Parkland

Board of Managers

Agenda for the ***Board of Managers*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, July 26, 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: 2621 149 9464; 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		5	Chair
A. Invocation by Rev. Dr. April Johnson Bristow		5	Rev. Dr. April Johnson Bristow, First UMC Richardson
A. 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 2023-06-27 Audit Committee	*5*		
B. Minutes 2023-06-27 Budget & Finance Committee	*10*		
C. Minutes 2023-06-28 Board of Managers	*14*		
D. Minutes 2023-06-28 Quality of Care & Patient Safety Committee	*24*		
E. Approve SYS.RR.006: Informed Consent Policy	*29*		
F. Approve Contracts over $200,000	*98*		
G. Approve Capital Substitutions	*140*		
H. Approve Patient Settlements	*143*		
I. Approve Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers	*144*		
III. Executive Session Tex. Gov't Code §§551.071			

		PAGE	TIME (MIN)	PRESENTER(S)
A.	Consultation with Attorney Regarding Overview of Procurement Laws	*146*	30	Steve Roth, JD; Colette Holt, JD; & Lino Mendiola, JD
B.	Consultation with Attorney Regarding Status of Opioid litigation, Related Claims and Developments	*147*	10	Steve Roth, JD & Darren Nicholson, JD
C.	Consultation with Attorney on Internal Investigation Process and Update on Pending Investigation	*148*	10	Steve Roth, JD & Carolyn Foster, JD
IV.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	CEO System Update	*149*	10	Fred Cerise, MD
B.	Questions & Discussion Related to CEO System Update	*150*	10	Chair
C.	Discussion Regarding Strategic Direction of the System	*151*	60	Fred Cerise, MD
V.	**Executive Session**			
A.	Discussion Regarding Campus Security Tex. Gov't Code §§551.076	*152*		Fred Cerise, MD
B.	Discussion Regarding New Services and Facilities Tex. Gov't Code §§551.072, §§551.085	*153*		Fred Cerise, MD
VI.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Review Parkland Health FY24 Budget (1st pass)	*154*	20	Fred Cerise, MD & Rick Humphrey
B.	Questions & Discussion Related to FY24 Budget	*175*	10	Chair
VII.	**Executive Session** Tex. Gov't Code §§551.074 and §§551.085 Tex. Health & Safety Code §§161.032			
A.	Discussion of Master Service Agreement for Physician Services Contract	*176*	10	Edmundo Castañeda, Roberto de la Cruz, MD, & April Audain
B.	Update Related to Issues Concerning an Individual Patient's Care that was Raised at June Public Comment for Non-Agenda Items	*191*	10	Fred Cerise, MD
C.	Discussion Regarding Negotiation for Expansion of Nursing Home QIPP Relationship	*192*	15	Edmundo Castañeda
D.	Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer	*193*	10	Chair
E.	Personnel Matters Pertaining to Duties and Responsibilities of Board Members	*194*	10	Chair
VIII.	**Executive Session Reference Documents** Tex. Occup. Code §160.007 Tex. Health & Safety Code §§161.0315 & 161.032 Tex. Gov't Code §§551.071, 551.076			
A.	Enterprise Risk Management Risk Overview	*195*		
B.	Medical Executive Committee Credentialing Report	*207*		
C.	Delineation of Privileges Internal Medicine DoP – Removal of HIV Section from Infectious Disease Privileges	*248*		
D.	Patient Settlements	*267*		
IX.	**Action Items**			

		PAGE	TIME (MIN)	PRESENTER(S)
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
X.	**Adjourn**			Chair
A.	Closing Remarks			
B.	Call to Adjourn			

Invocation

Minutes 2023-06-27 Audit Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Minutes of the Audit Committee meeting of the Board of Managers of the Dallas County Hospital District, held Tuesday, June 27, 2023, scheduled for 10:00 a.m. in the WISH Building Executive Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Todd Furniss, JD, noted that a quorum was physically present and called the meeting to order at 10:00 a.m. Committee member Ramon Miguez, PE, attended in-person. Committee member Elizabeth Palacios, MD, attended virtually.

Board Member attendees included: Chair Marjorie Petty, JD (joined at 10:12 a.m.); Byron Cryer, MD; and Vincent Hall.

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

Amy LaBarge, Director Internal Audit
Brian Green, Operations Manager Supply Chain
Carolyn Foster, Deputy General Counsel (in-person)
Donna Richardson, EVP & Chief Nursing Executive
Ellena Fox, Sr. Manager Supply Chain Operations
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Joe Chin-Kuo Lo, Manager Purchasing
Mary Alexander, Director Supply Chain Informatics
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Michael Lane, SVP Chief Quality & Safety Officer
Pamela Bryant, SVP Chief Supply Chain Officer
Rick Humphrey, EVP Chief Financial Officer (in-person)
Roberto de la Cruz, EVP Chief Clinical Officer
Saul Cordero, Chief Governance & Strategy Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Vic Summers, SVP Internal Audit (in-person)

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. Fiscal Year 2023 Audit Plan Update

Vic Summers presented the Fiscal Year 2023 Audit Plan Update to the Committee. He reviewed the status of each open audit and noted which audits are completed.

The Committee asked questions and received further information related to the Fiscal Year 2023 Audit Plan Update.

B. Fiscal Year 2023 Mid-Year Report

Vic Summers presented the Fiscal Year 2023 Mid-Year Report to the Committee. First, he reviewed the Performance Ratings for the completed audits. Next, he reviewed the audits that are currently in-progress. Vic also reviewed the Time Summary and Financial Performance metrics on the Mid-Year Report.

The Committee asked questions and received further information related to the Fiscal Year 2023 Mid-Year Report. The Committee also asked questions and received additional information related to the approval process for an unbudgeted Full Time Employee (FTE).

C. Audit Committee Charter – Annual Approval

Vic Summers presented the Audit Committee Charter for Board approval. There are no material recommended changes.

Ramon Miguez, PE, motioned to recommend Board approval of the Audit Committee Charter. Todd Furniss, JD, seconded the motion. The motion passed unanimously.

D. Audit Charter – Annual Approval

Vic Summers presented the Audit Charter for Board approval. There are no material recommended changes.

Ramon Miguez, PE, motioned to recommend Board approval of the Audit Charter. Todd Furniss, JD, seconded the motion. The motion passed unanimously.

E. Fiscal Year 2024 Internal Audit Budget – Action

Vic Summers presented the Fiscal Year 2024 Internal Audit Budget for Board approval. Vic noted the increase in salaries is due to market adjustments for current positions; no new positions were added.

The Committee asked questions and received additional information related to the organizational structure of the internal audit function. The Committee Chair requested this be added as an agenda topic at the next Audit Committee meeting.

Ramon Miguez, PE, motioned to recommend Board approval of the Fiscal Year 2024 Internal Audit Budget. Elizabeth Palacios, MD, seconded the motion. The motion passed unanimously.

F. Open Session Audit Follow-up Summary and Report
Vis Summers presented the Open Session Audit Follow-up Summary and Report. He noted zero audits were closed in the current period for Open Session audits.

The Committee asked questions and received additional information related to the Open Session Audit Follow-up Summary and Report.

G. Audit Report Summary
Vic Summers presented the Audit Report Summary.

i. Lower Unit of Measure (LUM) Audit, Report No. 23-05
Vic Summers reviewed Report No. 23-05. He discussed the findings of the audit and the issues identified. When items are identified as purchased but not received, the vendor provides the items.

The Committee asked questions and received additional information related to the findings of Report No. 23-05.

VI. Executive Session

At 10:49 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:

Carolyn Foster, Donna Richardson, Forrest Stovall, Fred Cerise, Melanie Roberts, Rick Humphrey, Roberto de la Cruz, Saul Cordero, Steve Roth, and Vic Summers

A. Executive Session Audit Follow-up Report

B. Consultation with Attorney Regarding:
   i. Status of litigation, claims, and settlements

C. Independent Briefing with Audit Committee (Verbal)

The Committee adjourned the executive session at 11:10 a.m.

VII. Adjourn

With no further business to discuss, Committee Chair Todd Furniss, JD, entertained a motion to adjourn the meeting at 11:10 a.m.

Ramon Miguez, PE, motioned to adjourn the meeting. Todd Furniss, JD, seconded the motion. The motion passed unanimously.

SO RECORDED:

Todd Furniss, JD Committee Chair	Steve Roth, JD, MPH Assistant Secretary

Minutes 2023-06-27 Budget & Finance Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Minutes of the Budget and Finance Committee meeting of the Board of Managers of the Dallas County Hospital District, held Tuesday, June 27, 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 11:31 a.m. Committee members Eric G. Bing, MD, PhD; and Lisa Sutter (arrived at 11:32 a.m.) attended in-person. Board member Vincent Hall was appointed to the Committee for quorum until Lisa Sutter arrived.

Committee member John Proctor was not present.

Board Member attendees included: Chair Marjorie Petty, JD (arrived at 11:35 a.m.); and Byron Cryer, MD; and Vincent Hall.

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

Adriana Hinojosa, Supplier Diversity Program Manager
April Audain, VP UT Contracts Administration (in-person)
Bennie Miller, Manager Supplier Diversity
DeLancey Johnson, SVP Associate Chief Talent Officer
Donna Richardson, EVP & Chief Nursing Executive
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Gerry Baker, SVP Revenue Cycle
Guy Toliver, Director Inclusion-Supplier Diversity
Jared Ginter, VP Institutional Risk Management
Jennifer Trousdale, Associate General Counsel PCHP
Joe Longo, SVP Chief Information Officer
Joe Mayer, Treasury Director
John Raish, SVP Support Services
Keri Disney-Story, VP Clinical Finance
Melanie Roberts, SVP & Chief Compliance and Ethics Officer
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 & Strategy Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Tabitha Lee, VP Finance/Controller
Vic Summers, SVP & Chief Audit Executive

Other Attendees included:
Zubin Mehta, Student

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 N1, Cigna Health and Life Insurance Company, is the third-party administration of the employee health plan and pharmacy benefit management services. The contract has a 25% MWBE participation, 9% is African American participation and 16% Hispanic participation. Contract N2, Tech Systems, is a passive security screening system. She noted the lowest bidder was not selected for this contract due to the lowest bidder not being a true passive security screening system based on the pilot that was conducted. Contract N4, Vets Securing America, is to secure armed guards to supplement the required labor for the passive security screening system. Pam also noted contract N6, Terracon Consultants, provides environmental consulting services with a 25% MWBE participation. There are nine different vendors for this contract with 18% female participation, 4% Asian Pacific participation, and 3% African American participation.

Next, Pam presented the sole source contracts. She provided a brief overview of each contract and highlighted the MWBE participation. Lastly, Pam provided a brief explanation of deviations and ratifications. She presented two ratifications for approval.

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

Eric G. Bing, MD, PhD, motioned to recommend Board approval of Contracts over $200,000. Lisa Sutter seconded the motion. The motion passed unanimously.

B. Approve Capital Substitutions

April Audain presented one capital substitution for approval. The Capital Substitution totals $1,175,066 for Correctional Health Swisslog Pharmacy Automation equipment. An additional $185,066 is requested in contingency funds.

The Committee asked questions and received additional information related to Capital Substitutions.

Lisa Sutter motioned to recommend Board approval of Capital Substitutions. Eric G. Bing, MD, PhD, seconded the motion. The motion passed unanimously.

C. Parkland Financial Performance Presentation

Rick Humphrey reviewed the financial results for May 2023 and discussed significant performance variances.

For the month of May, Parkland Health recognized a net income of $1.2M which is $0.1M unfavorable to the budgeted net income of $1.3M and 5.6M favorable compared to the prior year net loss of (4.4M).

Parkland Health's operating margin and operating cash flow margin for the month of May are (2.8%) and 0.5%, respectively. The operating margin was unfavorable compared to budget of (0.4%) and the operating cash flow margin is also unfavorable compared to budget of 3.2%. Parkland Health's operating margin is favorable compared to the prior year operating margin of (3.5%) and favorable to the operating cash flow margin of 0.4% from the prior year.

Parkland Health's patient cash collections in May were $89.3M which is above budget by $5.5M and $15.6M higher than the prior year. Parkland Health's days cash on hand of 231.1 days for the month is a decrease of (20.5) days compared to prior month of 251.6 days and compared to the prior year May of 200.1 days, an increase of 31.0 days.

Rick Humphrey reviewed the income statement for May 2023. He noted the variance to budget for revenues as well as for expenses. Contract labor continues to decline so a favorable drop in Salaries and Benefits expenditure is expected in June. The positive variance to budget for nonoperating revenue (expense) is primarily due to positive interest revenue and some positive grant revenue. Rick also noted the pension plan is expected to have a large expense come September. The Total Net Income (Loss) positive variance to budget for the month of May is approximately $17.1 million.

Next, Rick reviewed the income statement including all Parkland entities. The negative variance to budget for Total Net Income (Loss) is approximately $27.1 million, primarily due to the Parkland Community Health Plan's financials.

The Committee asked questions and received further information related to the Financial Performance Presentation. The Committee also asked questions and received additional information related to the investment portfolio and investment trends for the pension plan.

Next, Rick reviewed the Key Statistics for the system. He noted metrics are favorable to budget with the exception of Case Mix Index. Average Daily Census and Emergency Visits are negative to prior year. Cash Balance continues to decline from a its high point in March.

The Committee asked questions and received further information related to the Key Metrics.

Lastly, Rick reviewed the Parkland Community Health Plan (PCHP) financials.

VI. Executive Session

At 12:24 p.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:

April Audain, Donna Richardson, Forrest Stovall, Fred Cerise, Melanie Roberts, Pamela Bryant, Rick Humphrey, Roberto de la Cruz, Saul Cordero, Steve Roth, and Vic Summers

A. Discussion of Master Services Agreement for Physician Services Contract

The Committee adjourned the executive session at 12:42 p.m.

A. **Adjourn**

With no further business to discuss, the Committee Chair adjourned the meeting at 12:42 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
													June 28, 2023
NON-SOLE SOURCE CONTRACTS - Sorted by Size													
N1		Expense	Third Party Administration of Employee Health Plan and Pharmacy Benefit Management Services	Cigna Health and Life Insurance Company "CHLIC"	1/1/2024 - 12/31/2030	$21,734,345	$21,734,345	Request for Proposals (Best Value)	Yes	Tawana McCullough, Office of Talent Management – Benefits	25%	See M/WBE table	See M/WBE table
N2		Capital	Passive Security Screening/Weapons Detection	Tech Systems, Inc.	7/1/2023 - 6/30/2028	$4,229,151	$4,229,151	Request for Proposals (Best Value)	No, CAP contingency funds	Marlin Suell , Police Department	0%	N/A	N/A
N3		Capital	Cisco B200 M6	Netsync	Last Signature - 7/7/2024	$1,047,676	$1,047,676	TXMAS or DIR Purchase	Yes	Joe Longo, Information Technology	100%	Hispanic	Female
N4		Expense	Mod #4 Level III armed guard service	Vets Securing America	1/1/2022 - 12/31/2024	$708,247	$1,318,582	Non-Sole Source Modification	No	Marlin Suell , Police Department	0%	N/A	N/A
N5		Capital	Hybrid OR6 Lights with Booms and Integration	STERIS Corporation	Last Signature - 5/31/2024	$479,115	$479,115	GPO Purchase	Yes	Patrick Eaton, Clinical Engineering	0%	N/A	N/A
N6		Expense	Environmental Consulting Services	Terracon Consultants, Inc.	7/1/2023 - 6/30/2028	$450,000	$450,000	Request for Qualifications	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Asma Momin, Planning, Design and Construction	25%	See M/WBE table	See M/WBE table
N7		Capital	Mod #1 Purchase Servers, Licenses and Accessories for the continued support of the camera system.	Siemens Industry, Inc.	2/23/2023 - 5 Years from last signature	$413,823	$924,160	Non-Sole Source Modification	Yes	Bruce McDaniels / Joe Longo, Information Technologies	0%	N/A	N/A
N8		Capital	Purchase 20 Affinity Birthing Beds	Hill-Rom Company, Inc.	Last Signature - 6/30/2025	$274,339	$274,339	GPO Purchase	Yes	Marcus Cooper, Clinical Engineering	0%	N/A	N/A
N9		Expense	Mod #7 Water Treatment Services & Materials	Veolia WTS Services USA, Inc.	7/1/2018 - 6/30/2024	$251,000	$893,525	Non-Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Travis Kobernick, Clinical Engineering	0%	N/A	N/A
N10		Expense	Sterile Processing Brushes	Healthmark Industries Co.	6/29/2023 - 6/28/2028	$250,000	$250,000	Invitation for Bids	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Perioperative Services	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
N11		Expense	sterile processing brushes	Possible Missions Inc.	6/29/2023 - 6/28/2028	$220,000	$220,000	Invitation for Bids	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Perioperative Services	100%	Hispanic	Female

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		Expense	MatriDerm Products	Access Pro Medical	Last Signature - 3 Years	$400,000	$400,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Perioperative Services	0%	N/A	N/A
S2		Expense	Mod #1 Overstitch Suturing System	Apollo Endosurgery	10/7/2019 - 4/30/2024	$180,000	$379,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Perioperative Services	0%	N/A	N/A
DEVIATION/RATIFICATION													
R1		Capital and Expense-Ratification	New prescription filling machines and associated licenses, installation, and technical support	Innovation Associates, Inc.	4/14/2023 - 4/13/2024	$6,128,424	$6,128,424	Sole Source	Yes	Carrie Berge, Pharmacy Department	0%	N/A	N/A
R2		Expense-Ratification	Mod to Add Funds Intravascular Lithotripsy ("IVL") Products	Shockwave Medical Inc.	3/1/2020 - 3/1/2024	$250,000	$448,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Perioperative Services	0%	N/A	N/A

Minutes 2023-06-28 Board of Managers

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Board
June 28, 2023

Minutes of the Board of Managers meeting of the Dallas County Hospital District, held Wednesday, June 28, 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; Byron Cryer, MD; Todd Furniss, JD; Reina Gonzalez, JD; Vincent Hall; Ramon Miguez, PE; Elizabeth Palacios, MD; and Lisa Sutter. Board member Farida Minner, RN, attended virtually.

Board Member John Proctor did not attend.

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

April Audain, VP UT Contracts Administration (in-person)
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Edna Ruano, Public Policy Advisor (in-person)
Forrest Stovall, Governance Program Manager (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Geoffrey Camp, VP Operations Support
Gerry Baker, SVP Revenue Cycle
Jeffrey Giles, Sr. Associate Attorney
John Raish, SVP Support Services
Katherine Yoder, VP Government Relations (in-person)
Kellee Boardingham, Executive Assistant (in-person)
Keri Disney-Story, VP Clinical Finance
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)
Robert Case, Associate General Counsel
Roberto de la Cruz, EVP & Chief Clinical Officer (in-person)
Samia Zia, Director Strategy & Integration
Saul Cordero, VP & Chief Governance & Strategy Officer (in-person)
Steven Roth, EVP & Chief Legal Officer (in-person)
Tabitha Lee, VP Finance/Controller
Vic Summers, SVP Chief Audit Executive

Other Attendees:
Rev. Amy Moore, Grace Presbytery Social Justice Taskforce
Ricardo Nuila, *The People's Hospital* Author
Pamela Prater

II. Mission Statement

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

III. Invocation

Rev. Amy Moore offered an invocation at the beginning of the meeting.

IV. Public Comments Regarding Non-Agenda Items

Pamela Prater registered for public comment on Non-Agenda Items. Pamela Prater addressed the Board of Managers regarding the process by which patients can petition for financial resources for services offered. Pamela Prater also stated she is looking for additional information regarding the cost of services provided.

V. Public Comments Regarding Agenda Items

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

VI. Conflicts of Interest

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

VII. Consent Agenda

Minutes 2023-05-03 Talent Development & Executive Compensation Committee

Minutes 2023-05-03 Governance, Compliance & Ethics Committee

Minutes 2023-05-23 Budget & Finance Committee

Minutes 2023-05-24 Quality of Care & Patient Safety Committee

Minutes 2023-05-24 Board of Managers

Approve Dr. Raymond L. Fowler BioTel Communications Center Naming

Approve Contracts over $200,000

Approve Capital Substitutions

Approve Parkland Community Health Plan Board Appointments

Approve Utilization Management Plan

Approve Fiscal Policy 8311-1-02, Accounting Policy

Approve Fiscal Policy 8311-1-11, Tax Incentives Policy

Approve Fiscal Policy 8311-11-15, Supplemental Retirement Plan Investment Policy

Approve Patient Settlements

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

Ramon Miguez, PE, motioned to approve the Consent Agenda. Vincent Hall seconded the motion. The motion passed unanimously.

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

A. Recognitions

Chair Marjorie Petty recognized Parkland's recent awards:

- America's Essential Hospitals Gage Award for Population Health
- Newsweek's America's Best Maternity Hospitals (5 Stars)

B. Update on Texas 88th Legislative Session: Parkland Priorities

Katherine Yoder provided an update on the Texas 88th Legislative Session and Parkland's Priorities. First, she reviewed a list of bills that directly impacted Parkland's work. Next, she provided more in-depth information specific to bills impacting healthcare workforce programs, hospital funding, Medicaid contracts for public hospital districts, reproductive care, behavioral health services, and health data sharing strategies. Katherine also reviewed other bills that Parkland advocated for and highlighted the topics that will be discussed in the upcoming special sessions.

C. Questions & Discussion Related to Update on Texas 88th Legislative Session: Parkland Priorities

The Board asked questions and received additional information related to Texas' 88th Legislative Session: Parkland Priorities.

D. CEO System Update

Dr. Fred Cerise provided the CEO System Update. First, he reviewed the details of a new memorandum of understanding with the Dallas Housing Authority. Next, he provided an update on the number of nursing residents starting this summer and the leadership

transition at the Parkland Community Health Plan. Lastly, Dr. de la Cruz reviewed how Parkland is preparing for a hot summer and a potential influx of patients with heat-related conditions.

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

F. Discussion Regarding Strategic Direction of the System
Dr. Cerise provided an update on the Strategic Direction of the System. He reviewed the strategic initiatives as outlined by the Board of Managers: People, Access, Quality, Trust, Post-Acute Care, and Facilities.

The Board asked questions and received additional information related to the Strategic Direction of the System update.

Dr. Fred Cerise introduced Dr. Ricardo Nuila. Dr. Nuila is the author of The People's Hospital, a book that discusses safety net hospital system patients.

IX. Executive Session

At 2:45 p.m., the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

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

A. Discussion Regarding Campus Security

B. Discussion Regarding Quality of Care

C. Discussion Regarding New Services and Facilities

Members of management in executive session attendance included:

Donna Richardson, Edmundo Castañeda, Forrest Stovall, Fred Cerise, Geoff Camp, John Raish, Kellee Boardingham, Melanie Roberts, Michael Lane, Pam Bryant, Rick Humphrey, Roberto de la Cruz, Samia Zia, Saul Cordero, Steven Roth, and Vic Summers

Chair adjourned Executive Session and moved into Open Session at 3:11 p.m.

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

A. Review FY24 Parkland Health Budget Assumptions
Rick Humphrey presented the FY24 Parkland Health Budget Assumptions. First, he reviewed expected revenue changes as well as expected government reimbursement changes. Next, Rick reviewed expected changes to expenses including new staffing

standards, salaries & benefits adjustments, medical/surgical supplies, pharmaceutical supplies, insurance premiums, and purchased medical services. Lastly, he presented the expected volume trends and tax revenues.
The Board asked questions and received additional information related to the FY24 Parkland Health Budget Assumptions.

B. Economic Development Opportunities Update
Chair Marjorie Pretty shared that the Board will discuss Economic Development opportunities at the next Board of Managers meeting in July.

C. Texas Healthcare Trustee (THT) Conference Update
Chair Marjorie Petty reminded the Board of Managers of the upcoming THT Conference in Austin, Texas, July 20th-22nd.

XI. Executive Session

At 3:45 p.m., the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

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

A. Discussion of Master Service Agreement for Physician Services Contract

B. Discussion Regarding Negotiation for Expansion of Nursing Home Quality Incentive Payment Program (QIPP) Relationship

C. Consultation with Attorney on Internal Investigation Process and Update on Pending Investigation

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

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

Members of management in executive session attendance included:

April Audain, Donna Richardson, Edmundo Castañeda, Forrest Stovall, Fred Cerise, Kellee Boardingham, Melanie Roberts, Michael Lane, Pam Bryant, Rick Humphrey, Roberto de la Cruz, Saul Cordero, Steven Roth, and Vic Summers

Chair adjourned Executive Session and moved into Open Session at 4:01 p.m.

XII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 4:02 p.m.

SO RECORDED:

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

Minutes 2023-06-28 Quality of Care & Patient Safety Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Quality of Care and Patient Safety
June 28, 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, June 28, 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 10:00 am. Committee members Eric G. Bing, MD, PhD; Todd Furniss, JD, attended.

Committee member Farida Minner, RN, attended virtually.

Board Member attendees included: Board Chair Marjorie Petty, JD; Byron Cryer, MD; Reina Gonzalez, JD (arrived at 10:19 a.m.); Ramon Miguez, PE; and Vincent Hall (arrived at 10:18 a.m.).

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

Carlos Girod, UTSW Professor
Catherine Chen, UTSW Associate Professor
Christina Hall, UTSW Professor
Ciel Murphy, Director Legal Operations
David Alexander, SVP Nursing
Denise Harrington, Director of Programs Transplant Services
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer
Eugene Chu, President of the Medical Executive Committee (in-person)
Forrest Stovall, Governance Program Manager (in-person)
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)
Judy Herrington, SVP Nursing
Karen Garvey, VP Safety & Clinical Risk Management (in-person)
Kathleen Doherty, VP Nursing
Kellee Boardingham, Executive Assistant (in-person)
Kyle Molberg, UTSW Professor
Margaret Palmer, VP Professional Medical Affairs
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Mike Lane, SVP & Chief Patient & Safety Officer (in-person)
Nneka Egbuniwe, Deputy General Counsel
Patricia Santiago-Munoz, UTSW Professor
Patricia Shirey, VP Clinic Operations
Roberto de la Cruz, EVP & Chief Clinical Officer
Saul Cordero, SVP & Chief Governance & Strategy Officer (in-person)

Sobha Fuller, SVP Nursing
Sri Adusumilli, Director Clinical Quality & Safety Data Analytics
Steven Roth, EVP & Chief Legal Officer (in-person)
Tammy Turner, Sr. Director of Nursing
Tim Lenz, Admin. Director Laboratory
Vic Summers, SVP Chief Audit Executive

Other Attendees:
Zubin Mehta, Student

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 10:01 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:

Carlos Girod, Catherine Chen, Christina Hall, Ciel Murphy, David Alexander, Denise Harrington, Donna Richardson, Edmundo Castañeda, Eugene Chu, Forrest Stovall, Fred Cerise, Gretchen Blake, James Griffin, Judy Herrington, Karen Garvey, Kathleen Doherty, Kellee Boardingham, Kyle Molberg, Margaret Palmer, Melanie Roberts, Mike Lane, Nneka Egbuniwe, Patricia Santiago-Munoz, Patricia Shirey, Roberto de la Cruz, Saul Cordero, Sobha Fuller, Sri Adusumilli, Steven Roth, Tammy Turner, Tim Lenz, and Vic Summers

Zubin Mehta also attended.

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. Cause Analysis (CA) Case Reviews and Guide

C. Clinical Quality Reports
   1. Department Performance Improvement Committee (PIC)/ Clinical Quality Committee (CQC) Annual Presentation
      a. Blood Utilization Review Committee (BURC) CQC
      b. Pathology PIC

D. Reports
   1. Medical Staff Professional Services Annual Report

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
      b. Delineation of Privileges (DoPs)
         i. Anesthesiology & Pain Medicine
         ii. Neurosurgery
         iii. Radiation Oncology
         iv. Non-Physician Clinical Provider Staff – Women's Health

The Board asked questions and received additional information.

Members of management in the MEC executive session attendance included:

Carlos Girod, Edmundo Castañeda, Eugene Chu, Forrest Stovall, Fred Cerise, James Griffin, Kellee Boardingham, Margaret Palmer, Mike Lane, Nneka Egbuniwe, Roberto de la Cruz, Saul Cordero, Steven Roth, and Vic Summers

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

The Committee did not conduct a One-on-One with the CQSO, Dr. Mike Lane.

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

The Committee did not conduct a One-on-One with the Medical Executive Committee President, Dr. Eugene Chu.

Chair adjourned Executive Session and moved into Open Session at 11:51 a.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
    b. Delineation of Privileges (DoPs)
        i. Anesthesiology & Pain Medicine
        ii. Neurosurgery
        iii. Radiation Oncology
        iv. Non-Physician Clinical Provider Staff – Women's Health

2. Approval of Policy SYS.RR.006 Informed Consent

Todd Furniss, JD, motioned to recommend Board approval of the Medical Executive Committee Recommendations. Farida Minner, RN, seconded the motion. The motion passed unanimously.

X. Adjourn

With no further business to discuss, Committee Chair Elizabeth Palacios, MD, adjourned the meeting at 11:52 a.m.

SO RECORDED:

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

Approve SYS.RR.006: Informed Consent Policy

SYS.BOP.006 Informed Consent for Surgical or Invasive Procedures

Requirements regarding this document are found in:

- The Joint Commission
- The Centers for Medicare & Medicaid Services (CMS)
- Texas Administrative Code
- Texas Health & Safety Code

Background:

- Last published December 2019.
- A cross-functional group, consisting of physicians, nurses, Legal, Health Information Management, and Regulatory Affairs has completed a thorough review and update of this document:
    - Change “Provider” to “Physician or Non-Physician Clinical Provider” throughout, to align with TJC terminology adopted Jan’23.
    - Clarify List A procedure category and additional procedures for which Parkland Medical Staff has chosen to require informed consent.
    - Addressed preferred verbal language, preferred written language, the language in which the consent discussion is held, and the language of the consent document.
    - Clearly outlined requirements around the order and time lapse between consent signatures.
    - Strengthened language regarding Documented Verbal Consent and when it can be used.
    - Added information for the informed consents obtained in the ICUs.
    - Clarified documentation requirements and obtaining informed consent remotely.
    - Added Definitions as needed.
    - Developed a new Appendix B, to guide Physician/Non-Physician Clinical Provider through the common consent scenarios, including remote consenting.
    - Added new Appendix C with instructions on iMed remote consenting.
    - Added new Appendix D with common FAQs.

Reviews and approvals of this version:

- Cross-functional work group including representatives from Medical Staff, Nursing, Regulatory, Legal, and Health Information Management.
- Ciel Murphy, Director Policies & Procedures
- Joe Chang, CMO
- Medical Executive Committee (scheduled 6/15/23)
- Board Quality of Care and Patient Safety Committee (scheduled 6/28/23)
- Board of Managers (scheduled for 7/26/23)

Parkland

Informed Consent for Surgical or Invasive Procedures (Policy and Procedure)	SYS.RR.006	Published: 9/23/20
System		Page **1** of **36**

PURPOSE:

To describe the process for obtaining written informed consent for surgical or other invasive procedures. This procedure does not apply to withholding or withdrawing life support. See Related Documents regarding end-of-life care.

To provide documentation that the ~~responsible provider~~ Physician or Non-Physician Clinical Provider has explained the risks, benefits, possible complications, and alternatives of the surgery or applicable procedure to the patient or surrogate decision-maker.

To protect the legal rights of the patient/surrogate decision-maker, the ~~responsible provider~~Physician or Non-Physician Clinical Provider, and the hospital.

Commented [CM1]: We are recommending adopting this terminology for this document:
- Updated TJC terminology, effective Jan'23
- Terminology used in Medical Staff Rules & Regulations
- This correctly encompasses those individuals who are currently allowed to obtain Informed Consent

Correctly identifies the individuals to whom the immunity and liability under the law applies.

SCOPE:

All Parkland Health ~~& Hospital System~~ ("Parkland") ~~Workforce members~~Physician or Non-Physician Clinical Providers who obtain informed consent for surgical or other invasive procedures.

Commented [CM2]: Note: we will circle back to amend this after we research the Parkland history on allowing some nurses and Respiratory Therapists to obtain consent for and to insert PICC lines, and if we want to continue that.

Commented [CM3]: Add TOC here before publishing

POLICY:

1. **Informed Consent** for surgery or other applicable procedures must be given by the patient or the appropriate decision-maker prior to surgery or other applicable procedures.
2. ~~Surgical or Invasive Procedures Requiring~~ **Written Informed Consent**~~:~~ is required for the following:
   A. **By Law:** All procedures requiring written consent by law or regulation which include:

1) all procedures with required disclosure of specific risks and hazards pursuant to the Texas Medical Disclosure panel (Texas "List A") found at:

~~Texas Medical Disclosure Panel - Rules and Regulations~~

Texas Medical Disclosure Panel - Rules and Regulations

2) specific written consents for Radiation Oncology, Anesthesia and/or Perioperative Pain Management, and Hysterectomy

~~B. Apheresis and therapeutic phlebotomy.~~

~~C. Bone Marrow biopsies.~~

~~1)~~3) Sedation/Anesthesia: ~~All sedation/anesthesia listed in "Texas List A"~~ ~~(~~including, general anesthesia, regional block anesthesia/analgesia, spinal anesthesia/analgesia, epidural anesthesia/analgesia, deep sedation, moderate sedation, and prenatal/early childhood anesthesia~~),~~ and all procedures requiring such sedation/anesthesia, monitored anesthesia care (MAC or conscious sedation), invasive monitors (central lines, arterial lines) or transesophageal echocardiography ~~—~~(TEE~~,~~), except procedures requiring local anesthesia.

B. **By Medical Staff Directive:** apheresis and therapeutic phlebotomy, bone marrow biopsies.

~~D.~~C. **Physician or Non-Physician Clinical Provider Discretion:** In the opinion of the ~~provider~~Physician or Non-Physician Clinical Provider, the procedure is associated with complications and risks that are of such a nature as to require written consent. By example only, Texas "List B" procedures may fall into this category.

~~3. Documented Verbal Informed Consent may be obtained for procedures that do not require written informed consent and that do not fall into the listing in Item #2 above.~~

4. Elements of **Informed Consent**:

A. The patient (or appropriate surrogate decision-maker) fully participates in care decisions with the goal of establishing mutual understanding between patient/surrogate~~, physician, or other provider~~ and the Physician or Non-Physician Clinical Provider.

1) The consent discussion is held in the patient or Surrogate's choice of language, using an appropriate interpreter if necessary.

B. A complete informed consent process includes discussion of the following:

1) Nature of proposed care, treatment, service, procedures.

2) Potential benefits, risks, or side effects of proposed care, including potential problems related to recuperation.

3) Likelihood of achieving care, treatment, or service goals.

4) Reasonable alternatives to proposed care, treatment, or service.

5) Relative risks of the alternatives, including possible results of not receiving the care, treatment, or service.

6) When indicated, any limitations on confidentiality of information learned from or about the patient.

C. A complete informed consent process includes documentation of the above discussion and placement of the appropriate completed consent forms or other applicable documentation in the ~~Health~~medical record.

PROCEDURE:

1. Procedure for Obtaining **Informed Consent**:

A. Written Informed Consent

1) All documentation on the form must be in either black or blue ink, or automatically populated in Parkland's electronic consent system.

2) ~~For multiple~~In the OR, for procedures where portions are performed by different specialty services, separate consents are required for each surgical specialty.

3) Place a patient identification label on the appropriate consent form or generate the appropriate consent document in the electronic consent system.

4) Determine the appropriate person to consent, either the patient or the appropriate Surrogate Decision-maker (refer to Sections below).

   a) A capacitated, adult patient should provide their own consent.

5) The ~~Responsible~~Physician or Non-Physician Clinical Provider shall ensure all sections of the form are complete or accurately auto-populated.

6) ~~The Responsible~~The Physician or Non-Physician Clinical Provider shall discuss risks, benefits, possible complications, and alternatives of the surgery or applicable procedure with the patient or Surrogate Decision-~~ maker utilizing specific language which the patient or surrogate clearly understands.~~maker and evaluate their comprehension. Pictures and diagrams may be useful.

7) ~~The Responsible~~Order of Signatures

   a) Either the physician or the patient (or Surrogate Decision-Maker) can sign the consent form first.

   b) A witness should sign after the patient/Surrogate Decision-Maker. The witness is attesting that the patient signed the consent, and that the witness was present when the patient signed, whether in-person or via video. Note that there may be a time lapse between the patient and witness signatures – a time lapse between signatures alone does not invalidate an otherwise valid consent form.

~~7)~~8) The Physician or Non-Physician Clinical Provider obtaining the consent shall sign in the appropriate space on the form or in the electronic system.

~~8)~~9) ~~Note: when signing~~When a ~~paper consent, the Responsible~~Physician or Non-Physician Clinical Provider's or a Parkland employee (as witness) signs the consent, that individual's signature ~~should be~~is followed by printed name, identification number/provider number, and ~~include~~the date and time of signature.

10)~~If applicable, the~~ The name of the ~~Attending~~ Physician or Non-Physician Clinical Provider (or Faculty Physician) must be included on the appropriate space on the consent form. ~~The Attending Physician may change at~~

a) It is possible that the ~~time of~~Physician or Non-Physician Clinical Provider performing the procedure ~~depending upon~~may change before the procedure is performed, for example due to staff change, changes to the applicable staffing schedule, availability of personnel, or other ~~emergent~~unforeseeable circumstances; ~~however~~

~~a)~~b) In these circumstances, a new consent form is not needed ~~if this occurs~~.

~~9)~~11) After the patient/Surrogate Decision-maker has been informed and understands the explanation, he/she is required to initial the designated space(s) on the consent form, if applicable, and sign, date and time the form in the appropriate space acknowledging his/her understanding. Patients may sign the consent with an "X."

~~10)~~12) If ~~a~~, in the opinion of the physician or due to patient's request, a capacitated patient is unable to provide ***written*** informed consent for a procedure that requires informed consent due to the patient's **physical** limitations, the ~~Responsible~~Physician or Non-Physician Clinical Provider may obtain and document the verbal consent of the patient/~~Surrogate Decision-maker~~ as follows:

~~a)~~ Complete the appropriate discussion of risks, benefits, possible complications, and alternatives of the surgery or procedure with the patient ~~or Surrogate Decision-maker utilizing specific language which the~~

~~patient or surrogate clearly understands as described above for written informed consent.~~

~~b)~~a) . Indicate the reason the verbal consent is given (e.g., "patient is blind~~)~~", "amputation", "severely restricted limb", etc.) on the "patient signature" line of the applicable form.

~~c)~~b) One (1) adult witness is required when obtaining verbal consent. A Parkland employee is preferred, but not required, as a witness.

~~11)~~13) When anyone other than the patient signs the consent form, the relationship to the patient must be indicated on the consent form in the appropriate space.

~~12)~~14) The witness signs in the designated space on the consent form.

a) ~~Note: when using paper consent form~~If the witness is a Parkland employee, the witness signature ~~should be~~is followed by title, identification number/provider number (if applicable), and date and time of signature.

b) ~~Either~~A Parkland interpreter should not serve as a witness.

~~13)~~15) If the patient has a documented preference of English~~-~~ or Spanish~~-~~ as a written preferred language in the EMR, the corresponding form should be used. However, a consent form ~~may be used based on~~is not invalid solely because it is in a language other than the patient's ~~preference, as documented in the Electronic Health Record (EHR~~preferred language, so long as the discussion between provider and patient or SDM took place in the patient's or SDM's preferred spoken language (i.e., through an interpreter).

a) Only the version signed by the patient, ~~provider~~Physician or Non-Physician Clinical Provider, and interpreter (if applicable) must be present on the chart.

b) ~~Provide patients~~Patients who request a copy of the consent should be provided with a copy of the fully completed consent. Patients may also be

provided with a blank copy of the consent form in the other language (Spanish or English) for their reference.

~~14)~~16) The ~~Responsible~~Physician or Non-Physician Clinical Provider or his/her designee shall ensure that the properly executed consent form is placed in the ~~Health~~medical record prior to the procedure, except in case of an emergency~~.~~ (see Definition section).

2. Additional Considerations Regarding Informed Consents

A. Consent for Anesthesia/Sedation

1) ~~For~~A separate consent form, "Disclosure and Consent for Anesthesia and/or Perioperative Pain Management (Analgesia)" is obtained by an Anesthesia Physician or an Anesthesia Non-Physician Clinical Provider for all procedures requiring any form of anesthesia except: (i) local anesthesia; or (ii) in an emergency situation.

2) As permitted by applicable Parkland administrative and clinical procedures in designated clinical settings, the "Disclosure and Consent for Anesthesia and/or Perioperative Pain Management (Analgesia)" is obtained by the procedural Physician or procedural Non-Physician Clinical Provider for procedures requiring applicable sedation/anesthesia care.

B. Informed Consent in the ICU

1) In Parkland's ICUs, the informed consent process includes discussing multiple common ICU procedures and obtaining a single consent document. This supports the ability to quickly perform procedures as the patient's condition warrants.

~~A.~~C. Documented Verbal Consent may be obtained for procedures that ~~***DO NOT***~~do not require ~~***specific***~~ written informed consent~~,~~ and that do not fall into the ~~Documented~~Policy #2 listing above. Verbal ~~Informed Consent of~~consent for such a ~~patient may be obtained in accordance with this~~ procedure ~~and shall~~may be documented by the ~~Responsible~~Physician or Non-Physician Clinical Provider ~~in the Health record in~~by a note in the medical record, on the appropriate consent

form, or ~~generated~~ in the electronic consent system. Documentation of Verbal ~~Informed~~ Consent shall include, at a minimum, a statement of the following discussion with the patient:

1) Nature of proposed care, treatment, service, procedures.
2) Potential benefits, risks, or side effects of proposed care, including potential problems related to recuperation.
3) Likelihood of achieving care, treatment, or service goals.
4) Reasonable alternatives to proposed care, treatment, or service.
5) Relative risks of the alternatives, including possible results of not receiving the care, treatment, or service.
6) Patient's consent to the proposed care, treatment, service, or procedure.

3. Specific Requirements for Obtaining **Informed Consent**:

A. Informed consent for surgery and applicable procedures shall be obtained by the ~~Responsible~~Physician or Non-Physician Clinical Provider prior to surgery and applicable procedures.

B. All disclosures required to be given by the Texas Medical Disclosure Panel, ("List A"), including the disclosures pre-printed on Parkland-approved consent forms or automatically populated in Parkland's electronic consent system, shall be given and documented on the consent form exactly as they appear on the disclosure list, prior to beginning any List A procedure.

~~B.~~A. ~~Consent for Anesthesia/Sedation~~

~~1) A separate consent form, "Disclosure and Consent for Anesthesia and/or Perioperative Pain Management (Analgesia)" is obtained by an Anesthesia Provider for all procedures requiring any form of anesthesia except: (i) local anesthesia; or (ii) in an emergency situation.~~

~~2) As permitted by applicable Parkland administrative and clinical procedures in designated clinical settings, the "Disclosure and Consent for Anesthesia and/or Perioperative Pain Management (Analgesia)" is obtained by the Responsible Provider for procedures requiring applicable sedation/anesthesia care.~~

C. Capacity to Consent

1) All adult patients are ~~considered~~presumed to have capacity to consent; however, in the event the ~~Responsible~~Physician or Non-Physician Clinical Provider believes the patient's Decision-making Capacity status may need assessment, the ~~Responsible~~Physician or Non-Physician Clinical Provider will assess and document the patient's mental status and Decision-making Capacity in the ~~Health~~medical record.

2) If the ~~Responsible~~Physician or Non-Physician Clinical Provider is unable to assess the patient's Decision-making Capacity or wishes to consult another ~~provider~~Physician or Non-Physician Clinical Provider, the ~~Responsible~~Physician or Non-Physician Clinical Provider **may** consult ~~the~~an attending/faculty physician to help assess the patient's Decision-making Capacity and document the findings in the progress notes.

D. Witnesses

1) Any adult may witness an informed consent; however, an employee or staff member with a Parkland employee ID or provider ID number is preferred as a witness. The witness' signature, with time and date, indicates that the witness saw the patient/Surrogate Decision-maker sign the consent form. However, if the ~~Responsible~~Physician or Non-Physician Clinical Provider prefers, the witness may also be present for the entire consent discussion.

2. Determination of Person(s) Qualified to Consent for the Patient (see flow diagram ~~below):~~in the appendix.

A. Each **CAPACITATED ADULT** must sign his or her own consent form(s), regardless of gender or marital status and including persons in custody of law enforcement (inmates), except under the following circumstances:

1) The patient is unable to physically sign, as outlined above (ex, "patient is blind", "amputation", etc.); or

2) If emergency treatment is necessary and no Surrogate Decision-maker is present to sign the consent or ~~immediately~~ available~~, consent will be~~ for remote informed consent, consent is implied by law but exists only during the immediate emergency.

a) The appropriate documentation confirming the need for emergency treatment should be signed by at least two physicians. One of the signatures should be that of a ~~consulting~~consultant physician who will not be involved in the ~~surgery~~operation or procedure.

~~1)~~3) The reason for inability of the patient to sign and the need for emergency treatment must be stated on the consent form or entered as physician note(s) on the patient's medical record. Preferably, the forms should be completed or note entered contemporaneously with the emergency treatment or as soon thereafter as practicable. ~~; or~~

4) A separate Anesthesia consent is **not** necessary for emergency treatment.

~~2)~~5) If a patient has a ~~legal~~court-appointed guardian whose authority from the court includes making medical decisions for the patient, then the guardian shall be the sole decision-maker in accordance with such court-directed authority.

~~3) If legally authorized decision-makers are not available, a reasonable effort to locate and contact the decision-makers should be documented in the patient's Health record.~~

B. If the patient is an **ADULT WHO LACKS DECISION-MAKING CAPACITY**, and a legal guardian whose authority from the court includes making medical decisions

for the patient has not been appointed, the following persons (who are willing and available) **may** consent to medical treatment on behalf of the patient:

1) A court-appointed guardian of the person (if a court-appointed guardian is available, do not proceed to other individuals listed below)

~~1)~~2) An agent named in a Medical Power of Attorney or a person named in the patient's Directive to Physicians for healthcare decisions (designated by the patient in a properly signed & witnessed document)

~~2)~~3) If there is no Medical Power of Attorney and no person named in the Directive to Physicians, then, an adult surrogate from the following list, in order of priority, who has Decision-making Capacity:

a) The patient's spouse;

b) An adult child of the patient who has the waiver and consent of all other qualified adult children of the patient to act as the sole decision-maker;

c) A majority of the patient's reasonably available adult children;

d) The patient's parents; or

e) The individual clearly identified to act for the patient by the patient before the patient became incapacitated, the patient's nearest living relative, or a member of the clergy.

- For a question regarding who is a qualified surrogate, or if there is a dispute as to the right of an individual to act as a Surrogate Decision-maker, contact Legal Affairs. Any dispute as to the right of a party to act as a Surrogate Decision-maker may be resolved only by a court of record having jurisdiction over Chapter V, Texas Probate Court.

f) One potential Surrogate Decision-maker cannot designate another person to act as Surrogate Decision-maker; they can only accept or decline to serve. If they decline, go to the next person in the list. For example, if a

patient's spouse declines to serve, go to the patient's adult children even if the spouse attempts to defer to the patient's best friend.

4) A Surrogate Decision-maker's decision to consent to or refuse treatment on a patient's behalf must be based on knowledge of what the patient would desire, if known, and be in the patient's best interest. If a concern arises that a Surrogate Decision-maker is not acting in the patient's best interest or is acting contrary to the patient's desires, contact Ethics or Legal Affairs.

5) A Surrogate Decision-maker may not consent to:

a) voluntary inpatient mental health services;

b) electro-convulsive treatment; or

c) the appointment of another surrogate decision-maker.

C. Emergency Treatment

1) If emergency treatment is necessary and no Surrogate Decision-maker is present to sign the consent or available for remote informed consent, consent is implied by law but exists only during the immediate emergency.

a) The appropriate documentation confirming the need for emergency treatment should be signed by at least two physicians. One of the signatures should be that of a consultant physician who will not be involved in the operation or procedure.

2) The reason for inability of the patient to sign and the need for emergency treatment must be stated on the consent form or entered as physician note(s) on the patient's medical record. Preferably, the forms should be completed or note entered contemporaneously with the emergency treatment or as soon thereafter as practicable.

3) A separate Anesthesia consent is **not** necessary for emergency treatment.

~~C.~~D. Jail Inmates

1) ~~Prior~~Patients in custody, including inmates, have the same right to consent or refuse treatment as other patients. Law enforcement is not entitled to consent or refuse treatment on an inmate's behalf except pursuant to court order.

~~1)~~2) If a Dallas County inmate lacks capacity, BEFORE attempting to locate or contact ~~a~~any potential surrogate decision-maker ~~for consent to treatment on behalf of a Dallas County inmate.~~, first contact the Sergeant overseeing the Special Hospital Observation Team (SHOT) at 469/419-0891 (see also the online directory) to initiate a request to the Sheriff's Department. The Sheriff's Department will review the request and inform the SHOT Sergeant if and how the next of kin/surrogate may be notified. Correctional Health Case Management (214/653-2877) will act as a liaison between Parkland Case Management and the Sheriff's Department, if needed.

~~2)~~3) For inmates in the custody of other local, state, or federal law enforcement agencies, including juvenile detention centers, staff should contact the agency/facility.

~~3) Any dispute as to the right of a party to act as a Surrogate Decision-maker may be resolved only by a court of record having jurisdiction under Chapter V, Texas Probate Code.~~

~~4) Any medical treatment consented to or refused must be based on knowledge of what the patient would desire, if known, and be in the patient's best interest.~~

~~5)~~1) ~~A Surrogate Decision-maker may not consent to:~~

~~a) voluntary inpatient mental health services;~~

~~b)~~a) ~~electro-convulsive treatment; or~~

~~c)~~a) ~~the appointment of another surrogate decision-maker.~~

~~D.~~E. Chaplain's Role as a Surrogate Decision-Maker

1) At Parkland, Chaplains from the Spiritual Care Department may be asked to serve as Surrogate Decision-makers for incapacitated patients.

2) However, the care team, with the aid of the Social Worker, must conduct and document a reasonably diligent search for higher priority order surrogates prior to requesting the Chaplain's assistance to serve in this role. What constitutes a reasonably diligent search will vary based upon the circumstances of the case. Questions or concerns regarding the scope of a search should be referred to the Social Worker who performed the search if available, and then within the Spiritual Care Department if not resolved.

3) Depending on the patient's clinical outlook, overall prognosis, and any indications of the patient's wishes or best interest, the Chaplain ~~may ultimately decide not to consent to the recommended treatment.~~(in the role of Surrogate Decision-Maker):

   a) will decide to refuse or to consent to the recommended treatment, or

   b) will decide to escalate concerns within the Spiritual Care chain of command

~~E.~~F. If the patient is a **CHILD**~~,~~ **(see Definitions)**, a parent, managing conservator or legal guardian may consent to treatment of the child. (This section does not apply to immunizations, where additional rules apply. See below)

1) A reasonable effort to contact the parent, managing conservator, or ~~legal~~court-appointed guardian must be documented in the ~~Health~~medical record before other potential decision- makers are authorized to make treatment decisions.

2) If after a reasonable, documented search, a parent, managing conservator or ~~legal~~court-appointed guardian cannot be located or contacted, and there is no indication that the parent, managing conservator, or legal guardian gave actual notice of an objection to consent for the child, then the following persons in order of priority, may consent to *medical, dental, psychological, and surgical* treatment of a child:

a) a grandparent of the child;

b) an adult brother or sister of the child;

c) an adult aunt or uncle of the child;

d) an educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent;

e) an adult who has actual care, control, and possession of the child and has written authorization to consent from a person having the right to consent;

f) a court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject;

g) an adult ~~responsible~~ for the actual care, control, and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of any agency of the state or county.

h) a peace officer who has lawfully taken custody of a minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment; or

i) The Texas Juvenile Justice Department may consent to the medical, dental, psychological, and surgical treatment of a child committed to it under Title 3 of the Texas Family Code (Juvenile Justice Code) when the person having the right to consent has been contacted and that person has not given actual notice to the contrary.

3) Any medical treatment consented to or refused must be based on knowledge of what the patient would desire, if known, and be in the patient's best interest.

4) A person who consents to the medical treatment of a minor under the above circumstances is immune from liability for damages resulting from the examination or treatment of the minor, except to the extent of the person's own acts of negligence. A physician or dentist licensed to practice in this

state, or a hospital or medical facility at which a minor is treated is immune from liability for damages resulting from the examination or treatment of a minor under these circumstances, except to the extent of the person's own acts of negligence.

5) In the case of minors in danger of loss of life or limb and whose parents refuse to consent to certain treatments or procedures, the Dallas County Children's Protective Services shall be contacted. CPS can request the Juvenile Court Judge to issue a Court Order for such treatment or procedure.

~~6) This section does not apply to consent for the immunization of a child.~~

~~F.~~G. Consent to Treatment ~~for a Child~~ by a Child~~:~~ (either for him/herself or for the Child's child)

1) A **CHILD** may consent to *medical, dental, psychological, and surgical* treatment for **him/herself** by a ~~licensed physician or dentist,~~Physician or Non-Physician Clinical Provider based on any of the following reasons, if the child has the capacity to consent, and:

a) is on active duty with the armed services of the Unites States of America; **OR**

b) is 16 years of age or older, who

- resides separate and apart from the child's parents, managing conservator, or guardian (with or without the consent of the parents, managing conservator, or guardian) and regardless of the duration of such residence; **AND**
- is managing the child's own financial affairs, regardless of the source of the income; **OR**

c) consents to the diagnosis and treatment of an *infectious, contagious, or communicable disease* that is required by law or a rule to be reported by the licensed ~~physician or dentist~~Physician or Non-Physician Clinical

Provider to a local health officer or the Texas Department of Health, including all diseases within the scope of Section 81.041, Health and Safety Code; **OR**

d) is unmarried and pregnant and consents to *hospital, medical, or surgical treatment, other than abortion, related to the pregnancy*; **OR**

e) consents to examination and treatment *for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to drug or chemical use*; **OR**

f) is unmarried, is the parent of a child, and has actual custody of his or her child and consents to medical, dental, psychological, or surgical treatment for the child; **OR**

g) is serving a term of confinement in a facility operated by or under contract with the Texas Department of Criminal Justice, unless the treatment would constitute a prohibited practice under *Section 164.052(a)(19), Occupations* Code (regarding performing an abortion on an unemancipated minor).

2) ~~Consent by~~Under the circumstances listed above, a ~~child to medical, dental, psychological, and surgical~~Child may provide consent for their own treatment~~ under this section is not subject to disaffirmance because of minority. Additionally,~~, and the consent or affirmance of the parents, managing conservator, or guardian of a child is not necessary~~ in order to authorize hospital, medical, surgical, or dental care if the child is authorized and has the capacity to consent for him/herself~~.

3) A licensed physician, dentist, or psychologist may, with or without the consent of a child who is a patient, advise the parents, managing conservator, or guardian of the child of the treatment given to or needed by the child.

4) A physician, dentist, psychologist, hospital, and medical facility are not liable for the examination and treatment of a child under these circumstances except for the provider's or the facility's own acts of negligence.

5) A physician, dentist, psychologist, hospital, or medical facility may rely on the written statement of the child containing the grounds on which the child has capacity to consent to the ~~child's~~ medical treatment.

5. ~~Special Considerations for~~ Obtaining Informed Consent~~:~~ Remotely

A. Written informed consent may be obtained from the patient or surrogate decision maker remotely if the patient or SDM have capability to receive text or emails (to capture the physical signature) AND either there is a competent adult witness present with the patient or SDM available to also sign the consent OR the consent is captured via video technology so that the remote consenting team may witness the signature.

B. Written informed consent may be obtained by a Physician or Non-Physician Clinical Provider who is remote if the Physician or Non-Physician Clinical Provider has capability to receive text or emails.

6. Use of Interpreters or Qualified Bilingual Staff Members.

A. Patients with Limited English Proficiency (LEP) require the use of a Parkland-qualified interpreter, Telephone Language Line, or All Language Video Interpreting Network ("ALVIN") assistance with interpretation for informed consent. ~~Qualified~~Parkland-qualified bilingual staff members may use their approved language within the scope of practice of their discipline when communicating with LEP persons in accordance with applicable Parkland procedures and in lieu of using an interpreter or other Parkland approved language resource.

~~1) Access the Language Line by calling 1-866-896-5900 or ext. 21000. The interpreter's identification number, the vendor's name (e.g., Language Line) and signature of the person obtaining the service shall be noted on the consent form with time and date.~~

~~2) Areas with access to ALVIN can access ALVIN by dialing 2-5846 or using an ALVIN video cart. The interpreter's identification number, the vendor's name~~

~~(e.g., ALVIN) and the signature of the person obtaining the service with time and date shall be noted on the consent form.~~

~~3) Sign language interpreting services can be accessed by calling Texas Interpreting Service at 817-741-4441 and after hours call 817-456-8653. The person providing the sign language interpretation shall sign and print name, and document the company name on the consent form along with the date and time of the signature.~~

B. If an in-person interpreter interprets for the patient, the interpreter shall sign his/her name including date and time of signature, and document his/her identification number on the consent form. The interpreter will serve in the role of interpreter only and will not serve as a witness at the same time.

C. If a qualified bilingual staff member uses his/her approved language in lieu of an interpreter or other approved language resources, the qualified bilingual staff member shall sign his/her name including date and time of signature and identification number on the consent form.

7. Assistive Communication Tools

   1) For patients who cannot communicate easily (ex. Vented patient), assistive communication tools such as writing boards may be used.

~~B. Telephone Consent (Patient surrogate decision maker is not present)~~

~~1) Telephone consent to treatment shall only be accepted in case of an emergency where delay in treatment would jeopardize the life and health of the patient. Telephone consents must be accepted by the Responsible Provider and one (1) adult witness and documented on the consent form.~~

~~C. Telephone Consent (Provider not present; obtaining consent remotely)~~

~~1) When the Responsible Provider is offsite, AND waiting for the Responsible Provider to arrive onsite would cause delay in delivery of the standard of care, then the offsite Responsible Provider may obtain informed consent over the telephone.~~

2) The Responsible Provider must meet all the elements of informed consent.

3) One (1) adult witness must be present with the patient during the consent conversation and shall serve as the witness.

4) The witness (if an employee) will obtain the patient's or the patient's surrogate's signature, and document the Responsible Provider's name and that consent was obtained by the Responsible Provider over the telephone, on the consent form.

D. Authority to Treat or Examine without Consent in an Emergency

1) In this instance, consent is implied by law but exists only during the immediate emergency.

a) If emergency treatment is necessary and no Surrogate Decision maker is present to sign the consent or available for telephone consent, the appropriate documentation confirming the need for emergency treatment will be signed by at least two physicians. One of the signatures should be that of a consultant physician who will not be involved in the operation or procedure.

2) The reason for inability of the patient to sign and the need for emergency treatment must be stated on the applicable form or entered as physician note(s) on the patient's Health record. Preferably, the forms should be completed or note entered contemporaneously with the emergency treatment or as soon thereafter as practicable.

3) A separate Anesthesia consent is **not** necessary for emergency treatment.

8. Duration of Valid Informed Consent

A. Valid informed consent documents do not expire. However, there may be circumstances under which the Responsible Provider should conduct a new consent discussion and obtain a new, signed consent form from the patient.

B. It is advisable for the ~~Responsible~~Physician or Non-Physician Clinical Provider to conduct a new or renewed consent discussion with the patient or applicable surrogate decision-maker and ensure that a new signed consent document is obtained when, in the ~~Responsible~~Physician or Non-Physician Clinical Provider's professional judgment there has been:

1) A significant lapse in time between the initial consent discussion and the commencement of the proposed treatment or procedure (this time lapse may vary from several days to several months);

2) A significant change in the patient's treatment plan from that to which the patient originally consented; ~~and/or~~

3) An increased, materially or significantly different, or additional risk associated with the planned procedure or treatment; and/or

~~3)~~4) A material change in the patient's condition or diagnosis.

DEFINITIONS:

~~Attending Physician: a faculty physician who has been granted clinical privileges to perform the treatment or procedure~~

Adult: a person 18 years of age or older OR a person under 18 years of age who has had the disabilities of minority removed by a court (i.e., an "Emancipated Minor~~).~~").

Child: a person 17 years of age or younger and who is not an Emancipated Minor.

~~Directive: An instruction to administer, withhold, or withdraw life sustaining treatment in the event of a terminal or irreversible condition. The term includes a written directive executed by a competent adult, a non-written directive issued by a competent adult Qualified Patient, and a directive executed on behalf of a patient younger than 18 years of age.~~

Directive to Physician (sometimes referred to or includes a "Living Will"): A written statement of a person's wishes regarding medical treatment, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.

Emancipated Minor: a child who has received a judicial decree removing the disabilities of minority for general purposes or for limited purposes, if one of the limited purposes is to consent to medical treatment.

Emergency: the sudden onset of a medical or traumatic condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in: (A) placing the patient's health in serious jeopardy (including, imminent death); (B) serious impairment to bodily functions; or (C) serious dysfunction of any bodily organ or part.

Decision-making Capacity: the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a decision regarding medical treatment and the ability to reach an informed decision.

Informed Consent: Agreement or permission accompanied by full notice about the care, treatment, or service that is the subject of the consent. A patient must be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or licensed practitioner begins any such course. After receiving this information, the patient then either consents to or refuses such a procedure or treatment.

Medical Power of Attorney (MPOA): allows a patient to appoint someone to make healthcare decisions for them and to speak with their doctors, if they are no longer able to make healthcare decisions.

Non-Physician Clinical Provider: as defined in the Medical Staff Bylaws, an individual who holds an advanced degree in a clinical area, who has been licensed and certified by his/her respective licensing or certifying agencies, and who has received Privileges to provide professional clinical services in the Hospital.

Surrogate Decision-maker: a person who has been designated by a patient (in a Directive to Physicians or medical power of attorney document) or by the state (according to the Advance Directives Act or by a court order) to make treatment

decisions (including, but not limited to, decisions about life support) on behalf of a patient lacking decision-making capacity.

~~Responsible~~Physician or Non-Physician Clinical Provider: a ~~provider~~Physician or Non-Physician Clinical Provider participating in obtaining the patient's consent who is able to explain the risks and benefits of the treatment or procedure.

~~Workforce member: An employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland.~~

Verbal Consent: consent provided by a patient who has Decision-making Capacity but who lacks the physical ability to sign a Written Consent (e.g., because of paralysis). Verbal Consent includes consent provided via telephone by a Surrogate Decision-maker on behalf of a patient who lacks Decision-making Capacity.

Written Consent: consent provided by a patient who has Decision-making Capacity, or a Surrogate Decision-maker on behalf of a patient who lacks Decision-making Capacity, that is evidenced by the patient's or Surrogate Decision-maker's in-person or electronic signature or acknowledgement

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Emergency Medical Services, Tex. Health & Safety Code, §§773.001 et seq. (2005). (Accessed May 2023).

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Consent to Treatment of Child by Non-Parent or Child, Tex. Family Code §§32.001 et seq. (2009). (Accessed May 2023).

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The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard RI.01.01.01(2014). (Accessed May 2023).

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The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard RC.02.01.01 (2014). (Accessed May 2023).

Condition of Participation: Patient and Living Donor Rights, 42 C.F.R. §482.102 (2013) (Accessed May 2023).

Condition of participation: Medical record services, 42 C.F.R. §482.24 (2013) (Accessed May 2023).

Condition of participation: Surgical services, 42 C.F.R. §482.51 (2013) (Accessed May 2023).

Condition of participation: Patient and living donor selection, 42 C.F.R. §482.90 (2013) (Accessed May 2023).

~~RD: 07-95; 03-98; 06-01; 03-04; 12-04; 09-07, 08-08, 10-08, 06-11, 8-11; 7-12; 6-13~~

~~**Addendum**~~

Parkland

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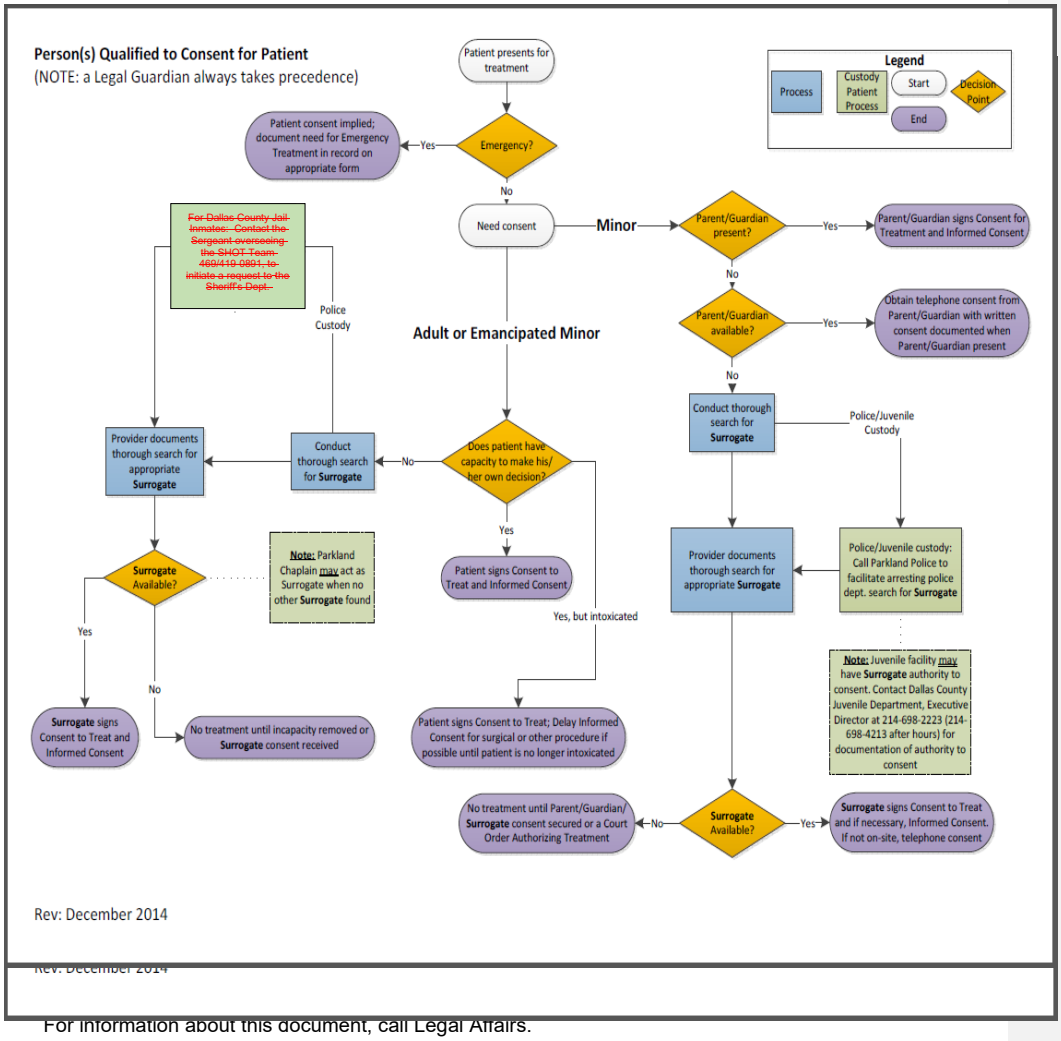
APPENDIX A



Rev: December 2014

APPENDIX B – Consent Scenarios

Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
Adult patient in hospital, capacitated	With patient	N/A: Adult capacitated patients must provide their own informed consent.	In hospital	Obtain consent from patient. If the patient is physically unable to sign (blind, amputation, expressed preference not to sign, etc.), obtain the patient's verbal agreement to the procedure and complete the written informed consent process.
Adult patient in hospital, capacitated	Remote, with ability to send and receive texts. Ability to connect to video technology is preferred but not required.	N/A: Adult capacitated patients must provide their own informed consent.	In hospital	Obtain consent from patient, using remote technology to obtain physician signature. If the patient is physically unable to sign (blind, amputation, expressed preference not to sign, etc.), obtain the patient's verbal agreement to the procedure and complete the written informed consent process.
Adult patient in hospital, incapacitated	With patient	In hospital	In hospital	Obtain consent from SDM
		Remote, with ability to send and receive texts	Remote, with SDM, with ability to send and receive texts	Obtain consent from SDM, using remote consenting process.

Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
		Remote, with ability to send and receive texts, AND ability to connect to video technology	NOT with SDM (ex. Parkland employee in the hospital or another adult from a third location, etc), with ability to send and receive texts, AND ability to connect to video technology	Obtain consent from SDM, using remote consenting process. *When witness is not with SDM, witness needs to be able to see the SDM via video in order to attest to seeing the SDM sign the consent. So, in this scenario, both SDM and witness need ability to connect via video technology.*
Adult patient in hospital, incapacitated	Remote, with ability to send and receive texts	In hospital	In hospital	Obtain consent from SDM
		Remote, with ability to send and receive texts	Remote, with SDM, with ability to send and receive texts	Obtain consent from SDM, using remote consenting process to obtain SDM and witness signatures.
		Remote, with ability to send and receive texts, AND ability to connect to video technology	NOT with SDM (ex. Parkland employee in the hospital or another adult neither in the hospital or with the SDM, etc), with ability to send and receive texts, AND ability to connect to video technology	Obtain consent from SDM, using remote consenting process to witness and obtain SDM's signature. *When witness is not with SDM, they need to be able to see the SDM via video in order to attest to seeing the SDM sign the consent. So, in this scenario, both SDM and witness need ability to connect via video technology.*

Patient is:	**Provider is:**	**Surrogate decision-maker is:**	**Witness**	**Options to obtain and document consent:***
Pediatric patient in hospital	With patient	Parent or adult legally authorized to provide consent is with patient	With provider, patient, and parent	Obtain consent from the parent.
Pediatric patient in hospital	With patient	Parent or adult legally authorized to provide consent is available but remote, with ability to send and receive texts, AND ability to connect to video technology	In facility with video view on parent, OR present with remote parent	Obtain consent from the parent, using the remote consenting process. *When witness is not with parent, they need to be able to see the parent via video in order to attest to seeing the parent sign the consent. So, in this scenario, both parent and witness need ability to connect via video technology.*
Pediatric patient in hospital	With patient	*Parent unavailable* *Find SDM or evaluate for minor's authority to consent.*		
		SDM comes to hospital and is present with the patient.	With provider, patient, and SDM	Obtain consent from SDM, using remote consenting process.
		Remote, with ability to send and receive texts	Remote, with SDM, with ability to send and receive texts	Obtain consent from SDM, using remote consenting process.
		Remote, with ability to send and receive texts, AND ability to connect to video technology	NOT with SDM (ex. Parkland employee in the hospital or another adult neither in the hospital or with the SDM, etc), with ability to send	Obtain consent from SDM, using remote consenting process to witness and obtain SDM's signature. *When witness is not with SDM, they need to be able to see the*

Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
			and receive texts, AND ability to connect to video technology	*SDM via video in order to attest to seeing the SDM sign the consent. So, in this scenario, both SDM and witness need ability to connect via video technology.*
Pediatric patient in hospital	Remote, with ability to send and receive texts	Parent is with patient	With patient, and parent	Obtain consent from the parent.
Pediatric patient in hospital	Remote, with ability to send and receive texts	Parent unavailable Find SDM or evaluate for minor's authority to consent.		
		SDM comes to hospital and is present with the patient.	With patient, and SDM	Obtain consent from the SDM.
		Remote, with ability to send and receive texts	Remote, with SDM, with ability to send and receive texts	Obtain consent from SDM, using remote consenting process.
		Remote, with ability to send and receive texts, AND ability to connect to video technology	NOT with SDM (ex. Parkland employee in the hospital or another adult neither in the hospital or with the SDM, etc), with ability to send and receive texts, AND ability to connect to video technology	Obtain consent from SDM, using remote consenting process to witness and obtain SDM's signature. *When witness is not with SDM, they need to be able to see the SDM via video in order to attest to seeing the SDM sign the consent. So, in this scenario, both SDM and*

Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
				witness need ability to connect via video technology.

***If interpreter services are required, they must be provided in an effective manner taking into account the needs and limitations of any technology in use.**

APPENDIX C – Remote Consenting Using iMed

To capture a signature of a patient, patient's legal representative, or physician who is not physically present, use these directions to send a link via text message for electronic signature:

1. From the signature tab in iMed, click **Sign By Device** button for the respective signer that is not present.
2. A box titled Klic-Sign Contact Information will appear, for the location field select PHHS.
3. Enter the recipient's mobile phone number.
4. Click **Send** to text a secure link to the recipient.
5. A guest code will show on the screen. The user sending the text must verbally share the Guest Code with the recipient.
6. The recipient will have 15 minutes to respond before the link will expire and require a new link be sent.
7. The recipient can preview the consent before signing and must select **Continue** to proceed to the signature box.
8. The recipient will use their finger to sign and select **Done**.
9. After the signature is completed by the remote user, the remaining signatures may be captured.

Note: The clear button will clear all signatures but will be required if you need to make any changes in the Input Tab fields. The save button commits the consent to the patient's chart. It is essential to Save at any given point during the consent process, to retrieve the incomplete document. The Generate Document button displays the PDF Version of the consent; it is highly recommended that you view the document for completeness and accuracy prior to saving to the patient's chart. The close button deletes the consent; it does not pend or save the incomplete consent. Only use the close button in cases where the consent was created in error.

APPENDIX D – Key Concepts and FAQs

New Framework

It is the physician/NPCP's responsibility to conduct an appropriate consenting conversation, assess and determine patient's comprehension and capacity, and obtain the appropriate signatures (physician/NPCP, patient or Surrogate, and witness).

Potential reasons to question a consent may include:

- A "significant" time lapse between the consent discussion and the consented treatment/procedure that the Physician/NPCP has determined, in their professional judgment, impacts the treatment plan or changes the scope or degree of risk involved in the consented procedure.
- A significant change in the patient's consented treatment plan.
- An increased, materially or significantly different, or an additional risk associated with the consented treatment or procedure. The Physician/NPCP decides if this is the case, in their best judgement.
- A material change in the patient's condition or diagnosis that changes the scope or degree of risks involved in the procedure, in the Physician/NPCP's judgement.

New consents are not necessary when:

- There is a time gap between the consent signature and the procedure due to routine processes, scheduling, etc.
  - Ex. OB consents signed weeks before delivery
  - Ex. OR availability delays procedure that was consented in the ED
- There is a gap of time between the parties' signatures. There are numerous reasons why time may elapse between signatures.
- The name of the performing Physician/NPCP listed on the consent does not match the actual performing or scheduled Physician/NPCP at the time of the procedure. Schedule changes, availability of personnel, shift changes may all lead to this situation. So long as the Physician/NPCP who signed the consent was qualified to explain the risks of the procedure to the patient at the time the consent was obtained the consent remains valid.

Language:

The consent conversation takes place in the patient's preferred spoken language, as indicated either in the EHR or the patient's request at the time of the conversation.

Parkland's consent form is available in either English or Spanish.

- If the patient's preferred written language is documented in the EHR as either English or Spanish, then use the matching consent version.
- If the patient's documented preference for written language is any other language than English or Spanish, use the English consent version.

Witness Signature

The Witness signature attests that the Witness was present when and saw the patient or SDM signed the IC, either in person or via remote connection.

Order of Signatures:

The order in which the patient or physician signs the Informed Consent does not matter. However, the signature of a witness should come after the patient's signature. As long as the witness was present (in person or by remote connection) when the patient or SDM signed, a consent should not be rejected ***solely*** because of discrepancies in the time stamp on the witness's signature.

Time Lapses Between Signatures:

Time may elapse between signatures for a variety of reasons.

For example, a witness may view the consent conversation and the patient signature remotely, but not be able to sign the document for some time before arriving at the hospital.

Different Physician/NPCP on Schedule vs. Physician/NPCP Listed on Informed Consent

This is acceptable and may occur due to staff/shift change, updates to the staffing schedule, availability of personnel, or other circumstances. It does not require a new IC form.

Anesthesia Consent

Depending on the anesthesia to be provided and the procedure to be performed, the anesthesia consent can be obtained by either the Anesthesia Physician/NPCP or the procedural Physician/NPCP. The Physician/NPCP obtaining and signing the anesthesia consent may be different from the one obtaining and signing the procedure consent.

Note: for a minor, the procedural and anesthesia consents do not need to be signed by the same parent. However, if the two parents appear to disagree on the course of action, contact Legal Affairs.

Dispute Regarding a Surrogate Decision-Maker

If a dispute arises as to whether a person is authorized to act as a Surrogate Decision-maker which is not resolved informally, only a probate court can decide the matter. Parkland can clarify the requirements to serve as a Surrogate Decision-maker but cannot resolve a dispute about a particular person's right to serve in that role.

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PURPOSE:

To describe the process for obtaining written informed consent for surgical or other invasive procedures. This procedure does not apply to withholding or withdrawing life support. See Related Documents regarding end-of-life care.

To provide documentation that the Physician or Non-Physician Clinical Provider has explained the risks, benefits, possible complications, and alternatives of the surgery or applicable procedure to the patient or surrogate decision-maker.

To protect the legal rights of the patient/surrogate decision-maker, the Physician or Non-Physician Clinical Provider, and the hospital.

SCOPE:

All Parkland Health ("Parkland") Physician or Non-Physician Clinical Providers who obtain informed consent for surgical or other invasive procedures.

POLICY:

1. **Informed Consent** for surgery or other applicable procedures must be given by the patient or the appropriate decision-maker prior to surgery or other applicable procedures.
2. **Written Informed Consent** is required for the following:
   A. **By Law:** All procedures requiring written consent by law or regulation which include:
      1) all procedures with required disclosure of specific risks and hazards pursuant to the Texas Medical Disclosure panel (Texas "List A") found at:

Texas Medical Disclosure Panel - Rules and Regulations

2) specific written consents for Radiation Oncology, Anesthesia and/or Perioperative Pain Management, and Hysterectomy

3) Sedation/Anesthesia: including, general anesthesia, regional block anesthesia/analgesia, spinal anesthesia/analgesia, epidural anesthesia/analgesia, deep sedation, moderate sedation, and prenatal/early childhood anesthesia, and all procedures requiring such sedation/anesthesia, monitored anesthesia care (MAC or conscious sedation), invasive monitors (central lines, arterial lines) or transesophageal echocardiography (TEE), except procedures requiring local anesthesia.

B. **By Medical Staff Directive:** apheresis and therapeutic phlebotomy, bone marrow biopsies.

C. **Physician or Non-Physician Clinical Provider Discretion:** In the opinion of the Physician or Non-Physician Clinical Provider, the procedure is associated with complications and risks that are of such a nature as to require written consent. By example only, Texas "List B" procedures may fall into this category.

4. Elements of **Informed Consent**:

A. The patient (or appropriate surrogate decision-maker) fully participates in care decisions with the goal of establishing mutual understanding between patient/surrogate and the Physician or Non-Physician Clinical Provider.

1) The consent discussion is held in the patient or Surrogate's choice of language, using an appropriate interpreter if necessary.

B. A complete informed consent process includes discussion of the following:

1) Nature of proposed care, treatment, service, procedures.

2) Potential benefits, risks, or side effects of proposed care, including potential problems related to recuperation.

3) Likelihood of achieving care, treatment, or service goals.

4) Reasonable alternatives to proposed care, treatment, or service.

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5) Relative risks of the alternatives, including possible results of not receiving the care, treatment, or service.

6) When indicated, any limitations on confidentiality of information learned from or about the patient.

C. A complete informed consent process includes documentation of the above discussion and placement of the appropriate completed consent forms or other applicable documentation in the medical record.

PROCEDURE:

1. Procedure for Obtaining **Informed Consent**:

A. Written Informed Consent

1) All documentation on the form must be in either black or blue ink, or automatically populated in Parkland's electronic consent system.

2) In the OR, for procedures where portions are performed by different specialty services, separate consents are required for each surgical specialty.

3) Place a patient identification label on the appropriate consent form or generate the appropriate consent document in the electronic consent system.

4) Determine the appropriate person to consent, either the patient or the appropriate Surrogate Decision-maker (refer to Sections below).

a) A capacitated, adult patient should provide their own consent.

5) The Physician or Non-Physician Clinical Provider shall ensure all sections of the form are complete or accurately auto-populated.

6) The Physician or Non-Physician Clinical Provider shall discuss risks, benefits, possible complications, and alternatives of the surgery or applicable

procedure with the patient or Surrogate Decision-maker and evaluate their comprehension. Pictures and diagrams may be useful.

7) Order of Signatures

   a) Either the physician or the patient (or Surrogate Decision-Maker) can sign the consent form first.

   b) A witness should sign after the patient/Surrogate Decision-Maker. The witness is attesting that the patient signed the consent, and that the witness was present when the patient signed, whether in-person or via video. Note that there may be a time lapse between the patient and witness signatures – a time lapse between signatures alone does not invalidate an otherwise valid consent form.

8) The Physician or Non-Physician Clinical Provider obtaining the consent shall sign in the appropriate space on the form or in the electronic system.

9) When a Physician or Non-Physician Clinical Provider's or a Parkland employee (as witness) signs the consent, that individual's signature is followed by printed name, identification number/provider number, and the date and time of signature.

10) The name of the Physician or Non-Physician Clinical Provider (or Faculty Physician) must be included on the appropriate space on the consent form.

   a) It is possible that the Physician or Non-Physician Clinical Provider performing the procedure may change before the procedure is performed, for example due to staff change, changes to the applicable staffing schedule, availability of personnel, or other unforeseeable circumstances;

   b) In these circumstances, a new consent form is not needed.

11) After the patient/Surrogate Decision-maker has been informed and understands the explanation, he/she is required to initial the designated space(s) on the consent form, if applicable, and sign, date and time the form

in the appropriate space acknowledging his/her understanding. Patients may sign the consent with an "X."

12) If, in the opinion of the physician or due to patient's request, a capacitated patient is unable to provide ***written*** informed consent for a procedure that requires informed consent due to the patient's **physical** limitations, the Physician or Non-Physician Clinical Provider may obtain and document the verbal consent of the patient/ as follows:

   a) Complete the appropriate discussion of risks, benefits, possible complications, and alternatives of the surgery or procedure with the patient. Indicate the reason the verbal consent is given (e.g., "patient is blind", "amputation", "severely restricted limb", etc.) on the "patient signature" line of the applicable form.

   b) One (1) adult witness is required when obtaining verbal consent. A Parkland employee is preferred, but not required, as a witness.

13) When anyone other than the patient signs the consent form, the relationship to the patient must be indicated on the consent form in the appropriate space.

14) The witness signs in the designated space on the consent form.

   a) If the witness is a Parkland employee, the witness signature is followed by title, identification number/provider number (if applicable), and date and time of signature.

   b) A Parkland interpreter should not serve as a witness.

15) If the patient has a documented preference of English or Spanish as a written preferred language in the EMR, the corresponding form should be used. However, a consent form is not invalid solely because it is in a language other than the patient's preferred language, so long as the discussion between provider and patient or SDM took place in the patient's or SDM's preferred spoken language (i.e., through an interpreter).

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a) Only the version signed by the patient, Physician or Non-Physician Clinical Provider, and interpreter (if applicable) must be present on the chart.

b) Patients who request a copy of the consent should be provided with a copy of the fully completed consent. Patients may also be provided with a blank copy of the consent form in the other language (Spanish or English) for their reference.

16) The Physician or Non-Physician Clinical Provider or his/her designee shall ensure that the properly executed consent form is placed in the medical record prior to the procedure, except in case of an emergency (see Definition section).

2. Additional Considerations Regarding Informed Consents

A. Consent for Anesthesia/Sedation

1) A separate consent form, “Disclosure and Consent for Anesthesia and/or Perioperative Pain Management (Analgesia)” is obtained by an Anesthesia Physician or an Anesthesia Non-Physician Clinical Provider for all procedures requiring any form of anesthesia except: (i) local anesthesia; or (ii) in an emergency situation.

2) As permitted by applicable Parkland administrative and clinical procedures in designated clinical settings, the “Disclosure and Consent for Anesthesia and/or Perioperative Pain Management (Analgesia)” is obtained by the procedural Physician or procedural Non-Physician Clinical Provider for procedures requiring applicable sedation/anesthesia care.

B. Informed Consent in the ICU

1) In Parkland’s ICUs, the informed consent process includes discussing multiple common ICU procedures and obtaining a single consent document. This supports the ability to quickly perform procedures as the patient’s condition warrants.

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C. Documented Verbal Consent may be obtained for procedures that do not require written informed consent and that do not fall into the Policy #2 listing above. Verbal consent for such a procedure may be documented by the Physician or Non-Physician Clinical Provider by a note in the medical record, on the appropriate consent form, or in the electronic consent system. Documentation of Verbal Consent shall include, at a minimum, a statement of the following discussion with the patient:

1) Nature of proposed care, treatment, service, procedures.

2) Potential benefits, risks, or side effects of proposed care, including potential problems related to recuperation.

3) Likelihood of achieving care, treatment, or service goals.

4) Reasonable alternatives to proposed care, treatment, or service.

5) Relative risks of the alternatives, including possible results of not receiving the care, treatment, or service.

6) Patient's consent to the proposed care, treatment, service, or procedure.

3. Specific Requirements for Obtaining **Informed Consent**:

A. Informed consent for surgery and applicable procedures shall be obtained by the Physician or Non-Physician Clinical Provider prior to surgery and applicable procedures.

B. All disclosures required to be given by the Texas Medical Disclosure Panel, ("List A"), including the disclosures pre-printed on Parkland-approved consent forms or automatically populated in Parkland's electronic consent system, shall be given and documented on the consent form exactly as they appear on the disclosure list, prior to beginning any List A procedure.

C. Capacity to Consent

1) All adult patients are presumed to have capacity to consent; however, in the event the Physician or Non-Physician Clinical Provider believes the patient's

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Decision-making Capacity status may need assessment, the Physician or Non-Physician Clinical Provider will assess and document the patient's mental status and Decision-making Capacity in the medical record.

2) If the Physician or Non-Physician Clinical Provider is unable to assess the patient's Decision-making Capacity or wishes to consult another Physician or Non-Physician Clinical Provider, the Physician or Non-Physician Clinical Provider **may** consult an attending/faculty physician to help assess the patient's Decision-making Capacity and document the findings in the progress notes.

D. Witnesses

1) Any adult may witness an informed consent; however, an employee or staff member with a Parkland employee ID or provider ID number is preferred as a witness. The witness' signature, with time and date, indicates that the witness saw the patient/Surrogate Decision-maker sign the consent form. However, if the Physician or Non-Physician Clinical Provider prefers, the witness may also be present for the entire consent discussion.

2. Determination of Person(s) Qualified to Consent for the Patient (see flow diagram in the appendix.

A. Each **CAPACITATED ADULT** must sign his or her own consent form(s)**,** regardless of gender or marital status and including persons in custody of law enforcement (inmates), except under the following circumstances:

1) The patient is unable to physically sign, as outlined above (ex, "patient is blind", "amputation", etc.); or

2) If emergency treatment is necessary and no Surrogate Decision-maker is present to sign the consent or available for remote informed consent, consent is implied by law but exists only during the immediate emergency.

a) The appropriate documentation confirming the need for emergency treatment should be signed by at least two physicians. One of the

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signatures should be that of a consultant physician who will not be involved in the operation or procedure.

3) The reason for inability of the patient to sign and the need for emergency treatment must be stated on the consent form or entered as physician note(s) on the patient's medical record. Preferably, the forms should be completed or note entered contemporaneously with the emergency treatment or as soon thereafter as practicable.

4) A separate Anesthesia consent is **not** necessary for emergency treatment.

5) If a patient has a court-appointed guardian whose authority from the court includes making medical decisions for the patient, then the guardian shall be the sole decision-maker in accordance with such court-directed authority.

B. If the patient is an **ADULT WHO LACKS DECISION-MAKING CAPACITY**, and a legal guardian whose authority from the court includes making medical decisions for the patient has not been appointed, the following persons (who are willing and available) **may** consent to medical treatment on behalf of the patient:

1) A court-appointed guardian of the person (if a court-appointed guardian is available, do not proceed to other individuals listed below)

2) An agent named in a Medical Power of Attorney or a person named in the patient's Directive to Physicians for healthcare decisions (designated by the patient in a properly signed & witnessed document)

3) If there is no Medical Power of Attorney and no person named in the Directive to Physicians, then, an adult surrogate from the following list, in order of priority, who has Decision-making Capacity:

a) The patient's spouse;

b) An adult child of the patient who has the waiver and consent of all other qualified adult children of the patient to act as the sole decision-maker;

c) A majority of the patient's reasonably available adult children;

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d) The patient's parents; or

e) The individual clearly identified to act for the patient by the patient before the patient became incapacitated, the patient's nearest living relative, or a member of the clergy.

- For a question regarding who is a qualified surrogate, or if there is a dispute as to the right of an individual to act as a Surrogate Decision-maker, contact Legal Affairs. Any dispute as to the right of a party to act as a Surrogate Decision-maker may be resolved only by a court of record having jurisdiction over Chapter V, Texas Probate Court.

f) One potential Surrogate Decision-maker cannot designate another person to act as Surrogate Decision-maker; they can only accept or decline to serve. If they decline, go to the next person in the list. For example, if a patient's spouse declines to serve, go to the patient's adult children even if the spouse attempts to defer to the patient's best friend.

4) A Surrogate Decision-maker's decision to consent to or refuse treatment on a patient's behalf must be based on knowledge of what the patient would desire, if known, and be in the patient's best interest. If a concern arises that a Surrogate Decision-maker is not acting in the patient's best interest or is acting contrary to the patient's desires, contact Ethics or Legal Affairs.

5) A Surrogate Decision-maker may not consent to:

a) voluntary inpatient mental health services;

b) electro-convulsive treatment; or

c) the appointment of another surrogate decision-maker.

C. Emergency Treatment

1) If emergency treatment is necessary and no Surrogate Decision-maker is present to sign the consent or available for remote informed consent, consent is implied by law but exists only during the immediate emergency.

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a) The appropriate documentation confirming the need for emergency treatment should be signed by at least two physicians. One of the signatures should be that of a consultant physician who will not be involved in the operation or procedure.

2) The reason for inability of the patient to sign and the need for emergency treatment must be stated on the consent form or entered as physician note(s) on the patient's medical record. Preferably, the forms should be completed or note entered contemporaneously with the emergency treatment or as soon thereafter as practicable.

3) A separate Anesthesia consent is **not** necessary for emergency treatment.

D. Jail Inmates

1) Patients in custody, including inmates, have the same right to consent or refuse treatment as other patients. Law enforcement is not entitled to consent or refuse treatment on an inmate's behalf except pursuant to court order.

2) If a Dallas County inmate lacks capacity, BEFORE attempting to locate or contact any potential surrogate decision-maker, first contact the Sergeant overseeing the Special Hospital Observation Team (SHOT) at 469/419-0891 (see also the online directory) to initiate a request to the Sheriff's Department. The Sheriff's Department will review the request and inform the SHOT Sergeant if and how the next of kin/surrogate may be notified. Correctional Health Case Management (214/653-2877) will act as a liaison between Parkland Case Management and the Sheriff's Department, if needed.

3) For inmates in the custody of other local, state, or federal law enforcement agencies, including juvenile detention centers, staff should contact the agency/facility.

E. Chaplain's Role as a Surrogate Decision-Maker

1) At Parkland, Chaplains from the Spiritual Care Department may be asked to serve as Surrogate Decision-makers for incapacitated patients.

2) However, the care team, with the aid of the Social Worker, must conduct and document a reasonably diligent search for higher priority order surrogates prior to requesting the Chaplain's assistance to serve in this role. What constitutes a reasonably diligent search will vary based upon the circumstances of the case. Questions or concerns regarding the scope of a search should be referred to the Social Worker who performed the search if available, and then within the Spiritual Care Department if not resolved.

3) Depending on the patient's clinical outlook, overall prognosis, and any indications of the patient's wishes or best interest, the Chaplain (in the role of Surrogate Decision-Maker):

   a) will decide to refuse or to consent to the recommended treatment, or

   b) will decide to escalate concerns within the Spiritual Care chain of command

F. If the patient is a **CHILD (see Definitions)**, a parent, managing conservator or legal guardian may consent to treatment of the child. (This section does not apply to immunizations, where additional rules apply. See below)

1) A reasonable effort to contact the parent, managing conservator, or court-appointed guardian must be documented in the medical record before other potential decision- makers are authorized to make treatment decisions.

2) If after a reasonable, documented search, a parent, managing conservator or court-appointed guardian cannot be located or contacted, and there is no indication that the parent, managing conservator, or legal guardian gave actual notice of an objection to consent for the child, then the following persons in order of priority, may consent to *medical, dental, psychological, and surgical* treatment of a child:

   a) a grandparent of the child;

   b) an adult brother or sister of the child;

   c) an adult aunt or uncle of the child;

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d) an educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent;

e) an adult who has actual care, control, and possession of the child and has written authorization to consent from a person having the right to consent;

f) a court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject;

g) an adult for the actual care, control, and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of any agency of the state or county.

h) a peace officer who has lawfully taken custody of a minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment; or

i) The Texas Juvenile Justice Department may consent to the medical, dental, psychological, and surgical treatment of a child committed to it under Title 3 of the Texas Family Code (Juvenile Justice Code) when the person having the right to consent has been contacted and that person has not given actual notice to the contrary.

3) Any medical treatment consented to or refused must be based on knowledge of what the patient would desire, if known, and be in the patient's best interest.

4) A person who consents to the medical treatment of a minor under the above circumstances is immune from liability for damages resulting from the examination or treatment of the minor, except to the extent of the person's own acts of negligence. A physician or dentist licensed to practice in this state, or a hospital or medical facility at which a minor is treated is immune from liability for damages resulting from the examination or treatment of a minor under these circumstances, except to the extent of the person's own acts of negligence.

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5) In the case of minors in danger of loss of life or limb and whose parents refuse to consent to certain treatments or procedures, the Dallas County Children's Protective Services shall be contacted. CPS can request the Juvenile Court Judge to issue a Court Order for such treatment or procedure.

G. Consent to Treatment by a Child (either for him/herself or for the Child's child)

1) A **CHILD** may consent to *medical, dental, psychological, and surgical* treatment for **him/herself** by a Physician or Non-Physician Clinical Provider based on any of the following reasons, if the child has the capacity to consent, and:

a) is on active duty with the armed services of the Unites States of America; **OR**

b) is 16 years of age or older, who

- resides separate and apart from the child's parents, managing conservator, or guardian (with or without the consent of the parents, managing conservator, or guardian) and regardless of the duration of such residence; **AND**
- is managing the child's own financial affairs, regardless of the source of the income; **OR**

c) consents to the diagnosis and treatment of an *infectious, contagious, or communicable disease* that is required by law or a rule to be reported by the licensed Physician or Non-Physician Clinical Provider to a local health officer or the Texas Department of Health, including all diseases within the scope of Section 81.041, Health and Safety Code; **OR**

d) is unmarried and pregnant and consents to *hospital, medical, or surgical treatment, other than abortion, related to the pregnancy*; **OR**

e) consents to examination and treatment *for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to drug or chemical use*; **OR**

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f) is unmarried, is the parent of a child, and has actual custody of his or her child and consents to medical, dental, psychological, or surgical treatment for the child; **OR**

g) is serving a term of confinement in a facility operated by or under contract with the Texas Department of Criminal Justice, unless the treatment would constitute a prohibited practice under *Section 164.052(a)(19), Occupations* Code (regarding performing an abortion on an unemancipated minor).

2) Under the circumstances listed above, a Child may provide consent for their own treatment, and the consent or affirmance of the parents, managing conservator, or guardian of a child is not necessary.

3) A licensed physician, dentist, or psychologist may, with or without the consent of a child who is a patient, advise the parents, managing conservator, or guardian of the child of the treatment given to or needed by the child.

4) A physician, dentist, psychologist, hospital, and medical facility are not liable for the examination and treatment of a child under these circumstances except for the provider's or the facility's own acts of negligence.

5) A physician, dentist, psychologist, hospital, or medical facility may rely on the written statement of the child containing the grounds on which the child has capacity to consent to the medical treatment.

5. Obtaining Informed Consent Remotely

A. Written informed consent may be obtained from the patient or surrogate decision maker remotely if the patient or SDM have capability to receive text or emails (to capture the physical signature) AND either there is a competent adult witness present with the patient or SDM available to also sign the consent OR the consent is captured via video technology so that the remote consenting team may witness the signature.

B. Written informed consent may be obtained by a Physician or Non-Physician Clinical Provider who is remote if the Physician or Non-Physician Clinical Provider has capability to receive text or emails.

6. Use of Interpreters or Qualified Bilingual Staff Members.

A. Patients with Limited English Proficiency (LEP) require the use of a Parkland-qualified interpreter, Telephone Language Line, or All Language Video Interpreting Network ("ALVIN") assistance with interpretation for informed consent. Parkland-qualified bilingual staff members may use their approved language within the scope of practice of their discipline when communicating with LEP persons in accordance with applicable Parkland procedures and in lieu of using an interpreter or other Parkland approved language resource.

B. If an in-person interpreter interprets for the patient, the interpreter shall sign his/her name including date and time of signature, and document his/her identification number on the consent form. The interpreter will serve in the role of interpreter only and will not serve as a witness at the same time.

C. If a qualified bilingual staff member uses his/her approved language in lieu of an interpreter or other approved language resources, the qualified bilingual staff member shall sign his/her name including date and time of signature and identification number on the consent form.

7. Assistive Communication Tools

1) For patients who cannot communicate easily (ex. Vented patient), assistive communication tools such as writing boards may be used.

8. Duration of Valid Informed Consent

A. Valid informed consent documents do not expire.

B. It is advisable for the Physician or Non-Physician Clinical Provider to conduct a new or renewed consent discussion with the patient or applicable surrogate decision-maker and ensure that a new signed consent document is obtained

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when, in the Physician or Non-Physician Clinical Provider's professional judgment there has been:

1) A significant lapse in time between the initial consent discussion and the commencement of the proposed treatment or procedure (this time lapse may vary from several days to several months);

2) A significant change in the patient's treatment plan from that to which the patient originally consented;

3) An increased, materially or significantly different, or additional risk associated with the planned procedure or treatment; and/or

4) A material change in the patient's condition or diagnosis.

DEFINITIONS:

Adult: a person 18 years of age or older OR a person under 18 years of age who has had the disabilities of minority removed by a court (i.e., an “Emancipated Minor”).

Child: a person 17 years of age or younger and who is not an Emancipated Minor.

Directive to Physician (sometimes referred to or includes a “Living Will”): A written statement of a person’s wishes regarding medical treatment, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.

Emancipated Minor: a child who has received a judicial decree removing the disabilities of minority for general purposes or for limited purposes, if one of the limited purposes is to consent to medical treatment.

Emergency: the sudden onset of a medical or traumatic condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in: (A) placing the patient's health in serious jeopardy (including, imminent death); (B) serious impairment to bodily functions; or (C) serious dysfunction of any bodily organ or part.

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Decision-making Capacity: the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a decision regarding medical treatment and the ability to reach an informed decision.

Informed Consent: Agreement or permission accompanied by full notice about the care, treatment, or service that is the subject of the consent. A patient must be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or licensed practitioner begins any such course. After receiving this information, the patient then either consents to or refuses such a procedure or treatment.

Medical Power of Attorney (MPOA): allows a patient to appoint someone to make healthcare decisions for them and to speak with their doctors, if they are no longer able to make healthcare decisions.

Non-Physician Clinical Provider: as defined in the Medical Staff Bylaws, an individual who holds an advanced degree in a clinical area, who has been licensed and certified by his/her respective licensing or certifying agencies, and who has received Privileges to provide professional clinical services in the Hospital.

Surrogate Decision-maker: a person who has been designated by a patient (in a Directive to Physicians or medical power of attorney document) or by the state (according to the Advance Directives Act or by a court order) to make treatment decisions (including, but not limited to, decisions about life support) on behalf of a patient lacking decision-making capacity.

Physician or Non-Physician Clinical Provider: a Physician or Non-Physician Clinical Provider participating in obtaining the patient's consent who is able to explain the risks and benefits of the treatment or procedure.

Verbal Consent: consent provided by a patient who has Decision-making Capacity but who lacks the physical ability to sign a Written Consent (e.g., because of paralysis). Verbal Consent includes consent provided via telephone by a Surrogate Decision-maker on behalf of a patient who lacks Decision-making Capacity.

Written Consent: consent provided by a patient who has Decision-making Capacity, or a Surrogate Decision-maker on behalf of a patient who lacks Decision-making Capacity,

that is evidenced by the patient's or Surrogate Decision-maker's in-person or electronic signature or acknowledgement

REFERENCES:

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Emergency Medical Services, Tex. Health & Safety Code, §§773.001 et seq. (2005). (Accessed May 2023).

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Consent to Treatment of Child by Non-Parent or Child, Tex. Family Code §§32.001 et seq. (2009). (Accessed May 2023).

25 Tex. Administrative Code §133.41 (2014) (Dep't of State Health Servs., Hospital Functions and Services). (Accessed May 2023).

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Rights and Duties of Parent, Tex. Family Code §§151.001 et seq. (2007). (Accessed May 2023).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard RI.01.01.01(2014). (Accessed May 2023).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard RI.01.03.01 (2014). (Accessed May 2023).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard RC.02.01.01 (2014). (Accessed May 2023).

Condition of Participation: Patient and Living Donor Rights, 42 C.F.R. §482.102 (2013) (Accessed May 2023).

Condition of participation: Medical record services, 42 C.F.R. §482.24 (2013) (Accessed May 2023).

Condition of participation: Surgical services, 42 C.F.R. §482.51 (2013) (Accessed May 2023).

Condition of participation: Patient and living donor selection, 42 C.F.R. §482.90 (2013) (Accessed May 2023).

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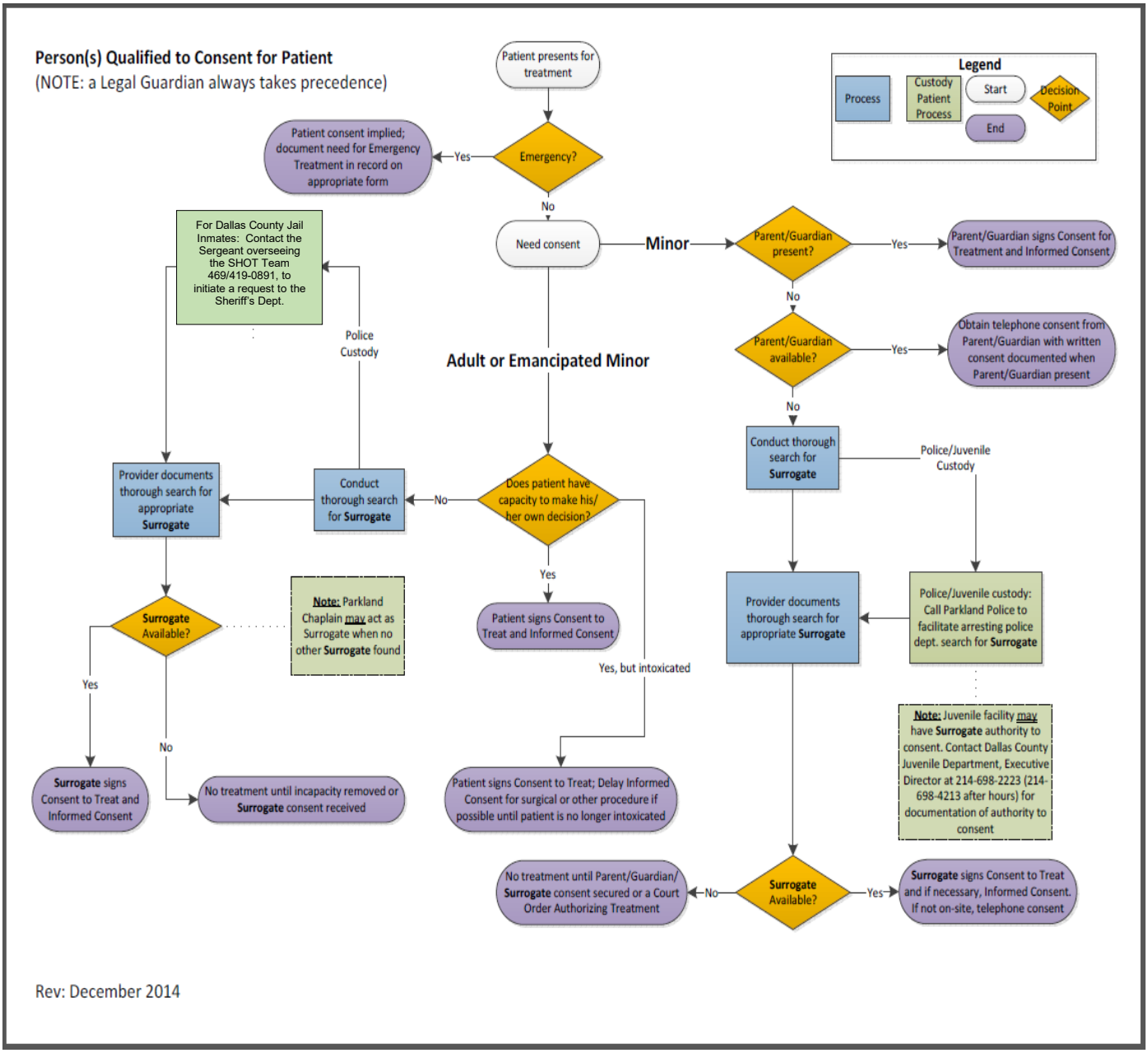
APPENDIX A



For information about this document, call Legal Affairs.

APPENDIX B – Consent Scenarios

Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
Adult patient in hospital, capacitated	With patient	N/A: Adult capacitated patients must provide their own informed consent.	In hospital	Obtain consent from patient. If the patient is physically unable to sign (blind, amputation, expressed preference not to sign, etc.), obtain the patient's verbal agreement to the procedure and complete the written informed consent process.
Adult patient in hospital, capacitated	Remote, with ability to send and receive texts. Ability to connect to video technology is preferred but not required.	N/A: Adult capacitated patients must provide their own informed consent.	In hospital	Obtain consent from patient, using remote technology to obtain physician signature. If the patient is physically unable to sign (blind, amputation, expressed preference not to sign, etc.), obtain the patient's verbal agreement to the procedure and complete the written informed consent process.
Adult patient in hospital, incapacitated	With patient	In hospital	In hospital	Obtain consent from SDM
		Remote, with ability to send and receive texts	Remote, with SDM, with ability to send and receive texts	Obtain consent from SDM, using remote consenting process.

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Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
		Remote, with ability to send and receive texts, AND ability to connect to video technology	NOT with SDM (ex. Parkland employee in the hospital or another adult from a third location, etc), with ability to send and receive texts, AND ability to connect to video technology	Obtain consent from SDM, using remote consenting process. *When witness is not with SDM, witness needs to be able to see the SDM via video in order to attest to seeing the SDM sign the consent. So, in this scenario, both SDM and witness need ability to connect via video technology.*
Adult patient in hospital, incapacitated	Remote, with ability to send and receive texts	In hospital	In hospital	Obtain consent from SDM
		Remote, with ability to send and receive texts	Remote, with SDM, with ability to send and receive texts	Obtain consent from SDM, using remote consenting process to obtain SDM and witness signatures.
		Remote, with ability to send and receive texts, AND ability to connect to video technology	NOT with SDM (ex. Parkland employee in the hospital or another adult neither in the hospital or with the SDM, etc), with ability to send and receive texts, AND ability to connect to video technology	Obtain consent from SDM, using remote consenting process to witness and obtain SDM's signature. *When witness is not with SDM, they need to be able to see the SDM via video in order to attest to seeing the SDM sign the consent. So, in this scenario, both SDM and witness need ability to connect via video technology.*

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Parkland

Informed Consent for Surgical or Invasive Procedures (Policy and Procedure)	SYS.RR.006	Published: 9/23/20
System		Page **24** of **30**

Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
Pediatric patient in hospital	With patient	Parent or adult legally authorized to provide consent is with patient	With provider, patient, and parent	Obtain consent from the parent.
Pediatric patient in hospital	With patient	Parent or adult legally authorized to provide consent is available but remote, with ability to send and receive texts, AND ability to connect to video technology	In facility with video view on parent, OR present with remote parent	Obtain consent from the parent, using the remote consenting process. *When witness is not with parent, they need to be able to see the parent via video in order to attest to seeing the parent sign the consent. So, in this scenario, both parent and witness need ability to connect via video technology.*
Pediatric patient in hospital	With patient	*Parent unavailable* *Find SDM or evaluate for minor's authority to consent.*		
		SDM comes to hospital and is present with the patient.	With provider, patient, and SDM	Obtain consent from SDM, using remote consenting process.
		Remote, with ability to send and receive texts	Remote, <u>with SDM</u>, with ability to send and receive texts	Obtain consent from SDM, using remote consenting process.
		Remote, with ability to send and receive texts, AND ability to connect to video technology	<u>NOT with SDM</u> (ex. Parkland employee in the hospital or another adult neither in the hospital or with the SDM, etc), with ability to send	Obtain consent from SDM, using remote consenting process to witness and obtain SDM's signature. *When witness is not with SDM, they need to be able to see the*

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Parkland

Informed Consent for Surgical or Invasive Procedures (Policy and Procedure)	SYS.RR.006	Published: 9/23/20
System		Page **25** of **30**

Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
			and receive texts, AND ability to connect to video technology	*SDM via video in order to attest to seeing the SDM sign the consent. So, in this scenario, both SDM and witness need ability to connect via video technology.*
Pediatric patient in hospital	Remote, with ability to send and receive texts	Parent is with patient	With patient, and parent	Obtain consent from the parent.
Pediatric patient in hospital	Remote, with ability to send and receive texts	Parent unavailable Find SDM or evaluate for minor's authority to consent.		
		SDM comes to hospital and is present with the patient.	With patient, and SDM	Obtain consent from the SDM.
		Remote, with ability to send and receive texts	Remote, <u>with SDM</u>, with ability to send and receive texts	Obtain consent from SDM, using remote consenting process.
		Remote, with ability to send and receive texts, AND ability to connect to video technology	<u>NOT with SDM</u> (ex. Parkland employee in the hospital or another adult neither in the hospital or with the SDM, etc), with ability to send and receive texts, AND ability to connect to video technology	Obtain consent from SDM, using remote consenting process to witness and obtain SDM's signature. *When witness is not with SDM, they need to be able to see the SDM via video in order to attest to seeing the SDM sign the consent. So, in this scenario, both SDM and*

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Patient is:	Provider is:	Surrogate decision-maker is:	Witness	Options to obtain and document consent:*
				witness need ability to connect via video technology.

***If interpreter services are required, they must be provided in an effective manner taking into account the needs and limitations of any technology in use.**

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APPENDIX C – Remote Consenting Using iMed

To capture a signature of a patient, patient's legal representative, or physician who is not physically present, use these directions to send a link via text message for electronic signature:

1. From the signature tab in iMed, click **Sign By Device** button for the respective signer that is not present.
2. A box titled Klic-Sign Contact Information will appear, for the location field select PHHS.
3. Enter the recipient's mobile phone number.
4. Click **Send** to text a secure link to the recipient.
5. A guest code will show on the screen. The user sending the text must verbally share the Guest Code with the recipient.
6. The recipient will have 15 minutes to respond before the link will expire and require a new link be sent.
7. The recipient can preview the consent before signing and must select **Continue** to proceed to the signature box.
8. The recipient will use their finger to sign and select **Done**.
9. After the signature is completed by the remote user, the remaining signatures may be captured.

Note: The clear button will clear all signatures but will be required if you need to make any changes in the Input Tab fields. The save button commits the consent to the patient's chart. It is essential to Save at any given point during the consent process, to retrieve the incomplete document. The Generate Document button displays the PDF Version of the consent; it is highly recommended that you view the document for completeness and accuracy prior to saving to the patient's chart. The close button deletes the consent; it does not pend or save the incomplete consent. Only use the close button in cases where the consent was created in error.

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APPENDIX D – Key Concepts and FAQs

New Framework

It is the physician/NPCP's responsibility to conduct an appropriate consenting conversation, assess and determine patient's comprehension and capacity, and obtain the appropriate signatures (physician/NPCP, patient or Surrogate, and witness).

Potential reasons to question a consent may include:

- A "significant" time lapse between the consent discussion and the consented treatment/procedure that the Physician/NPCP has determined, in their professional judgment, impacts the treatment plan or changes the scope or degree of risk involved in the consented procedure.
- A significant change in the patient's consented treatment plan.
- An increased, materially or significantly different, or an additional risk associated with the consented treatment or procedure. The Physician/NPCP decides if this is the case, in their best judgement.
- A material change in the patient's condition or diagnosis that changes the scope or degree of risks involved in the procedure, in the Physician/NPCP's judgement.

New consents are not necessary when:

- There is a time gap between the consent signature and the procedure due to routine processes, scheduling, etc.
  - Ex. OB consents signed weeks before delivery
  - Ex. OR availability delays procedure that was consented in the ED
- There is a gap of time between the parties' signatures. There are numerous reasons why time may elapse between signatures.
- The name of the performing Physician/NPCP listed on the consent does not match the actual performing or scheduled Physician/NPCP at the time of the procedure. Schedule changes, availability of personnel, shift changes may all lead to this situation. So long as the Physician/NPCP who signed the consent was qualified to explain the risks of the procedure to the patient at the time the consent was obtained the consent remains valid.

Language:

The consent conversation takes place in the patient's preferred spoken language, as indicated either in the EHR or the patient's request at the time of the conversation.

Parkland's consent form is available in either English or Spanish.

- If the patient's preferred written language is documented in the EHR as either English or Spanish, then use the matching consent version.
- If the patient's documented preference for written language is any other language than English or Spanish, use the English consent version.

Witness Signature

The Witness signature attests that the Witness was present when and saw the patient or SDM signed the IC, either in person or via remote connection.

Order of Signatures:

The order in which the patient or physician signs the Informed Consent does not matter. However, the signature of a witness should come after the patient's signature. As long as the witness was present (in person or by remote connection) when the patient or SDM signed, a consent should not be rejected ***solely*** because of discrepancies in the time stamp on the witness's signature.

Time Lapses Between Signatures:

Time may elapse between signatures for a variety of reasons.

For example, a witness may view the consent conversation and the patient signature remotely, but not be able to sign the document for some time before arriving at the hospital.

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Different Physician/NPCP on Schedule vs. Physician/NPCP Listed on Informed Consent

This is acceptable and may occur due to staff/shift change, updates to the staffing schedule, availability of personnel, or other circumstances. It does not require a new IC form.

Anesthesia Consent

Depending on the anesthesia to be provided and the procedure to be performed, the anesthesia consent can be obtained by either the Anesthesia Physician/NPCP or the procedural Physician/NPCP. The Physician/NPCP obtaining and signing the anesthesia consent may be different from the one obtaining and signing the procedure consent.

Note: for a minor, the procedural and anesthesia consents do not need to be signed by the same parent. However, if the two parents appear to disagree on the course of action, contact Legal Affairs.

Dispute Regarding a Surrogate Decision-Maker

If a dispute arises as to whether a person is authorized to act as a Surrogate Decision-maker which is not resolved informally, only a probate court can decide the matter. Parkland can clarify the requirements to serve as a Surrogate Decision-maker but cannot resolve a dispute about a particular person's right to serve in that role.

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Approve Contracts over $200,000

Full Board - Contracts 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
July 26, 2023													
NON-SOLE SOURCE CONTRACTS - Sorted by Size													
N1	6	Expense	Fire Protection Inspection, Testing & Maintenance Services	Firetrol Protection Systems, Inc.	8/1/2023 - 7/31/2028	$2,480,000	$2,480,000	Request for Proposals (Best Value)	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Michael Rader, Facilities Support Services	25%	Hispanic	Female
N2	8	Expense	Compensation Consultant (dual award) project.	Mercer (US) Inc. & Sullivan, Cotter, and Associates, Inc.	8/1/2023 - 7/31/2028	$750,000	$750,000	Request for Proposals (Best Value)	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Brian Irvin, Office of Talent Management	0%	N/A	N/A
N3	10	Expense	Roof Replacement for Tex Oak Warehouse	Supreme Roofing Systems	8/1/2023 - 12/31/2023	$673,802	$673,802	Invitation for Bids	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cynthia Harrington, Planning, Design and construction	30%	Caucasian	Female
N4	12	Expense	Roof Inspection, Repair & Maintenance	Supreme Roofing Systems	8/1/2023 - 7/31/2028	$500,000	$500,000	Invitation for Bids	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Roderick Stephens, Engineering Services	8.33%	Caucasian	Female
N5	14	Expense	Parking Lot Striping	Royal Striping LLC	8/1/2023 - 7/31/2026	$300,000	$300,000	Invitation for Bids	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Roderick Stephens, Engineering Services	100%	African American	Male
N6	16	Capital	New Parkland Hospital Construction Project Collapsed Duct Replacement	Azteca Enterprises, Inc.	8/1/2023 - 1/2/2024	$271,730	$271,730	Invitation for Bids	Yes	Asma Momin, Planning, Design and Construction	49%	Hispanic	Male
N7	18	Capital	Rhino-laryngoscopes	Karl Storz Endoscopy-America, Inc.	Last Signature - 8/2/2024	$258,485	$258,485	GPO Purchase	Yes	Justin Mahan, Clinical Engineering	0%	N/A	N/A
N8	20	Expense	Mod #2 Investment Consulting Services – Retirement Plans	Callan, LLC	5/1/2018 - 10/31/2023	$150,320	$1,567,919	Non-Sole Source Modification	Yes	Joe Mayer, Treasury/Finance	0%	N/A	N/A

Full Board - Contracts 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
SOLE SOURCE CONTRACTS - Sorted by Size													
S1	22	Expense	Mod #6 radial align, stems, and screws for orthopedic implants	Skeletal Dynamics	12/15/2018 - 1/31/2025	$1,254,953	$3,094,953	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Perioperative Services	0%	N/A	N/A
S2	24	Expense	Genetic Testing Laboratory Services Agreement	Genomic Health Inc	8/1/2023 - 7/31/2028	$500,000	$500,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tim Lenz, Laboratory Services	0%	N/A	NA
S3	26	Capital	D-SPECT Cardio system for nuclear medicine	Spectrum Dynamics Medical, Inc.	Last Signature - 7/25/2024	$389,945	$389,945	Sole Source	Yes	Patrick Eaton, Clinical Engineering	0%	N/A	N/A
S4	28	Expense	BDV Comprehensive Coverage	Steris Corporation	8/1/2023 - 7/31/2026	$339,000	$339,000	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%	N/A	N/A
S5	30	Expense	Referral Lab Genetic testing through Foundation Medicine	Foundation Medicine Inc	8/1/2023 - 7/31/2028	$250,000	$250,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tim Lenz, Laboratory Services	0%	N/A	N/A
S6	32	Expense	Mod to Add Funds2 Angio-Seal Vessel Products	Terumo Interventional Systems	7/3/2019 - 7/2/2024	$250,000	$592,040	Sole Source Modification	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Surgical Administration	0%	N/A	N/A
S7	34	Revenue: Court Approval	Urban Land Bank Demonstration Program Interlocal Agreement	City of Dallas	10/1/2019 - 9/30/2026	$0	$0	Sole Source	N/A-Revenue	Beall Carothers, Planning Design & Construction	N/A	N/A	N/A
CONTRACTS AWARDED WITHOUT COMPETITION (OTHER) - Sorted by Size													
O1	36	Expense	Mod #2 Dialysis products, including cycler and solutions	Baxter	12/8/2020 - 3/31/2028	$10,000,000	$20,436,777	Contract Extension without Competition	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Sandy O'Rear and Denise Harrington, Dialysis and Transplant	0%	N/A	N/A
O2	38	Expense	Mod #1 Claim adjudication services	FirstSource Transaction Services, LLC	4/1/2018 - 6/30/2026	$4,449,025	$13,949,025	Contract Extension without Competition	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	April Audain, UTSW Contracts	0%	N/A	N/A

Full Board - Contracts 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
O3	40	Revenue	Mod #5 Phlebotomy Training to UTSW	The University of Texas Southwestern Medical Center (“UT Southwestern”)	8/1/2018 - 8/1/2025	($187,200)	($427,200)	Contract Extension without Competition	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cynthia Nixon, Phlebotomy Services	N/A	N/A	N/A

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Fire Protection Inspection, Testing & Maintenance Services	
Business Owner: Michael Rader	**Business Owner Dept:** Facilities Support Services	**Contract Number:** PONCS-22729
Vendor/Supplier/Contractor: Firetrol Protection Systems, Inc.	**Source Selection Methodology:** Request for Proposals (Best Value)	**Fair and Reasonable Price Determination:** Adequate Competition

Revenue, Expense or Capital:

Expense

	Contract Dates	Contract Price
Base Term:	8/1/2023 –7/31/2026	$1,488,000
Out Years:	2 Year(s)	+$992,000
Total:	8/1/2023 – 7/31/2028	$2,480,000

Lowest Bidder

Is this contractor the lowest bidder/supplier? Yes
If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes
Does this contract have an IT Component? No
Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact: None

Diversity

Potential for M/WBE engagement: Vendor will have M/WBE participation. The plan/program has been submitted and accepted.
Were M/WBE's Directly Solicited? Yes
Number Responding M/WBE's: 0
What % of this contract is M/WBE? 25%
M/WBE Race/Ethnicity? Hispanic
M/WBE Gender? Female

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Fire Protection Inspection, Testing & Maintenance Services

VENDOR: Firetrol Protection Systems, Inc.

COST:		
	Base Term:	$1,488,000
	Out Years:	+ $992,000
	Total:	$2,480,000

Recommendation
Approve this contract for Fire Protection Inspection, Testing & Maintenance Services.

Background
This contract will provide for fire protection services contractor to conduct regulatory compliance inspections, testing and maintenance of building fire equipment. Parkland Health occupies approximately six-million square feet of space, consisting of multiple occupancy types across Dallas County. This contractor will work directly with and under the supervision of the Parkland Health Life Safety team on a daily basis to ensure all aspects of regulatory fire protection and life safety equipment are maintained in compliance with all Federal, State and Local fire protection requirements, most notably the National Fire Protection Association (NFPA) standards and guidelines.

Fair and Reasonable Price Determination
The costs have been reviewed by the Life Safety team and a Fair and Reasonable price was determined through historical pricing and adequate competition for fire inspection services. Two proposals were received and evaluated.

Competitive Range				
Vendor	**Key Strengths**	**Key Weaknesses**	**Non-Cost Score Max. 300 pts.**	**Price Differential**
Firetrol	Extensive healthcare experience. Dallas based local experience		275	$0
Vendor B		Lack of local references, past performance not stellar for responsiveness	256	$307,430

Financial Forecast

Base Term	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
Expenses	$82,666	$496,000	$496,000	$413,334			$1,488,000
Out Years	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
				$82,666	$496,000	$413,334	$992,000
Totals	**$82,666**	**$496,000**	**$496,000**	**$496,000**	**$496,000**	**$413,334**	**$2,480,000**

Document Contact/Author:	Steve Adrian

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Compensation Consultant (dual award) project.	
Business Owner: Brian Irvin	**Business Owner Dept:** Office of Talent Management	**Contract Number:** HR-23037 & HR-23038
Vendor/Supplier/Contractor: Mercer (US) Inc. & Sullivan, Cotter, and Associates, Inc.	**Source Selection Methodology:** Request for Proposals (Best Value)	**Fair and Reasonable Price Determination:** Adequate Competition

Revenue, Expense or Capital:

Expense

	Contract Dates	Contract Price
Base Term:	8/1/2023 – 7/31/2026	$450,000
Out Years:	2 Year(s)	+$300,000
Total:	8/1/2023 – 7/31/2028	$750,000

Lowest Bidder

Is this contractor the lowest bidder/supplier? Yes
If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes
Does this contract have an IT Component? No
Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact: None

Diversity

Potential for M/WBE engagement: Vendor self performs; there are no opportunities through subcontractors, but supplier diversity received their corporate plan.
Were M/WBE's Directly Solicited? None available, per Supplier Diversity
Number Responding M/WBE's: 0
What % of this contract is M/WBE? 0%
M/WBE Race/Ethnicity? N/A
M/WBE Gender? N/A

Submitted By (Division VP): Felicia Miller, Executive Vice President & Chief Talent Officer

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Compensation Consultant (dual award) project.

VENDOR: Mercer (US) Inc. & Sullivan, Cotter, and Associates, Inc.

COST:		
	Base Term:	$450,000
	Out Years:	+ $300,000
	Total:	$750,000

Recommendation
Approve this contract for Compensation Consultant (dual award) project.

Background

The District issued a Request for Proposal to replace the expiring Compensation Consultant engagement, which was dual-awarded to Mercer and SullivanCotter in 2018. Award selection of Mercer and SullivanCotter was based on an evaluation committee scoring and an appointed Source Selection Authority ("SSA") who reviewed the evaluations and made an independent source selection recommendation. Dual award based on a 70%/30% tasks split between the two vendors.

For the recently released RFP, three proposals were received. Mercer and SullivanCotter were the only Offerors in the competitive range. An evaluation committee reviewed and scored the proposals, with the final scores resulting in a tie. The recommendation from the evaluation committee was to again dual-award based on a best value determination and leaving no disruption in the current effective compensation consulting services provided by both Mercer and SullivanCotter.

Fair and Reasonable Price Determination
A fair and reasonable price was determined through adequate competition.

Competitive Range				
Vendor	**Key Strengths**	**Key Weaknesses**	**Non-Cost Score**	**Price Differential**
SullivanCotter Solutions			56	$0
Mercer (US) Inc			56	$141,200

*Dual award based on a 70%/30% tasks split between the two vendors. Price differential takes this expected allocation into account.

Financial Forecast

Base Term	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
Expenses / Consumables	$25,000	$150,000	$150,000	$125,000			$450,000
Out Years	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
Expenses / Consumables				$25,000	$150,000	$125,000	$300,000
Totals	**$25,000**	**$150,000**	**$150,000**	**$150,000**	**$150,000**	**$125,000**	**$750,000**

Document Contact/Author:	Terence Durham

Parkland

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Roof Replacement for Tex Oak Warehouse	
Business Owner: Cynthia Harrington	**Business Owner Dept:** Planning, Design and construction	**Contract Number:** POCRE-22928
Vendor/Supplier/Contractor: Supreme Roofing Systems	**Source Selection Methodology:** Invitation for Bids	**Fair and Reasonable Price Determination:** Adequate Competition

Revenue, Expense or Capital:

Expense

	Contract Dates	Contract Price
Base Term:	8/1/2023 –12/31/2023	$673,802
Out Years:	0 Year(s)	+$0
Total:	8/1/2023 – 12/31/2023	$673,802

Lowest Bidder

Is this contractor the lowest bidder/supplier?	Yes
If not, what premium will be paid for this contract over the lowest bidder?	N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency?	Yes
Does this contract have an IT Component?	No
Does this contract have a Construction Component?	Yes; and Construction is approved

Financial

Is Funding included in the applicable FY Budget?	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact:	None

Diversity

Potential for M/WBE engagement:	Vendor will have M/WBE participation. The plan/program has been submitted and accepted.
Were M/WBE's Directly Solicited?	Yes
Number Responding M/WBE's:	2
What % of this contract is M/WBE?	30%
M/WBE Race/Ethnicity?	Caucasian
M/WBE Gender?	Female

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Roof Replacement for Tex Oak Warehouse

VENDOR: Supreme Roofing Systems

COST:		
	Base Term:	$673,802
	Out Years:	+ $0
	Total:	$673,802

Recommendation
Approve this contract for Roof Replacement for Tex Oak Warehouse.

Background
The Tex Oak Warehouse is undergoing remodeling to be occupied by the Homes Department. The warehouse roof is 50 years old with the latest roof assessment report assigning a grade of F with a recommendation for replacement.

Fair and Reasonable Price Determination
A fair and reasonable price was determined through adequate competition. An Invitation for Bid was issued, and six bids were received. The recommended vendor is the lowest responsive bidder of six.

Vendor	Price Differential
Supreme Roofing	$0
Vendor B	$8,113
Vendor C	$45,087
Vendor D	$88,011
Vendor E	$100,122
Vendor F	$1,319,110

Financial Forecast

Base Term	FY2023	FY2024	Totals
Maintenance	$269,520	$404,282	$673,802

Document Contact/Author:	Steve Adrian

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Roof Inspection, Repair & Maintenance	
Business Owner: Roderick Stephens	**Business Owner Dept:** Engineering Services	**Contract Number:** PONCS-22683
Vendor/Supplier/Contractor: Supreme Roofing Systems	**Source Selection Methodology:** Invitation for Bids	**Fair and Reasonable Price Determination:** Adequate Competition

Revenue, Expense or Capital:

Expense

	Contract Dates	Contract Price
Base Term:	8/1/2023 –7/31/2026	$300,000
Out Years:	2 Year(s)	+$200,000
Total:	8/1/2023 – 7/31/2028	$500,000

Lowest Bidder

Is this contractor the lowest bidder/supplier? Yes
If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes
Does this contract have an IT Component? No
Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact: None

Diversity

Potential for M/WBE engagement: Vendor will have M/WBE participation. The plan/program has been submitted and accepted.
Were M/WBE's Directly Solicited? Yes
Number Responding M/WBE's: 0
What % of this contract is M/WBE? 8.33%
M/WBE Race/Ethnicity? Caucasian
M/WBE Gender? Female

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

Parkland

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

SUBJECT: Roof Inspection, Repair & Maintenance

VENDOR: Supreme Roofing Systems

COST:		
	Base Term:	$300,000
	Out Years:	+ $200,000
	Total:	$500,000

Recommendation
Approve this contract for Roof Inspection, Repair & Maintenance.

Background
This contract will provide roofing inspection, repairs and maintenance for the main campus, COPC and other off-site locations. The contract will cover 30 locations totaling approximately 1.45 million square feet of roofing.

Fair and Reasonable Price Determination
A fair and reasonable price was determined through adequate competition. An Invitation for Bid was advertised in the Daily Commercial Record, posted on the Parkland supplier portal with 324 notices generated and 76 emails sent, despite these efforts one bid was received. This is an indefinite delivery/indefinite quantity contract (IDIQ).

Financial Forecast

Base Term	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
Expenses	$16,666	$100,000	$100,000	$83,334			$300,000
Out Years	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
Expenses				$16,666	$100,000	$83,334	$200,000
Totals	**$16,666**	**$100,000**	**$100,000**	**$100,000**	**$100,000**	**$83,334**	**$500,000**

Document Contact/Author:	Steve Adrian

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Parking Lot Striping	
Business Owner: Roderick Stephens	**Business Owner Dept:** Engineering Services	**Contract Number:** PONCS-22684
Vendor/Supplier/Contractor: Royal Striping LLC	**Source Selection Methodology:** Invitation for Bids	**Fair and Reasonable Price Determination:** Adequate Competition

Revenue, Expense or Capital:

Expense

	Contract Dates	Contract Price
Base Term:	8/1/2023 –7/31/2026	$300,000
Out Years:	0 Year(s)	+$0
Total:	8/1/2023 – 7/31/2026	$300,000

Lowest Bidder

Is this contractor the lowest bidder/supplier? Yes
If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes
Does this contract have an IT Component? No
Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact: None

Diversity

Potential for M/WBE engagement: This award is to a M/WBE vendor.
Were M/WBE's Directly Solicited? Yes
Number Responding M/WBE's: 1
What % of this contract is M/WBE? 100%
M/WBE Race/Ethnicity? Black or African American
M/WBE Gender? Male

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Parking Lot Striping

VENDOR: Royal Striping LLC

COST:		
	Base Term:	$300,000
	Out Years:	+ $0
	Total:	$300,000

Recommendation
Approve this contract for Parking Lot Striping.

Background
This indefinite delivery, indefinite quantity (IDIQ) contract will allow application of standard traffic markings and paint to areas such as, crosswalks, traffic arrows, ADA markings, fire lanes and parking lot spaces at all Parkland locations as needed.

Fair and Reasonable Price Determination
A fair and reasonable price was determined through adequate competition. An Invitation for Bid was issued, and three bids were received. The recommended vendor is the lowest priced responsive bidder of three.

Vendor	Price Differential
Royal Striping	$0
Vendor B	$86,225
Vendor C	$813,705

Financial Forecast

Base Term	FY2023	FY2024	FY2025	FY2026	Totals
Expenses	$16,666	$100,000	$100,000	$83,334	$300,000

Document Contact/Author:	Steve Adrian

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** New Parkland Hospital Construction Project Collapsed Duct Replacement	
Business Owner: Asma Momin	**Business Owner Dept:** Planning, Design and Construction	**Contract Number:** POCRE-23094
Vendor/Supplier/Contractor: Azteca Enterprises, Inc.	**Source Selection Methodology:** Invitation for Bids	**Fair and Reasonable Price Determination:** Adequate Competition

Revenue, Expense or Capital:

Capital

	Contract Dates	Contract Price
Base Term:	8/1/2023 – 1/2/2024	$271,730
Out Years:	0 Year(s)	+$0
Total:	8/1/2023 – 1/2/2024	$271,730

Lowest Bidder

Is this contractor the lowest bidder/supplier? Yes
If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes
Does this contract have an IT Component? No
Does this contract have a Construction Component? Yes; and Construction is approved

Financial

Is Funding included in the applicable FY Budget? Yes
FTE Impact: None

Diversity

Potential for M/WBE engagement: Vendor will have M/WBE participation. The plan/program has been submitted and accepted.
Were M/WBE's Directly Solicited? Yes
Number Responding M/WBE's: 2
What % of this contract is M/WBE? 49%
M/WBE Race/Ethnicity? Hispanic
M/WBE Gender? Male

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: New Parkland Hospital Construction Project Collapsed Duct Replacement

VENDOR: Azteca Enterprises, Inc.

COST:		
	Base Term:	$271,730
	Out Years:	+ $0
	Total:	$271,730

Recommendation
Approve this contract for New Parkland Hospital Construction Project Collapsed Duct Replacement.

Background
The duct has been collapsed since commissioning of the building. We have investigated this issue and are moving forward with replacing the collapsed portion of the duct.

Fair and Reasonable Price Determination
A fair and reasonable price was determined through adequate competition. A solicitation was sent to contractors and Parkland received 3 bids. The costs have been reviewed by the Facilities team and a Fair and Reasonable price was determined through historical pricing for similar construction projects and the District's internal estimates. Based on Parkland's internal knowledge and assessment of the costs, the costs are in line with the market.

Vendor	Price Differential
Azteca Enterprises, Inc.	$0
Vendor B	$38,027
Vendor C	$573,925

Financial Forecast

Base Term	FY2023
Expenses	$271,730

Document Contact/Author:	Kimberly Bell

Parkland

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Rhino-laryngoscopes	
Business Owner: Justin Mahan	**Business Owner Dept:** Clinical Engineering	**Contract Number:** POCP-22996
Vendor/Supplier/Contractor: Karl Storz Endoscopy-America, Inc.	**Source Selection Methodology:** GPO Purchase	**Fair and Reasonable Price Determination:** Adequate Competition

Revenue, Expense or Capital:

Capital

	Contract Dates	Contract Price
Base Term:	Last Signature – 8/2/2024	$258,485
Out Years:	0 Year(s)	+$0
Total:	Last Signature – 8/2/2024	$258,485

Lowest Bidder

Is this contractor the lowest bidder/supplier? GPO Purchase
If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes
Does this contract have an IT Component? No
Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? Yes
FTE Impact: None

Diversity

Potential for M/WBE engagement: Vendor self performs; there are no opportunities through subcontractors, and vendor does not have a corporate plan.
Were M/WBE's Directly Solicited? N/A-no solicitation performed
Number Responding M/WBE's: N/A-no solicitation performed
What % of this contract is M/WBE? 0%
M/WBE Race/Ethnicity? N/A
M/WBE Gender? N/A

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Rhino-laryngoscopes

VENDOR: Karl Storz Endoscopy-America, Inc.

COST:		
	Base Term:	$258,485
	Out Years:	+ $0
	Total:	$258,485

Recommendation
Approve this contract for Rhino-laryngoscopes.

Background
Rhino-laryngoscopes are used in conjunction with an endoscope video tower. It is best practice to utilize the same vendor for scope and video tower for optimal performance. Karl Storz and the associated product are also part of a Vizient GPO contract and the Parkland standard for the ENT service line.

Fair and Reasonable Price Determination
The GPO contract and pricing was obtained in a solicitation process performed by Vizient. Market research conducted through ECRI shows that Parkland price is 5% lower than the average for other facilities. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Base Term	FY2023
Equipment / Licenses	$258,485

Document Contact/Author:	Andrew Barter

Parkland

Board Approval Request For Modification to Contract or Funding

BOM Date: July 26, 2023	**Modification:** Mod # 2 Investment Consulting Services – Retirement Plans	
Business Owner: Joe Mayer	**Business Owner Dept:** Treasury/Finance	**Contract Number:** PONCS-22458 A2
Vendor/Supplier: Callan, LLC **Basis of Original Contract Award** Request for Proposals (Best Value) **Basis of this Modification** Non-Sole Source Modification	BOM Approved Contract Total (4/24/2018):	$1,417,599
	Modifications Totaling < $100,000 Modification # 1 Amount:	$75,160
Revenue, Expense or Capital: Expense	Modification that increases contract value to $100,000 more than BOM Approved Contract Total Modification # 2 Amount:	$75,160
Original Start Date: 5/1/2018 **Current Expiration:** 7/31/2023 **Mod Start Date:** 8/1/2023 **Expiration after this Mod:** 10/31/2023	New Contract Amount:	$1,567,919

Approvals

Has the final modification been approved by Legal for legal sufficiency?	Yes
Does this modification have an IT Component?	No
Does this modification have a Construction Component?	No

Financial

Is Funding included in the applicable FY Budget?	Yes
FTE Impact:	None

Diversity

Current M/WBE Participation?	0%
M/WBE Race/Ethnicity?	N/A
M/WBE Gender?	N/A

Submitted By (Division VP): Richard Humphrey, Executive Vice President, Chief Financial Officer

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Mod # 2 Investment Consulting Services – Retirement Plans

VENDOR: Callan, LLC

COST:

BOM Approved Contract Total (4/24/2018):	$1,417,599
Modification # 1:	$75,160
Modification # 2:	+ $75,160
Total:	$1,567,919

Recommendation
Approve this contract modification for Investment Consulting Services – Retirement Plans.

Background
Investment consulting services for both Parkland's defined benefit (DB) and defined contribution (DC) retirement plans. This is a 3-month extension of current services to allow time to complete the Request for Proposal which is currently in evaluation.

Fair and Reasonable Price Determination
The vendor agreed to maintain the current rate for the 3-month extension.

Financial Forecast

Current Contract Amount	FY2023	Total
$1,417,599	$150,320	$ 1,567,919

Document Contact/Author:	Baruh Bosch

Board Approval Request For Modification to Contract or Funding

BOM Date: July 26, 2023	**Modification:** Mod # 6 radial align, stems, and screws for orthopedic implants	
Business Owner: Cheston Chan	**Business Owner Dept:** Perioperative Services	**Contract Number:** POCP-18532 A6
Vendor/Supplier: Skeletal Dynamics **Basis of Original Contract Award** Sole Source **Basis of this Modification** Sole Source Modification	BOM Approved Contract Total (5/24/2023):	$1,840,000
Revenue, Expense or Capital: Expense	Modification # 6 Amount:	$1,254,953
Original Start Date: 12/15/2018 **Current Expiration:** 1/31/2025 **Mod Start Date:** 6/29/2023 **Expiration after this Mod:** 1/31/2025	New Contract Amount:	$3,094,953

Approvals

Has the final modification been approved by Legal for legal sufficiency?	No change to contract document
Does this modification have an IT Component?	No
Does this modification have a Construction Component?	No

Financial

Is Funding included in the applicable FY Budget?	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact:	None

Diversity

Current M/WBE Participation?	0%
M/WBE Race/Ethnicity?	N/A
M/WBE Gender?	N/A

Submitted By (Division VP): David Alexander, SVP, Nursing

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Mod # 6 radial align, stems, and screws for orthopedic implants

VENDOR: Skeletal Dynamics

COST:

BOM Approved Contract Total (5/24/2023):	$1,840,000
Modification # 6:	+ $1,254,953
Total:	$3,094,953

Recommendation
Approve this contract modification for radial align, stems, and screws for orthopedic implants .

Background
While additional funding was added, increased usage has made it necessary to add $1,254,953 in funding to cover the new forecasted cost through the end of the term. Screws included in this contract are being used more frequently on pelvic acetabular fractures in Orthopedic Trauma. This contract also includes specialty products for upper extremity implants. Over the years one off purchases have been made from this vendor for exempt implants, complying with the small value purchase practice. The new contract reflects the capture of the total historical spend and will allow tracking of all purchases made with this vendor for implants going forward.

Fair and Reasonable Price Determination
Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price is 5% lower than the average for other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Contract Amount	Total
$1,840,000	$3,094,953

Sole Source Justification
This contract is for a good or service for which it is impractical to obtain competition. Implants, heart valves, bone screws, prosthetics, etc. are patient care devices and are exempt.

Document Contact/Author:	Bryson Hendrix

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Genetic Testing Laboratory Services Agreement	
Business Owner: Tim Lenz	**Business Owner Dept:** Laboratory Services	**Contract Number:** POCS-22953
Vendor/Supplier/Contractor: Genomic Health Inc	**Source Selection Methodology:** Sole Source	**Fair and Reasonable Price Determination:** Historical Pricing

Revenue, Expense or Capital:

Expense

	Contract Dates	Contract Price
Base Term:	8/1/2023 – 7/31/2026	$300,000
Out Years:	2 Year(s)	+$200,000
Total:	8/1/2023 – 7/31/2028	$500,000

Lowest Bidder

Is this contractor the lowest bidder/supplier? N/A-Sole Source
If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes
Does this contract have an IT Component? No
Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact: None

Diversity

Potential for M/WBE engagement: Vendor self performs; there are no opportunities through subcontractors, and vendor does not have a corporate plan.
Were M/WBE's Directly Solicited? N/A-no solicitation performed
Number Responding M/WBE's: N/A-no solicitation performed
What % of this contract is M/WBE? 0%
M/WBE Race/Ethnicity? N/A
M/WBE Gender? N/A

Submitted By (Division VP): Vivian Johnson, Senior Vice President, Clinical Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Genetic Testing Laboratory Services Agreement

VENDOR: Genomic Health Inc

COST:

Base Term:	$300,000
Out Years:	+ $200,000
Total:	$500,000

Recommendation
Approve this contract for Genetic Testing Laboratory Services Agreement.

Background
Genomic Health is a CLIA-certified clinical laboratory. Genomic Health has developed a proprietary-genomic assay that quantifies the likelihood of breast cancer recurrence.

Fair and Reasonable Price Determination
Parkland has been using these services for several years, and the vendor has held pricing through this time. The Vendor is continuing to offer this historical pricing through the term of this contract.

Financial Forecast

Base Term	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	Totals
Expenses / Consumables	$25,000	$100,000	$100,000	$75,000			$300,000
Out Years	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
Expenses / Consumables				$25,000	$100,000	$75,000	$200,000
Totals	**$25,000**	**$100,000**	**$100,000**	**$100,000**	**$100,000**	**$75,000**	**$500,000**

Sole Source Justification
Genomic Health has developed a proprietary-genomic assay that quantifies the likelihood of breast cancer recurrence. This contract is for a service for which there is only one acceptable source. The product or service has no competition.

Document Contact/Author:	Tamisha Smallwood

Parkland

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** D-SPECT Cardio system for nuclear medicine	
Business Owner: Patrick Eaton	**Business Owner Dept:** Clinical Engineering	**Contract Number:** POCP-23092
Vendor/Supplier/Contractor: Spectrum Dynamics Medical, Inc.	**Source Selection Methodology:** Sole Source	**Fair and Reasonable Price Determination:** Market Price

Revenue, Expense or Capital:

Capital

	Contract Dates	Contract Price
Base Term:	Last Signature – 7/25/2024	$389,945
Out Years:	0 Year(s)	+$0
Total:	Last Signature – 7/25/2024	$389,945

Lowest Bidder

Is this contractor the lowest bidder/supplier? N/A-Sole Source
If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes
Does this contract have an IT Component? No
Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? Yes
FTE Impact: None

Diversity

Potential for M/WBE engagement: Vendor self performs; there are no opportunities through subcontractors, and vendor does not have a corporate plan.
Were M/WBE's Directly Solicited? N/A-no solicitation performed
Number Responding M/WBE's: N/A-no solicitation performed
What % of this contract is M/WBE? 0%
M/WBE Race/Ethnicity? N/A
M/WBE Gender? N/A

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: D-SPECT Cardio system for nuclear medicine

VENDOR: Spectrum Dynamics Medical, Inc.

COST:		
	Base Term:	$389,945
	Out Years:	+ $0
	Total:	$389,945

Recommendation
Approve this contract for D-SPECT Cardio system for nuclear medicine.

Background
This is to purchase a cardiac nuclear medicine system to replace current unit. This is an update of our current system from the same manufacturer. This system is relied upon heavily by nuclear medicine department and is a replacement of an existing system.

Fair and Reasonable Price Determination
Market research conducted through ECRI shows that the Parkland price is 7.5% lower than the average for other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Base Term	FY2023
Equipment / Licenses	$389,945

Sole Source Justification
This contract is for a good or service for which there is only one acceptable source. The product or service has no competition. Unique in the current market based on Parkland's specific needs and patient care requirements. This requisition is to replace the current Spectrum Dynamics D-Spect we currently have that is nearing end of support. This model is the only unit on the market that can handle up to 1000lb patients and scan them in the upright position.

Document Contact/Author:	Andrew Barter

Parkland

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** BDV Comprehensive Coverage	
Business Owner: Travis Kobernick	**Business Owner Dept:** Clinical Engineering	**Contract Number:** PONCS-22182
Vendor/Supplier/Contractor: Steris Corporation	**Source Selection Methodology:** Sole Source	**Fair and Reasonable Price Determination:** Market Price

Revenue, Expense or Capital:

Expense

	Contract Dates	Contract Price
Base Term:	8/1/2023 – 7/31/2026	$339,000
Out Years:	0 Year(s)	+$0
Total:	8/1/2023 – 7/31/2026	$339,000

Lowest Bidder

Is this contractor the lowest bidder/supplier?	N/A-Sole Source
If not, what premium will be paid for this contract over the lowest bidder?	N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency?	Yes
Does this contract have an IT Component?	No
Does this contract have a Construction Component?	No

Financial

Is Funding included in the applicable FY Budget?	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact:	None

Diversity

Potential for M/WBE engagement:	Vendor self performs; there are no opportunities through subcontractors, and vendor does not have a corporate plan.
Were M/WBE's Directly Solicited?	N/A-no solicitation performed
Number Responding M/WBE's:	N/A-no solicitation performed
What % of this contract is M/WBE?	0%
M/WBE Race/Ethnicity?	N/A
M/WBE Gender?	N/A

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: BDV Comprehensive Coverage

VENDOR: Steris Corporation

COST:		
	Base Term:	$339,000
	Out Years:	+ $0
	Total:	$339,000

Recommendation
Approve this contract for BDV Comprehensive Coverage.

Background
The Steris/Black Diamond Video integration system is a technically advanced, scalable solution designed to deliver information – from many video/data devices, EMR systems and more – when and where it is needed for Operating Room (OR) staff to make timely, accurate patient care decisions. Steris is the OEM and the only vendor that can provide support & corrective maintenance along with an onsite technician. The Onsite technician agreement is for an onsite resource for real-time technical and case support. The STERIS Onsite technician also provides conference support and training as required to assist the staff with utilizing all features of the Integration system.

Fair and Reasonable Price Determination
Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial market place. Market research conducted through ECRI shows that the Parkland price is in line with other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Base Term	FY2023	FY2024	FY2025	FY2026	Totals
Maintenance	$9,939	$72,974	$139,684	$116,403	$339,000

Sole Source Justification
This contract is for a good or service for which there is only one acceptable source. Use of vendors that are not licensed by the OEM will cause liability issues. No other vendors are licensed by this company to maintain their equipment.

Document Contact/Author:	William Jones

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Referral Lab Genetic testing through Foundation Medicine	
Business Owner: Tim Lenz	**Business Owner Dept:** Laboratory Services	**Contract Number:** POCS-22824
Vendor/Supplier/Contractor: Foundation Medicine Inc	**Source Selection Methodology:** Sole Source	**Fair and Reasonable Price Determination:** Historical Pricing

Revenue, Expense or Capital:

Expense

	Contract Dates	Contract Price
Base Term:	8/1/2023 – 7/31/2026	$150,000
Out Years:	2 Year(s)	+$100,000
Total:	8/1/2023 – 7/31/2028	$250,000

Lowest Bidder

Is this contractor the lowest bidder/supplier? N/A-Sole Source

If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes

Does this contract have an IT Component? No

Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.

FTE Impact: None

Diversity

Potential for M/WBE engagement: Vendor self performs; there are no opportunities through subcontractors, and vendor does not have a corporate plan.

Were M/WBE's Directly Solicited? N/A-no solicitation performed

Number Responding M/WBE's: N/A-no solicitation performed

What % of this contract is M/WBE? 0%

M/WBE Race/Ethnicity? N/A

M/WBE Gender? N/A

Submitted By (Division VP): Vivian Johnson, Senior Vice President, Clinical Services

Parkland

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

SUBJECT: Referral Lab Genetic testing through Foundation Medicine

VENDOR: Foundation Medicine Inc

COST:		
	Base Term:	$150,000
	Out Years:	+ $100,000
	Total:	$250,000

Recommendation
Approve this contract for Referral Lab Genetic testing through Foundation Medicine.

Background
FoundationOne Liquid CDx is an FDA-approved companion diagnostic (CDx) that analyzes guideline-recommended genes from a simple blood draw and allows running the next-generation sequencing (NGS) on blood samples rather than having to repeat a biopsy. UTSW does not offer this specific testing protocol, and in addition, NGS can be costly. FoundationOne has a patient assistance program to help with Parkland's uninsured/underinsured.

Fair and Reasonable Price Determination
Parkland has been using these services for several years, and the vendor has held pricing through this time. The Vendor is continuing to offer this historical pricing through the term of this contract**.**

Financial Forecast

Base Term	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
Expenses / Consumables	$12,500	$50,000	$50,000	$37,500			$150,000
Out Years	**FY2023**	**FY2024**	**FY2025**	**FY2026**	**FY2027**	**FY2028**	**Totals**
Expenses / Consumables				$12,500	$50,000	$37,500	$100,000
Totals	**$12,500**	**$50,000**	**$50,000**	**$50,000**	**$50,000**	**$37,500**	**$250,000**

Sole Source Justification
FoundationOne Liquid CDx is the only FDA-approved blood-based test to analyze over 300 genes, making it the most comprehensive FDA-approved liquid biopsy on the Market. This contract is for a service for which there is only one acceptable source. The product or service has no competition.

Document Contact/Author:	Tamisha Smallwood

Board Approval Request For Modification to Contract or Funding

BOM Date: July 26, 2023	**Modification:** Mod to Add Funds 2 Angio-Seal Vessel Products	
Business Owner: Cheston Chan	**Business Owner Dept:** Surgical Administration	**Contract Number:** POCP-20621 A1
Vendor/Supplier: Terumo Interventional Systems **Basis of Original Contract Award** Sole Source **Basis of this Modification** Sole Source Modification	BOM Approved Contract Total (3/29/2022):	$342,040
Revenue, Expense or Capital: Expense	Modification # 2 Amount:	$250,000
Original Start Date: 7/3/2019 **Current Expiration:** 7/2/2024 **Mod Start Date:** 7/26/2023 **Expiration after this Mod:** 7/2/2024	New Contract Amount:	$592,040

Approvals

Has the final modification been approved by Legal for legal sufficiency?	No change to contract document
Does this modification have an IT Component?	No
Does this modification have a Construction Component?	No

Financial

Is Funding included in the applicable FY Budget?	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact:	None

Diversity

Current M/WBE Participation?	0%
M/WBE Race/Ethnicity?	N/A
M/WBE Gender?	N/A

Submitted By (Division VP): David Alexander, SVP, Nursing

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Mod # 2 Angio-Seal Vessel Products

VENDOR: Terumo Interventional Systems

COST:

BOM Approved Contract Total (3/29/2022):	$342,040
Modification # 2:	+ $250,000
Total:	$592,040

Recommendation
Approve this contract modification to Angio-Seal Vessel Products.

Background
These Terumo items are used by the Operating Room, Interventional Radiology, and Cath Lab. The vessel closure devices quickly seal the femoral artery punctures following catheterization procedures allowing for early ambulation. The product is acceptable, and Terumo is the only vendor that provides Angio Seal. Angio-Seal is the single product that is successful in certain clinical situations depending on pathology or patient anatomy or a combination of both.

Fair and Reasonable Price Determination
Although the item being purchased is a sole source for the reasons discussed below, this item is sold in substantial quantities in the commercial marketplace. Market research conducted through ECRI shows that the Parkland price is in line with other member hospitals. ECRI is a reputable, private benchmarking firm that collects pricing data covering numerous medical services and products.

Financial Forecast

Current Contract Amount	FY2023	FY2024	Total
$342,040	$41,667	$208,333	$592,040

Sole Source Justification
This contract is for a good or service for which there is only one acceptable source. Terumo is the only vendor that provides the Angio-Seal.

Document Contact/Author:	Bryson Hendrix

Parkland

Board Approval Request For Contracts Over $200,000

BOM Date: July 26, 2023	**Product or Service:** Urban Land Bank Demonstration Program Interlocal Agreement	
Business Owner: Beall Carothers	**Business Owner Dept:** Planning Design & Construction	**Contract Number:** POCRE-23023
Vendor/Supplier/Contractor: City of Dallas	**Source Selection Methodology:** Sole Source	**Fair and Reasonable Price Determination:** N/A-Revenue

Revenue, Expense or Capital:

Revenue: Court Approval

	Contract Dates	Contract Price
Base Term:	10/1/2019 – 9/30/2026	$0
Out Years:	0 Year(s)	+$0
Total:	10/1/2019 – 9/30/2026	$0

Lowest Bidder

Is this contractor the lowest bidder/supplier? N/A-Real Estate

If not, what premium will be paid for this contract over the lowest bidder? N/A

Approvals

Has the final contract been approved by Legal for legal sufficiency? Yes

Does this contract have an IT Component? No

Does this contract have a Construction Component? No

Financial

Is Funding included in the applicable FY Budget? N/A-Revenue

FTE Impact: None

Diversity

Potential for M/WBE engagement: N/A-Real Estate

Were M/WBE's Directly Solicited? N/A-no solicitation performed

Number Responding M/WBE's: N/A-no solicitation performed

What % of this contract is M/WBE? N/A

M/WBE Race/Ethnicity? N/A

M/WBE Gender? N/A

Submitted By (Division VP): John Raish, Senior Vice President, Support Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Urban Land Bank Demonstration Program Interlocal Agreement

VENDOR: City of Dallas

COST:		
	Base Term:	$0
	Out Years:	+ $0
	Total:	$0

Recommendation
Approve this contract for Urban Land Bank Demonstration Program Interlocal Agreement.

Background
As a result of the Urban Land Bank Demonstration Program initiative, (the "Urban Land Bank"), the City of Dallas identifies unimproved, tax-foreclosed real property that may be acquired by its Urban Land Bank (ULB) at below market value. These properties are then sold by the ULB to qualified developers for the development of affordable housing to be sold to low-income households. This action places the newly developed properties back into productive use, which in turn provides tax revenues to the local taxing authorities.

The agreement must be approved by the Boards of all taxing entities including the City of Dallas, Dallas County Community College District, Dallas County, Dallas Independent School District and Dallas County Hospital District. The Parkland Board of Managers approved the original agreement in July 2004 and annual agreements were approved by the Board in subsequent years.

Fair and Reasonable Price Determination
Parkland does not receive any tax revenues for the foreclosed properties. However, Parkland does benefit indirectly as the program places non-performing real estate assets back into the tax base. Additionally, lower income citizens receive a benefit from the development of affordable and safe housing.

Financial Forecast

Base Term	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	Totals
Revenue	$0	$0	$0	$0	$0	$0	$0	$0	$0

Sole Source Justification
N/A – Real Estate Exemption

Document Contact/Author:	Beall Carothers, Director, Real Estate Development

Board Approval Request For Modification to Contract or Funding

BOM Date: July 26, 2023	**Modification:** Mod # 2 Dialysis products, including cycler and solutions	
Business Owner: Sandy O'Rear and Denise Harrington	**Business Owner Dept:** Dialysis and Transplant	**Contract Number:** POCP-18837 A2
Vendor/Supplier: Baxter **Basis of Original Contract Award** Sole Source **Basis of this Modification** Contract Extension without Competition	BOM Approved Contract Total (4/28/2018):	$10,436,777
Revenue, Expense or Capital: Expense	Modification # 2 Amount:	$10,000,000
Original Start Date: 12/8/2020 **Current Expiration:** 3/31/2023 **Mod Start Date:** 4/1/2023 **Expiration after this Mod:** 3/31/2028	New Contract Amount:	$20,436,777

Approvals

Has the final modification been approved by Legal for legal sufficiency?	Yes
Does this modification have an IT Component?	No
Does this modification have a Construction Component?	No

Financial

Is Funding included in the applicable FY Budget?	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact:	None

Diversity

Current M/WBE Participation?	0%
M/WBE Race/Ethnicity?	N/A
M/WBE Gender?	N/A

Submitted By (Division VP): Judy Herrington, Senior Vice President, Nursing

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Mod # 2 Dialysis products, including cycler and solutions

VENDOR: Baxter

COST:

BOM Approved Contract Total (4/28/2018):	$10,436,777
Modification # 2:	+$10,000,000
Total:	$20,436,777

Recommendation
Approve this contract modification for Dialysis products, including cycler and solutions.

Background
We utilize Baxter for both inpatient and outpatient dialysis products. This contract extension would allow our providers to continue using Baxter's cyclers and associated parts without having two different prices per product.

Fair and Reasonable Price Determination
We used ECRI benchmarking services and had an in-person meeting with the vendor to negotiate prices down. Based on that meeting, we believe we will save money over the contract's five (5)-year term, by not taking a price increase every year.

Financial Forecast

Current Contract Amount	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	Total
$10,436,777	$1,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$1,000,000	$20,436,777

Contract Extension without Competition Justification
These Baxter dialysis products include implantable pieces, which are exempt from competition.

Document Contact/Author:	Stephanie Toth

Board Approval Request For Modification to Contract or Funding

BOM Date: July 26, 2023	**Modification:** Mod # 1 Claim adjudication services	
Business Owner: April Audain	**Business Owner Dept:** UTSW Contracts	**Contract Number:** PONCS-18590 A4
Vendor/Supplier: FirstSource Transaction Services, LLC **Basis of Original Contract Award** Request for Proposals (Best Value) **Basis of this Modification** Contract Extension without Competition	BOM Approved Contract Total (3/27/2018):	$9,500,000
Revenue, Expense or Capital: Expense	Modification # 1 Amount:	$4,449,025
Original Start Date: 4/1/2018 **Current Expiration:** 6/30/2023 **Mod Start Date:** 7/1/2023 **Expiration after this Mod:** 6/30/2026	New Contract Amount:	$13,949,025

Approvals

Has the final modification been approved by Legal for legal sufficiency?	Yes
Does this modification have an IT Component?	No
Does this modification have a Construction Component?	No

Financial

Is Funding included in the applicable FY Budget?	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact:	None

Diversity

Current M/WBE Participation?	0%
M/WBE Race/Ethnicity?	N/A
M/WBE Gender?	N/A

Submitted By (Division VP): April Audain, Vice President, UT Contracts Administration

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Mod # 1 Claim adjudication services

VENDOR: FirstSource Transaction Services, LLC

COST:

BOM Approved Contract Total (3/27/2018):	$9,500,000
Modification # 1:	+ $4,449,025
Total:	$13,949,025

Recommendation
Approve this contract modification for Claim adjudication services.

Background
FirstSource is Parkland's current provider for claims adjudication services. This contract is for claims adjudication services related to physician services rendered to Parkland by UT Southwestern physicians. There is a set of criteria used to determine whether a payment is eligible for consideration. FirstSource calculates payments due to the physician group using a method based on Medicare FFS/RVU methodology and specific rates. FirstSource will also manage recoups, refunds, and claim appeals from the UTSW physician groups.

Fair and Reasonable Price Determination
Contract prices were determined to be fair and reasonable based off historical amounts paid for the services. Compared to historical spend, the contracted amounts would reflect a savings of approximately $222,146.40 per year. ECRI benchmarking services were utilized, but ECRI has insufficient data about these vendor services to provide benchmarks.

Financial Forecast

Current Contract Amount	FY2023	FY2024	FY2025	FY2026	Total
$9,500,000	$1,112,256	$1,112,256	$1,112,256	$1,112,257	$13,949,025

Contract Extension without Competition Justification

The current contract will expire July 1, 2023. Due to existing IT obligations it is not practical or in the District's best interest to pursue alternative vendor's at this time as there will not be available resources to fully implement a new vendor.

Document Contact/Author:	Stephanie Toth

Board Approval Request For Modification to Contract or Funding

BOM Date: July 26, 2023	**Modification:** Mod # 5 Phlebotomy Training to UTSW	
Business Owner: Cynthia Nixon	**Business Owner Dept:** Phlebotomy Services	**Contract Number:** POCS-19735 A3
Vendor/Supplier: The University of Texas Southwestern Medical Center ("UT Southwestern") **Basis of Original Contract Award** N/A-Revenue **Basis of this Modification** Contract Extension without Competition	BOM Approved Contract Total (7/27/2021):	($240,000)
	Modifications Totaling < $100,000 Modification # 4 Amount:	($62,400)
Revenue, Expense or Capital: Revenue	Modification that increases contract value to $100,000 more than BOM Approved Contract Total Modification # 5 Amount:	($124,800)
Original Start Date: 8/1/2018 **Current Expiration:** 8/1/2023 **Mod Start Date:** 8/1/2023 **Expiration after this Mod:** 8/1/2025	New Contract Amount:	($427,200)

Approvals

Has the final modification been approved by Legal for legal sufficiency?	Yes
Does this modification have an IT Component?	No
Does this modification have a Construction Component?	No

Financial

Is Funding included in the applicable FY Budget?	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
FTE Impact:	None

Diversity

Current M/WBE Participation?	N/A
M/WBE Race/Ethnicity?	N/A
M/WBE Gender?	N/A

Submitted By (Division VP): Vivian Johnson, Senior Vice President, Clinical Services

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH & HOSPITAL SYSTEM
BOARD BRIEFING DOCUMENT

Parkland

SUBJECT: Mod # 5 Phlebotomy Training to UTSW

VENDOR: The University of Texas Southwestern Medical Center ("UT Southwestern")

COST:

BOM Approved Contract Total (7/27/2021):	($240,000)
Modification # 4:	($62,400)
Modification # 5:	+ ($124,800)
Total:	($427,200)

Recommendation
Approve this contract modification for Phlebotomy Training to UTSW .

Background
This is a revenue contract with UT Southwestern Medical Center whereby District conducts phlebotomy training for UTSW students.

Fair and Reasonable Price Determination
Business partner determined the amount to be fair based off historical amounts.

Financial Forecast

Current Contract Amount	FY2022	FY2023	FY2024	Total
($240,000)	($62,400)	($62,400)	($62,400)	($427,200)

Contract Extension without Competition Justification
This is a contract between two governmental entities and is exempt from competition.

Document Contact/Author:	Stephanie Toth

CONTRACT RESOLUTION
Board of Managers
July 26, 2023

PARKLAND HEALTH

RESOLUTION NO. _____

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

WHEREAS, Parkland Health management requested approval for certain contracts and approval/rejection is as checked below:

Approved	Rejected	Withdrawn	Type	Service or Product	Vendor	Contract Term	Aggregate Contract Amount Approved	Budgeted
			Expense	Fire Protection Inspection, Testing & Maintenance Services	Firetrol Protection Systems, Inc.	8/1/2023 - 7/31/2028	$2,480,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Compensation Consultant (dual award) project.	Mercer (US) Inc. & Sullivan, Cotter, and Associates, Inc.	8/1/2023 - 7/31/2028	$750,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Roof Replacement for Tex Oak Warehouse	Supreme Roofing Systems	8/1/2023 - 12/31/2023	$673,802	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Roof Inspection, Repair & Maintenance	Supreme Roofing Systems	8/1/2023 - 7/31/2028	$500,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Parking Lot Striping	Royal Striping LLC	8/1/2023 - 7/31/2026	$300,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Capital	New Parkland Hospital Construction Project Collapsed Duct Replacement	Azteca Enterprises, Inc.	8/1/2023 - 1/2/2024	$271,730	Yes
			Capital	Rhino-laryngoscopes	Karl Storz Endoscopy-America, Inc.	Last Signature - 8/2/2024	$258,485	Yes
			Expense	Mod #2 Investment Consulting Services – Retirement Plans	Callan, LLC	5/1/2018 - 10/31/2023	$1,567,919	Yes
			Expense	Mod #6 radial align, stems, and screws for orthopedic implants	Skeletal Dynamics	12/15/2018 - 1/31/2025	$3,094,953	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Genetic Testing Laboratory Services Agreement	Genomic Health Inc	8/1/2023 - 7/31/2028	$500,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Capital	D-SPECT Cardio system for nuclear medicine	Spectrum Dynamics Medical, Inc.	Last Signature - 7/25/2024	$389,945	Yes
			Expense	BDV Comprehensive Coverage	Steris Corporation	8/1/2023 - 7/31/2026	$339,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Referral Lab Genetic testing through Foundation Medicine	Foundation Medicine Inc	8/1/2023 - 7/31/2028	$250,000	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Mod to Add Funds2 Angio-Seal Vessel Products	Terumo Interventional Systems	7/3/2019 - 7/2/2024	$592,040	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Revenue: Court Approval	Urban Land Bank Demonstration Program Interlocal Agreement	City of Dallas	10/1/2019 - 9/30/2026	$0	N/A-Revenue
			Expense	Mod #2 Dialysis products, including cycler and solutions	Baxter	12/8/2020 - 3/31/2028	$20,436,777	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Expense	Mod #1 Claim adjudication services	FirstSource Transaction Services, LLC	4/1/2018 - 6/30/2026	$13,949,025	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.
			Revenue	Mod #5 Phlebotomy Training to UTSW	The University of Texas Southwestern Medical Center ("UT Southwestern")	8/1/2018 - 8/1/2025	-$427,200	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.

THEREFORE, BE IT RESOLVED, that the Parkland Health Board of Managers approves these contracts as noted.

Dated this 26th of July, 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 _____
Byron Cryer, MD	Yes _____	No _____	Abstain _____	Absent _____
Todd Furniss, JD	Yes _____	No _____	Abstain _____	Absent _____
Reina Gonzalez, JD	Yes _____	No _____	Abstain _____	Absent _____
Vincent Hall	Yes _____	No _____	Abstain _____	Absent _____
Farida Minner, RN	Yes _____	No _____	Abstain _____	Absent _____

Elizabeth Palacios, MD Yes _____ No _____ Abstain _____ Absent _____
John Proctor Yes _____ No _____ Abstain _____ Absent _____

Approve Capital Substitutions

Parkland Health
2023 Capital Substitution
For July 2023 Board Meeting

Ref #	Division	Amount	Description	Explanation
1	COPC	$225,000	Standard Replacement of Visual Field Plotters **CAPREQ 32326**	This is equipment for visual field testing. It focuses on how much you can see out of the corners of your eyes and can detect blind spots. Current units are no longer supported by manufacturer and parts no longer available. Per Clinical Engineering, the equipment is at end of service. The recommended useful life is 7 years and the current units are 11-18 years old. These are used in the COPCs and Corrections. **$201,087 was the initial budget for this project. $23,913 is being requested in contingency funds as a substitution.**
2	Surgical Services	$1,032,281	Orthopedic Robot Navigation System **CAPREQ 32282**	Parkland currently performs all orthopedic cases as open procedures. Acquiring the Mako robotic system for total joint navigation will provide the ability to perform minimally invasive surgical procedures for complex orthopedic cases (e.g., total knee arthroplasty). Minimally invasive surgeries have proven to improve health outcomes and reduce recovery time. By purchasing the system, new case volume could be achieved and it will improve our ability to recruit residents. **$1,007,940 was the previously approved budget for this project (including the original budget and prior substitutions). $24,341 is being requested in contingency funds as a substitution.**
		$1,257,281		

PARKLAND HEALTH

RESOLUTION NO. _____

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

WHEREAS, Parkland Health management requests approval for the use of contingency funds for capital items in the amount of $1,257,281 for FY23 as itemized in the listing presented to the Board of Managers, and

THEREFORE, BE IT RESOLVED, that the Parkland Health Board of Managers approves the use of funds as submitted.

Dated this ____th Day of _____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 _____
Byron Cryer, MD	Yes_____	No _____	Abstain _____	Absent _____
Todd Furniss, JD	Yes_____	No _____	Abstain _____	Absent _____
Reina Gonzalez, JD	Yes_____	No _____	Abstain _____	Absent _____
Vincent Hall	Yes_____	No _____	Abstain _____	Absent _____
Farida Minner, RN	Yes_____	No _____	Abstain _____	Absent _____
Elizabeth Palacios, MD	Yes_____	No _____	Abstain _____	Absent _____

Approve Patient Settlements

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 26th of July, 2023

_____ _____

Marjorie D. Petty, JD
Chair

Steve Roth, JD, MPH
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_____
Byron Cryer, MD	Yes_____ No_____ Abstain _____Absent_____
Todd Furniss, JD	Yes_____ No_____ Abstain _____Absent_____
Reina Gonzalez, JD	Yes_____ No_____ Abstain _____Absent_____
Vincent Hall	Yes_____ No_____ Abstain _____Absent_____
Farida Minner, RN	Yes_____ No_____ Abstain _____Absent_____
Elizabeth Palacios, MD	Yes_____ No_____ Abstain _____Absent_____
John Proctor	Yes_____ No_____ Abstain _____Absent_____

Executive Session

Consultation with Attorney Regarding Overview of Procurement Laws

Executive Session

Consultation with Attorney Regarding Status of Opioid litigation, Related Claims and Developments

Executive Session

Consultation with Attorney on Internal Investigation Process and Update on Pending Investigation

CEO System Update

Questions & Discussion Related to CEO System Update

Discussion Regarding Strategic Direction of the System

Executive Session

Discussion Regarding Campus Security

Executive Session

Discussion Regarding New Services and Facilities

Review Parkland Health FY24 Budget (1st pass)

Preliminary Draft - Subject to Change & Board Approval

Parkland

Budget & Finance Committee

FY2024 Budget Review

July 26, 2023

Parkland

Preliminary Draft - Subject to Change & Board Approval

Budget Assumptions

Risk Elements

- Revenues growing more slowly than expenses, resulting in need to increase productivity
- Continued volatility in labor costs
- Medicaid DSH cuts pushed back, but not eliminated
- Market volatility could cause uncertainty in pension expense
- Rapidly increasing drug expense in HIV and Oncology medications

Revenue

- 2% increase in Medicare
- 17% increase in Medicare UC-DSH
- 1.5% increase in commercial payments
- 0.3% decrease in supplemental Governmental subsidies
- 4% increase in tax revenues

Volumes

- Patient Days increasing 1.4%
- Discharges increasing 2.2%
- Deliveries steady with a 0.3% increase
- ED/UC visits increasing 2%
- Outpatient Clinic Visits increasing 3.8%
  - COPC -0.7%*
  - OPC +8.3%
  - WISH +5.7%

*FY24 shift in optometry visits from COPC Clinic Visits to OPC Clinic Visits

Expense

- Market adjustments of 2% plus Merit of 3%
- Benefit expense decreases by 13% due primarily to the reduction in pension expenses
- Supplies increasing by 5.5%
- Drug expense increasing 7%,
- Insurance (liability) increasing 10% in various lines of coverage
- Purchased Medical Services increasing 4%

Preliminary Draft - Subject to Change & Board Approval

Parkland

Governmental Revenue Significant Changes

Cost report allowances

- COVID caused decreased discharges, which resulted in Parkland being underpaid in FY23 and expected to continue in FY24
- True-up will be included on the cost report for both years, but FY24 is expected to be $12 million less than in FY23

CHIRP (claims payment)

- Increase in CHIRP pool for FY24, resulting in increased percentage paid per claim
- Net increase of $68 million anticipated

Parkland

Preliminary Draft - Subject to Change & Board Approval

Significant Supplemental Variances

FMAP

- Enhanced FMAP to states ended with the PHE ending
- More than $50 million in additional IGT required for FY24

Medicaid DSH

- Program changes to CHIRP have provided increased amounts to private hospitals, excluding some from the DSH program
- These unused amounts allocated primarily to public hospitals, with Parkland receiving an increase of over $20 million

Medicaid UC

- Small change in methodology, with increased funding in FY23
- FY24 amounts return to normal, resulting in $46 million reduction

Preliminary Draft - Subject to Change & Board Approval

Parkland

Significant Supplemental Variances

DSRIP

- Program ended in 2022, with final amounts of $16 million recognized in FY23
- No amounts are expected in FY24

Hospital Augmented Reimbursement Program (HARP)

- Impact of FMAP change is a reduction of $20 million

Parkland

Preliminary Draft - Subject to Change & Board Approval

FY2024 Expense Assumptions

Expense Assumptions

- FTE/Staffing correlated to new benchmarked standards
- Salaries & Benefits
  - 2.0% market adjustment
  - 3.0% merit increase*
  - 13.1% Benefits decrease*
- Medical/Surgical Supplies
  - 5.5% increase for inflation
- Drugs
  - 7.0% increase

* Work is still ongoing to determine FY24 amounts

Parkland

Preliminary Draft - Subject to Change & Board Approval

FY2024 Expense Assumptions

Expense Assumptions - Continued

- Fees
  - 5.5% increase overall
- Insurance Premiums
  - 10% increase*
- Purchased Medical Services
  - 4.0% increase

* Work is still ongoing to determine FY24 amounts

Parkland

FY2024 FTE Assumptions

Establishing Department Productivity Targets

- Target setting using historical performance, benchmarking data and future assumptions to identify a fair and realistic target.

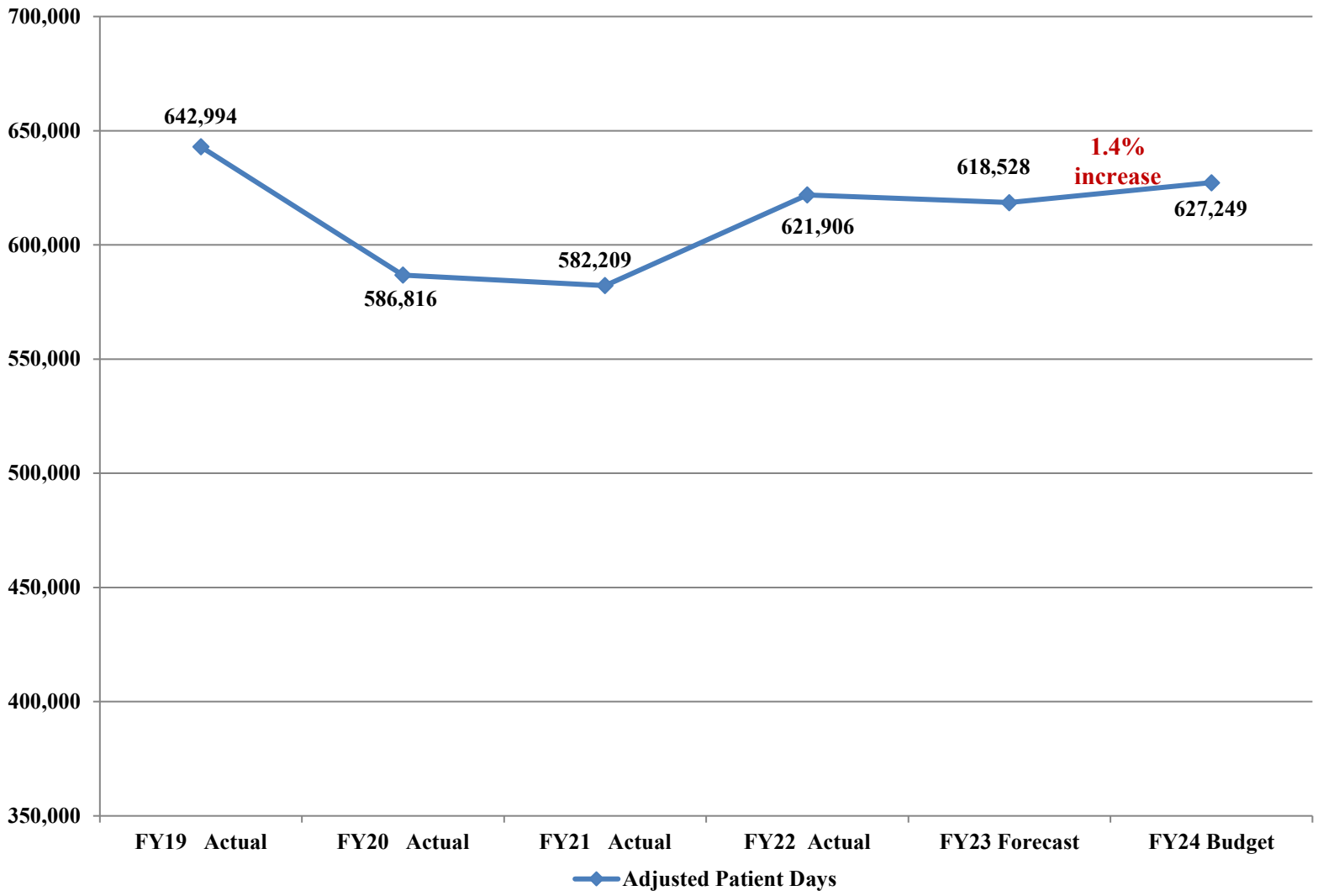
- Productivity target determines the budgeted productive FTEs based on budgeted volume for “variable” departments and historical FTE utilization for “fixed” departments.

Preliminary Draft - Subject to Change & Board Approval

FY 2024 Volume Trends

Parkland

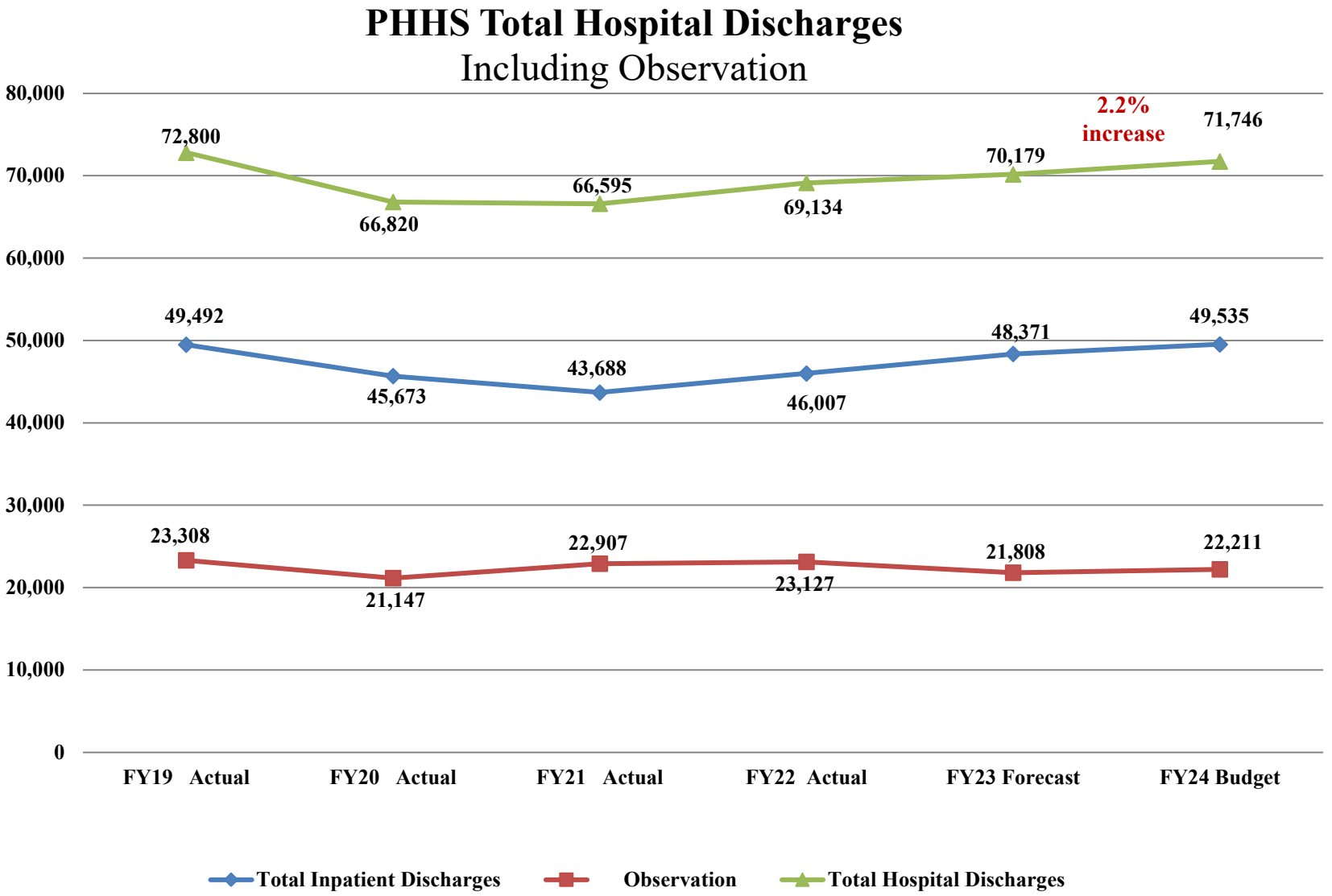
Adjusted Patient Days



Preliminary Draft - Subject to Change & Board Approval

FY 2024 Volume Trends

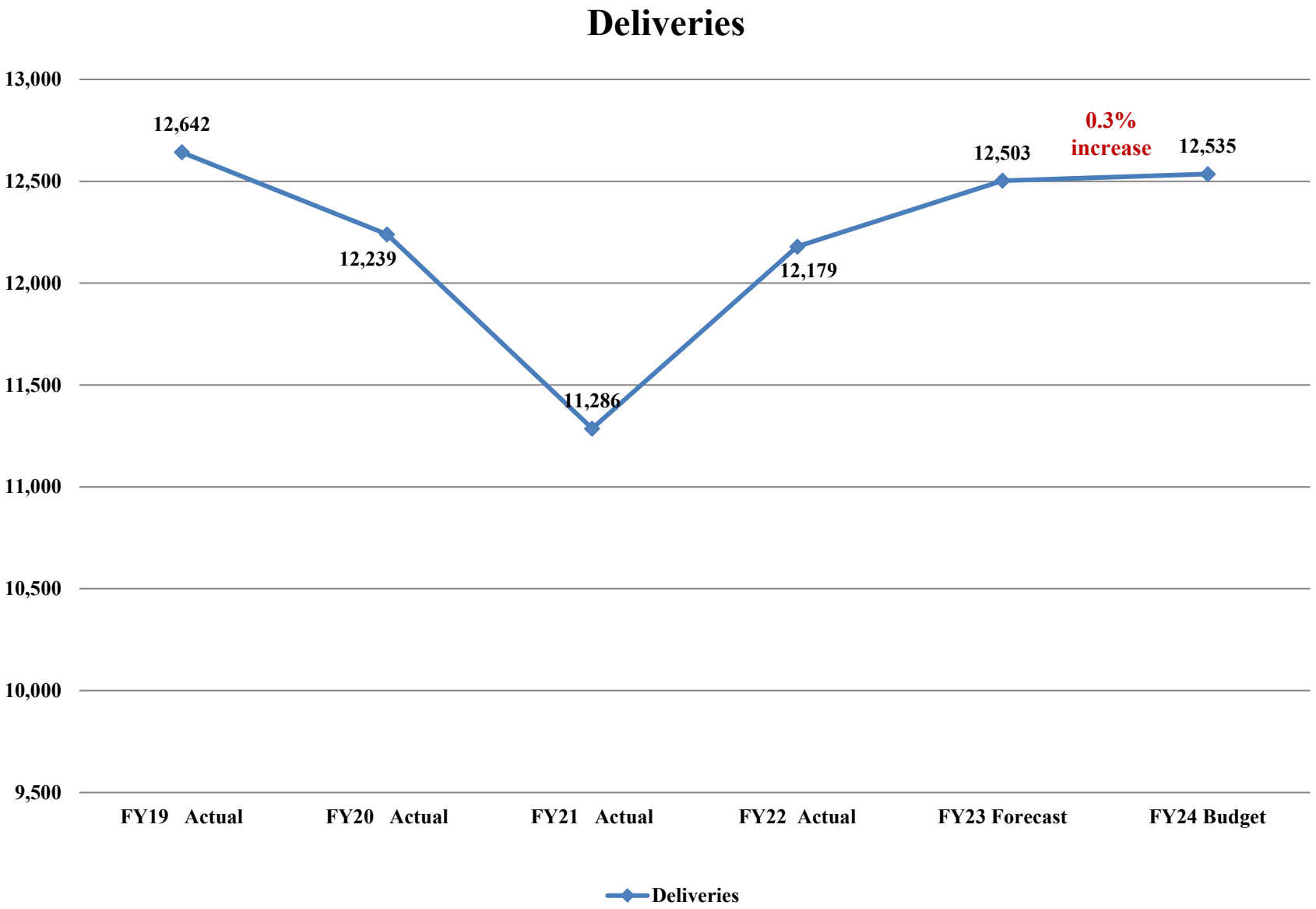
Parkland



Preliminary Draft - Subject to Change & Board Approval

FY 2024 Volume Trends

Parkland

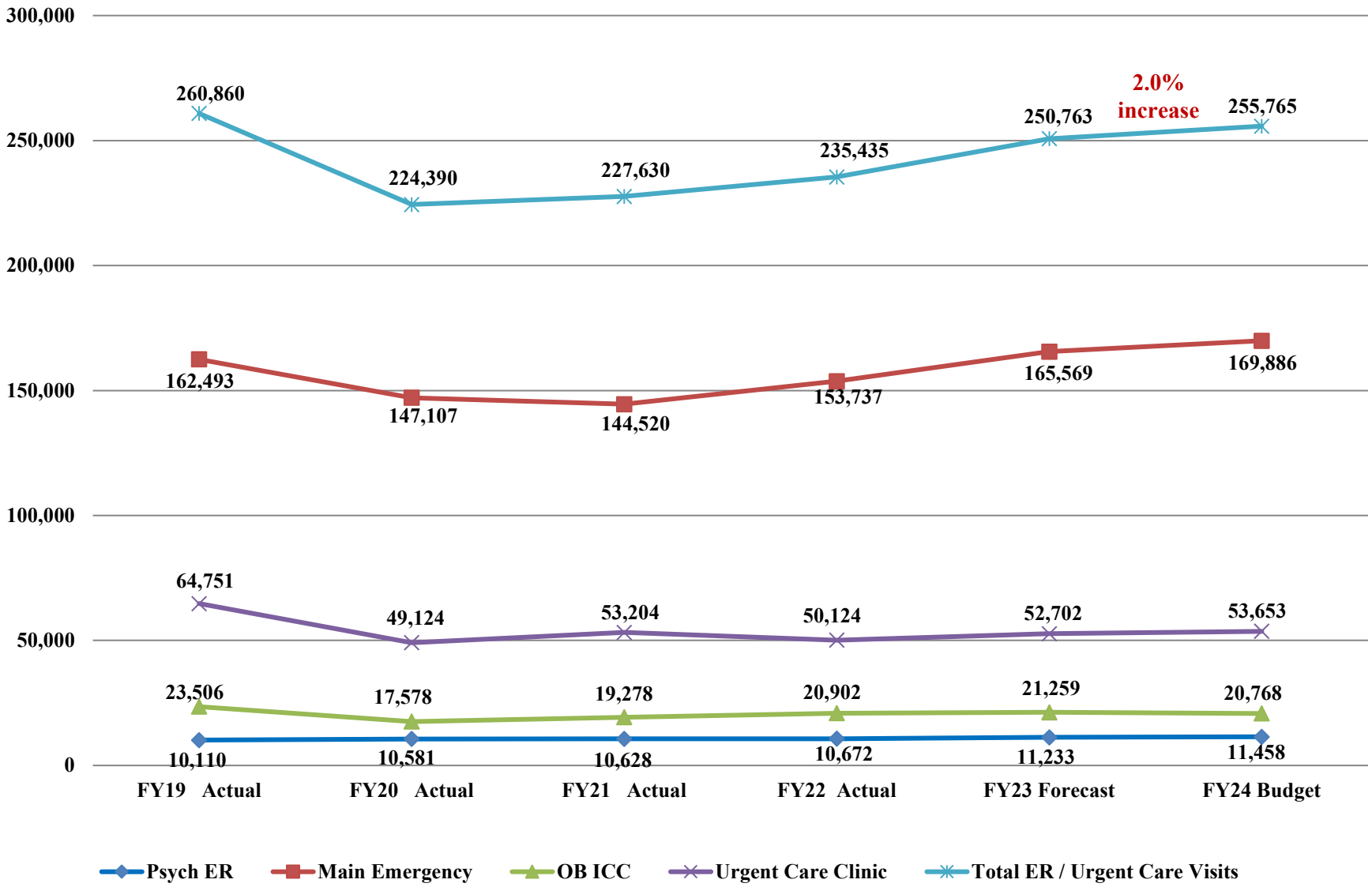


Preliminary Draft - Subject to Change & Board Approval

FY 2024 Volume Trends

Parkland

ER / Urgent Care Visits



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FY 2024 Volume Trends

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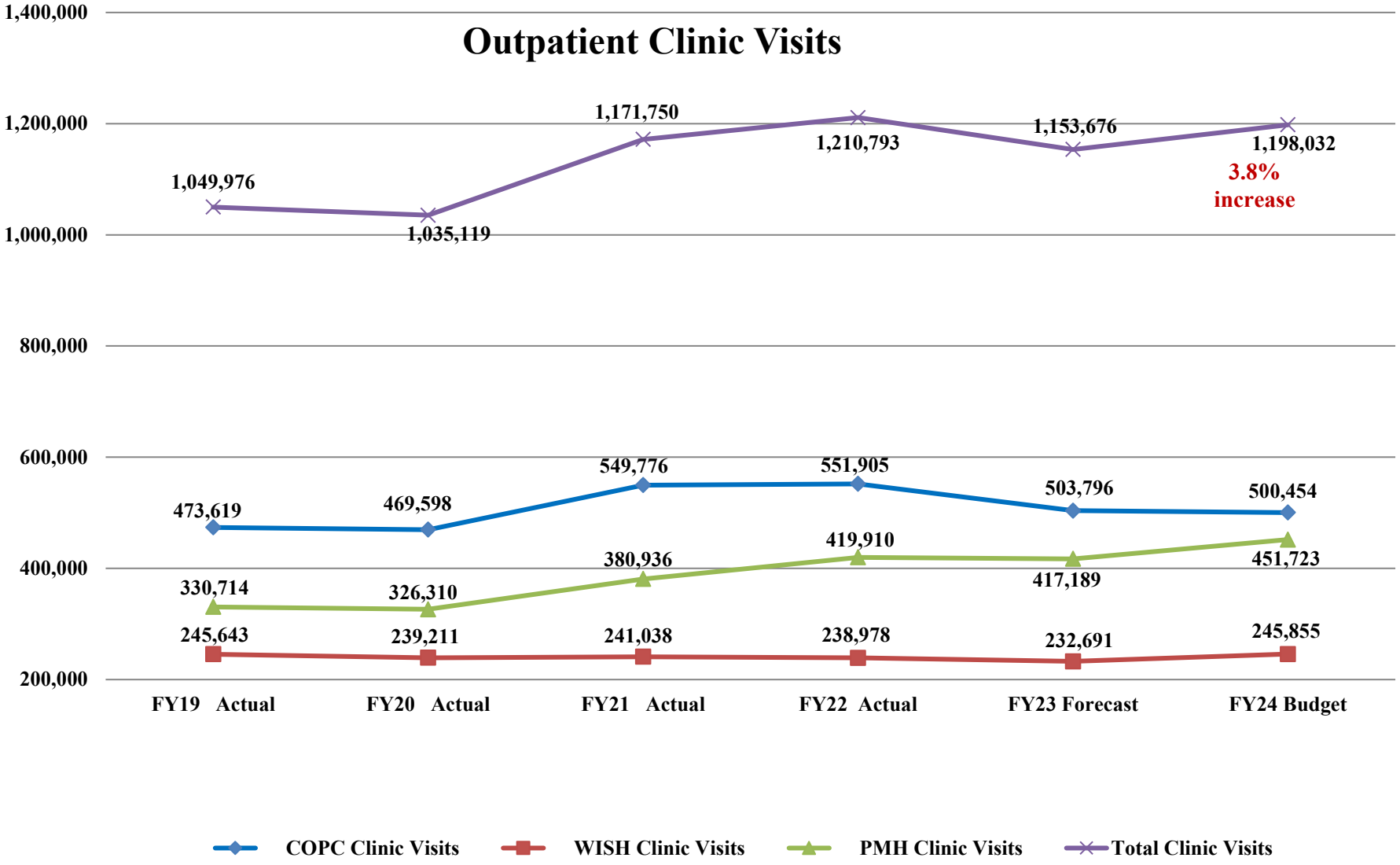

*FY24 shift in optometry visits from COPC Clinic Visits to OPC Clinic Visits

Income Statement Projections

Parkland

	PH Projected 2023	Nursing Homes Projected 2023	PH Projected Combined 2023	PH Projected 2024	Nursing Homes Projected 2024	PH Projected Combined 2024
OPERATING REVENUES						
Net Patient Revenue	998,450,572	287,701,431	1,286,152,003	1,071,772,906	287,701,431	1,359,474,337
Net Ad Valorem Taxes	805,909,428	-	805,909,428	838,145,805	-	838,145,805
Gov Support & Other	831,827,767	50,835,082	882,662,849	776,218,178	39,772,331	815,990,509
Total Operating Revenues	2,636,187,767	338,536,513	2,974,724,280	2,686,136,889	327,473,762	3,013,610,651
OPERATING EXPENSES						
Salaries and Benefits	1,500,562,468	178,928,039	1,679,490,507	1,513,042,462	184,295,880	1,697,338,342
Supplies/Drugs/Other	1,036,775,909	144,265,632	1,181,041,541	1,077,969,993	133,681,627	1,211,651,620
Subtotal Operating Expenses	2,537,338,377	323,193,671	2,860,532,048	2,591,012,455	317,977,507	2,908,989,962
OPERATING CASH FLOW MARGIN	98,849,390	15,342,843	114,192,233	95,124,434	9,496,255	104,620,689
Depreciation	86,536,464	-	86,536,464	89,132,558	-	89,132,558
OPERATING INCOME (LOSS)	12,312,926	15,342,843	27,655,769	5,991,876	9,496,255	15,488,131
NON-OPERATING REVENUES/EXPENSES						
Non-operating Revenue	102,615,526	992,048	103,607,574	85,797,669	-	85,797,669
Non-operating Expense	28,164,397	-	28,164,397	27,737,707	28,221	27,765,928
Subtotal Non-Operating Rev/Exp	74,451,129	992,048	75,443,177	58,059,962	(28,221)	58,031,741
Net Income	86,764,055	16,334,891	103,098,946	64,051,838	9,468,034	73,519,872

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FY24-FY28 Long Range Financial Plan

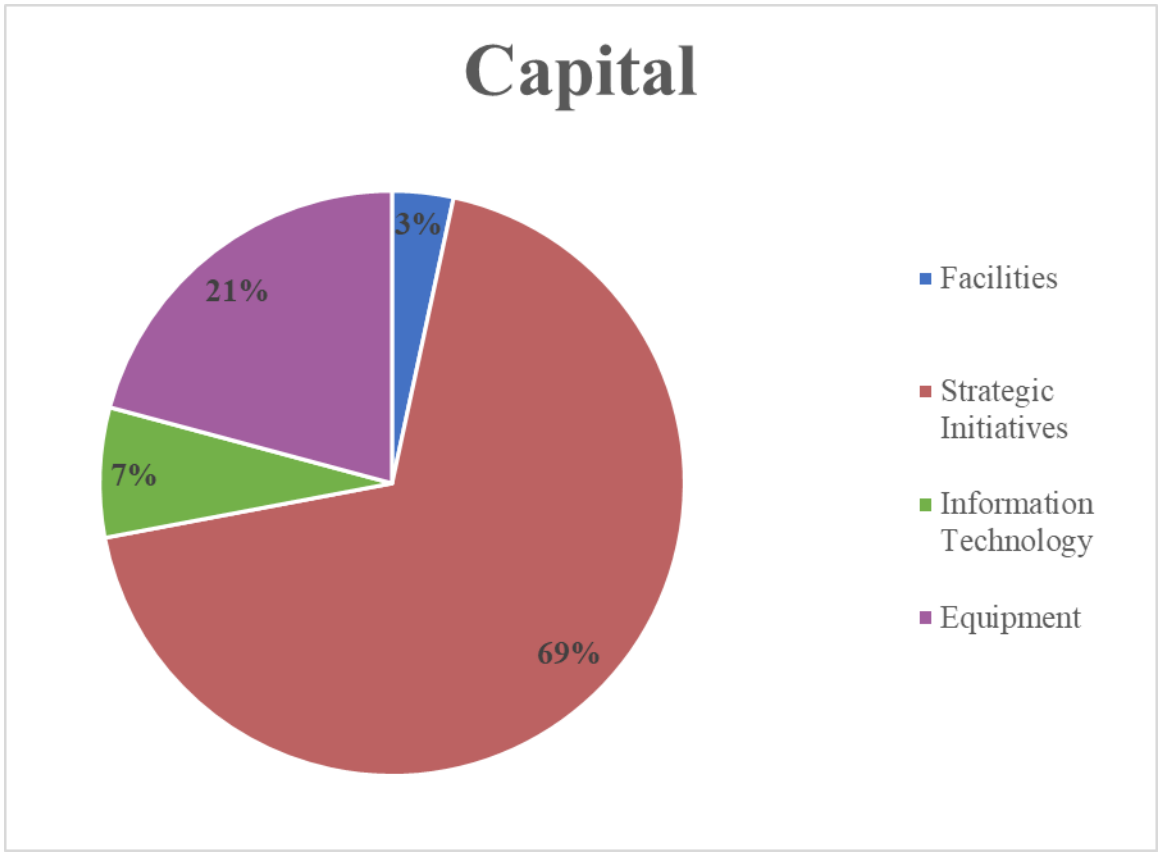
	Total 2023	Total 2024	Total 2025	Total 2026	Total 2027	Total 2028
Operations Inflow						
Net Patient Revenue (Excl. MCR/MGD DSH & UHRIP)	$ 788,192,400	$ 781,929,171	$ 792,649,354	$ 803,673,384	$ 815,015,653	$ 826,709,240
Net Government Supplementals	853,133,285	862,940,040	825,668,048	831,938,584	818,983,555	811,624,869
Tax Collections	805,909,428	838,145,805	871,671,637	906,538,503	942,800,043	980,512,045
Other Revenue (Excl Repl Drugs, Tobacco, NAIP, ARPA)	38,661,311	52,830,530	32,938,847	32,938,847	32,887,772	32,887,772
Investment Income/Sale of Asset	65,269,067	46,190,160	36,512,152	32,575,714	27,873,129	25,402,724
Foundation	10,424,747	12,685,797	9,789,535	9,423,625	2,830,000	1,840,000
Grants	26,921,712	26,921,712	28,267,798	29,681,188	31,165,247	32,723,510
Total Inflow Operations	**$ 2,588,511,951**	**$ 2,621,643,215**	**$ 2,597,497,371**	**$ 2,646,769,846**	**$ 2,671,555,400**	**$ 2,711,700,159**
Operations Outflow						
Expenses (Excl Repl Drugs, Deprec, Pension & Initiatives)	$ 2,248,369,562	$ 2,330,428,518	$ 2,442,976,333	$ 2,552,438,883	$ 2,666,030,098	$ 2,784,678,235
Pension Funding	81,700,000	68,100,000	74,900,000	79,100,000	84,700,000	85,700,000
Debt Service Payments (incl Interest Expense)	46,344,563	44,947,423	44,673,200	46,947,733	44,184,752	44,084,186
Total Outflow Operations	**$ 2,376,414,124**	**$ 2,443,475,942**	**$ 2,562,549,533**	**$ 2,678,486,616**	**$ 2,794,914,850**	**$ 2,914,462,421**
Operations Net Inflow (Outflow)	**$ 212,097,826**	**$ 178,167,274**	**$ 34,947,838**	**$ (31,716,770)**	**$ (123,359,450)**	**$ (202,762,262)**
Routine Capital/Strategic Projects						
2022 Capital Budget	393,400					
2023 Capital Budget	30,713,515					
2024-2028 Routine Capital Budget		77,000,000	84,036,262	88,769,292	93,830,137	99,244,627
2024 Strategic Capital		168,539,034				
2024 Strategic Project Operations Expense		5,268,358	12,151,477	19,829,642	20,542,925	21,303,456
Capital/Projects Outflow	**$ 31,106,915**	**$ 250,807,391**	**$ 96,187,739**	**$ 108,598,934**	**$ 114,373,062**	**$ 120,548,083**
Total Net Cash InFlow (OutFlow)	**$ 180,990,911**	**$ (72,640,118)**	**$ (61,239,900)**	**$ (140,315,704)**	**$ (237,732,512)**	**$ (323,310,344)**
Ending Cash Balance	$ 1,202,051,127	$ 1,129,411,010	$ 1,068,171,109	$ 927,855,406	$ 690,122,893	$ 366,812,549
Days Cash	195.1	176.9	159.6	132.7	94.5	48.1

FY 2024 Capital

Parkland

Capital Budget (in Millions)

	FY22	FY23	FY24
Facilities	19.7	6.1	8.3
Strategic Initiatives	54.5	3.2	168.5
Information Technology	9.3	8.4	17.6
Equipment	35.4	41.2	51.1
Total Ongoing Capital	**118.9**	**58.9**	**245.5**



FY24 Top 5 projects

- Southeast Clinic Replacement $88M
- Richland College (Vickery) $24.5M
- 9 Gold IP Bed Expansion $28M
- Inland Port $8.5M
- 1.5T MRI $4M

Grand Total **$153M**

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FY2024 Preliminary Tax Revenue

- Preliminary information regarding taxable valuations indicates an estimated increase of about 8%
- Parkland assumes a tax rate of $0.2245 * for FY2024 of which $0.01007 is for debt service
- Parkland seeks to cap its tax revenue increase at 4% over the prior year budget
- Current year tax collection percentages remain constant at approximately 100%

*Final rate to be determined upon receipt of the certified tax rolls

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Tax Rate

Tax rates are trending downward as property values increase:

Fiscal Year		Tax Rate
2016		$0.2860
2017		$0.2794
2018		$0.2794
2019		$0.2794
2020		$0.2695
2021		$0.2661
2022		$0.2550
2023		$0.2358
2024	*	$0.2245

* Preliminary, subject to certification of values

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FY 2024 Debt Financing Levy

We expect a modest decrease in the debt service tax rate for FY 2024 from the FY 2023 budget assuming an 8% increase in taxable values

Required Debt Service Rate using estimated December 31, 2022 Taxable Values

(Dollars in Millions)

Projected Transactions	FY2023	FY2024
2009 Series Debt Service - Interest	$ 22.8	$ 22.6
2009 Series Debt Service - Principal	3.4	15.2
Normal Federal Subsidy – Build America Bonds	(8.0)	(7.9)
Subsidy Sequestration	0.5	0.5
2019 Series Debt Service – Interest	7.1	6.5
2019 Series Debt Service - Principal	11.7	0.7
Tax Requirement - Debt Service	$ 37.5	$ 37.6
Estimated Tax Base	$344,766	$372,347
Tax Rate per $100 (Dollars)	$0.010865	$0.010070
Voter Approved Debt Service Rates	$0.025000	$0.025000

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FY24 Budget Calendar

- July 25th : First Presentation to Finance Committee
- July 26th : First Presentation to Board of Managers
- August 15th: First Presentation to Commissioners Court
- August 22nd : Final Presentation to Finance Committee
- August 23rd : Final Presentation to Board of Managers and Vote on Budget & Resolution
- September 5th : Final Presentation to Commissioners Court and Public Hearing and Vote

Questions & Discussion Related to FY24 Budget

Executive Session

Discussion of Master Service Agreement for Physician Services Contract

Executive Session

Update Related to Issues Concerning an Individual Patient's Care that was Raised at June Public Comment for Non-Agenda Items

Executive Session

Discussion Regarding Negotiation for Expansion of Nursing Home QIPP Relationship

Executive Session

Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer

Executive Session

Personnel Matters Pertaining to Duties and Responsibilities of Board Members

Enterprise Risk Management Risk Overview

Medical Executive Committee Credentialing Report

Medical Executive Committee Delineation of Privileges Internal Medicine DoP – Removal of HIV Section from Infectious Disease Privileges

Patient Settlements