	Call to Adjourn			

Parkland

Invocation

Parkland

Minutes 2023-01-11 Facilities Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Facilities Committee
January 11, 2023

Minutes of the Facilities Committee Development meeting of the Board of Managers of the Dallas County Hospital District, held Wednesday, January 11, 2023, scheduled for 9:30 a.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Don O'Bannon, Esq, noted that a quorum was physically present and called the meeting to order at 9:35 a.m. Committee member Todd Furniss, JD attended in-person.

Board Member attendees included: John Proctor via Webex.

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

Andrew Devine, Associate General Counsel
Beall Carothers, Director of Planning, Development & Construction (in-person)
Bennie Miller, Supplier Diversity Manager
Brad Nitschke, Associate General Counsel
Cody Lee, Facility Program Manager
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer (in-person)
Guy Toliver, Director Inclusion & Supplier Diversity (in-person)
Jeff Giles, Sr. Associate Attorney
John Raish, SVP Support Services (in-person)
John Wilson, Director Planning, Design, and Construction Services
Kellee Boardingham, Executive Assistant (in-person)
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Pamela Bryant, SVP & Chief Supply Chain Officer (in-person)
Rick Humphrey, EVP & Chief Financial Officer
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Vic Summers, SVP Internal Audit

Other Attendees:
Caren Pinzur, Eversheds Sutherland
Daina Pitzenberger, JLL Project and Development Services
Mark Harrison, JLL Project and Development Services
Pam Ervin-Davis, Nervi' Strategic Solutions, LLC

II. Mission Statement

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

III. Public Comments Regarding Agenda Items

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

IV. Conflicts of Interest

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

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

A. Multiple Award Task Order Contract (MATOC) Strategy Update

Pam Bryant reported on the Multiple Award Task Order Contract (MATOC) Strategy Update. An outside counsel has been retained to review and assess the new criteria.

The Committee asked questions and received further information related to the MATOC Strategy Update.

B. Facilities Minority and Women-Owned Business Enterprises (MWBE) Report

Guy Toliver presented the MWBE Report. He reviewed the Construction and Professional Services MWBE metrics.

The Committee asked questions and received further information related to the MWBE Report.

C. Planning Design & Construction (PD&C) Project Horizon

John Raish presented the PD&C Project Horizon. He reviewed the projects and highlighted the contract for the Supply Chain Store Room Expansion and MRD Breakdown. The contract is expected to be presented for approval at the February Budget & Finance Committee.

The Committee asked questions and received further information related to the PD&C Project Horizon.

D. Chase Relocation to Moody 6th Floor

John Raish reviewed the project timeline and anticipated move-in date for Moody.

The Committee asked questions and received further information related to the Chase Relocation to Moody 6th Floor.

E. Chase Admin Relocation to Stemmons

John Raish reviewed the project timeline and move-in date for Stemmons. The offices from Chase will take up three floors in Stemmons with an expected go-live date of March 2023.

The Committee asked questions and received further information related to the Chase Admin Relocation to Stemmons.

F. OK Paper Warehouse Demolition
John Raish reviewed the project timeline and shared responses for the demolition bids are expected on January 12th.

The Committee asked questions and received further information related to the OK Paper Warehouse Demolition.

G. Tex Oak Avenue Renaming Update
Edmundo Castañeda provided an update on the Tex Oak Avenue Renaming. Management presented potential alternatives to Tex Oak for renaming consideration.

The Committee asked questions and received additional information related to the Tex Oak Avenue Renaming Update.

The Committee also discussed possible naming alternatives for other streets on the main Parkland campus.

H. Garland COPC Lease Renewal
John Raish provided an update on the Garland COPC lease Renewal. He reported the lease renewal is for ten years with a cost of $10 per year.

The Committee asked questions and received additional information related to the Garland COPC Lease Renewal.

I. Workforce Development Initiatives
Committee Chair Don O'Bannon facilitated a conversation with the Committee regarding Workforce Development Initiatives. A video highlighting the Second Chance program was also played.

The Committee discussed opportunities to promote workforce development at Parkland. The Committee Chair requested management work on a proposal to present at the Facilities Committee.

VI. Executive Session

At 11:01 a.m., the Committee went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

A. Former Campus Demolition Update

Daina Pitzenberger and Mark Harrison of JLL Project and Development Services participated in this discussion.

B. Vickery Replacement Update

Members of management in executive session attendance included:

Andrew Devine, Beall Carothers, Bennie Miller, Brad Nitschke, Edmundo Castañeda, Felicia Miller, Fred Cerise, Guy Toliver, Jeff Giles, John Raish, John Wilson, Kellee Boardingham, Melanie Roberts, Rick Humphrey, Saul Cordero, Steven Roth, and Vic Summers

Chair adjourned Executive Session and moved into Open Session at 11:50 a.m.

VII. Adjourn

With no further business to discuss, Committee Chair Don O'Bannon, Esq, adjourned the meeting at 11:50 a.m.

SO RECORDED:

_____	_____
Don O'Bannon, Esq Committee Chair	Steve Roth, JD, MPH Assistant Secretary

Parkland

Minutes 2023-01-24 Budget & Finance Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Budget and Finance
January 24, 2023

Minutes of the Budget and Finance Committee meeting of the Board of Managers of the Dallas County Hospital District, held Tuesday, January 24, 2023, scheduled for 11:30 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 Ramon Miguez, PE, noted that a quorum was physically present and called the meeting to order at 11:30 a.m. Committee members Eric G. Bing, MD, PhD, and Don O'Bannon, Esq, were present. Committee member Lisa Sutter attended via Webex.

Committee member John Proctor was not present.

Board Member attendees included: Chair Marjorie Petty, JD; Todd Furniss, JD (in-person); and Reina Gonzalez, JD.

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

Andrew Devine, Associate General Counsel
April Audain, VP UT Contracts Administration
Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer (in-person)
Gerry Baker, SVP Revenue Cycle
Guy Toliver, Director Inclusion-Supplier Diversity
Joe Longo, SVP Chief Information Officer
Keri Disney-Story, VP Clinical Finance
Kellee Boardingham, Executive Assistant (in-person)
Pam Bryant, SVP Chief Supply Chain Officer (in-person)
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Roberto de la Cruz, EVP Chief Clinical Officer
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Tabitha Lee, VP Finance/Controller
Vic Summers, SVP Chief Audit Executive

II. Mission Statement

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

III. Public Comments Regarding Agenda Items

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

IV. Conflicts of Interest

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

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

A. Approve Contracts over $200,000

Pam Bryant reviewed the briefing documents for contracts over $200,000. (See Appendix A of these minutes for more specific details on each contract.) Discussion of non-sole source contracts was first. Pam Bryant provided a brief overview of each contract and highlighted the MWBE participation. She noted N2, GCC Enterprises Inc., is 44.20% African American male participation. She also noted N3, Appro Inc., is 100% Asian male participation. Next, Pam reviewed the sole source contracts. She reviewed each contract, providing a summary of the services and MWBE participation. Lastly, Pam reviewed the two deviations.

The Committee asked questions and received further information related to the Contracts over $200,000.

VI. Executive Session

At 11:40 a.m., the Committee went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

A. Discuss Print Management Services Contract

Members of management in executive session attendance included:

Andrew Devine, April Audain, Donna Richardson, Edmundo Castañeda, Felicia Miller, Fred Cerise, Guy Toliver, Joe Longo, Kellee Boardingham, Keri Disney-Story, Pamela Bryant, Rick Humphrey, Roberto de la Cruz, Saul Cordero, Steven Roth, and Vic Summers

Chair adjourned Executive Session and moved into Open Session at 12:11 p.m.

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

A. Approve Contracts Over $200,000

Lisa Sutter motioned to recommend Board approval of Contracts over $200,000. Eric G. Bing, MD, PhD, seconded the motion. Don O'Bannon, Esq, abstained. The motion passed.

B. Parkland Financial Performance Presentation

Rick Humphrey reviewed the financial results for December 2022 and discussed significant performance variances.

For the month of December, Parkland Health recognized a net income of ($1.5M) which is ($1.6M) unfavorable to the budgeted net income of $0.1M and equivalent compared to the prior year net income of ($1.5M).

Parkland Health's operating margin and operating cash flow margin for the month of December are (3.2%) and 0.2%, respectively. The operating margin was unfavorable compared to budget of (0.8%) and the operating cash flow margin is also unfavorable compared to budget of 2.8%. Parkland Health's operating margin is unfavorable compared to the prior year operating margin of (0.9%) and unfavorable to the operating cash flow margin of 2.4% from the prior year.

Parkland Health's patient cash collections in December were $82.1M which is below budget by ($2.1M) and $6.0M higher than the prior year. Parkland Health's days cash on hand of 185 days for the month is an increase of 14 days compared to prior month of 171 days and greater compared to the prior year December of 165 days, an increase of 20 days.

Rick Humphrey reviewed the income statement for December 2022. There is a negative variance to budget for Net Patient Revenues, Salaries and Benefits, and Supplies. The variance in Salaries and Benefits was driven by increased patient volumes. Parkland's nonoperating revenue was favorable to budget due to the stabilization of interest rates. This revenue offset the Operating Income (Loss) variance. The Total Net Income (Loss) is approximately $6.4 million favorable to budget.

The Committee asked questions and received further information related to the Financial Performance Presentation.

Next, Rick reviewed the Key Metrics for the system. Rick noted the negative variances to budget including Hospital Discharges, Case Mix Index, and Ambulatory Visits.

The Committee asked questions and received further information related to the Key Metrics. The Committee specifically asked about the increase in Deliveries and Surgeries as well as the decrease in Ambulatory Visits.

C. FY22 GPO Spend & FY23 Forecast

Pam Bryant presented the FY22 GPO Spend & FY23 Forecast to the Committee.

The Committee asked questions and received additional information related to the FY23 Forecast. The Committee specifically asked about minority and women owned businesses participating in the GPO contracts. The Committee also requested the GPO Spend for the past five years.

VIII. Adjourn

With no further business to discuss, the Committee Chair adjourned the meeting at 12:58 p.m.

SO RECORDED:

_____	_____
Ramon Miguez, PE	Steve Roth, JD, MPH
Committee Chair	Assistant Secretary

Appendix A (Contracts Reviewed for Approval)

Item	Page No.	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.	MWBE %	MWBE Gender	MWBE Ethnicity
													January 25, 2023
NON-SOLE SOURCE CONTRACTS - Sorted by Size													
N1	6	Expense	System-wide Copiers and Print Management Services	Lexmark International, Inc	2/1/2023 - 1/31/2028	$9,369,299	$9,369,299	Request for Proposals (Best Value)	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Ceazari Threadgill, IT Operations	13%	Hispanic	Female
N2	9	Capital	Task Order #38 MRD Breakroom & Storeroom Expansion	GCC Enterprises Inc.	1/26/2023 - 8/31/2023	$587,408	$587,408	Request for Proposals (Best Value)	Yes	Paul Woodard, PDC-Facilities	44.20%	African American	Male
N3	11	Expense	SCDC Janitorial Services	Appro, Inc.	2/1/2023 - 1/31/2028	$343,727	$343,727	Invitation for Bids	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cory James, Material Receiving Distribution	100%	Asian	Male
N4	13	Capital	Gastroscopes and Colonoscopes	Olympus America, Inc.	Last Signature - 3/312023	$215,279	$215,279	GPO Purchase	Yes	Shika Shakelli, Clinical Engineering	0%	N/A	N/A

Appendix A (Continued)

Item	Page No.	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.	MWBE %	MWBE Gender	MWBE Ethnicity
SOLE SOURCE CONTRACTS - Sorted by Size													
S1	15	Expense	Mod to Add Funds Craniomaxillofacial (CMF) implants	Stryker Sales Corporation	11/1/2020 - 10/31/2023	$599,000	$1,649,000	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Surgery Administration	0%	N/A	N/A
S2	17	Expense	Mod to Add Funds reagents and ECHO equipment	Immucor Inc.	9/17/2021 - 9/16/2024	$590,000	$1,249,000	Sole Source Modification	Yes	Tim Lenz, Pathology	0%	N/A	N/A
S3	19	Expense	Mod #2 Blood apheresis disposables/consumables	Terumo BCT, Inc	11/4/2021 - 11/3/2023	$533,227	$1,196,085	Sole Source Modification	Yes	Sandra O'rear, Acute Dialysis	0%	N/A	N/A
S4	21	Expense	OCD-Diana Reagents	Polymedco Cancer Diagnostic Products, LLC	3/1/2023 - 2/28/2028	$600,000	$600,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tim Lenz, Pathology	0%	N/A	N/A
S5	23	Expense	Mod #1 Neuwave Certus 140 consumables	Johnson & Johnson Health Care Systems Inc.	6/27/2022 - 1/23/2025	$205,000	$304,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Perioperative/ Surgical Services Administration	0%	N/A	N/A
S6	25	Expense	GE X-ray Detector Replacement Service	GE Precision Healthcare LLC	2/1/2023 - 1/31/2028	$225,000	$225,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Travis Kobernick, Clinical Engineering	0%	NA	N/A
S7	27	Revenue: Court Approval	Mod #1 Fifth Amendment to Sublease Agreement	Parkland Foundation	5/1/2017 - 11/30/2022	($634,169)	($1,619,244)	Sole Source Modification	N/A-Revenue	Beall Carothers, Planning Design & Construction	0%	N/A	N/A
DEVIATION/RATIFICATION													
D1	29	Expense-Approved Deviation	2023 DART Employee Preferred Annual Pass	Dallas Area Rapid Transit (DART)	1/1/2023 - 12/31/2023	$490,320	$490,320	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tawana McCullough, Office of Talent Management/ Total Rewards	0%	N/A	N/A
R1	32	Expense-Ratification	Biotel Medical Control Services	University of Texas Southwestern Medical Center (UTSW)	10/15/2022 - 10/14/2029	$13,792,561	$13,792,561	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Melody Gardner, Emergency Services	N/A	N/A	N/A

Appendix A (Continued)

Item	Page No.	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.	MWBE %	MWBE Gender	MWBE Ethnicity
I1	34	Expense	Pharmaceutical Wholesaler Distribution 340B Split-Billing Software	Morris & Dickson Co., LLC	2/1/2023 - 4/30/2028	$785,000,000	$785,000,000	Request for Proposals (Best Value)	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Carrie Berge, Pharmacy	0%	N/A	N/A

Parkland

Minutes 2023-01-25 Quality of Care & Patient Safety Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Quality of Care and Patient Safety
January 25, 2023

Minutes of the Quality of Care and Patient Safety Committee meeting of the Board of Managers of the Dallas County Hospital District, held Wednesday, January 25, 2023, scheduled for 10:00 a.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Elizabeth Palacios, MD, noted that a quorum was physically present and called the meeting to order at 10:01 am. Committee members Eric G. Bing, MD, PhD, and Todd Furniss, JD, were present. Committee member Farida Minner, RN, attended via Webex.

Board Member attendees included: Board Chair Marjorie Petty, JD, and Reina Gonzalez, JD.

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

Brett Moran, SVP & Chief Medical Information Officer
Dawn Marchetto, SVP Nursing
David Nelson, UTSW Associate Professor
Denise Harrington, Director of Programs, Transplant Services
Donna Hale, Interim VP Nursing Peri-Op
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer
Eugene Chu, President of the Medical Executive Committee (in-person)
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & Chief Executive Officer (in-person)
Gretchen Blake, VP Quality & Clinical Effectiveness
James Griffin, President Elect of the Medical Executive Committee (in-person)
Joe Lockridge, UTSW Associate Professor
John Fitzgerald, UTSW Professor
Jose Joglar, UTSW Professor
Joyce Miller, Director of Nursing & Advanced Practice
Judy Herrington, SVP Nursing
Karen Garvey, VP Safety & Clinical Risk Management
Kathleen Doherty, Interim VP Surgical Services
Kellee Boardingham, Executive Assistant (in-person)
Kurt Reichermeier, Pulmonary and Critical Care Fellow
Lydia deJong, Director of Regulatory & Accreditation Affairs
Margaret Palmer, VP Professional Medical Affairs
Martin Swanson, Director of Nursing
Mike Lane, SVP & Chief Patient & Safety Officer (in-person)
Nneka Egbuniwe, Deputy General Counsel
Pamela Bryant, SVP & Chief Supply Chain Officer
Roberto de la Cruz, EVP & Chief Clinical Officer (in-person)
Saul Cordero, VP & Chief Governance Officer (in-person)

Sobha Fuller, SVP Nursing Population Health
Steven Roth, EVP & Chief Legal Officer (in-person)
Tim Lenz, Administrative Director Laboratory Services
Trish Jackson, Manager Advanced Practice
Vic Summers, SVP Chief Audit Executive

II. Mission Statement

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

III. Public Comments Regarding Agenda Items

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

IV. Conflicts of Interest

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

V. Executive Session – Quality & Patient Safety Operations Section

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

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

Members of management in executive session attendance included:

Brett Moran, Dawn Marchetto, David Nelson, Denise Harrington, Donna Hale, Donna Richardson, Edmundo Castañeda, Eugene Chu, Felicia Miller, Fred Cerise, Gretchen Blake, James Griffin, Joe Lockridge, John Fitzgerald, Jose Joglar, Joyce Miller, Judy Herrington, Karen Garvey, Kathleen Doherty, Kellee Boardingham, Kurt Reichermeier, Lydia deJong, Margaret Palmer, Martin Swanson, Mike Lane, Nneka Egbuniwe, Pamela Bryant, Roberto de la Cruz, Saul Cordero, Sobha Fuller, Steven Roth, Tim Lenz, Trish Jackson, and Vic Summers

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

A. Chief Quality & Safety Officer Report: Executive Quality Committee (EQC) Summary

B. Patient Safety & Clinical Risk
   1. Root Cause Analysis (RCA) Case Reviews

C. Clinical Quality Reports
   1. Department Performance Improvement Committee (PIC)/Clinical Quality Committee (CQC) Annual Presentation

a. Medicine PIC
b. Transplant PIC

D. Regulatory & Accreditation
1. Regulatory Tracer Updates

The Committee reviewed all items on the agenda, asked questions and received additional information.

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

Eugene Chu, MD, President of the Medical Executive Committee, discussed the items posted on the agenda.

A. Appointments/Reappointments
1. Medical Staff & Non-Physician Clinical Providers to Parkland Health
a. Credentialing Report

The Board asked questions and received additional information.

Members of management in the MEC executive session attendance included:

Brett Moran, David Nelson, Donna Richardson, Edmundo Castañeda, Eugene Chu, Felicia Miller, Fred Cerise, James Griffin, Jose Joglar, Joyce Miller, Kellee Boardingham, Mike Lane, Nneka Egbuniwe, Roberto de la Cruz, Saul Cordero, Steven Roth, Trish Jackson, and Vic Summers

VII. Executive Session: Chief Quality & Safety Officer (CQSO) One-on-One with Committee

The Committee conducted a One-on-One with the CQSO, Dr. Mike Lane.

VIII. Executive Session: Medical Executive Committee President One-on-One with Committee

The Committee conducted a One-on-One with the Medical Executive Committee President, Dr. Eugene Chu.

Chair adjourned Executive Session and moved into Open Session at 12:15 p.m.

IX. Action Items (Open Session)

A. Approve Medical Executive Committee Recommendations
1. Approval of the Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers
a. Credentialing Report

Todd Furniss, JD, motioned to recommend Board approval of the Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers, including the provider discussed during Executive Session. Eric G. Bing, MD, PhD, seconded the motion. The motion passed unanimously.

X. Adjourn

With no further business to discuss, Committee Chair Elizabeth Palacios, MD, adjourned the meeting at 12:17 pm.

SO RECORDED:

_____	_____
Elizabeth Palacios, MD	Steve Roth, JD, MPH
Committee Chair	Assistant Secretary

Parkland

Minutes 2023-01-25 Board of Managers

Minutes of the Board of Managers meeting of the Dallas County Hospital District, held Wednesday, January 25, 2023, scheduled for 12:50 p.m. or immediately following the HOMES meeting in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 12:50 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Reina Gonzalez, JD; Ramon Miguez, PE; Don O'Bannon, Esq; Elizabeth Palacios, MD; John Proctor; Lisa Sutter; and Jeff Tillotson, JD.

Board member Farida Minner, RN, was not present.

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

Andrew Devine, Associate General Counsel
Anisha Ganguly, Health Equity Fellow
Blanca Garcia, Strategy & Integration Administrator
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Felicia Miller, EVP & Chief Talent Officer (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Jared Ginter, VP Institutional Risk Management
Jessica Hernandez, VP Community Integrated Health
Joe Mayer, Director Treasury
Joseph Chang, Chief Medical Officer
Joseph Longo, SVP Chief Information Officer
Kellee Boardingham, Executive Assistant (in-person)
Margaret Dutton, Strategy & Integration Analyst
Margaret Palmer, VP Professional Medical Affairs
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Michael Lane, SVP Chief Quality & Patient Safety Officer
Michael Malaise, SVP Communications & External Affairs (in-person)
Pamela Bryant, SVP Chief Supply Chain Officer
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Roberto de la Cruz, EVP Chief Clinical Officer (in-person)
Samia Zia, Director Strategy & Integration
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Vic Summers, SVP Chief Audit Executive

Other Attendees:
Rev. James L. Fitzgerald, Friendship-West Baptist Church
JD Davis, Milliman
Christian Goodman, Milliman
Jim Griffin, Solid Counsel

II. Mission Statement

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

III. Invocation

Rev. James L. Fitzgerald offered an invocation at the beginning of the meeting.

IV. Public Comments Regarding Agenda Items

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

V. Conflicts of Interest

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

VI. Consent Agenda

Minutes 2022-12-13 Audit Committee

Minutes 2022-12-13 Budget & Finance Committee

Minutes 2022-12-14 Quality of Care & Patient Safety Committee

Minutes 2022-12-14 Board of Managers

Approve Patient Settlements

Approve 2023 Southwestern Medical District Budget

Approve Recognizing Board Members Retiring in 2023 with a Board Resolution

Approve Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers

Jeff Tillotson, JD, motioned to approve the Consent Agenda. Ramon Miguez, PE, seconded the motion. The motion passed unanimously.

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

A. Recognitions
Chair Marjorie Petty, JD, recognized Edmundo Castañeda on his appointment to the National Association of Latino Healthcare Executives Board of Directors.

B. Pension Plan Update
JD Davis from Milliman provided an overview of the Parkland Retirement Plans and reviewed the historical and projected contributions to fund the plans. He also summarized the discussion from the December Board of Managers meeting. JD presented several retirement plan alternatives based on the previous discussion and highlighted the funding differences between the plan alternatives.

C. Questions & Discussion Related to Pension Plan Update
The Board asked questions and received additional information related to the Pension Plan Update. The Board specifically asked questions and received additional information related to the best options for the long-term financial stability of Parkland as well as the best retention and recruitment tools for employees.

Elizabeth Palacios, MD, motioned to implement a soft freeze on the current defined benefit plan effective January 1, 2024, and to develop a new defined contribution plan for employees hired on or after that date with no change to the existing defined benefit plan for existing employees as of December 31, 2023. The new defined contribution plan will include a five-year vesting period with service-based employer contribution. The employee contribution will be 6.2% and the employer contribution will be 2% for 0-4 years of service, 4% for 5-9 years of service, and 6.2% for 10+ years of service. Jeff Tillotson, JD, seconded the motion. The motion passed unanimously.

D. Strategic Plan Update – Health Equity
Michael Malaise provided an update on the Strategic Plan – Health Equity priority. He reviewed each objective and key result while providing an update on meeting the key result metrics.

E. Questions & Discussion Related to Strategic Plan Update
The Board asked questions and received additional information related to the Strategic Plan Update.

F. Morbidity & Mortality Case
Dr. Fred Cerise introduced Dr. Anisha Ganguly as the inaugural Health Equity Fellow. Dr. Ganguly then presented a Morbidity & Mortality Case highlighting a recent patient's treatment. Dr. Cerise and Dr. Ganguly highlighted opportunities for intervention and opportunities for increased advocacy efforts.

G. Questions & Discussion Related to Morbidity & Mortality Case

The Board asked questions and received additional information related to the Morbidity & Mortality Case.

H. Approve Street Naming Opportunity
Don O'Bannon, Esq, presented the opportunity to name a street on the main Parkland campus after Dr. John Wesley Anderson. He shared the biography of Dr. Anderson with the Board and outlined the proposed street for consideration.

The Board asked questions and received further information related to the naming opportunity.

Don O'Bannon, Esq, motioned to approve naming the street Dr. John Wesley Anderson Way. John Proctor seconded the motion. The motion passed unanimously.

I. Discuss Process for Parkland FY24 Annual Plan
Chair Marjorie Petty, JD, presented a proposed planning timeline for FY24. She explained how the timeline ties the CHNA, CEO Goals, annual budget, and strategic initiatives into alignment during the planning process. She also highlighted how the anticipated Board Retreat will be apart of the planning process.

J. CEO Strategy & Operations Update
Dr. Cerise provided an update on System Operations and Strategic Initiatives. He reviewed several priority initiatives and identified how they relate to the strategic plan. Dr. Cerise also highlighted Parkland recently received its Pathway to Excellence Redesignation.

K. Questions & Discussion Related to CEO Update on System Operations
The Board asked questions and received additional information related to the CEO Update on System Operations.

VIII. Executive Session

At 4:17 p.m., the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

A. Security Assessment Update

B. Questions & Discussion Related to Security Assessment Update

C. Cybersecurity Update

D. Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer

E. Personnel Matters Pertaining to Duties and Responsibilities of Board Members

F. Discussion of Board Members Nominated to Serve as Board Officers

Members of management in executive session attendance included:
Donna Richardson, Edmundo Castañeda, Felicia Miller, Fred Cerise, Jared Ginter, Joseph Chang, Joseph Longo, Kellee Boardingham, Melanie Roberts, Michael Lane, Michael Malaise, Rick Humphrey, Roberto de la Cruz, Saul Cordero, Steven Roth, and Vic Summers

Chair adjourned Executive Session and moved into Open Session at 5:05 p.m.

IX. Action items (Open Session)

A. Election of Officers of Parkland Health Board of Managers

The Board conducted the Election of Officers of Parkland Health Board of Managers for the Vice-Chair and Secretary positions. The Board voted by ballot with Ramon Miguez, PE, elected as Vice-Chair and Lisa Sutter elected as Secretary.

Ramon Miguez, PE, received votes from Eric G Bing, MD, PhD; Reina Gonzalez, JD; Ramon Miguez, PE; Elizabeth Palacios, MD; Lisa Sutter; and Jeff Tillotson, JD. Todd Furniss, JD, received votes from Todd Furniss, JD; Don O'Bannon, Esq; and John Proctor. Chair Marjorie Petty, JD, abstained. Farida Minner, RN, was absent.

Lisa Sutter received votes from Eric G. Bing, MD, PhD; Reina Gonzalez, JD; Don O'Bannon, Esq; Elizabeth Palacios, MD; Lisa Sutter; and Jeff Tillotson, JD. Todd Furniss, JD, received votes from Todd Furniss, JD; Ramon Miguez, PE; and John Proctor. Chair Marjorie Petty, JD, abstained. Farida Minner, RN, was absent.

X. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 5:17 p.m.

SO RECORDED:

_____	_____
Marjorie D. Petty, JD	Steve Roth, JD, MPH
Chair	Assistant Secretary

Parkland

Approve Office of the Governor Grant Submission

General Victim Assistance Grant

Overview

Parkland Health operates the Victim Intervention Program/Rape Crisis Center (VIP). VIP provides 24/7 crisis response to the main hospital and clinics, provides education and outreach throughout Dallas County and within the Parkland system, and provides trauma-informed family therapy services to a diverse client population. The General Victim Assistance grant program is administered through VIP and focuses on providing crisis response services and counseling services to victims of sexual assault, domestic violence, human trafficking, and other violent crimes in Dallas County.

OOG Grant Request: $700,000

DALLAS COUNTY HOSPITAL DISTRICT
DBA PARKLAND HEALTH
EXECUTIVE SUMMARY

General Victim Assistance
Grant Application # 1751016

OVERVIEW: The Parkland Health General Victim Assistance grant program is funded by the Office of the Governor, Public Safety Office. Parkland Health operates the Victim Intervention Program/Rape Crisis Center (VIP). VIP provides 24/7 crisis response to the main hospital and clinics, provides education and outreach throughout Dallas County and within the Parkland system, and provides trauma-informed family therapy services to a diverse client population. The General Victim Assistance grant program is administered through VIP and focuses on providing crisis response services and counseling services to victims of sexual assault, domestic violence, human trafficking, and other violent crimes in Dallas County.

The grant period is from October 1, 2023, through September 30, 2024. The requested grant award is **$700,000** and is inclusive of salary, fringe, supplies, training, and indirect costs.

The Office of the Governor requires a resolution from the County Commissioners Court that:

- Identifies the authorized official who has the power to apply for, accept, reject, alter or terminate the grant on behalf of the applicant agency;
- The agency agrees to provide applicable matching funds;
- In the event of loss or misuse of the Criminal Justice Division funds, Dallas County Hospital District assures that the funds will be returned to the Office of the Governor in full; and
- Approval of the grant application submission.

Parkland Health requests Board approval to seek the Dallas County Commissioners Court approval for submission of the General Victim Assistance Grant to the Office of the Governor/Public Safety Office.

DALLAS COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS
RESOLUTION NO. 2023022202

Grant Application Confirmation Number: 1751016

WHEREAS, The Dallas County Hospital District Board of Managers finds it in the best interest of the citizens of Dallas County that the Parkland Health General Victim Assistance Grant Program be operated for the grant period of October 1, 2023, through September 30, 2024; and

WHEREAS, The Dallas County Hospital District Board of Managers agrees that in the event of loss or misuse of the Office of Governor funds, Dallas County Hospital District assures that the funds will be returned to the Office of Governor in full.

WHEREAS, The Dallas County Hospital District Board of Managers has authorized the Executive Vice President & Chief Financial Officer as the grantee's Authorized Official (AO). The AO is given the power to apply for, accept, reject, alter or terminate the grant on behalf of the applicant agency. The AO may temporarily delegate this authority to a designee. This designee is the Director of Grants Management.

NOW THEREFORE, BE IT RESOLVED that the Dallas County Hospital District Board of Managers approves the submission of the grant application by the Dallas County Commissioners Court for the FY 2024 Parkland Health General Victim Assistance Grant Program to the Office of the Governor, Public Safety Office.

Dated this 22 day of February 2023.

Marjorie D. Petty, JD
Chair

Steve Roth, JD, MPH
Assistant Secretary

Marjorie Petty, JD	Yes_____	No_____	Abstain_____	Absent_____
Ramon Miguez, PE	Yes_____	No_____	Abstain_____	Absent_____
Lisa Sutter	Yes_____	No_____	Abstain_____	Absent_____
Eric G. Bing, MD, PhD	Yes_____	No_____	Abstain_____	Absent_____
Todd Furniss, JD	Yes_____	No_____	Abstain_____	Absent_____
Reina Gonzalez, JD	Yes_____	No_____	Abstain_____	Absent_____
Farida Minner, RN	Yes_____	No_____	Abstain_____	Absent_____
Don O'Bannon, Esq.	Yes_____	No_____	Abstain_____	Absent_____
Elizabeth Palacios, MD	Yes_____	No_____	Abstain_____	Absent_____
John Proctor	Yes_____	No_____	Abstain_____	Absent_____
Jeff Tillotson, JD	Yes_____	No_____	Abstain_____	Absent_____

Parkland

Approve Maternal Level of Care Program Plan

PARKLAND HEALTH
BOARD OF MANAGERS

RESOLUTION NO. 2023022201

Maternal Level of Care Designation

Be it resolved, the Parkland Health (Parkland) Board of Managers by a vote of ____ Yes and ___ Nay, does by this resolution (adopt/reject) _____ the following:

WHEREAS, Parkland Health ("Parkland") has a long-standing commitment to its mission of improving the health of the community it serves; and

WHEREAS a part of this mission is an obstetrics program which provides treatment, care, transfers, and consultation per clinical standards to maternity patients 24 hours per day, 7 days per week: and

WHEREAS provides dedicated personnel and resources specific to the maternal care program; and

WHEREAS supports leadership opportunities at the community, statewide, and regional level; and

WHEREAS ensures physician credentialing for maternal care response; and

WHEREAS supports maternal care education for program staff, nurses, physicians, and ancillary support staff; and

WHEREAS supports public outreach programs; and

WHEREAS supports participation in the Perinatal Care Region

WHEREAS Parkland seeks designation from the Texas Department of State Health Services as a Level IV Maternity Care Facility: and

WHEREAS Parkland will continue to support all components of the program including maintenance of the Maternity Care Level IV status: and

WHEREAS, the Parkland Health Board of Managers has expressed its full commitment to the ongoing support of the Maternity Care program; and

THEREFORE, **BE IT RESOLVED,** that the Parkland Health Board of Managers acknowledges its full and continued support of the Maternity Care program.

Dated this 22 day of February 2023.

Marjorie Petty, JD
Chair

Steven Roth, JD, MPH
Assistant Secretary

Marjorie Petty, JD	Yes_____	No_____	Abstain _____	Absent_____
Ramon Miguez, PE	Yes_____	No_____	Abstain _____	Absent_____
Lisa Sutter	Yes_____	No_____	Abstain _____	Absent_____
Eric G. Bing, MD, PhD	Yes_____	No_____	Abstain _____	Absent_____
Todd Furniss, JD	Yes_____	No_____	Abstain _____	Absent_____
Reina Gonzalez, JD	Yes_____	No_____	Abstain _____	Absent_____
Farida Minner, RN	Yes_____	No_____	Abstain _____	Absent_____
Don O'Bannon, Esq	Yes_____	No_____	Abstain _____	Absent_____
Elizabeth Palacios, MD	Yes_____	No_____	Abstain _____	Absent_____
John Proctor	Yes_____	No_____	Abstain _____	Absent_____
Jeff Tillotson, JD	Yes_____	No_____	Abstain _____	Absent_____

Parkland

Approve Retirement Plan Funding Policy, 8311-1-20

Approved at:
2022-12-13 Budget & Finance Committee
2023-02-08 TDEC Committee

DALLAS COUNTY HOSPITAL DISTRICT
RETIREMENT INCOME PLAN

FUNDING POLICY
(Adopted ~~November 20, 2019~~)

Recitals:

A. Dallas County Hospital District, also known as Parkland Health provides its eligible employees a defined benefit retirement plan called the "Dallas County Hospital District Retirement Income Plan" (the "Retirement Income Plan").

B. The Retirement Income Plan was originally effective January 1, 1982.

C. The purpose of the Retirement Income Plan is to provide retirement and other related benefits to those Parkland employees who are eligible to participate in the Retirement Income Plan.

D. The Retirement Income Plan was most recently amended and restated in its entirety effective January 1, 2014 (the "2014 Restatement").

E. Pursuant to the requirements of S.B. No. 2224, which amended Section 802.2011 of the Texas Government Code, effective September 1, 2019, Parkland's Board of Managers (the "Board"), as the applicable governing body of the Retirement Income Plan, is required to do the following:

1. adopt a written funding policy that details Parkland's plan for achieving a funded ratio of the Retirement Income Plan that is equal to or greater than 100 percent;

2. maintain for public review at its main office a copy of the policy; and

3. file a copy of the policy and each change to the policy with the Texas Pension Review Board not later than the 31st day after the date the policy or change, as applicable is adopted.

F. The term "public retirement system" is defined in Section 802.001 of the Texas Government Code as a continuing, organized program of service retirement, disability retirement, or death benefits for officers or employees of the state or a political subdivision, or of an agency or instrumentality of the state or a political subdivision, subject to certain other exceptions and exclusions. The Retirement Income Plan is a public retirement system and is subject to the requirements of S.B. No. 2224.

G. The funded ratio of the Retirement Income Plan is as set forth below as reported in the Guide to Public Retirement Systems in Texas published for the 86th Legislature, March 2019, by the Texas Pension Review Board and available at https://www.prb.state.tx.us/txpen/wp-content/uploads/2019/03/2019-Legislative-Guide-Final.pdf:

Valuation Date	Funded Ratio
1/1/2013	80.00%
1/1/2014	82.53%
1/1/2015	76.35%
1/1/2016	74.91%
1/1/2017	73.76%
1/1/2018	73.41%
1/1/2019	71.53%
1/1/2020	64.81%
1/1/2021	68.78%
1/1/2022	73.16%

~~The funded ratio of the Retirement Income Plan as of January 1, 2019, was 71.53%.~~

H. Parkland's Board now desires to adopt the proposal set forth herein to comply with S.B. No. 2224 and to memorialize Parkland's funding goals for the Retirement Income Plan.

NOW, THEREFORE, Parkland's Board hereby adopts the following Funding Policy for the Retirement Income Plan:

I. Purpose and Scope.

This Funding Policy memorializes actuarial assumptions and methodologies and the long-term funding goals for the Retirement Income Plan. This Funding Policy is effective for actuarial valuations performed on and after January 1, 2022~~0~~. Parkland's Board has also used this opportunity to establish guidelines to ensure that the Retirement Income Plan is well-funded into the future.

II. Definitions.

"**Actual Employer Contribution**" means the actual contributions paid by Parkland in accordance with the terms of the Retirement Income Plan document.

"**Actuarial Liability**" means the actuarial accrued liability determined in accordance with the actuarial assumptions and methods set forth in Section IV of this Funding Policy.

"**Actuarial Value of Plan Assets**" means the Retirement Income Plan's assets determined in accordance with the actuarial assumptions and methods set forth in Section IV of this Funding Policy.

"**Actuarially Determined Contribution**" means Parkland's theoretical periodic contribution to the Retirement Income Plan. The Actuarially Determined Contribution includes Parkland's normal cost and a provision for amortizing the Unfunded Liability. The Actuarially Determined Contribution is the amount that Parkland would need to fund each year in order to pre-fund the Actuarial Liability and build the funds necessary to fully finance the benefits over time.

"**Board of Managers**" means the Board of Managers of the Dallas County Hospital District, also known as Parkland Health & Hospital System.

"**Funding Period**" means the length of time required to eliminate the Retirement Income Plan's Actuarial Liability.

"**Funded Ratio**", with respect to the Retirement Income Plan, means the Actuarial Value of Plan Assets expressed as a percentage of the Actuarial Liability.

"**Retirement Income Plan**" means the Dallas County Hospital District Retirement Income Plan as in effect from time to time.

"**Unfunded Liability**" means the Actuarial Liability of the Retirement Income Plan in excess of the Actuarial Value of Plan Assets.

III. STATEMENT OF INTENT.

Parkland intends to fund the Retirement Income Plan sufficiently to preserve the ability of the Retirement Income Plan to reliably pay benefits promised under the terms and conditions of the Retirement Income Plan to current and future retirees and beneficiaries.

IV. ACTUARIAL ASSUMPTIONS AND METHODS.

A. The Board has reviewed and adopted the following actuarial assumptions and methods for the purposes of actuarial valuations and plan funding:

1. Asset Valuation Method – 5-year Smoothing

2. Actuarial Cost Method – Entry Age Normal

3. Amortization Method – Level Percent over a closed period of 2~~5~~ years, as of January 1, 2022~~19~~. It is the intent of the Board that the Funded Ratio of the Retirement Income Plan will be 100% on or before January 1, 2044.

4. Discount Rate – 6~~7~~.00% for the plan year beginning January 1, 2020~~19, declining by .25% per year until it reaches 6.5% on January 1, 2021~~.

5. Inflation Rate – 3.00%

6. Mortality Table – ~~Pub-2010~~MP-2021 Projection Scale projected for the plan year beginning January 1, 2022~~19~~

B. The Retirement Income Plan's actuarial assumptions and methods are to be periodically reviewed by the actuary and by Parkland's Treasury Director and its Chief Financial Officer, and they shall make recommendations to the Board concerning any

changes to the actuarial assumptions and methods. Actuarial assumptions and methods should be compared to actual experience and future expectations.

V. EMPLOYEE CONTRIBUTIONS AND EMPLOYER CONTRIBUTIONS.

A. Employee Contributions. Pursuant to the terms of the Retirement Income Plan, eligible employees are required to contribute 6.2% of their respective annual earnings to the Retirement Income Plan each year.

B. Employer Contributions. Parkland intends to contribute an amount determined each year by the Board.

VI. ACTUARY.

The Board has engaged Milliman USA as the actuary for the Retirement Income Plan. In addition to other responsibilities, Milliman is responsible during the term of its engagement to provide an actuarial valuation of the benefit cost and funded status relating to the retirement benefits provided by the Retirement Income Plan for each plan year. Any termination or engagement of an actuary is subject to the approval of the Board.

VII. DETERMINATION OF EMPLOYER CONTRIBUTION; EXCEPTIONS.

A. The policy of Parkland is to fund contributions by Parkland to the Retirement Income Plan each year in an amount no less than the Actuarially Determined Contribution. The Board may approve exceptions to this policy upon request made by Parkland's Chief Executive Officer, after consultation with Parkland's Chief Financial Officer and Treasury Director, and any such request shall include a detailed description of the circumstances making consideration of an exception necessary.

B. The actuarial assumptions and methods set forth in Section IV above (and all other material assumptions taken into consideration in the determination of the Actuarially Determined Contribution) have been reviewed and adopted by the Board. No change in actuarial assumptions and methods (and any other material assumptions) will be made without the express written approval of the Board.

VIII. AMENDMENTS TO RETIREMENT INCOME PLAN.

This Funding Policy has been adopted by the Board based on the provisions of the Retirement Income Plan as currently in effect. Amendments to the Retirement Income Plan must be reviewed and adopted by Parkland's Board, which shall consider the impact that a proposed amendment may have on this Funding Policy. In the event of any conflict between the provisions of the Retirement Income Plan, as in effect from time to time, and the provisions of this Funding Policy, the provisions of this Funding Policy shall govern and the conflicting provisions of the Retirement

Income Plan shall be considered to have been amended by the provisions of this Funding Policy to the extent necessary to resolve the conflict.

IX. AMENDMENTS TO THIS FUNDING POLICY.

The Board may amend this Funding Policy. Any such amendment must be in writing at the time of the vote by the Board. Amendments to this Funding Policy are subject to the disclosure and filing requirements of S.B. No. 2224 which are summarized above.

X. ACTION BY BOARD.

Any action required in this Funding Policy to be taken by Parkland's Board shall be taken at such time and in such manner as to constitute the lawful act of the Board. Parkland's Board may delegate all or part of its authority to act hereunder in such manner as it considers reasonable and appropriate to carry out the intent of this Funding Policy; provided, however, that no such delegation shall be effective unless the terms and conditions of such delegation are in writing at the time that the Board acts to grant such delegation. The acts of the delegate, to the extent consistent with and in the scope of the written delegation, shall be considered the acts of Parkland's Board.

ADOPTED by the Board of Managers of the Dallas County Hospital District on ~~November 20, 2019~~.

_____

~~Paula Dobbs Wiggins, MD~~Marjorie Petty, JD
Chair~~woman~~
Board of Managers
Dallas County Hospital District

_____

Steven J. Roth
Executive Vice President & General Counsel
Assistant Secretary
Dallas County Hospital District

DALLAS COUNTY HOSPITAL DISTRICT
RETIREMENT INCOME PLAN

FUNDING POLICY
(Adopted)

Recitals:

A. Dallas County Hospital District, also known as Parkland Health provides its eligible employees a defined benefit retirement plan called the "Dallas County Hospital District Retirement Income Plan" (the "Retirement Income Plan").

B. The Retirement Income Plan was originally effective January 1, 1982.

C. The purpose of the Retirement Income Plan is to provide retirement and other related benefits to those Parkland employees who are eligible to participate in the Retirement Income Plan.

D. The Retirement Income Plan was most recently amended and restated in its entirety effective January 1, 2014 (the "2014 Restatement").

E. Pursuant to the requirements of S.B. No. 2224, which amended Section 802.2011 of the Texas Government Code, effective September 1, 2019, Parkland's Board of Managers (the "Board"), as the applicable governing body of the Retirement Income Plan, is required to do the following:

1. adopt a written funding policy that details Parkland's plan for achieving a funded ratio of the Retirement Income Plan that is equal to or greater than 100 percent;

2. maintain for public review at its main office a copy of the policy; and

3. file a copy of the policy and each change to the policy with the Texas Pension Review Board not later than the 31st day after the date the policy or change, as applicable is adopted.

F. The term "public retirement system" is defined in Section 802.001 of the Texas Government Code as a continuing, organized program of service retirement, disability retirement, or death benefits for officers or employees of the state or a political subdivision, or of an agency or instrumentality of the state or a political subdivision, subject to certain other exceptions and exclusions. The Retirement Income Plan is a public retirement system and is subject to the requirements of S.B. No. 2224.

G. The funded ratio of the Retirement Income Plan is as set forth below as reported in the Guide to Public Retirement Systems in Texas published for the 86th Legislature, March 2019, by the Texas Pension Review Board and available at https://www.prb.state.tx.us/txpen/wp-content/uploads/2019/03/2019-Legislative-Guide-Final.pdf:

Valuation Date	Funded Ratio
1/1/2013	80.00%
1/1/2014	82.53%
1/1/2015	76.35%
1/1/2016	74.91%
1/1/2017	73.76%
1/1/2018	73.41%
1/1/2019	71.53%
1/1/2020	64.81%
1/1/2021	68.78%
1/1/2022	73.16%

H. Parkland's Board now desires to adopt the proposal set forth herein to comply with S.B. No. 2224 and to memorialize Parkland's funding goals for the Retirement Income Plan.

NOW, THEREFORE, Parkland's Board hereby adopts the following Funding Policy for the Retirement Income Plan:

I. Purpose and Scope.

This Funding Policy memorializes actuarial assumptions and methodologies and the long-term funding goals for the Retirement Income Plan. This Funding Policy is effective for actuarial valuations performed on and after January 1, 2022. Parkland's Board has also used this opportunity to establish guidelines to ensure that the Retirement Income Plan is well-funded into the future.

II. Definitions.

"**Actual Employer Contribution**" means the actual contributions paid by Parkland in accordance with the terms of the Retirement Income Plan document.

"**Actuarial Liability**" means the actuarial accrued liability determined in accordance with the actuarial assumptions and methods set forth in Section IV of this Funding Policy.

"**Actuarial Value of Plan Assets**" means the Retirement Income Plan's assets determined in accordance with the actuarial assumptions and methods set forth in Section IV of this Funding Policy.

"**Actuarially Determined Contribution**" means Parkland's theoretical periodic contribution to the Retirement Income Plan. The Actuarially Determined Contribution includes Parkland's normal cost and a provision for amortizing the Unfunded Liability. The Actuarially Determined Contribution is the amount that Parkland would need to fund each year in order to pre-fund the Actuarial Liability and build the funds necessary to fully finance the benefits over time.

"**Board of Managers**" means the Board of Managers of the Dallas County Hospital District, also known as Parkland Health & Hospital System.

"**Funding Period**" means the length of time required to eliminate the Retirement Income Plan's Actuarial Liability.

"**Funded Ratio**", with respect to the Retirement Income Plan, means the Actuarial Value of Plan Assets expressed as a percentage of the Actuarial Liability.

"**Retirement Income Plan**" means the Dallas County Hospital District Retirement Income Plan as in effect from time to time.

"**Unfunded Liability**" means the Actuarial Liability of the Retirement Income Plan in excess of the Actuarial Value of Plan Assets.

III. STATEMENT OF INTENT.

Parkland intends to fund the Retirement Income Plan sufficiently to preserve the ability of the Retirement Income Plan to reliably pay benefits promised under the terms and conditions of the Retirement Income Plan to current and future retirees and beneficiaries.

IV. ACTUARIAL ASSUMPTIONS AND METHODS.

A. The Board has reviewed and adopted the following actuarial assumptions and methods for the purposes of actuarial valuations and plan funding:

1. Asset Valuation Method – 5-year Smoothing

2. Actuarial Cost Method – Entry Age Normal

3. Amortization Method – Level Percent over a closed period of 22 years, as of January 1, 2022. It is the intent of the Board that the Funded Ratio of the Retirement Income Plan will be 100% on or before January 1, 2044.

4. Discount Rate – 6.00% for the plan year beginning January 1, 2020.

5. Inflation Rate – 3.00%

6. Mortality Table – MP-2021 Projection Scale projected for the plan year beginning January 1, 2022

B. The Retirement Income Plan's actuarial assumptions and methods are to be periodically reviewed by the actuary and by Parkland's Treasury Director and its Chief Financial Officer, and they shall make recommendations to the Board concerning any changes to the actuarial assumptions and methods. Actuarial assumptions and methods should be compared to actual experience and future expectations.

V. EMPLOYEE CONTRIBUTIONS AND EMPLOYER CONTRIBUTIONS.

A. Employee Contributions. Pursuant to the terms of the Retirement Income Plan, eligible employees are required to contribute 6.2% of their respective annual earnings to the Retirement Income Plan each year.

B. Employer Contributions. Parkland intends to contribute an amount determined each year by the Board.

VI. ACTUARY.

The Board has engaged Milliman USA as the actuary for the Retirement Income Plan. In addition to other responsibilities, Milliman is responsible during the term of its engagement to provide an actuarial valuation of the benefit cost and funded status relating to the retirement benefits provided by the Retirement Income Plan for each plan year. Any termination or engagement of an actuary is subject to the approval of the Board.

VII. DETERMINATION OF EMPLOYER CONTRIBUTION; EXCEPTIONS.

A. The policy of Parkland is to fund contributions by Parkland to the Retirement Income Plan each year in an amount no less than the Actuarially Determined Contribution. The Board may approve exceptions to this policy upon request made by Parkland's Chief Executive Officer, after consultation with Parkland's Chief Financial Officer and Treasury Director, and any such request shall include a detailed description of the circumstances making consideration of an exception necessary.

B. The actuarial assumptions and methods set forth in Section IV above (and all other material assumptions taken into consideration in the determination of the Actuarially Determined Contribution) have been reviewed and adopted by the Board. No change in actuarial assumptions and methods (and any other material assumptions) will be made without the express written approval of the Board.

VIII. AMENDMENTS TO RETIREMENT INCOME PLAN.

This Funding Policy has been adopted by the Board based on the provisions of the Retirement Income Plan as currently in effect. Amendments to the Retirement Income Plan must be reviewed and adopted by Parkland's Board, which shall consider the impact that a proposed amendment may have on this Funding Policy. In the event of any conflict between the provisions of the Retirement Income Plan, as in effect from time to time, and the provisions of this Funding Policy, the provisions of this Funding Policy shall govern and the conflicting provisions of the Retirement Income Plan shall be considered to have been amended by the provisions of this Funding Policy to the extent necessary to resolve the conflict.

IX. AMENDMENTS TO THIS FUNDING POLICY.

The Board may amend this Funding Policy. Any such amendment must be in writing at the time of the vote by the Board. Amendments to this Funding Policy are subject to the disclosure and filing requirements of S.B. No. 2224 which are summarized above.

X. ACTION BY BOARD.

Any action required in this Funding Policy to be taken by Parkland's Board shall be taken at such time and in such manner as to constitute the lawful act of the Board. Parkland's Board may delegate all or part of its authority to act hereunder in such manner as it considers reasonable and appropriate to carry out the intent of this Funding Policy; provided, however, that no such delegation shall be effective unless the terms and conditions of such delegation are in writing at the time that the Board acts to grant such delegation. The acts of the delegate, to the extent consistent with and in the scope of the written delegation, shall be considered the acts of Parkland's Board.

ADOPTED by the Board of Managers of the Dallas County Hospital District on.

_____

Marjorie Petty, JD
Chair
Board of Managers
Dallas County Hospital District

_____

Steven J. Roth
Executive Vice President & General Counsel
Assistant Secretary
Dallas County Hospital District

Parkland

Approve Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH

RESOLUTION NO. _____

RESOLUTION

Be it resolved, the Dallas County Hospital District Board of Managers by a vote of _____ YES and ____ NAY, does by this resolution adopt/reject the following:

WHEREAS, the Medical Executive Committee recommends approval of the Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers as presented.

THEREFORE BE IT RESOLVED that the Board of Managers approves the recommended Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers.

Dated this 22nd of February, 2023

_____	_____
Marjorie D. Petty, JD	Steve Roth, JD, MPH
Chair	Assistant Secretary

Marjorie D. Petty, JD	Yes_____	No_____	Abstain _____	Absent_____
Ramon Miguez, PE	Yes_____	No_____	Abstain _____	Absent_____
Lisa Sutter	Yes_____	No_____	Abstain _____	Absent_____
Eric G. Bing, MD, PhD	Yes_____	No_____	Abstain _____	Absent_____
Todd Furniss, JD	Yes_____	No_____	Abstain _____	Absent_____
Reina Gonzalez, JD	Yes_____	No_____	Abstain _____	Absent_____
Farida Minner, RN	Yes_____	No_____	Abstain _____	Absent_____
Don O'Bannon, Esq	Yes_____	No_____	Abstain _____	Absent_____
Elizabeth Palacios, MD	Yes_____	No_____	Abstain _____	Absent_____
John Proctor	Yes_____	No_____	Abstain _____	Absent_____
Jeff Tillotson, JD	Yes_____	No_____	Abstain _____	Absent_____

Parkland

Recognitions

Parkland

Black Men in White Coats Discussion

Parkland

Questions & Discussion Related Black Men in White Coats

Parkland

CEO System Update

Parkland

Questions & Discussion Related to CEO System Update

Parkland

Adopt Implementation Strategy to Meet the Health Needs Identified Through the 2022 Community Health Needs Assessment (CHNA)

2023 – 2025 Community Health Needs Assessment Implementation Plan

DALLAS COUNTY

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I. Introduction

The Community Health Needs Assessment (CHNA) Implementation Plan describes the course of action that Parkland Health (Parkland) and Dallas County Health and Human Services (DCHHS) will follow in response to the findings of the Dallas County 2022 CHNA report.

To access the full report, visit either of the following links:

Parkland:
https://www.parklandhealth.org/Uploads/public/documents/PDFs/CHNA/BOOK%20DALLAS%20COUNTY%20CHNA%202022_1.13.23.pdf

DCHHS:
https://www.dallascounty.org/Assets/uploads/docs/hhs/chna/CHNA-2022-WEB.pdf

In accordance with the Patient Protection and Affordable Care Act (ACA) the plan was accepted by Parkland's Board of Managers on February 22, 2023, and reflects Parkland's and DCHHS' commitment to the following:

I Transparency

- Providing a thorough description of the strategies that Parkland and DCHSS will deploy over the next three years.

II Accountability

- Adopting quality metrics to demonstrate progress toward a healthier community.

III Health Equity

- Improving access to preventive, primary and specialty care in locales with high Chronic Disease Vulnerability Index (CDVI) scores and strengthening the infrastructure gaps related to access to care and coverage, housing, access to healthy food, and other social determinants\drivers of health (SDOH).

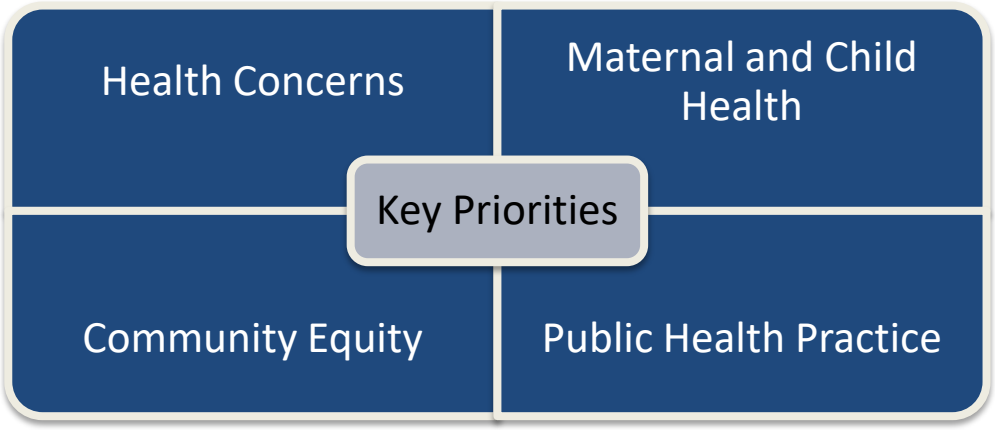
IV Collaboration

- A "Collective Impact" call to action to strive for health equity by addressing the complex social, economic and systemic factors known as SDOH that contribute to the chronic and endemic disparities present in Dallas County. In this spirit, Parkland and DCHSS invite Dallas County residents to read and provide input on this important work at the following link **https://www.parklandhealth.org/dallas-community-health.**

II. Community Health Needs Assessment Key Priorities

The prioritization of community health needs was conducted in a multiphase approach with integration of quantitative and qualitative data. Quantitative data was collected from county, state and national sources and analyzed against Dallas County and Parkland utilization data to determine the major causes of mortality, morbidity and utilization. Qualitative data was gathered though focus groups and an online survey, resulting in 278 individuals attending one of 40 focus group sessions sharing their insights and lived experience with Dallas County's health system. An additional 437 individuals completed an online survey allowing a private environment for input without time limitations.

For key priorities emerged:



1. **Health Concerns**
   a. **Chronic Diseases**

   Between 2000 and 2020, heart disease and cancer remained the leading causes of death in Dallas County. Furthermore, chronic diseases, particularly diabetes emerged as the top health concern among focus group participants. The mortality rate associated with diabetes increased from 18 to 21 per 100,000 between 2019 and 2022. The volume of diabetes outpatient services in Dallas County is expected to grow by 22% between 2019 and 2024, and 44% by 2029.

   Whereas the mortality rate for heart disease and cancer in Dallas County are below the U.S. rates, the mortality rate among Hispanics and Black/African American, non-Hispanic for these two diseases exceed the county rates by far.

b. Behavioral Health

Mental health ranked second behind chronic diseases among the health concerns focus group participants view as health risks to the community. Focus group participants described that overall financial stress and COVID-19 related issues such as isolation are a cause of anxiety and depression.

c. Preventive Care

Availability of preventive services, including health education, ranked as the third health concern among focus group participants.

2. Maternal and Child Health

The proportion of Hispanic and Black/African American women who reside in the southern region of Dallas County who have diabetes and chronic hypertension experience worse prenatal and postpartum outcomes than women who reside in other sectors of the county. Women in this region also face barriers to care due to limited physician and clinic availability.

a. Pediatric Asthma

Pediatric asthma prevalence is higher in the southern region of Dallas County.

b. Pediatric Behavioral Health

The demand for pediatric behavioral health services continues to grow in Dallas County.

3. Community Equity

Specific geographic areas with concentrated low economic investment and low infrastructure as defined by the Center for Health Disparities Research at the University of Wisconsin are correlated with worse health outcomes including maternal and child health indicators in Dallas County. Consistent negative features of these well-defined areas are higher poverty rates, low access to food, higher mortgage forbearance rate, higher uninsured rates, shortage of physicians and limited access to healthcare facilities. A higher concentration of Black/African Americans, non-Hispanic and Hispanics reside in these areas.

4. Public Health Practice

a. The process and restrictions pertaining to data sharing across public health and healthcare systems delay preemptive planning and response to chronic conditions.
b. The increase in chronic disease rates in Dallas County calls for health systems and stakeholders to reevaluate their approach to patient activation and chronic disease

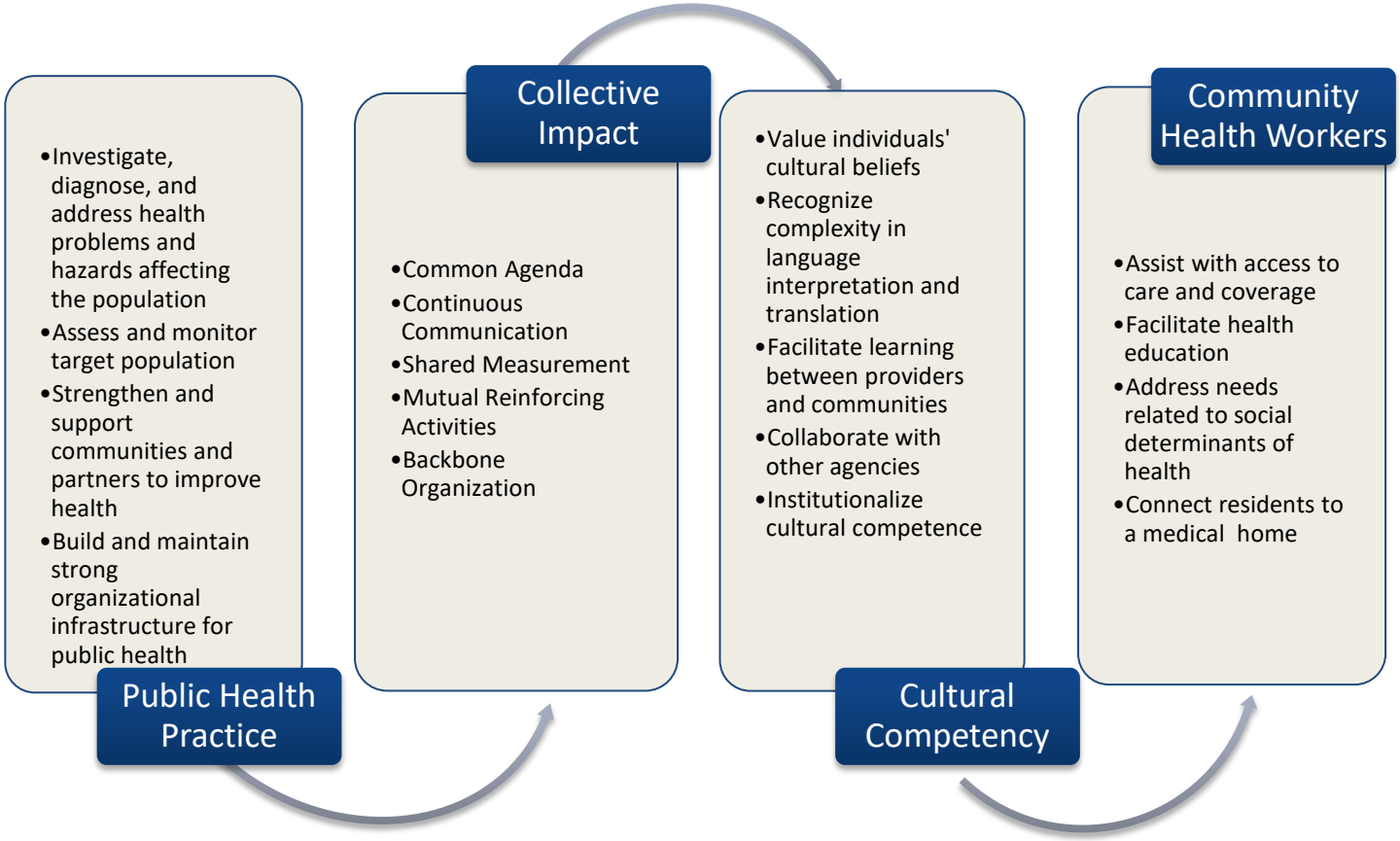
self-management strategies.

c. The lack of standard collection of REAL (race, ethnicity, and language) and SOGI (sexual orientation and gender identity) data across health programs and health organizations remains a challenge.

III. Implementation Plan

As required by the ACA, the following initiatives are built upon the previous CHNA Implementation Plan as well as the knowledge acquired from 2019 CHNA cycle (2020 – 2022). Initiatives achieving goals and reaching program maturity for practice, infrastructure and operations, will be integrated into their corresponding Parkland service line for continued operation, monitoring, and leadership oversight.

The complex nature of the CHNA findings requires dynamic, interactive, creative and flexible interventions following a standard foundation. Consequently, disease specific evidence-based practices for prevention, control and reduced complications are key drivers. The underpinnings of all interventions are public health practice, collective impact, cultural competency and community health workers.



1. Chronic Diseases

Behavioral Health	
Problem Statement	**Mental health ranked second behind chronic diseases among the health concerns focus group participants view as health risks to the community. Focus group participants described that overall financial stress and COVID-19 related issues such as isolation are a cause of anxiety and depression, particularly among Hispanics.**
Strategy	Increase behavioral health capacity and further improve coordination among behavioral health providers and community-based organizations.
Metric 1	Number of patients from the targeted population with a behavioral health encounter.
Metric 2	Number of pediatric patients from the targeted population with a behavioral health encounter.
Metric 3	Number of interventions by RIGHT Care teams.
Activity 1	**Access to Behavioral Health Services** a. Streamline processes to link patients to the right level of care and service provider in the community. b. Conduct process improvement activities to identify areas of improvement in behavioral health screenings conducted in Community Oriented Primary Care (COPC) health centers and other settings to identify Hispanics who can benefit from behavioral health services. c. Conduct an evaluation of current recruitment and retention practices for community behavioral health providers to identify areas of improvement. Utilize the information to create a Parkland specific plan to address the critical shortage. d. Implement community outreach and education for Hispanics in targeted geographic areas.
Activity 2	**Pediatric Behavioral Health** a. Strengthen access to care for pediatric patients who are screened as high risk and were linked to care based on patient's needs: internal or external to Parkland. b. Develop quality metrics for pediatric behavioral health service delivery at Parkland Health. c. Improve access for women seeking behavioral health services during pregnancy to help promote healthy childhood development of their newborn.

Behavioral Health	
	d. Establish a process to assess efficiency and accountability for program sustainability.
Activity 3	**Improve patient navigation across behavioral health system** a. Engage organizations within the community to create a "no wrong door" approach to serving those with behavioral health needs. This entails working with groups ranging from mental health and substance abuse advocates to churches and community centers to establish a referral system within the community to ensure that as many people as possible know what behavioral health resources are available, and how and when to appropriately access those services. b. Engage behavioral health partners in quarterly meetings to discuss referrals, quality metrics, systemic gap assessment and shared successes.
Activity 4	**Trauma Informed Care** a. Complete a comprehensive assessment of Parkland Health to identify opportunities on how to address trauma and create a strategic plan to educate staff. b. In collaboration with Parkland leadership implement Trauma Informed Care in a phased-in approach.
Activity 5	**Reduce behavioral health stigma via a mental health campaign** a. Launch a behavioral health campaign in collaboration with Parkland partners to outreach and engage high risk communities, particularly Hispanics. b. Establish a Patient Family Advisory Council (PFAC) for behavioral health. c. Support Mental Health First Aid training. d. Develop a mechanism to evaluate behavioral health education activities.
Activity 6	**RIGHT Care** a. Link individuals to care, i.e., clinic, hospital voluntarily, hospital involuntarily, Dallas Deflection Center, North Texas Behavioral Health Authority Living Room, substance use treatment facility, etc. b. Establish a process to assess effectiveness and accountability for program maturity. c. Expand RIGHT Care interventions to include child and adolescents within targeted populations. d. Leverage Parkland's Electronic Health Record to develop a data collection system for monitoring and reporting productivity and quality metrics. e. Utilize information from the data collection system to identify gaps to help with systemic impact.

Breast Health	
Problem Statement	**When compared to the rest of the county, Southeast Dallas has the highest number of cancer morbidity and mortality. These communities have higher rates of low socio-economic status as well as a higher rate of minority populations, i.e., African American and Hispanic.**
Strategy	Build upon Parkland's 2019 Breast Cancer Health Equity efforts to establish a "Multicomponent Intervention." Multicomponent Interventions are evidenced-based strategies recommended by the Community Preventive Services Task Force (CPSTF) to promote breast cancer screenings in underserved populations.
Metric 1	Number of women from the targeted population who received a mammogram.
Metric 2	Percentage of "Lost to Care" patients from the targeted population (i.e., not cleared and treatment not initiated).
Activity 1	**Deploy a data driven cancer screening campaign:** a. Deploy mammography services to target geographic areas based on data. b. Develop partnerships with community resources involved in breast health services. c. Increase the number of breast health community events within the priority ZIP Codes. d. Leverage CHWs to engage and link women at risk to schedule mammogram screenings and follow-up appointments. e. Monitor established Parkland female patients for screening according to guidelines. f. Work in collaboration with other health care providers including but not limited to Federally Qualified Health Centers (FQHCs) to provide screening mammograms.
Activity 2	**Strengthen Parkland's breast cancer continuum of care to ensure patients remain in care until treatment is complete:** a. Navigate women who have a suspicious breast cancer mammogram. b. Adopt a navigation module to monitor patients from initial screening until linked to treatment or cleared. c. Complete Social Determinants of Health Questionnaire for all patients receiving mammograms to determine barriers to care. d. Refer patients with access to care barriers such as childcare, coverage, transportation, etc., that prevent women from getting a screening mammogram to community partners that can address these barriers.
Activity 3	**Enhance care coordination by:** a. Integrating CHWs, patient advocates and nurse navigators in patient care. b. Deploying seamless workflows to handoff patients throughout the Parkland system.

Breast Health	
	c. Monitor show rate to identify trends and identify strategies to improve appointment completion.
Activity 4	**Deploy breast health awareness and education campaigns:** a. Develop culturally sensitive outreach and education materials in collaboration with Breast Health PFAC. b. Conduct annual Coming Together for the Cure (CTC) conference. c. Resume "Road Shows," i.e., one-on-one breast health education at the COPCs, Moody Outpatient Center and community events.
Activity 5	Create a dashboard to track and monitor all breast health activities (assess education and follow-up with screening).
Activity 6	Align CHNA Breast Health plan with Breast Health Integrated Practice Units (IPU) priorities.

Lung Cancer	
Problem Statement	**For the past 20 years, lung cancer has remained the leading cause of cancer deaths among adults in Dallas County.**
Strategy	Develop the infrastructure to expand lung cancer risk assessment and increase access to existing lung cancer prevention (i.e., smoking cessation) and screening (i.e., low dose CT scan - LDCT) in accordance with Centers for Medicare & Medicaid Services (CMS) beneficiary criteria. • Have a 20-pack per year or more smoking history; and • Smoke now or have quit within the past 15 years; and • Are between 50 and 77-years old.
Metric 1	Number of high-risk patients who completed an annual LDCT screening.
Metric 2	Number of Parkland patients with completed lung cancer risk assessment (i.e., based on Epic tobacco use assessment tool and Care Gaps).
Metric 3	Number of individuals with completed risk assessment for lung cancer in the community.
Metric 4	Percentage of referred high-risk patients who completed the shared decision-making appointment.
Metric 5	Percentage of annual low-dose CT scan orders that are completed.
Metric 6	Percentage of patients with abnormal LDCT with appropriate follow-up (either follow-up imaging or referral to appropriate clinical services).

Lung Cancer	
Metric 7	Percentage of patients who are actively smoking identified through risk assessment referred to a smoking cessation program.
Metric 8	Percentage of patients referred to tobacco cessation services who successfully completed the program.
Activity 1	Adopt a standard approach to lung cancer screening program as recommended by the Parkland Health Lung Cancer Screening and Prevention Workgroup in community, primary care and inpatient settings.
Activity 2	Develop an Epic patient registry for patients at high-risk for lung cancer as defined by CMS beneficiary criteria.
Activity 3	Deploy CHWs to screen community members for tobacco use and lung cancer risk assessment.
Activity 4	Link individuals who use tobacco products to tobacco cessation programs and refer high-risk patients for lung cancer screening shared decision-making appointment.
Activity 5	Support tobacco cessations and clean air policies for Dallas County residents.
Activity 6	Identify and work in collaboration with organizations such as the American Lung Association, American Cancer Society, Cancer Alliance of Texas, and American Heart Association that focus on lung cancer awareness and monitoring strategies.
Activity 7	Promote tobacco-free policies in alignment with nationally and locally recognized tobacco prevention and education programs.
Activity 8	Deploy CHWs to educate community members on risks associated with smoking e-cigarettes and vaping.
Activity 9	Develop measures for Parkland tobacco cessation programs to monitor program efficacy.

Diabetes	
Problem Statement	**There is a high rate of diabetes morbidity among residents living in CHNA target ZIP Codes 75210, 75211, 75215, 75216, 75217 and 75241.**
Strategy	Deploy a data driven diabetes screening campaign to identify high risk patients in key ZIP Codes and enhance and strengthen Parkland's diabetes continuum of care to ensure new and existing patients remain in care and their diabetes is under control.
Metric 1	Number of patients from the targeted population screened for diabetes in the community and receiving targeted follow-up based on the screening results.
Metric 2	Percentage of patients with diabetes from the targeted population who performed an HbA1c test.
Metric 3	Percentage of patients with diabetes from the targeted population whose most recent HbA1c level is > 9.0%.
Metric 4	Percentage of patients with diabetes from the targeted population with HbA1c level > 9.0% and Parkland Score for Adherence to Medication (PSAM) < 60%.
Metric 5	Percentage of patients with diabetes from the targeted population who received a foot exam.
Metric 6	Percentage of patients with a diagnosis of a diabetic foot problem from the targeted population who experienced an amputation.
Activity 1	**Identify people in the community who have or may have diabetes and are not aware and link them to right level of care and services by:** a. Conducting regular community disease screening and awareness campaigns in target ZIP Codes. This collaborative effort focuses on partnering with the Access to Care & Coverage CHNA team and community-based organizations to screen people living in target ZIP Codes who may be at risk for diabetes. b. Connecting community members and existing patients to clinically appropriate diabetes care settings/services across Parkland Health and into the community. c. Developing, implementing and evaluating diabetes education activities, including community lay person/peer training. d. Building sustained community partnerships connected to identified high-risk ZIP Codes (i.e., Dallas Housing Authority, Parks and Recreation, North Texas Food Bank, Dallas County Texas A&M AgriLife Extension, public libraries, DCHHS).

Diabetes	
	e. Development of a Diabetes Community Coalition comprised of key community stakeholders to drive coordinated and collaborative diabetes-related community activity and improved diabetes health in high-risk ZIP Codes. f. Review available Parkland Health and external data sources and services to identify possible gaps to guide needed interventions.
Activity 2	**Link patients with diabetes to evidence-based standards of diabetes care in primary care by:** a. Screening patients for development of disease-related complications based on American Diabetes Association Standards of Diabetes Medical Care recommendations. b. Verifying patients achieve diabetes-related measures through receipt of guideline-based care for treatment of condition and related co-morbidities. c. Leveraging PSAM to encourage providers to discuss access to medication with patients. d. Identify a patient cohort with a low PSAM score to identify reasons for sub-optimal medication taking behavior and apply targeted interventions (i.e., medication delivery, transportation, etc.) to improve health outcomes. e. Screening patients seen in primary care and specialty care for SDOH factors and leveraging the care team, including identified community partners, to address SDOH factors that pose health risks.
Activity 3	**Improve diabetes care and effective discharge processes for high-risk patients in the hospital by:** a. Reviewing the criteria for recommended referral of high-risk patients to the Diabetes Consult Team. b. Stratifying inpatient diabetes education for high-risk patients. c. Integrating referrals, communications, and support for other chronic diseases such as hypertension, asthma, cancer and behavioral health. d. Targeted diabetes training of relevant hospital clinical personnel. e. Connecting high-risk patients to a medical home at the appropriate discharge interval. f. Connecting patients to required SDOH resources following discharge.
Activity 4	Establish a Diabetes Specialty Care Clinic in the southern area of Dallas County.

Hypertension	
Problem Statement	**Heart disease is the leading cause of death in Dallas County with African Americans suffering from particularly high mortality rates related to the condition.**
Strategy	Establish a High Blood Pressure program that focuses on African American patients residing in ZIP Codes 75210, 75211, 75215, 75216, 75217, 75241 and adheres to the State of Texas public strategies for addressing heart disease and stroke (2019-2023).
Metric 1	Number of patients from the targeted population screened for high blood pressure and follow-up documentation.
Metric 2	Percentage of patients from the targeted population whose blood pressure at the most recent visit is adequately controlled.
Metric 3	Percentage of patients with diabetes from the targeted population whose blood pressure at the most recent visit is adequately controlled.
Activity 1	**Adopt a data driven strategy for the planning and development of heart disease interventions by:** a. Establishing a collaboration with DCHHS to create a heart disease surveillance program/dashboard. b. Using the Parkland heart disease registry to identify high-risk patients and prevent heart disease complications. c. Adopt the CDVI to identify geographic areas with high/at risk population to conduct blood pressure screenings.
Activity 2	**Improve hypertension care by:** a. Aligning clinical teams and CHWs to conduct screenings to identify patients with uncontrolled high blood pressure. b. Leveraging CHWs to support patients with uncontrolled blood pressure and provide appropriate follow-up and resources.
Activity 3	**Leverage technology and care delivery models that decentralize care from main campus:** a. Increase Remote Patient Monitoring to serve more high-risk patients. b. Implement Text Notification Program for moderate-risk patients. c. Offer virtual appointments.
Activity 4	**Incorporate community input provided through focus groups in CHNA target ZIP Codes to identify best outreach and communication vehicles for targeted education and health literacy efforts:** a. Establish a Public Health Educational Campaign to educate community members on heart disease.

Hypertension	
	b. Work with Marketing and PFAC to develop culturally sensitive materials. c. In conjunction with community partners, deploy education and health literacy programs into CHNA targeted ZIP Codes.
Activity 5	Establish a mechanism to standardize blood pressure re-checks in CHNA ZIP Codes at screenings and primary care appointments.

2. Infectious Diseases

Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV)	
Problem Statement	**Since 2010, STI and HIV have remained a public health challenge in Dallas County, particularly in some geographic areas.**
Strategy	Parkland and Correctional Health in collaboration with DCHHS will adopt a community-based strategy to build STI and HIV wellness and disease prevention.
Metric 1	Percentage of patients from the targeted population who were tested for chlamydia.
Metric 2	Percentage of patients with chlamydia from the targeted population who were offered expedited partner treatment.
Metric 3	Number of patients from the targeted population who were tested for HIV.
Metric 4	Percentage of inmates who were tested for HIV.
Metric 5	Percentage of patients from the targeted population who tested positive for HIV and were prescribed treatment within 30 days from the test.
Metric 6	Percentage of HIV-positive patients from the targeted population with a viral load less than 200/copies ml.
Activity 1	**Strengthen efforts to reduce chlamydia reinfection and persistent infections**. a. Initiate a formal quality improvement project to address untreated chlamydia cases found via outreach activities. b. Continue to offer expedited partner treatment and education.
Activity 2	**Strengthen HIV prevention and treatment strategies** **a. Enhance HIV testing** i. Implement a systemic HIV high-risk predictive model in the HIV screening best practice advisory (BPA). ii. Incentivize the staff and patients at Correctional Health to increase the HIV test acceptance rate.

Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV)	
	iii. Parkland will continue to refine "opt-out" HIV testing in its ED and outpatient setting to increase the number of patients tested for HIV according to recommended guidelines. iv. Leverage PCCI data to identify high-risk geographic areas to conduct HIV community testing events. **b. Strengthen linkage to care** i. Implement an Adult Comprehensive Care and Engagement Support Services (ACCESS) Clinic Newly Diagnosed Program for ED/COPC testing. ii. Deploy process to more robustly accommodate same-day antiretroviral therapy (ART) initiation. iii. Improve ED linkage protocols for patients diagnosed after hours. iv. Increase access for new HIV-diagnosed patients through immediate start of ART. **c. Enhance patient viral load monitoring and patient retention** i. Prioritize CHNA dashboard to present patients with care gaps at multidisciplinary clinic team huddles. ii. Develop and implement a plan for long-acting injectable antiretroviral therapy for patients. iii. Improve access to virtual care services by leveraging remote, CHNA virtual care sites, including those areas not traditionally accessed by medical services. iv. Increase access to mental health care and substance use to increase behavioral health referrals. v. Increase workforce of HIV providers through support of HIV fellowship and hiring of additional faculty. vi. Increase access to appointments, particularly same-day access for return-to-care patients, through expansion of hours, increased virtual video visits and increasing appointment flexibility in high-risk ZIP Codes.
Activity 3	**Adopt public health campaign strategies for STI/HIV education and awareness:** a. Work in collaboration with Parkland's Corporate Communications team to develop a communication plan and education materials based on feedback from focus groups. b. Enhance education for patients and clinical teams. c. Deploy social media STI educational awareness campaign d. Partner with organizations to collectively increase awareness and testing events.
Activity 4	**Expand STI screening activities:** a. Conduct a formal quality improvement project to address untreated chlamydia cases found via outreach activities. b. Implement data-driven solutions for identifying eligible patients for syphilis routine screening. c. Establish a workflow for having an exchange related to the completion of syphilis treatment with DCHHS. d. Conduct an annual review of labs to optimize testing and missed opportunity.

Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV)	
Activity 5	**Establish programmatic metrics to assess program readiness to transition to service line oversight:** a. Percentage of eligible patients screened for syphilis. b. Percent of patients with a score of 75 or greater via the HIV predictive model that are tested annually. c. Percentage of patients from the targeted population who tested positive for HIV and were prescribed treatment within 7 days from the test. d. Percentage of HIV patients from the targeted population relinked to care after contact in 30 days. e. Number of Correctional Health patients who were tested for HIV. f. Number of Correctional Health HIV patients linked to care after release. g. Percentage of Correctional Health patients with HIV blood draw screening with syphilis screen collected. h. Percentage of Correctional Health patients screened positive for syphilis and medication administered.
Activity 6	**Work in collaboration with DCHHS to establish systemic metrics to monitor patients' care** a. Percentage of patients with syphilis who have received at least one order of treatment at Parkland, confirmation of receiving full treatment regimen will come from DCHHS. b. Percentage of Correctional Health patients with at least 1 order, receiving full treatment regimen.
Activity 7	Pursue grants that support CHNA related activities.

3. Preventive Care

Access to Care and Coverage	
Problem Statement	**South and Southeast Dallas have a large concentration of communities with high chronic disease vulnerability index (CDVI) score. Residents in these areas have the highest uninsured rates in the county and have higher rates of medical debt – limiting their access to health services. In ZIP Codes 75216 and 75217, more than 40% of the population lacks an internet connection.**
Strategy	Increase access points for health services as well as financial eligibility applications in the southern sector of Dallas County.
Metric 1	Number of community partners helping patients with PFA (Parkland Financial Assistance) application submission.

Access to Care and Coverage	
Metric 2	Number of primary care encounters provided in targeted areas.
Activity 1	Establish community hubs to increase access points in Southern and Southeast Dallas. Individual/family assistance may include health insurance coverage, financial assistance for healthcare, transportation, food, housing, employment, and education.
Activity 2	Identify additional community hub partners as appropriate (i.e., North Texas Food Bank, DISD, community-based organizations, places of worship, etc.).
Activity 3	Train staff at partner organizations (i.e., local FQHCs, community-based organizations, places of worship, etc.) to help patients navigate Parkland's coverage eligibility and financial assistance processes.
Activity 4	Parkland's CHWs to improve access/outreach and reduce the number of patients lost to care.
Activity 5	Expand access to clinics for patients identified as needing follow-up in primary care.
Activity 6	Establish ATCC dashboard to allow for efficient reporting for screening activities and inform strategic priorities.
Activity 7	**Establish programmatic metrics to assess program readiness to transition to service line oversight:** a. Number of total Access to Care & Coverage (ATCC) appointments completed b. Number of total ATCC completed appointments, unique patients. c. Number of total ATCC screenings performed. d. ATCC screening for diabetes and follow up required. e. ATCC screening for diabetes and follow up scheduled. f. ATCC screening for diabetes and follow up completed. g. ATCC screening for hypertension and follow up required. h. ATCC screening for hypertension and follow up scheduled. i. ATCC screening for hypertension and follow up completed.

4. Maternal and Child Health

extended Maternal Care After Pregnancy (eMCAP)	
Problem Statement	**In Dallas County most post-partum deaths occur after 60 days postpartum, a period beyond the postpartum window covered by Medicaid. Substance abuse, cardiac conditions and behavioral health are leading causes of maternal mortality. African American women have the highest risk of pregnancy-related mortality.**
Strategy	Based on learning from approximately 2,600 patients already served in the first two years of eMCAP, the racial breakdown of patients enrolled (67% non-White Hispanic and 29% non-Hispanic Black) and feedback from patients about access barriers, the eMCAP program will extend its catchment area to cover east Dallas to achieve the following outcomes: a. Capture a larger area more heavily concentrated with deliveries among Black women. b. Maximize use of telehealth as the main source of provider interaction to test if this truly reduces access barriers and keep women engaged with services for longer periods.
Metric 1	Number of completed behavioral health referrals (referral made and at least one visit is made by patient with a behavioral health provider).
Metric 2	Number of patients with A1C <7 at 6 months.
Metric 3	Number of patients with AIC <7 at 12 months.
Metric 4	Number of patients with BP < 140/90 at 6 months.
Metric 5	Number of patients with BP <149/90 at 12 months.
Activity 1	Leverage alternative healthcare delivery model such as mobile health unit and/or establish local fixed site clinics, telehealth, virtual care as the means to increase access to care for women after pregnancy in ZIP Codes with high CDVI scores.
Activity 2	Link post-partum women to a healthcare delivery model based on their cultural and social preferences.
Activity 4	Leverage technology to improve women's chronic disease self-management skills (hypertension, diabetes, etc.).
Activity 5	Link post-partum women to resources and services to improve life and interpersonal skills such as parenting skills, self-advocacy, workforce reintegration, health literacy, healthcare system navigation, etc.

extended Maternal Care After Pregnancy (eMCAP)	
Activity 6	Enhance the process to transition patients with a chronic disease who completed eMCAP back to a Primary Care Physician (Parkland's Community Oriented Primary health centers and other external clinics such as the Federally Qualified Health Centers) to establish a seamless transition back to a primary care for post-partum women.
Activity 7	Use the eMCAP Analytics Dashboard to monitor program outcomes and use lessons learned for program improvement.
Activity 9	Develop a network of community partners to provide pre- and post-natal support services for women who reside in ZIP Codes with high Chronic Disease Vulnerability Index scores.

Pediatric Asthma	
Problem Statement	**High asthma morbidity among pediatric population in South and Southeast Dallas, including but not limited to 75210, 75211, 75215, 75216, 75217, 75241**
Strategy	Implement ***"Breath for Life & Learn for Life"*** asthma program. This is a data-driven model for cross-sector linkage and coordination between Dallas County schools and the health system. The purpose of this program is to enroll children with an asthma diagnosis in a text notification program that alerts patients and/or parents to follow appropriate preventive measures to avoid asthma exacerbation.
Metric 1	Percentage of patients with asthma from the targeted population who were prescribed an asthma therapy.
Metric 2	Number of pediatric patients with asthma from the targeted population enrolled into the notification program.
Metric 3	Percentage of patients with asthma from the targeted population who received a flu shot.
Activity 1	Identify children with high asthma risk and enroll in the ***Breath for Life & Learn for Life*** program.
Activity 2	Establish operational collaboration between Parkland, DCHHS and Dallas Independent School District (DISD): a. Identify students with asthma or at risk for asthma and encourage them to enroll in the ***Breath for Life & Learn for Life*** program. b. Conduct asthma risk assessments and screenings along with education.

Pediatric Asthma	
Activity 3	Utilize Pediatric Asthma Surveillance System to identify high risk areas and to increase outreach strategies.
Activity 4	Conduct focus groups to better understand flu vaccine hesitancy.
Activity 6	Review controller vs. reliever medication use (asthma medication ratio) in patients with asthma to improve asthma therapy management.
Activity 7	Refer patients to DCHHS' Asthma Self-Management policy/procedures (AS-ME) program.

5. Community Equity

Community Equity	
Problem Statement	**Specific geographic areas with concentrated low economic investment and low infrastructure as defined by the Center for Health Disparities Research at the University of Wisconsin are correlated with worse health outcomes including maternal and child health indicators in Dallas County. Consistent negative characteristic features of these well-defined areas are higher poverty rates, low access to food, higher mortgage forbearance rate, higher uninsured rates, shortage of physicians and limited access to healthcare facilities. A higher concentration of Black/African Americans, non-Hispanic and Hispanics reside in these areas.**
Strategy	Leverage Parkland's economic strength to develop underinvested communities.
Metric 1	Number of external hires from ZIP Codes with high CDVI scores.
Metric 2	Number of incumbent employees from ZIP Codes with high CDVI scores who experience career mobility.
Metric 3	Number of internal and external individuals from ZIP Codes with high CDVI scores accepted in Workforce Development programs.
Metric 4	Number of employees linked to Work Life Navigator.
Activity 1	Conduct recruiting and hiring efforts in communities with high CDVI scores.
Activity 2	**Workforce Development**: Provide career advancement opportunities for internal and external candidates from ZIP Codes with high CDVI scores through the following programs: a. Learning Experience Apprentice Program b. Career Navigator c. Education At Work

Community Equity	
	d. Internships e. Nursing Advancement Program f. Reach for the Stars (scholarship) g. Tuition Reimbursement Program h. Establish Memorandum of Understanding with schools located in ZIP Codes with high CDVI scores
Activity 3	Complete workforce development data analysis and use results to develop evaluation methodology for Metric 1 and Metric 2, i.e., benchmarks and goals.
Activity 4	Assess employees for eligibility to receive coaching/mentorship through Work Life Navigators
Activity 5	**Infrastructure Strengthening:** a. Collect and assess gaps in SDOH of health infrastructure such as access to care and coverage, preventive services, access to healthy foods, housing, transportation, childcare, etc. b. Work in collaboration with community partners to close infrastructure gaps related to SDOH.
Activity 6	**Establish the Justice, Equity, Diversity and Inclusion (JEDI) Council as the means to:** a. Respond to the diverse and evolving needs of Parkland's stakeholders; and b. Research, develop, advise, promote, and sustain evidence-based initiatives that will help create a safe, supportive, accessible, inclusive, and equitable environment; and c. Assure that JEDI-related activities are closely aligned with Parkland Health's mission, vision, values, strategic priorities, operations and overall business strategy. d.

6. Public Health Practice

Public Health Practice	
Problem Statement	**The process and restrictions pertaining to data sharing across public health and healthcare systems delay preemptive planning and response to chronic conditions.** **The increase in chronic disease rates in Dallas County calls for health systems and stakeholders to reevaluate their approach to patient activation and chronic disease self-management strategies.** **The lack of standard collection of REAL (race, ethnicity, and language) and SOGI (sexual orientation and gender identity) data across health programs and health organizations remains a challenge.**

Public Health Practice	
Strategy	Develop surveillance systems that integrate primary care health data with SDOH and public health data to identify disease specific vulnerability by geographic area and priority populations.
Metric 1	Number of chronic disease surveillance systems launched.
Activity 1	Work in collaboration with DCHHS, PCCI, Correctional Health and community partners to develop chronic disease surveillance systems that integrate primary care health data with SDOH and public health data.
Activity 2	Create a collaborative with Parkland and DCHHS stakeholders to improve data sharing.
Activity 3	Improve the referral process to community-based organizations that offer chronic disease self-management classes.
Activity 4	Leverage Parkland's JEDI Council to advance the standard collection and reporting of REAL (race, ethnicity, and language) and SOGI (sexual orientation and gender identity) data.

Parkland

Questions & Discussion Related to CHNA Implementation Plan

Parkland

Discuss Process for Parkland's FY24 Annual Plan

Parkland

Executive Session

Cybersecurity Update

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Executive Session

Questions & Discussion Related to Cybersecurity

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Security Assessment Update

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Questions & Discussion Related to Security Assessment Update

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Personnel Matter Regarding CEO Annual Goals

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Executive Session

Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer

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Personnel Matters Pertaining to Duties and Responsibilities of Board Members

Medical Executive Committee Credentialing Report

Medical Executive Committee
Delineation of Privileges
Allergy and Immunology

Medical Executive Committee
Delineation of Privileges
Internal Medicine

Medical Executive Committee Delineation of Privileges Non-Physician Clinical Provider Staff – Women's Health