



**OHSU Board of Directors Meeting
Robertson Life Sciences Building (RLSB)
2730 S. Moody Ave.
Portland, Oregon 97201
Room 3A001, 3rd Floor**

Or

YouTube:

https://www.youtube.com/watch?v=mi_yscv-h3U

Or

Phone (audio only)

1-503-388-9555 Portland, OR

1-206-207-1700 Seattle, WA

Meeting number (access code): 2620 456 2219

**Wednesday, April 19, 2022
2:40-4:50pm**



**OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS MEETING**

Public Agenda

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Room 3A001, 3rd Floor

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Wednesday, April 19, 2023

2:40-4:50pm

2:40pm	Call to Order/ Chairman's Comments President's Comments Approval of Minutes from January 28, 2022 (ACTION)	Wayne Monfries Danny Jacobs, MD Wayne Monfries
2:55pm	FY23 YTD Results	Lawrence Furnstahl
3:20pm	Human Resources Transformation	Qiana Williams, ACC, SHRM-SCP
3:40pm	Center for Reproductive Health Equity	Maria Isabel Rodriguez, MD
4:00pm	Break	
4:10pm	Space Utilization & Long Range Planning	Sara Vonde Veld Maulin Patel, MBA
4:30pm	OHSU 2025 Update	Bridget Barnes, PhD, MBA, CHCIO
4:40pm	Appointment of OHSU Auditor KPMG (ACTION)	Wayne Monfries
4:45pm	Reappointment of OHSU President Jacobs (ACTION)	Wayne Monfries
4:50pm	Meeting adjourned	

**Oregon Health & Science University
Board of Directors Meeting
January 26, 2023
WebEx/ECHO 360 virtual live meeting**

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 8:45am at the Robert Life Sciences Building and via YouTube links.

A transcript of the audio recording was made of these proceedings. The recording and transcript are both available by contacting the Secretary of the Board at 3225 SW Pavilion Loop, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

Attendance

Board members in attendance were: James Carlson, Wayne Monfries, Ruth Beyer, Sue Steward, Steve Zika, Mahtab Brar, Susan King and Chad Paulson. OHSU staff presenting material on the agenda were Lawrence Furnstahl, Alice Cuprill Comas, JD, Susan Bakewell Sachs, PhD, RN, Michael Alexander, MSS, Alisha Moreland-Capuia, MD, Derick Du Vivier, MD, Renee Edwards, MD, Julie Hanna and Ellie Boggs. Connie Seeley, Secretary of the Board, and Alice Cuprill Comas, JD, Assistant Secretary of the Board, were also in attendance as well as other OHSU staff members.

Call to Order

Wayne Monfries

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 8:45am and welcomed those that were in-person and virtual attendance.

Chairman's Comments

Wayne Monfries, Board Chair

Mr. Wayne Monfries opened the meeting mentioning the absence of President Jacobs and Provost Chisholm-Burns who were attending the NW Commission on Colleges and Universities Board of Commissioner's meeting in Seattle.

He congratulated Dr. David Jacoby for being named Dean of the School of Medicine after serving in an interim capacity and welcomed Dr. Brooke Baldwin who would be joining OHSU as VP and Chief Nursing Executive.

Mr. Monfries spoke about the new service driven scholarship in the School of Nursing bachelor's degree Program. He also mentioned Dr. Quin Denfeld and Dr. Ellen Tilden who were elected by

the American Academy of nursing selection committee for being among nursing's most accomplished leaders.

He also spoke about the health equity focused efforts at OHSU and the new Center for Reproductive Health Equity.

He concluded by reviewing the meeting protocol and agenda

Approval of Minutes

Wayne Monfries

Mr. Monfries asked for approval of the minutes from the October 28, 2022 OHSU Public Board meeting. Upon motion duly made by Chad Paulson and seconded by Ruth Beyer the minutes were approved by all board members in attendance.

FY23 First Quarter Financial Results

Lawrence Furnstahl, Chief Financial Officer, and John Hunter, MD

Mr. Monfries recognized Lawrence Furnstahl, EVP, Chief Financial Officer and John Hunter, MD, EVP, CEO OHSU Health Systems.

Mr. Furnstahl and Dr. Hunter presented an overview of the FY23 First Half results and proposed Termination of Interest Rate Swap.

Mr. Furnstahl stated the FY23 First Half revenue was showing strong gains and was up 14% with a 9% cost growth.

Dr. Hunter said the YTD patient activity was at budget and ahead of last year. He spoke about the organization of IFP and Clinical Mission work and its progress.

Mr. Furnstahl discussed a 10% increase in net worth since the first year of COVID. He concluded their presentation discussing OHSU priorities going forward, a provided a background and current status on Interest Rate Swap.

Board members commended Mr. Furnstahl, Dr. Hunter and the entire OHSU University for their hard work and sacrifice and asked for further information on sustainability, risk of initiatives, operating capacity and vacancies, staffing, IFP savings and performance, fixed rates, SWAP Policies and work streams.

Resolution Authorizing SWAP Termination

Mr. Monfries presented OHSU Board Resolution 2023-01-01, Authorizing SWAP Termination.

OHSU Board Resolution 2023-01-01

Mr. Monfries asked for a motion to adopt Resolution 2023-01-01. Ruth Beyer recommended an amendment and moved to approve the motion. Sue Steward seconded the motion and it was approved by all OHSU Board members in attendance.

Report from Covington Implementation Committee

Alice Cuprill Comas and Susan Bakewell-Sachs

Mr. Monfries recognized Alice Cuprill Comas, JD, EVP General Counsel and Susan Bakewell-Sachs, PhD, RN, Dean School of Nursing.

Alice Cuprill Comas and Dr. Bakewell-Sachs presented a progress update from the Covington Implementation Committee.

Also discussed was a summary on the SBAR status including policies and documents.

They also provided a summary on the project status that included DEIB vision and strategy, organizational changes, reporting channels and incident management and metrics.

Their presentation was concluded with a discussion on hiring, training and non-retaliation.

Board members asked Ms. Cuprill Comas and Dr. Bakewell Sachs for further information on reporting, information accessibility, SBAR's systems and measurements of success.

Report from Covington Oversight Committee

Michael Alexander, MSS and Alisha Moreland-Capuia, MD

Mr. Monfries recognized Michael Alexander, MSS and Alisha Moreland-Capuia, MD.

Mr. Alexander and Dr. Moreland-Capuia provided an update from the Covington Oversight Committee.

They provided the committee objectives starting with an overview of the Oversight Committee.

They also discussed their accomplishments which included a trauma informed framework, committee collaboration, committee communication and internal support from managers and supervisors.

They concluded their presentation by discussing Trauma Informed Organizational Change and Transformation, overcoming challenges and reviewing projects scheduled for the next 6 months.

Board members asked Mr. Alexander and Dr. Moreland-Capua for additional information on challenges of change and implementation, incoming communication and action, accessibility of information and accountability.

Anti-Racism Initiatives Update DONE

Derick Du Vivier, MD

Mr. Monfries recognized Derick Du Vivier, MD, SVP of Diversity, Equity and Inclusion.

Dr. Du Vivier provided an Anti-Racism Initiatives update.

He discussed Intercultural Communication, the Anti-Racism Module and the work of the Vaccine Equity Committee.

He covered the OHSU Hospital Expansion Project and how the Design and Construction team has committed to pairing at least one “Diversity Champion” with each major workstream.

Dr. Du Vivier discussed policies and also discussed updates on Anti-Racism within each of OHSU’s schools including, Dentistry, Public Health, Medicine and Nursing. He also spoke about the REI Center including Education and Innovation.

He concluded his presentation looking to the future and discussing Health Equity, the Supplier Diversity Program, Summer Equity internships, Employee Resource Groups, Composition and Training and the Initial development of a central tracking system.

Board members asked Dr. Du Vivier for further information on integration, training, terminology tools, health equity and community follow up.

OHSU Healthcare FY22 Annual Quality and Safety Report

Renee Edwards, MD

Mr. Monfries recognized Renee Edwards, MD, MBA, Sr. VP, Chief Medical Officer OHSU Health.

Dr. Edwards presentation covered Performance Highlights, including the annual Vizient Quality & Accountability scorecard, CMS Star rating, Value Base Purchasing and Readmissions.

She spoke about the FY22 Tier 1 priorities which included, preventable mortality, behavioral health, transitions of care and people first.

Dr. Edwards concluded her presentation discussing DEI accomplishments.

Board members asked Dr. Edwards for further information on locations, rapid response team assessment and intervention timing, follow up procedures and mechanisms and safety.

2023 Oregon Legislative Session Update

Julie Hanna and Ellie Boggs

Mr. Monfries recognized Julie Hanna, Director State Government Relations, CS.State/Local Relations and Ellie Boggs, Associate Director, State Relations, CS.State/Local Relations.

Julie Hanna and Ellie Boggs provided a 2023 Oregon Legislative Session Update.

They spoke about Oregon's political landscape stating there had been a significant turnover in elected leadership.

Ms. Hanna and Ms. Boggs discussed the 82nd Oregon Legislative Assembly, including the yearly long and short sessions, key dates, the house members and state budgets.

Also covered were committees of interest, the high-level state budget picture that included positive news and big challenges that lie ahead.

They concluded their presentation by discussing OHSU's budget request.

Board members asked Ms. Hanna and Ms. Boggs for further information on alignment from legislators, allocation of designated funds and legislator experience.

Adjournment

Wayne Monfries

Hearing no further comments or business for discussion, Mr. Monfries thanked all of the Board members and presenters for their participation. The meeting was adjourned at 11:30am

Respectfully submitted,

Connie Seeley
Secretary of the Board



April 9, 2023

To: Members, OHSU Board of Directors

From: Lawrence J. Furnstahl
Executive Vice President & Chief Financial Officer

Re: Finance Materials for April 19th Meeting

The following document presents February financial results and an update on budget planning for next year. We are closing March books now and will have Q3 results for the meeting.

Despite headwinds from a tri-demic of RSV, flu and COVID as well as bad weather, February YTD operating income is \$64m, \$75m above the seasonally spread budget and \$124m above last year. Included in these results are \$41m of prior-year IGT funds; taking these out, OHSU is well ahead of the break-even budget approved last June, with the Improving Financial Performance work in Healthcare + School of Medicine and tight budget control across the University.

Since June 30, 2019, the last audit before COVID hit, OHSU net worth has increased by 11% to \$4 billion, with balanced operating results when averaged over time, CARES Act and FEMA grants booked as non-operating income, and gifts and investment returns. The 11% growth compares to an approximately 33% increase in net worth we would have expected had pre-pandemic trends continued.

As we have discussed often, OHSU's structural financial challenge is the gap between payment rate growth and unit cost inflation, especially wages & benefits. We are now projecting payment rates to rise at 2-4% per year when averaged across government and private sources, with labor and cost inflation running 5-7%, a larger-than-historical gap of about 3% per year. On OHSU's \$4 billion budget, this gap alone puts \$120 million of downward pressure on earnings, cumulatively each year. Our financial strategy has been to continuously grow patient activity while holding a substantial portion (30% – 50%) of our cost base fixed against volume growth. We have focused growth on quaternary programs that draw patients with complex diseases who need AHC-level care, from throughout Oregon and beyond.

Budget planning occurs at the OHSU Budget Committee, which is chaired by the Executive Vice Provost and includes all EVPs, with the President attending as the approver of the Committee's recommendations, prior to Board consideration in June. Core to this work for FY24 is funding a robust pool for market-based compensation increases across OHSU and employee categories, while achieving at least a break-even budget next year, including a cumulative \$135m of Improving Finance Performance (IFP) work in Healthcare and the School of Medicine.



OHSU Onward: FY23 YTD Results

OHSU Board of Directors / April 19, 2023

Top Budget Priorities Going Into FY23

- Identifying programs and positions to improve operations and efficiency.
- Controlling hiring with focus on high-return areas and safety.
- Recruiting and retaining full-time employees to diminish reliance on contract labor.
- Fully deploying the operating rooms and procedural areas.
- Focusing on capacity and length of stay.
- Growing pharmacy, imaging and complex services with rapid return on investment.
- Negotiating commercial contract rates that reflect higher-inflation environment.
- Working with public, private and philanthropic partners to support strategic priorities.

FY23 YTD Results Show Strong Gains

- Despite headwinds from a tri-demic of RSV, flu and COVID as well as ice storms, February YTD operating income is \$64m, \$75m above the seasonally-spread budget and \$124m above last year. (March results will be available for the Board meeting.)
- Included in these earnings are incremental IGT “rebalance” funds, half of which relate to the prior year, when OHSU recorded a \$(90)m deficit.
 - As part of OHSU’s partnership with the State of Oregon, we receive a percent of the cost of care for Medicaid and other low-income patients.
 - This Intergovernmental Transfer (IGT) partnership produces over \$1.3 billion per biennium in federal funds for the State’s Medicaid program plus support for OHSU’s missions as Oregon’s public health sciences university..
 - Due to higher costs of the pandemic, labor shortages and inflation, results include \$41m from rebalanced projections of the IGT program related to FY22.
- Taking out these prior year funds, OHSU is well ahead of the break-even budget approved last June, with the Improving Financial Performance work in Healthcare + School of Medicine and tight budget control across the University.
- Revenue growth exceeds expense growth by 5% points, reversing last year’s pattern.
- *The revenue growth and improved financial performance evident year-to-date result from the hard work and dedication of all our team members.*

FY23 YTD Revenue Up 15% with 10% Cost Growth

February YTD (8 Months) (millions)	FY22 Last Year	FY23 Budget	FY23 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$1,729	\$1,891	\$1,973	\$82	14.1%
Medical contracts	103	115	107	(9)	3.4%
Grants & contracts	345	350	352	3	2.2%
Gifts applied	51	60	58	(2)	12.4%
Tuition & fees	55	55	56	1	0.4%
State appropriations	27	41	42	2	54.0%
IGT program - current year	109	120	161	41	47.3%
IGT program - prior year rebalance	0	0	41	41	
Other revenue (including pharmacy)	164	175	176	1	7.6%
Operating revenues	2,584	2,806	2,966	160	14.8%
Salaries & benefits	1,628	1,726	1,778	51	9.2%
Rx & medical supplies	468	506	552	46	17.9%
Other services & supplies	388	421	408	(13)	5.3%
Depreciation	132	135	136	2	3.6%
Interest expense	30	29	28	(1)	-6.8%
Operating expenses	2,645	2,817	2,902	85	9.7%
Operating income (loss)	\$(61)	\$(11)	\$64	\$75	-205.1%
Operating margin	-2.3%	-0.4%	2.1%	2.5%	
EBITDA margin	3.9%	5.4%	7.7%	2.3%	

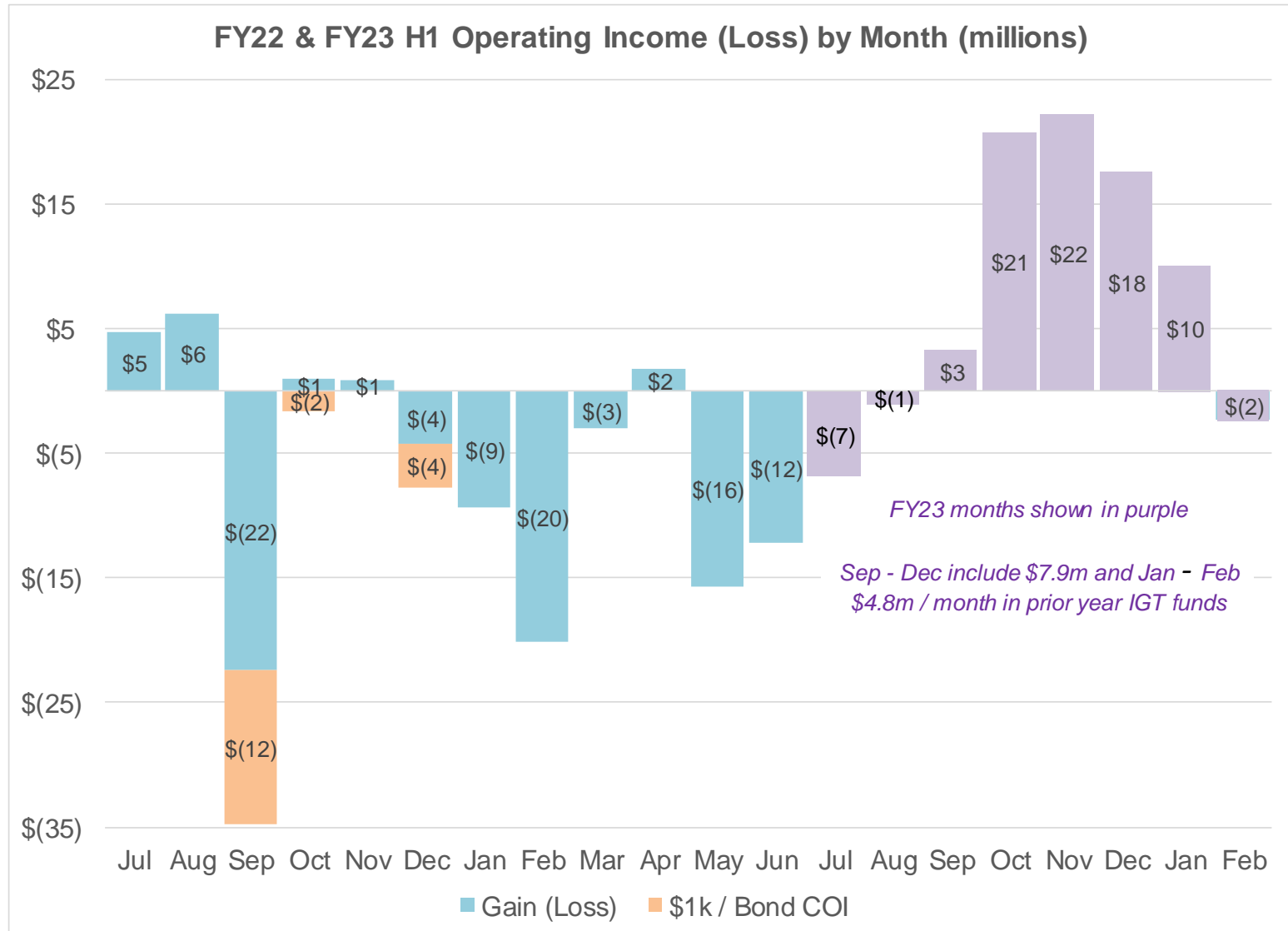
Continued Strong Growth in Patient Activity

February YTD (8 Months)	FY22	FY23	Actual /
Patient Activity	Last Year	Actual	Last Year
Inpatient admissions	17,105	17,869	4.5%
Average length of stay	6.86	7.03	2.5%
Average daily census	460.0	484.7	5.4%
Casemix index	2.48	2.50	0.8%
Day / observation patients	26,565	29,495	11.0%
Surgical cases	20,608	22,594	9.6%
Emergency visits	32,417	35,948	10.9%
Ambulatory visits	722,222	730,673	1.2%
Outpatient share of activity	56.9%	55.5%	-2.5%
CMI/OP adjusted admissions	98,495	100,335	1.9%
Gross charges (rate adjusted)	\$3,927	\$4,319	10.0%

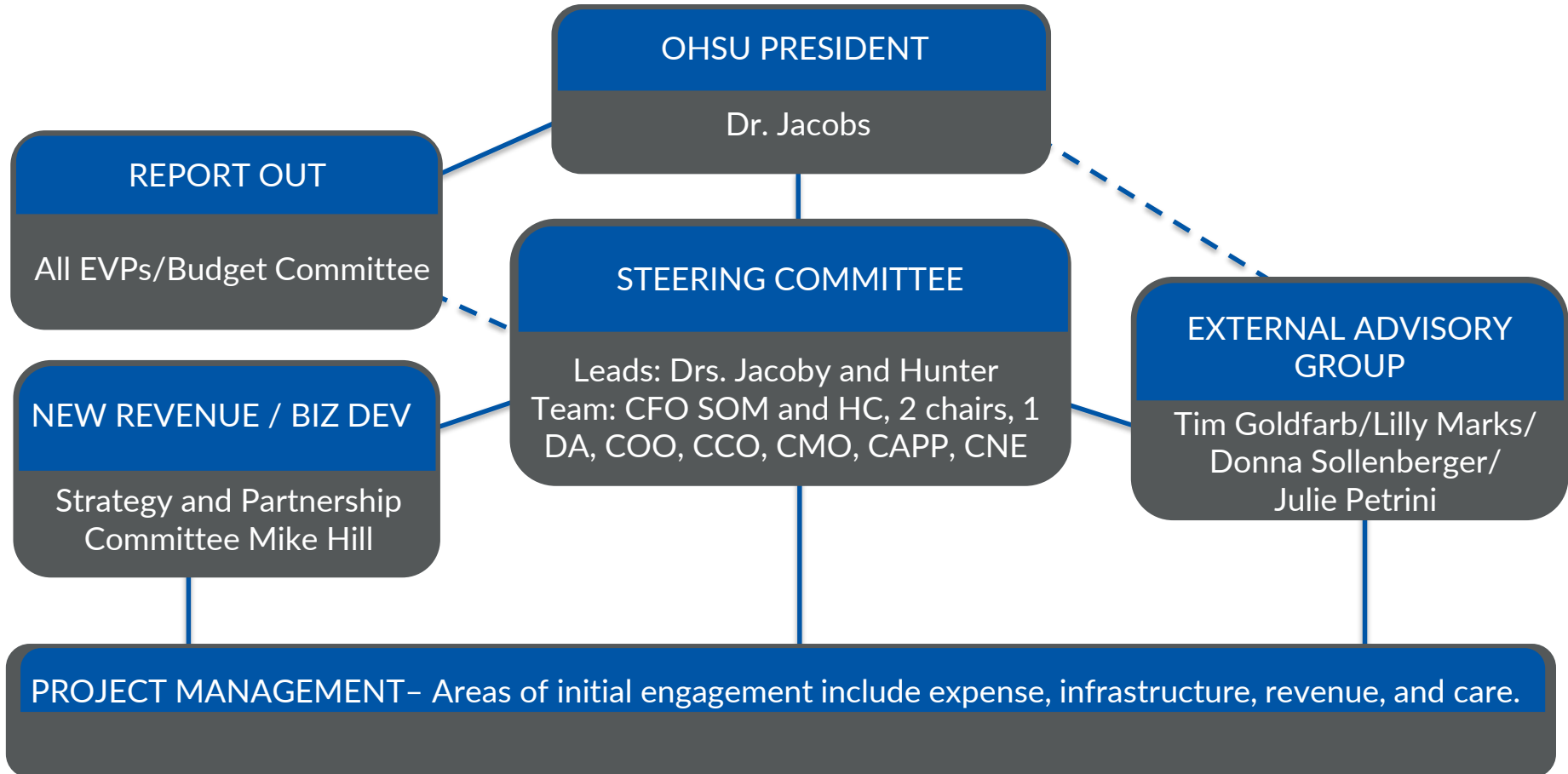
FY23 Operating Income by Month

- The month of February itself had an operating loss of \$(2.3)m, including \$4.8m of prior year IGT funding.
- The "break even" budget included a seasonally-spread loss of \$(3.9)m for the month. February is often an unusual month due to its 28 days and uncertain Portland weather.
- Compared to the run rate of earnings from prior months, the recent decline was centered in the hospital.
- This is not surprising due to bad weather delaying procedures as well as the tail-end of an Oregon-wide surge in RSV and flu admissions that crowded out higher margin surgical cases.
- At OHSU in February, overall admissions were 0.7% above budget with ER visits 10.3% above budget, but OR cases were -8.1% below plan.
- We often have a strong finish (March - June) to the fiscal year, which we are working toward achieving again now.

FY22 & FY23 YTD Gain (Loss) by Month



Organization of IFP / Clinical Mission Work



Improving Financial Performance (IFP) Progress

Improving Financial Performance Workstream	Stretch Goal	FY23 Target
1 – Operations and efficiency	\$47.5	\$33.1
2 – Hiring/FTE	10.2	2.1
3 – Recruitment and retention	4.0	0.0
4 – OR and procedural growth	22.0	13.0
5 – Pharmacy/imaging/other growth	32.3	29.3
6 – Optimize clinical partners	8.0	6.0
7 – Research and education	<i>In Process</i>	<i>In Process</i>
8 – Capacity and length of stay	21.3	12.9
Total (millions)	\$145.3	\$96.4

Of the \$96.4m target for FY23, \$80.9m has been achieved to date.

FY23 Gains (Including IGT) Offset FY22 Shortfalls

- Last year's financial results were heavily impacted by the Delta and Omicron surges.
- This year's results include an estimated \$60m of rebalance IGT related to FY22.
- Over the two years combined, OHSU's operating margin is break-even and much closer to the Board-approved budgets, but also with much greater month-to-month and year-to-year volatility.

Biennial Budget Variance FY22 - FY23 (millions)	Approved Budget	Actual / Estimate	Budget Variance
FY22 actual	\$39	\$(90)	\$(129)
FY23 estimate	0	98	98
Two-year total	\$39	\$8	\$(31)

+11% Increase in Net Worth Since 1st COVID Year

Pandemic Impact on Net Worth	(millions)
6/30/19 consolidated net worth	\$3,619
OHSU operating income (loss)	18
CARES Act / FEMA grants	153
OHSU investment return	117
Net gain on Foundation	175
GASB 68 pension accrual	(94)
Capital grants, gifts & other items, net	15
3 year + 8 month change in net worth	384
2/28/23 consolidated net worth	\$4,003

\$390m Gifts (GAAP basis)
 287m Investment return
 (435)m Transfer to OHSU
(67)m Found. operations
 \$175m Net gain

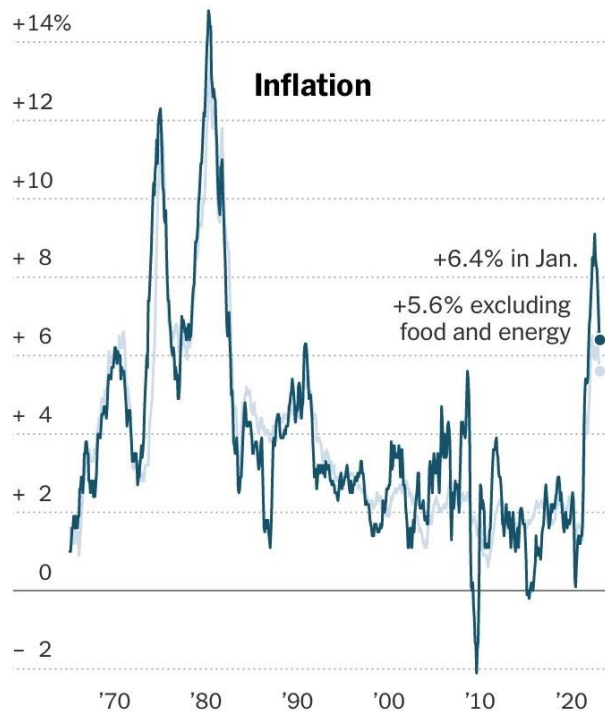
Pre-pandemic, one would expect about \$650m of operating income and +33% increase in net worth.

Termination of \$70M / 2042 Interest Rate Swap

- In 2005, OHSU entered into an interest rate swap to manage interest rate exposure on variable rate debt issued for new clinical facilities.
- In essence, this swap “insured” against rising interest rates.
- Due to the general decline in interest rates from 2005 to 2021, the “mark-to-market” value of the swap had been negative, reaching a \$30m liability in mid-2020.
- In December 2019, OHSU refinanced its underlying debt into 100% fixed rate in order to lock in low rates for the long term.
- Thus, we had an “orphaned” interest rate swap without any underlying variable rate debt to hedge. Put another way, we had insurance without the underlying risk.
- Since our last bond issue in December 2021, interest rates have risen sharply as the Federal Reserve fights inflation.
- Accordingly, the market-to-mark value of the swap improved, meaning OHSU could terminate it without paying a large liability.
- In January, the OHSU Board approved terminating the swap at a cost not to exceed \$1m; this was accomplished in early February.

Inflation, Wage Rates & Rx / Medical Supply Costs

- While off their peak, U.S. inflation rates have remained high, prompting significant interest rate hikes by the Federal Reserve.
- Last summer's 3-year AFSCME contract covers 7,500 OSHU employees across a very wide range of job categories, with across the board increases 1.8x the prior contract.



Year-over-year percentage change in the Consumer Price Index • Source: Bureau of Labor Statistics

New York Times 2/14/23

	Prior Contract FY20 – FY22	New Contract FY23 – FY25
1 st year increase	3.25%	7%
2 nd year increase	3%	5%
3 rd year increase	3%	5%

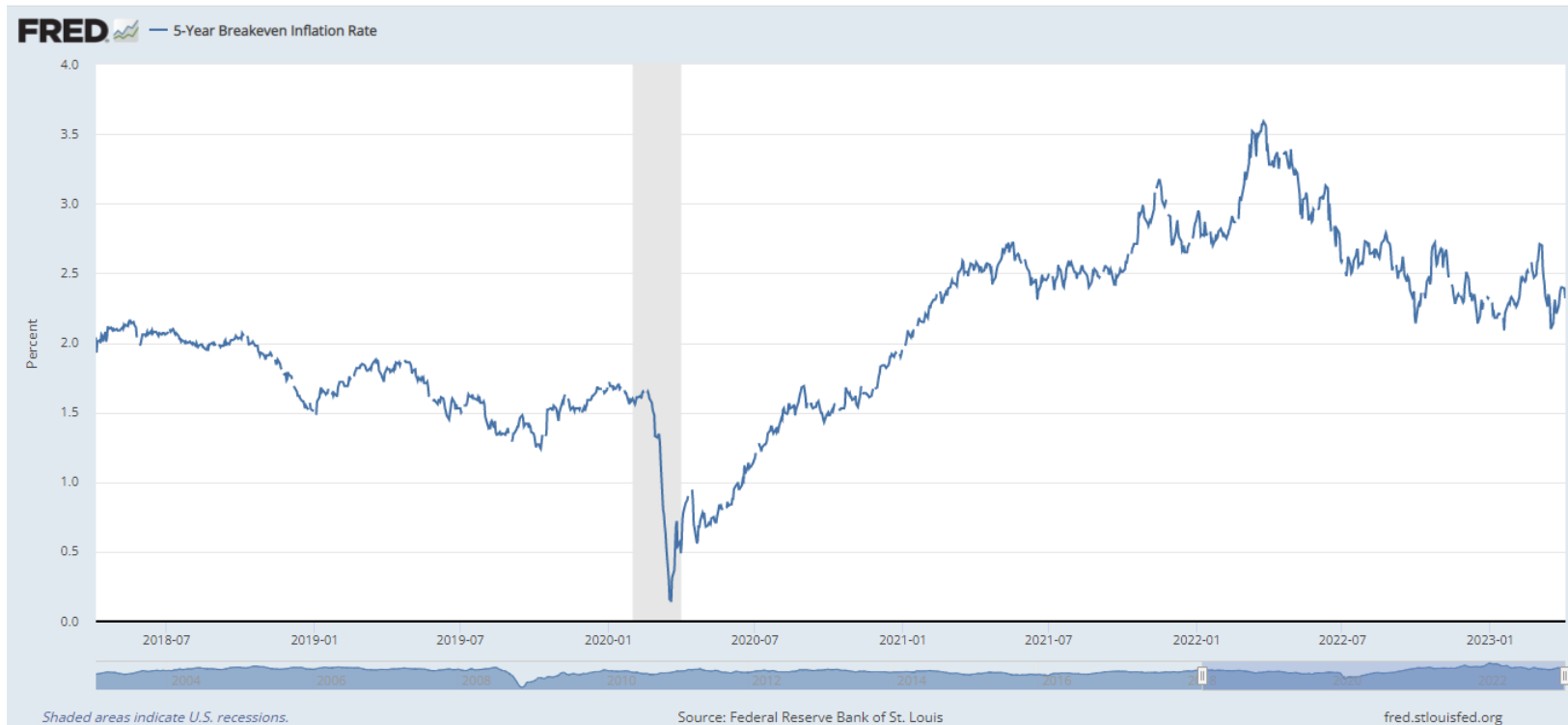
Unit cost inflation for pharmacy & medical supplies is now running 10% annually on an \$800m base of spending.

The gap between payment rate growth and wage & cost inflation has doubled from 1.5% per year pre-pandemic to 3% now.

OHSU Financial Strategy & FY2 Budget Planning

- OHSU's structural financial challenge is the gap between clinical payment rate growth and unit cost inflation, especially wages & benefits.
- We are now projecting payment rates to rise at 2-4% per year with labor and cost inflation running 5-7%, a larger-than-historical gap of about 3% per year.
- On OHSU's \$4 billion budget, this gap alone puts \$120 million of downward pressure on earnings, cumulatively each year.
- Our financial strategy has been to continuously grow patient activity while holding a substantial portion (30% – 50%) of our cost base fixed against volume growth.
- We have focused growth on quaternary programs that draw patients with complex diseases who need AHC-level care from throughout Oregon and beyond: 5% of OHSU's distinct patients use 63% of hospital resources by cost.
- Budget planning occurs at the OHSU Budget Committee, which is chaired by the Executive Vice Provost and includes all EVPs, with the President attending as the approver of the Committee's recommendations, prior to Board consideration in June.
- Core to this work is funding a robust pool for market-based compensation increases across OHSU and employee categories, while achieving at least a break-even budget next year, including the Improving Finance Performance (IFP) work in Healthcare + School of Medicine.

How Long Will High Inflation Last?



- Bond market rates imply 2.5% general inflation over the next 5 years. How fast health care inflation (especially labor and drug costs) might follow is unclear.
- If markets and public policy respond relatively quickly then stabilization and rebound of AHC earnings nationally may occur sooner.

OHSU Focus Going Forward

Healthcare across Oregon and the nation is facing serious financial challenges.

However, the pandemic has also been a catalyst for change, providing a new opportunity to rely on each other and now look forward to thrive.

OHSU's ongoing focus is to:

- Support our people.
- Build community engagement and health equity.
- Improve access and grow strategically.
- Advance OHSU's missions of education, research, patient care and outreach that make us unique in Oregon.
- Build for the future.



Date: April 19, 2023

To: OHSU Board of Directors

From: Qiana Williams, Executive Vice President and Chief People Officer

RE: Human Resources Transformation

Memo:

Since joining OHSU as the first Chief People Officer in mid-October, I have led the Human Resources team through the first stages of a significant transformation as we work to create a sustainable OHSU culture where all people thrive. This journey started with listening and engaging, then forming a 30-60-90-day action plan based on common themes of feedback. We have and continue to progress in several foundational areas and are now charting our course through a new HR (Human Resources) vision, mission, and guiding principles.

Looking forward, our HR strategic plan identifies 6 key goals that will enable the sustained culture we seek. The next phase will involve integrating the excellent work of the Covington response into our everyday practices and processes. As we look toward sustainable change, the type of trauma-informed work undertaken by the Covington committees will evolve from a “project” to the standard way we approach our work in all areas of OHSU, with Human Resources as the keeper of the culture.

Human Resources Transformation


Qiana Williams, Ed.S., ACC, SPHR, SHRM-SCP (she/her)

Executive Vice President and Chief People Officer

HUMAN RESOURCES

HR TRANSFORMATION

Listening and engaging



What makes
OHSU
great?

What's working
and not
working in HR?

What are
your
frustrations?

- Held ~40 “Coffee with Qiana” sessions.
 - 300+ individuals in small groups of faculty, individual contributors, managers and directors/chairs.
- Met 1:1 with numerous leaders and HR stakeholders.

HR TRANSFORMATION

Listening and engaging

compensation

people

lack of support for BIPOC

environment

leaders lack training

learning

low accountability

slow hiring

no clear promotional track

supportive

knowledgeable

mission

breakdown of trust

burn-out

understaffed

flexibility

focus on money, not people

wage compression

reputation

turnover

disconnect between values and action

bureacracy

top-down decision-making

inefficient processes

Execute Quick Wins

Address Short-Term Gaps

Develop Long-Term Strategy

30
Days

60
Days

90
Days

- **Prioritize business needs**
- **Fine-tune HR structure & stabilize function**
 - True HRBP model
 - Optimize HR Service Center
- **Address recruitment & retention issues**
 - Expedite hiring process
 - Implement exit/stay interviews
- **Address Compensation “challenges”**
 - Build the team
 - Streamline offer process--most market competitive in quickest time
 - Address compression
- Make progress on Diversity, Equity + Inclusion
- **Assess optimization of Oracle functionality**

- Support alignment around OHSU future vision...where are we going and how do I fit in?
- **Deliver robust HR strategy and framework**
 - **Create compelling vision for OHSU culture reset**
 - **Transform our EVP**
 - **Establish “contemporary” total rewards strategy**
 - **Assess HR & address capabilities/needs**
 - **Streamline workflows**, automate & enable manager decisions for key pain points
 - Align on SLA for key HR processes
 - **Deliver HR Scorecard**, including shared metrics, KPI and targets

- **Re-introduce member engagement survey**
- **Support the university in improving member efficiency and productivity enhancements**
- **Invest in leadership** (know, grow and move talent)
- **Accelerate HR specific Covington outcomes where possible**

HR TRANSFORMATION

Achieving progress

- Immediate [pay increases](#) to align with market.
- An expanded [HR Service Center](#) launched this week.
- An [expedited hiring](#) process, from position approval to delivery of offer.
- A “[stay](#)” [interview program](#) to support retention.
- Key [leadership hires](#) in revised HR organizational structure.
- A robust [HR Scorecard](#) tracking progress against industry benchmarks.
- More [streamlining of HR processes](#) with clear documentation and service-level agreements.
- On track to conduct [engagement survey](#) in early June.

HR TRANSFORMATION

Charting the course

Vision

To achieve a people-first culture by enabling an organizational community where all people thrive, partnerships flourish and performance excels.

Mission

HR is an agile, trusted, strategic partner delivering best-in-class services and solutions that support the unique missions of our customers by providing expertise and outstanding customer service that contributes to OHSU's success through the attraction, retention and engagement of a talented and diverse workforce.

HR TRANSFORMATION

Charting the course

Guiding principles

Customer Focused: We partner with our customers to provide outstanding and timely service that supports their strategic goals.

Respectful: We listen and respond to every person with courtesy and empathy.

Credible: We earn the trust of those we serve by demonstrating confidentiality, integrity, and accountability and by providing expertise obtained through continuous learning.

HR TRANSFORMATION

Charting the course

Guiding principles

Innovative: We value diverse perspectives, encourage curiosity and challenge the status quo to achieve creative and effective solutions.

Inclusive: We collaborate across all teams to make decisions and take action in pursuit of the best-shared outcomes.

Positive: We choose to be optimistic and upbeat while looking to the future with excitement and focusing on possibilities.

HR TRANSFORMATION

Sustaining change

HR strategic plan

Foster a For All culture. Provide leadership and establish partnerships throughout the University to strengthen efforts at embedding diversity, equity, inclusion and belonging at all levels of our university.

Develop and retain. Enhance individual and organizational effectiveness by ensuring every employee feels welcomed and valued and has access to the training, tools and resources they need to be successful beginning with their first day of work and continuing throughout their career at OHSU.

Recruit and acquire. Build a strategic talent acquisition function that revolves around a competitive employer brand, an engaging and standardized candidate experience, and streamlined service delivery.

HR TRANSFORMATION

Sustaining change

HR strategic plan

Engage and reward. Systems and tools will be developed to enable managers to recognize and reward employees. Employees will be more engaged through the creation of a supportive culture that promotes their financial, physical, and emotional health and well-being, as well as their personal and career development.

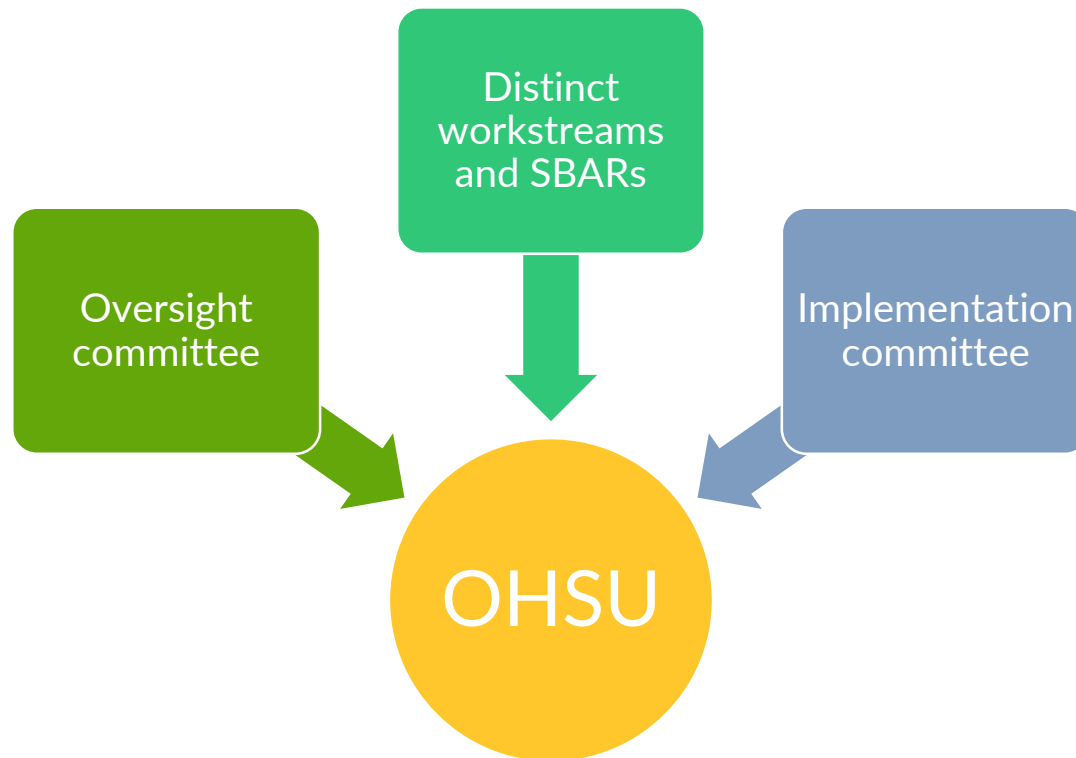
HR excellence. Increase organizational effectiveness of Human Resources to better serve the university.

Technology. Employ technology to improve efficiency within HR and to increase employee satisfaction and success across our campuses.

HR TRANSFORMATION

Sustaining change

Results of Covington work become threaded into the fabric of who we are as OHSU.

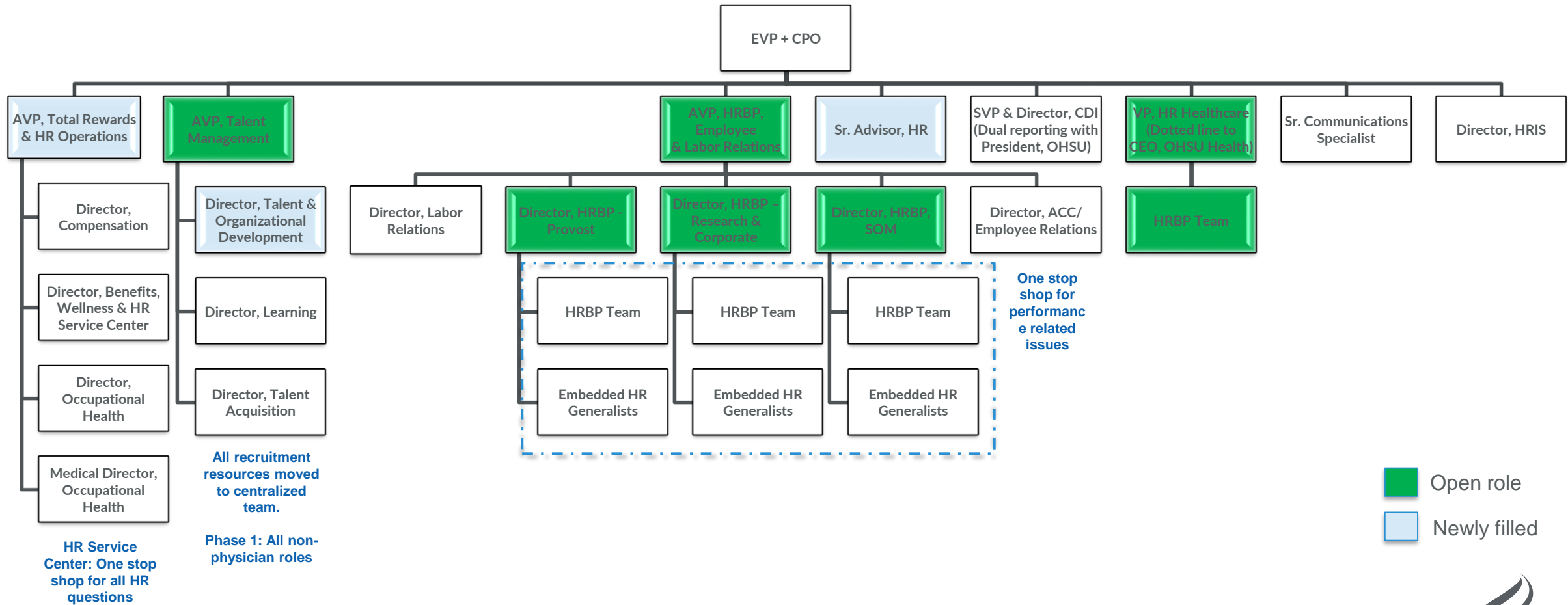


Human Resources as culture keeper.

Thank you.

Appendix

HR Organizational Structure



Themes: From within HR

What makes OHSU great – what keeps you here?

- People care about doing the right thing
- Mission/Impact
- People –
- Feel supported, safe and cared about
- Opportunity to try new things
- Dynamic place --- always something exciting going on

Themes: From within HR

What are frustrations, things we need to stop doing?

- Need a centralized way to gather data – very manual
- Not enough resources
- There are toxic/problematic leaders who are untouchable and not held accountable
- Lack of consistency with the embedded HR staff

Themes: From within HR

What's working and not working specifically in HR?

- Opportunities for growth
- Lots of solvable issues
- People work hard – committed to solving big issues
- Systems – create too much manual work
- Lack of/inconsistency in communication and transparency from HRMT
- HRBP/TA have been prioritized but other areas need lots of attention (Records/ Compensation)

Themes: From outside HR

What makes OHSU great – what keeps you here?

- The people – my team, my manager, patients, students
- Mission-driven work, contributing to greater good
- Continuous learning, never boring, mobility in different jobs
- OHSU's reputation as a leader in health care, world-class research
- Collaborative, intellectually stimulating, passion and dedication
- Support of remote work and flexibility

Themes: From outside HR

What are frustrations, things we need to stop doing?

- Complexity of processes, systems; bureaucracy
- High workload, burn-out, lack of recognition
- Cycles of financial crisis, focus is on money and not people
- Leaders lack training, often hired due to seniority or expertise
- Disconnect between values and action, we don't walk the talk
- Lack of support for BIPOC and other underrepresented groups
- Low accountability, no follow-through on complaints

Themes: From outside HR

What are frustrations, things we need to stop doing?

- Breakdown of trust with unions, adversarial relationship
- Top-down decision-making that is not transparent and doesn't consider those who do the work
- We've grown larger than our infrastructure can support

Themes: From outside HR

What's working and not working specifically in HR?

- Great interactions with individuals in HR - supportive, knowledgeable, responsive, helpful – when they can be reached
- Teams seem understaffed and overworked
- Processes are inefficient and not clear, delays seem to be built in
- Hiring – very little support, takes too long, need to attract more diverse talent, no succession planning

Themes: From outside HR

What's working and not working specifically in HR?

- Compensation – pay compression between managers and staff, can't attract or hire with current pay rates, inflexibility with offers and reclassifications
- No feedback loops to evaluate leadership, e.g., 360 reviews
- No clear promotional track for staff
- HR's role is to protect the organization
- Confusion about who to contact; turnover in BPs, lost knowledge and trusted relationships



Date: April 4, 2023

To: OHSU Board of Directors

From: Maria I. Rodriguez MD MPH

RE: Center for Reproductive Health Equity- update

The Center for Reproductive Health Equity was formed to identify and address systemic barriers to sexual and reproductive health across the lifespan. Reproductive health is fundamental to the health and rights of the individual, their family, and the community. Reproductive health and rights are under attack in the United States (US). The US has one of the highest rates of maternal mortality and morbidity in developed nations, and this is inequitably concentrated among people of color and those who are low-income. A key driver of this public health crisis is limited access to contraception and abortion. Over the last year, 561 policies have been passed restricting access to reproductive health care. These policies affect reproductive health care broadly, spanning maternity care and subsequent newborn health, contraceptive use, abortion care, as well as economic and educational achievements.

At the Center for Reproductive Health Equity, we apply lessons learned from our research to how we design and provide health care, educate trainees and the community, and translate our findings into fact sheets for legislators and public health officials to inform evidence-based policy. Our work spans all of OHSU's missions, by providing direct clinical care for underserved populations, generating evidence to inform policy, and educating the next generation of reproductive health leaders.

Highlights from the Center's work this year are listed below. Please note that this list represents a small portion of our work.

1. Abortion Care and Training- Since the overturn of Roe v Wade last June, Oregon has become a sanctuary state for people from across the country who are seeking abortion care. OHSU is a key abortion provider in the state. Our clinical volume has doubled, with an increased proportion of medically complex patients seeking care from within Oregon and outside our borders.

We have fundraised for and launched a training program for OBGYN residents and fellows who are no longer able to train in abortion and miscarriage care in their home states to come to Portland for a 4-week rotation. Our 5th trainee is currently on site.

2. Maternal Health- The US has the highest rate of maternal mortality among developed nations, with sharp differences in outcomes based on race and socioeconomic status. We build on earlier work, demonstrating the increased costs for Medicaid and worse health outcomes when

enrollment in Medicaid is restricted by citizenship status. We published multiple papers demonstrating the benefit of Oregon's Reproductive Health Equity for both health and systems costs and have a large NIH Center grant under review to expand this work nationally.

3. Perimenopause/Menopausal care- People have reproductive health needs across the lifespan. Even in progressive Oregon, there is a marked disparity in both policy and education to address the health needs relating to perimenopause and menopause. In collaboration with the Center for Women's Health and the Oregon ECHO Network we are designing and evaluating a curriculum for rural primary care providers on menopause care. We have also completed a survey of women over age 50 demonstrating the structural barriers that disparities in financial reimbursement for estrogen therapy play in effective menopause care. Findings are being shared with Oregon legislative leaders.

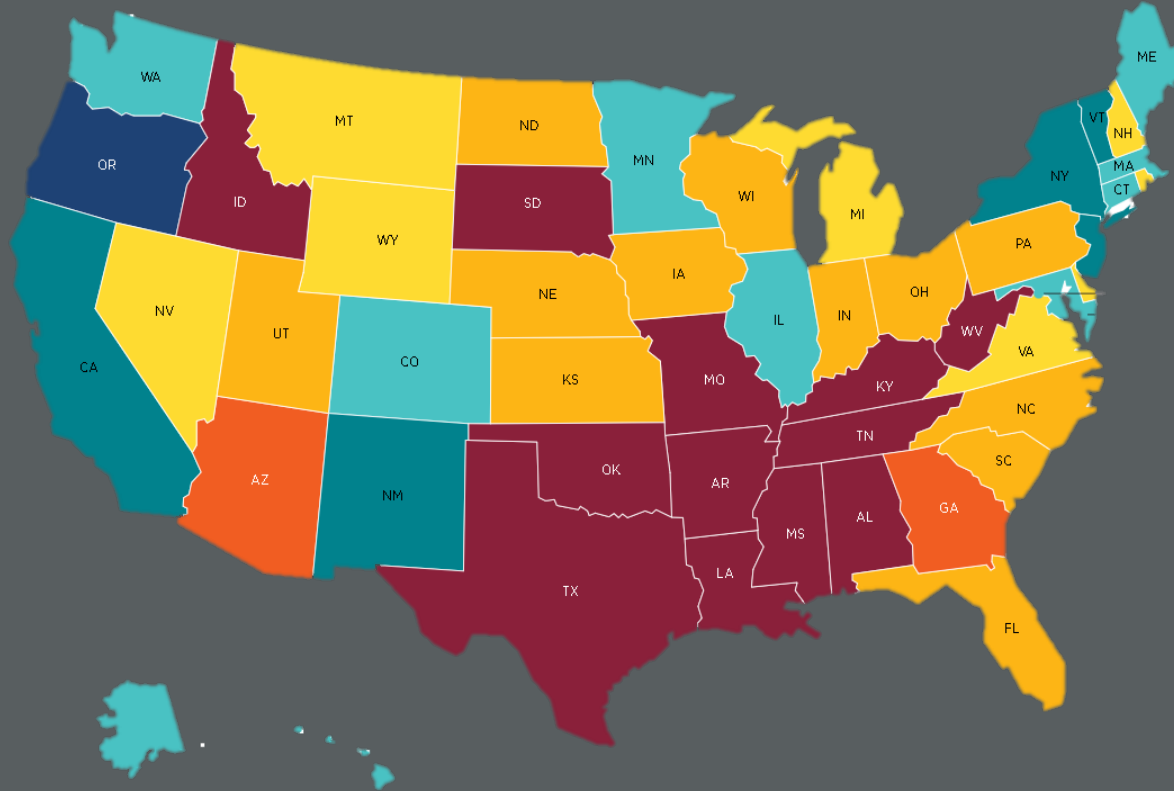
4. In partnership with the Center for Health System's Effectiveness, we led an analysis demonstrating how a person's ZIP code determines their access to effective contraception. We are now studying how this is associated with increasing maternal morbidity and mortality rates in the national Medicaid population.



Center for Reproductive Health Equity

Maria I. Rodriguez MD MPH, Center Director

Reproductive health is fundamental to both human rights and well-being



<https://states.guttmacher.org/policies>



Our Mission

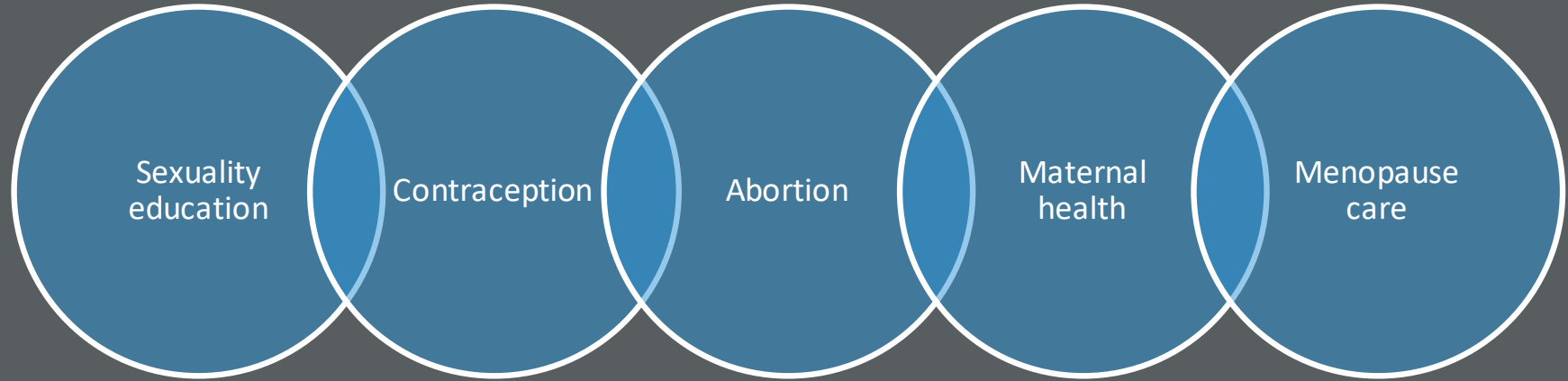
We work to identify and resolve health systems factors that drive disparities in reproductive health.



Our work

- We apply lessons learned from our research to how we:
 - Design and provide health care
 - Educate trainees and the community
 - Work with legislators and public health officials to inform evidence-based policy

An inclusive approach



With a health systems lens



Abortion is common

1 in 4

U.S. Abortion Patients

INCOME

75% poor or low income

RELIGION

62% religiously affiliated

FAMILY SIZE

59% already have a child

RACE

39% White

28% Black

25% Hispanic

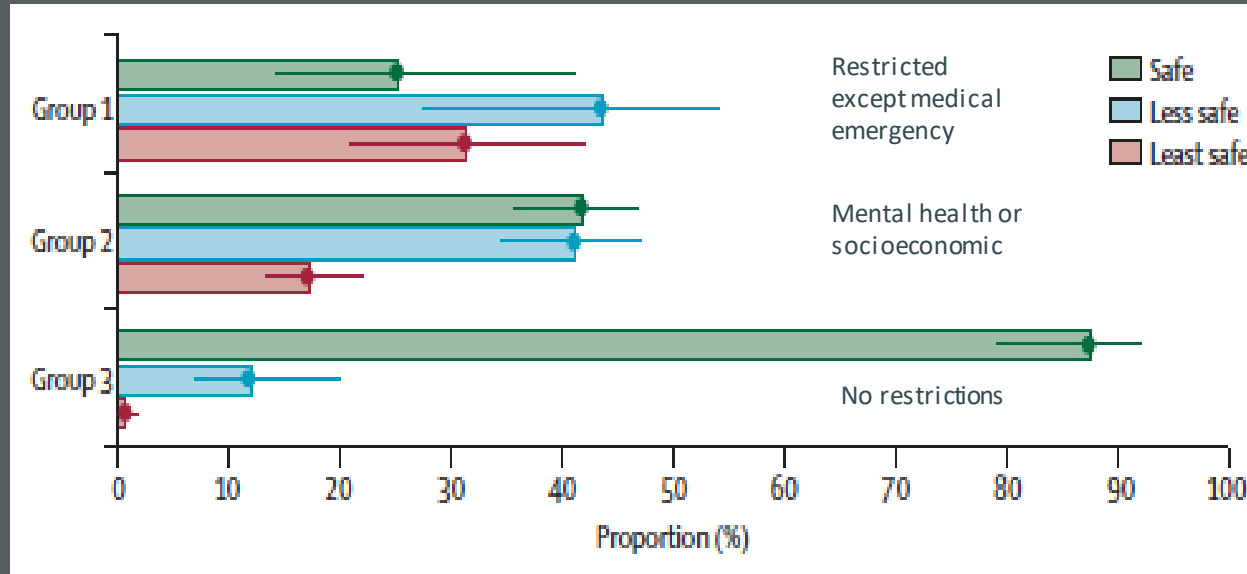
6% Asian/Pacific
Islander

3% Other

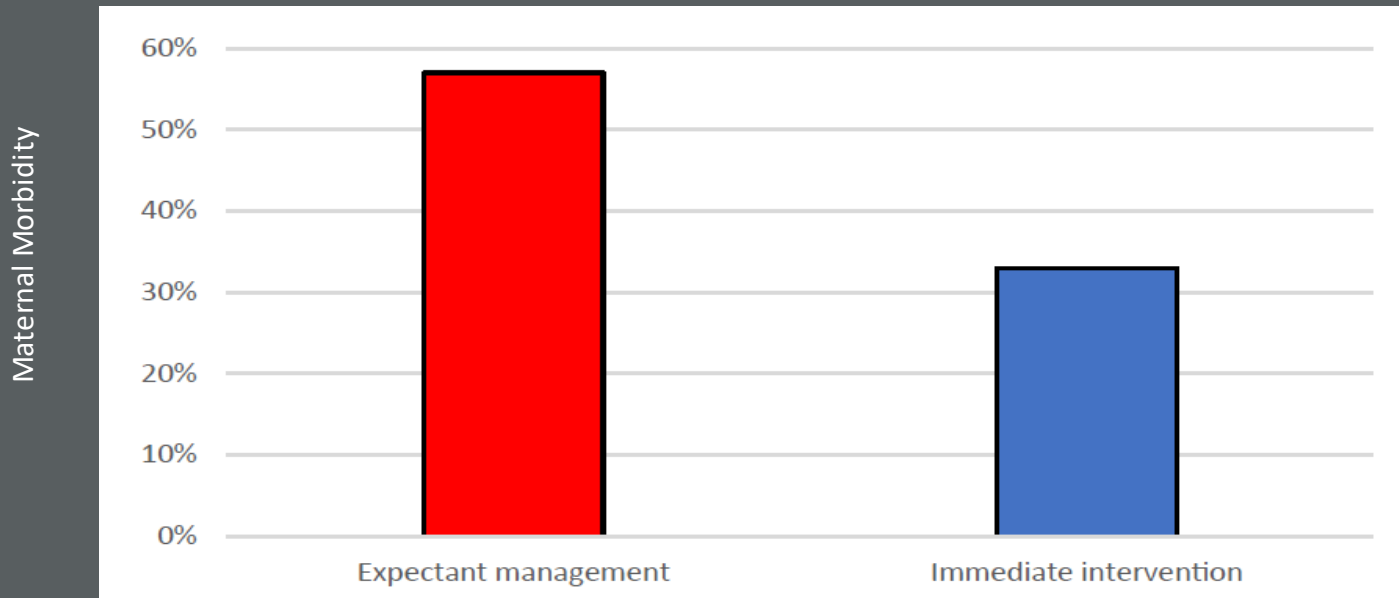
AGE

60% are in their 20s (only 12% are teens, of which 4% are minors)

Abortion Restrictions Increase Proportion of Unsafe Abortion



Texas outcomes post-criminalization of abortion



OHSU and abortion care



Abortion Training

- Mandatory only for OBGYN residencies
- Pre-Roe, 82% of residency programs unable to offer training
- Trained OHSU students & residents
- Expanded this year to include residents and fellows from restricted states

Abortion Research

- Hyde Amendment and adverse maternal child health outcomes
- National Medicaid claims database
- Abortion restrictions:
 - Increase maternal morbidity
 - Increase adverse neonatal outcomes

In partnership with the Center for Health Systems Effectiveness



Abortion Advocacy





Thank You

rodrigma@ohsu.edu



MEMORANDUM

Date: April 18, 2023

To: OHSU Board of Directors

From: Maulin Patel, Vice President for Finance & Treasurer
Sara Vonde Veld, Director, Campus Planning & Real Estate

Re: Space Utilization and Long-range Planning

Campus Planning and
Real Estate

t 503-494-2454
f 503-346-6910
w ohsu.edu/cpdre

Mail code PP22E
3181 S.W. Sam Jackson Rd.
Portland, OR 97239

In October 2022, Bridget Barnes provided an update to the Board on *OHSU Anywhere*, our approach to framing flexible work at OHSU, and the policies and resources intended to create a desirable place to work, and help attract, retain and sustain a healthy workforce. An element of this approach is our Space Guidelines that will help shape the workplace at OHSU and inform how our 20-Year Long-range Facilities Plan will account for these organizational and cultural changes, leveraging remote work as a tool to support our long-term space strategy.

—

Maulin Patel
t 503-494-2237
e patelma@ohsu.edu

Sara Vonde Veld
t 503-346-0059
e vondevel@ohsu.edu

In 2019 only five percent of OHSU employees worked remotely and with the COVID-19 pandemic roughly half were required to work from home to prevent the spread of the virus. This sudden shift, and the policy and infrastructure changes that followed, have had a lasting impact on our organizational culture. OHSU has embraced remote work and established flexible workplace guidelines meant to help attract and retain talent that benefit from flexibility. Today, an estimated 44% of OHSU employees work remotely: 19% fully remote and 25% “hybrid” remote, who come on site as needed. OHSU staff are now working in all 50 states.

OHSU is among an estimated 69% of academic medical center that have an institution-wide remote work policy, in which 45% have or plan to reduce staff offices as a result of the hybrid workplace. Aligning our real estate with a remote workforce allows for increased space efficiencies, where OHSU’s greatest opportunity is to reduce the footprint of administrative office space across mission areas.

By 2027, Central Services will have relinquished 59% of its administrative spaces; Healthcare relinquishing 15% and Research 12%. All employees now have access to the Flexible Use Space program with a variety of workstations, private offices and conference rooms that users may reserve when they need to come to an OHSU location, with seven locations across Marquam Hill and South Waterfront by the end of Fiscal Year 2024.

OHSU has an opportunity to align our space policies with the flexible workplace, which considers desks and meeting spaces as shared resources to

accommodate OHSU employees as they come and go. Users can choose spaces depending on their needs throughout the day, such as focused work, collaboration, social connection, learning, or virtual meetings. One OHSU employee who regularly works remotely found the program useful when needing to come to campus:

"Last week I had an in-person meeting in South Waterfront sandwiched between two virtual meetings. There was no way I could work from home that day and attend all three meetings. It took less than two minutes to find and book a flex space in South Waterfront and the excellent signage enabled me to quickly find my assigned cubical which was clean and ready for my use."

There are great examples of flexible workplaces that are applicable to OHSU.

- **Dan Fouts Building at Nike World Headquarters:** This legacy building in Beaverton, OR was fully remodeled before the pandemic to reflect the Nike brand and focus on creating a positive employee experience. Designed around a model of flexibility, workstations and conferences are reserved throughout the open office in real-time with a mobile app, and some teams may congregate in “neighborhoods” within the building.
- **KinderCare Headquarters:** In 2021, KinderCare moved its 500-employee corporate office from Lloyd Center into a smaller 34,000 square foot office in Lake Oswego that is more suitable to their hybrid work model, designed to reflect the company’s ethos of transparency and people-centricity.
- **University of Colorado Anschutz Medical Campus:** In 2018, the Anschutz Medical Campus had a deficit of 248 clinical faculty offices and was able to address this shortage by creating “the Hub” that offers amenities for subscribing faculty members who opt-out of having a dedicated office. Members enjoy complimentary food and beverages, day-use lockers, lounge areas, telehealth offices, concierge services, and other offerings. To achieve “The Hub”, the University of Colorado fully gutted and remodeled 13,000 SF in close proximity to clinical care space. It opened in 2019 with 120 faculty volunteers who do not have offices elsewhere of campus. Initially it was perceived that the maximum membership was 150; but the current membership is 500, allowing 15 faculty per office, and has 135 faculty on the waitlist.

The vision for the *OHSU Anywhere* workplace is to establish facilities that will attract users who no longer need or want dedicated offices and workstations, by offering high quality spaces and additional amenities that enhance the hybrid work environment. As envisioned, this workplace would reflect the

OHSU brand and uplift our values; be customizable to that various ways that people work across mission areas; promote interaction and collaboration; and be equitable and inclusive to the needs of our community, creating a sense of belonging that is welcoming to all.

As our programs grow and evolve to serve the growing populations in the Portland metro and state of Oregon, the flexible workplace supports OHSU's long-term space strategy where current and future employees adopt remote and hybrid schedules. OHSU's Long-range Facilities Plan will determine how to accommodate planned growth with these new ways of working, where we are able to dedicate more spaces and resources for the growth of our student population, patient care and research facilities.

OHSU Anywhere and Flexible Work policies reduce travel demand to campus, thereby contributing to OHSU's environmental goals by reducing single-occupancy vehicle trips to campus and the need to build new parking as the employee population grows. Remote and hybrid work is a tool for managing parking congestion on Marquam Hill and South Waterfront campuses where capacity occasionally exceeds 90 percent. Regular monitoring and parking program adjustments prevent challenges caused by capacity, such as increased time searching for a space.

OHSU has made significant investments on our campuses since the completion of our 20-year Facilities Long-range Plan in 2010, which served as a valuable roadmap for campus development – adding over a million square feet of owned property in the past ten years.

- We broke ground on the Schnitzer Campus – with the Robertson Life Sciences Building in 2013, a partnership between OHSU, OSU, and PSU with a focus on interdisciplinary learning; and the Knight Cancer Research Building in 2018, dedicated to fulfilling OHSU Knight Cancer Institute's mission “to end cancer as we know it.”
- We expanded the Center of Health and Healing Complex in South Waterfront Central District – providing high-acuity ambulatory care, highly complex outpatient surgery and invasive procedures in CHH Building 2 in 2019;
- And we are currently constructing a much-needed inpatient bed facility on Marquam Hill, along with envisioning an expansion to Doernbecher's Children's Hospital.

In addition to understanding how remote work will impact our long-term growth strategy, OHSU's Long-range Facilities Plan may consider a variety of other factors as we create a new roadmap for investments in our campus

facilities to respond to our evolving needs in education, research and scholarship, clinical practice and community service.

For example, OHSU is expanding patient-care facilities on Marquam Hill at a critical time when Oregon has the fewest per capita hospital beds than any state in the nation; and have created the Connected Care Center and Mission Control to help manage inpatient and outpatient capacity needs across the health system. As we expand our patient care facilities, we must also establish critical support solutions for ED boarders, inpatient overflow and inpatient support space. We've established health system partnerships with Hillsboro Medical Center and Adventist Health Portland, and other partnerships across the state; and can look for opportunities to strengthen those partnerships.

We must advance the OHSU Anywhere Flexible Workplace approach to attract and retain talent; embrace technological advancements for remote and hybrid work; and leverage remote work to improve space efficiencies and addressing deferred maintenance.

OHSU is continuing the work necessary to become an anti-racist institution. We have an opportunity to engage users and members to better understand what that looks like when we design the workplace, the classroom and patient care.

We have built multiple buildings with sustainability certifications and signed the national Health Sector Climate Pledge, to remain focused and committed to reducing our climate footprint and preparing our facilities for chronic and catastrophic impacts. These commitments require sustained efforts.

There is a lot to consider as we plan for the next 10-20 years of space and facility needs at OHSU. We must consider the optimization of existing space as well as new space that will be needed to support the growth of existing programs and the creation of new programs in the Portland Metro region and beyond. As we update our 20-year long range facility plan over the next two fiscal years we look forward to engaging the full range of stakeholders including the Board.



Campus Planning & Real Estate

Space Utilization & Long Range Planning

OHSU PUBLIC BOARD MEETING | APRIL 19, 2023
MAULIN PATEL, VP, FINANCE & TREASURER | SARA VONDE VELD, DIRECTOR CAMPUS PLANNING & REAL ESTATE

OHSU Anywhere

- OHSU Anywhere is our approach to framing flexible work at OHSU, and the policies and resources intended to create a desirable place to work, helping attract, retain and sustain a healthy workforce.
- Flexibility includes remote and hybrid work, alternate schedules and ways of working that allow employees the freedom to be effective both in their career and personal life.
- The following are examples of numerous efforts that support this vision:

OHSU Anywhere			
Policy & Guidance	Processes & Forms	Tools & Resources	Training & Support
<ul style="list-style-type: none"> – OHSU Remote Work Policy. – Taxes, benefits and leaves management for states with OHSU employees. – Position Assessment for remote work eligibility. – Space Guidelines. 	<ul style="list-style-type: none"> – Flexible Work Arrangement Form. – Standardized OHSU equipment for remote employees and shipping efficiencies. – Updates to Oracle. – Adding remote work eligibility to position descriptions and iCIMS. 	<ul style="list-style-type: none"> – Robust intranet site with FAQs, guidelines and procedures. – Piloting digitization of paper files for remote depts. – Remote employee onboarding. – Flexible Use Space Pilot Program. 	<ul style="list-style-type: none"> – Managing and Working Remotely. – Virtual Team Building. – Remote Work 2.0; Best practices for a vibrant remote culture. – Remote work consultation service.

OHSU Real Estate

8.85M gross square feet (GSF)
excluding parking: 7M GSF

- Owned
8.25M GSF
excluding parking: 6.4M GSF
- Satellite campus
- Leased
600,000 GSF

Healthcare System Partners

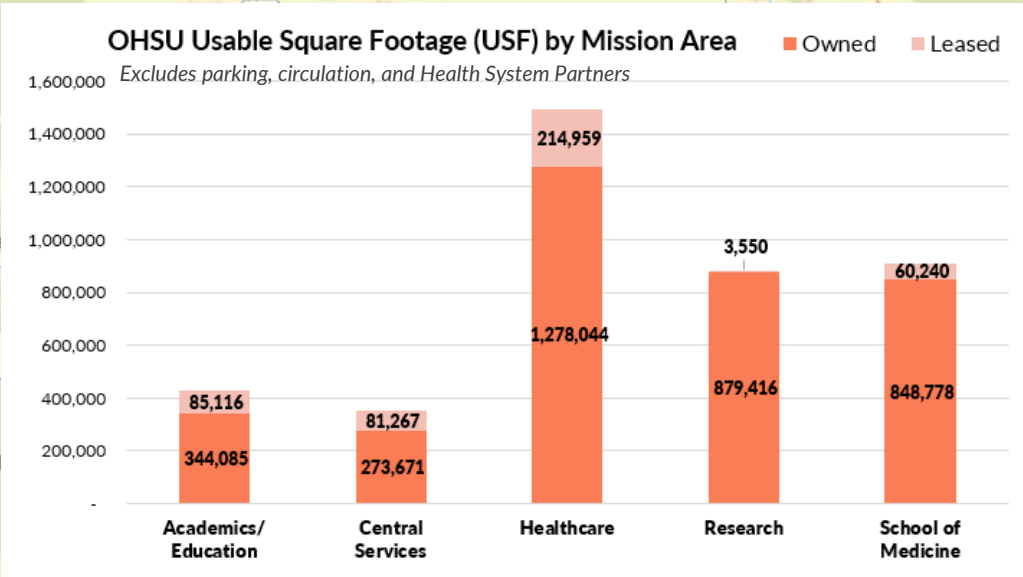
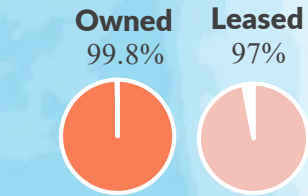
Adventist Health Portland

- Owned
- Leased

Hillsboro Medical Center

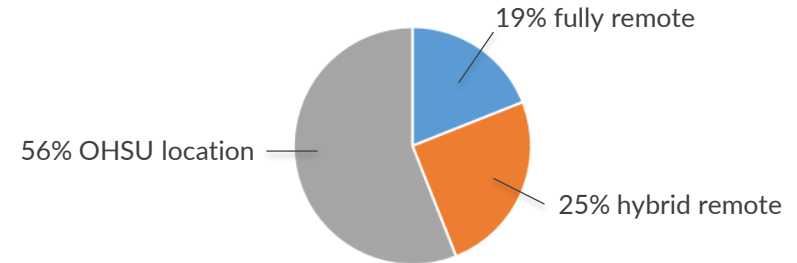
- Owned
- Leased

Portland Metro
Percent GSF within Metro Area

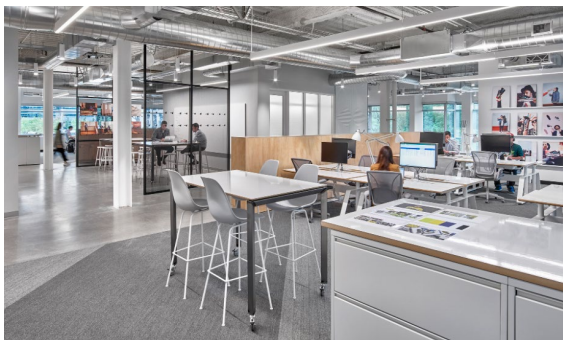


The Flexible Workplace

- At OHSU, an estimated 44% of employees work remotely full or part time.



- OHSU has the opportunity to consider how the workplace should evolve to align with these changes, and how our real estate can best support OHSU's mission.
- The space that supports our flexible workforce must be adaptable, providing various types of spaces for focused and collaborative work, learning, and connection when and where people need it, rather than singular use offices and workstations.
- An estimated 69% of academic medical centers have an institution-wide remote work policy, and 45% have or plan to reduce staff offices as a result of the hybrid workforce.



Nike Dan Fouts Building



KinderCare, Lake Oswego

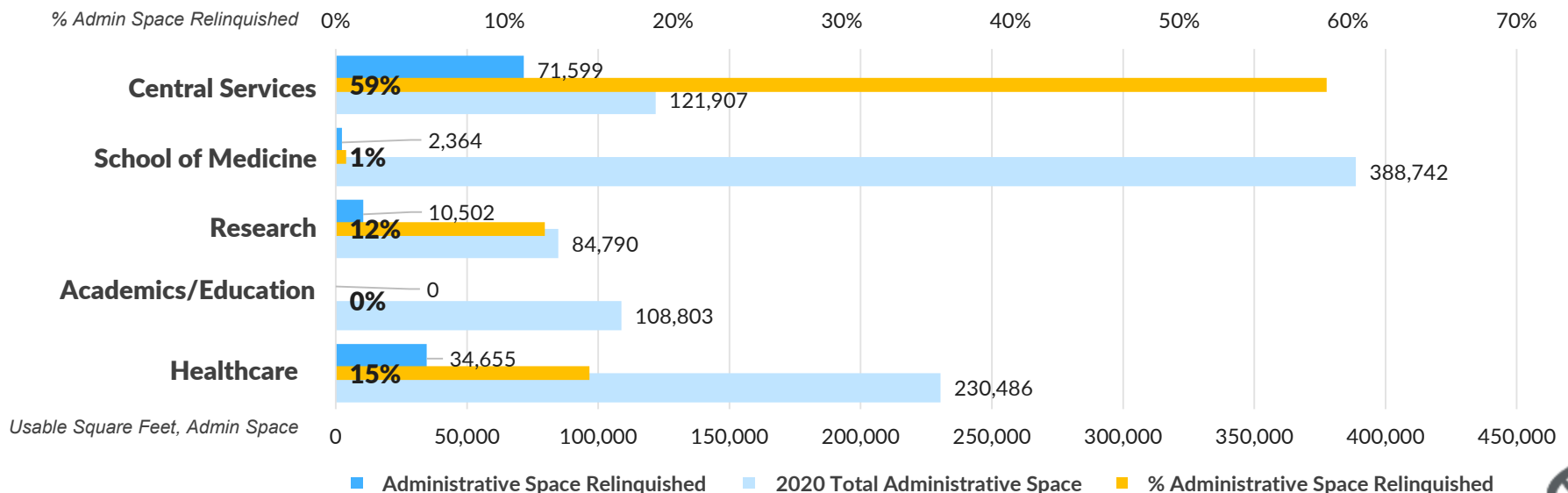


The Hub at University of Colorado Anschutz Medical Campus

Efficiencies Gained

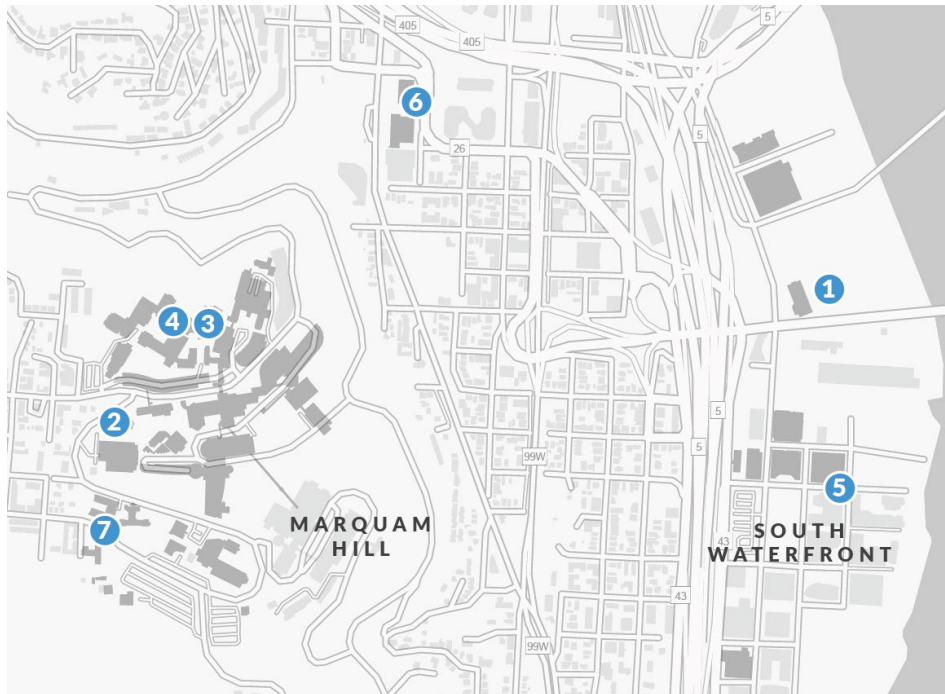
- Between 2020 and 2027, units will vacate 209,000 SF of owned and leased space
- In the past three years, 24 units relinquished 36,000 SF of owned space
- The reduction of 173,000 SF of leased office space amounts to \$35.4M savings over 10 years
 - Bancroft Building: vacated 20,000 SF (100% of lease), June 2022
 - Market Square Building: vacating 107,000 SF (79% of lease), June 2024
 - Fifth Avenue Building: vacating 46,000 SF (77% of lease), June 2027

Administrative Space Relinquished by Mission Area, 2020-2027



Flexible Use Space Pilot Program

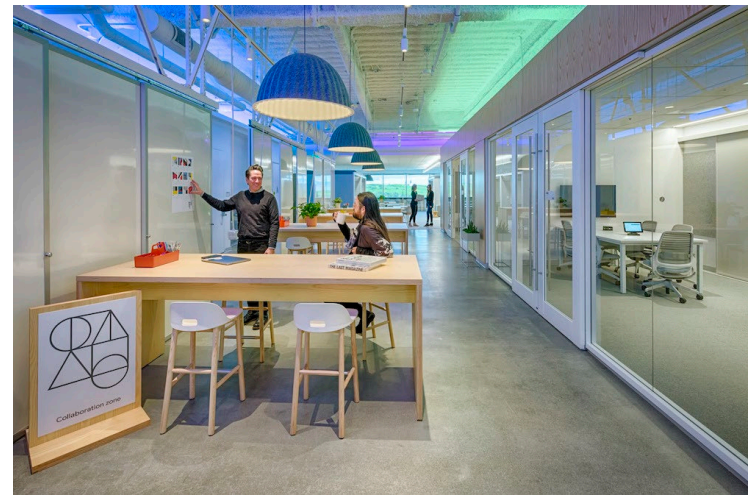
- OHSU's Flexible Use Space is now available to all OHSU employees for a one year trial period giving both individuals and teams the chance to experience Flexible Use Space and to test drive hybrid remote work.
 - Phases 1-3 include minimal space upgrades, offering a variety of workstations, private offices and conference rooms.
 - 15,411 usable square feet total



Phase 1 FY 22	Phase 2 FY23	Phase 3 FY24
1 3030 Moody 3,215 sf	3 Sam Jackson Hall 2,045 sf	6 Marquam Plaza 1,136 sf
2 Physical Plant 1,217 sf	4 Mackenzie Hall/Baird Hall 1,221 sf	7 Gaines Hall 3,577 sf
	5 Rood Family Pavilion 3,000 sf	

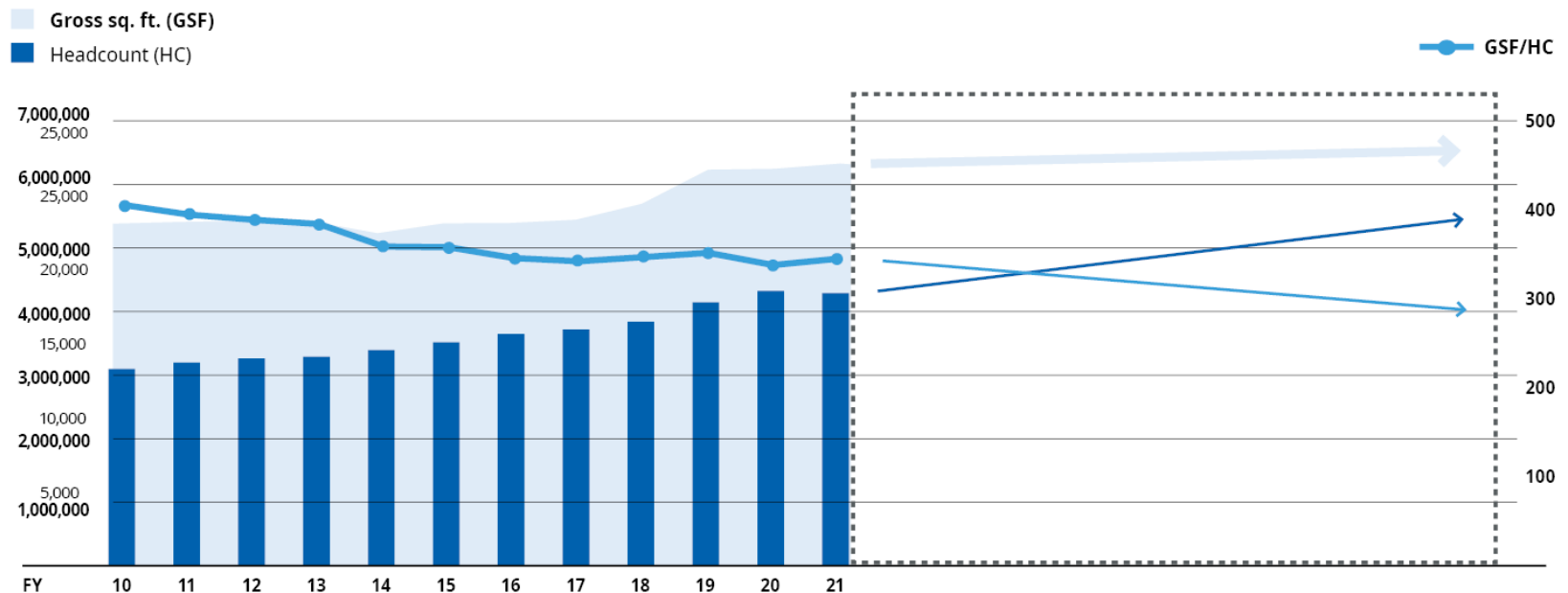
Vision: OHSU Anywhere Workplace

- The vision is to create a flexible work environment that will attract users, enhance the hybrid work experience, and increase space utilization across OHSU.
 - High quality spaces that reflect the OHSU brand and uplifts our values including promoting diversity equity and inclusion
 - Customized to the ways that people work across mission areas
 - Promotes interaction and collaboration to build supportive relationships across the organization
 - Equitable and inclusive to the needs of our community to create a sense of belonging that is welcoming to all



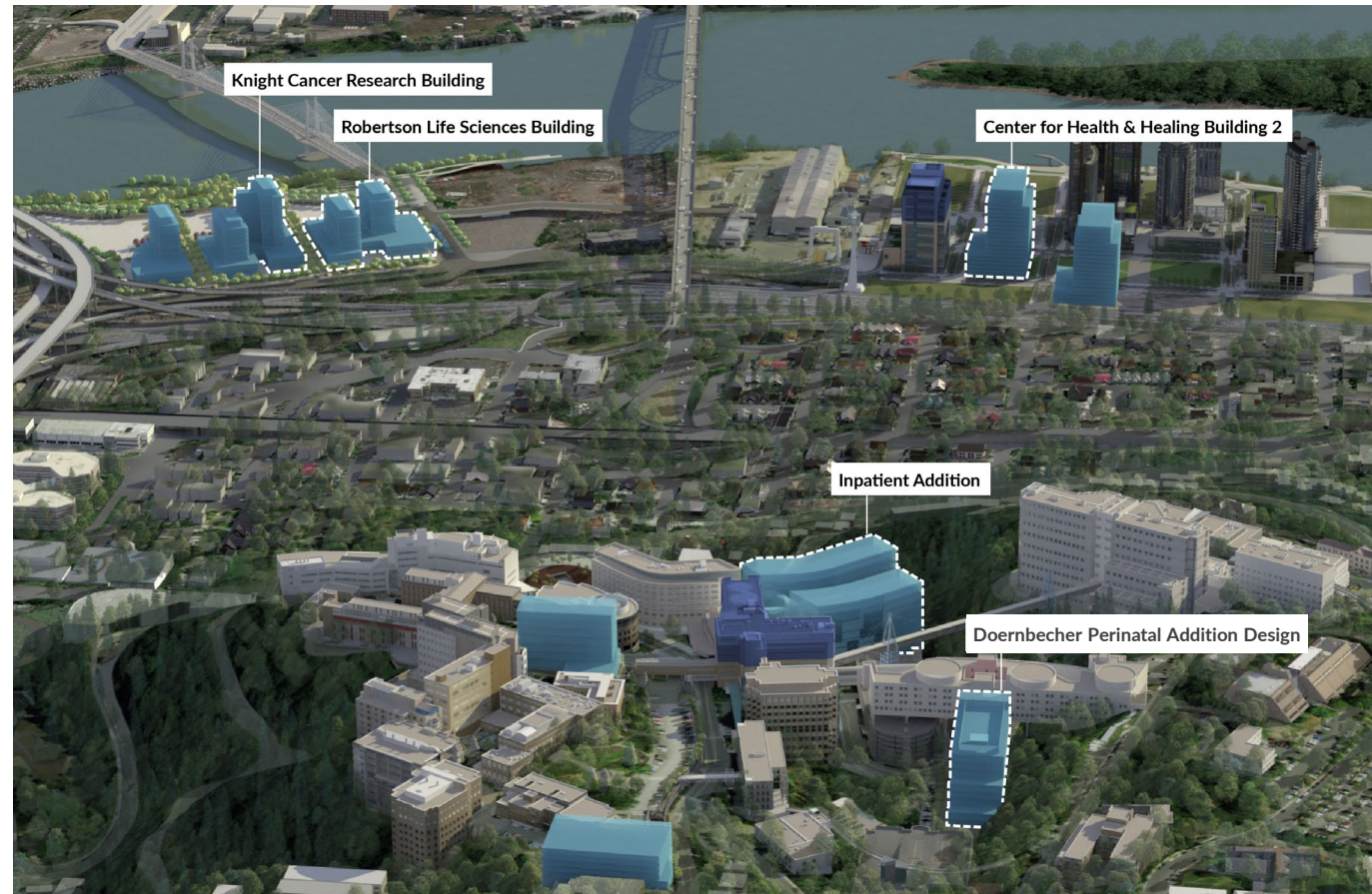
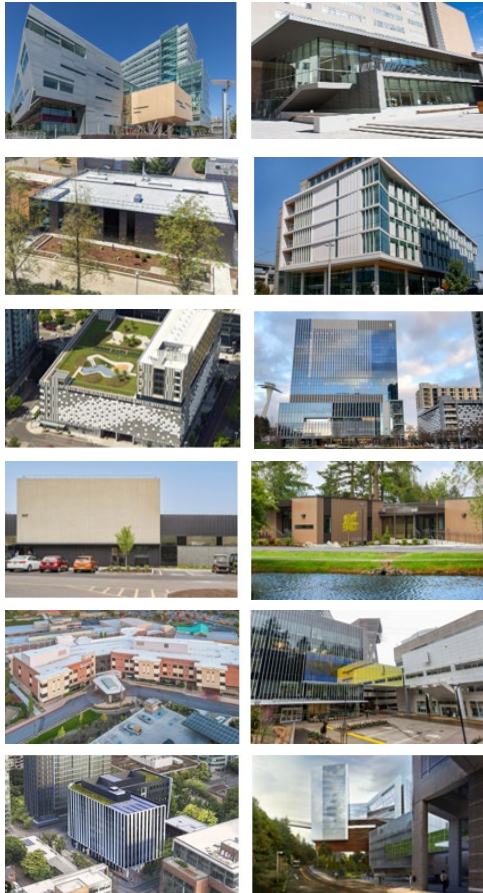
Flexible Work Supports Long-term Vision

- OHSU mission areas will continue to expand over the next ten years and employee population will grow accordingly.
 - Continue to improve space efficiency with utilization targets of 80%
 - Move to a shared workspace model for employees who work at home more than one day a week, and redeploy space efficiencies to support this growth
- Remote and hybrid work contributes to environmental goals, e.g. reducing single-occupancy vehicle trips to OHSU campuses



OHSU 20-Year Facilities Plan (2011-2030)

OHSU has added over a million square feet of owned space since the completion of the 20-year Facilities Plan in 2010





Date: April 19, 2023

To: OHSU Board of Directors

From: Bridget Barnes, SVP and Chief Information Officer

RE: OHSU 2025 Update

On behalf of the OHSU 2025 Coordinating Council, we appreciate the opportunity to share with the OHSU Board of Directors an update on the status of the OHSU 2025 program of work. The status update will address the following topics:

- Red, amber, green status summary for all OHSU 2025 Objectives. Status was reported by Objective Owners at the tactic level for work done through March of FY23;
- A closer look into 1.15 Suicide Safety's purpose, goals and upcoming milestones;
- Accomplishments update on Objective 2.1 Learner Placement;
- The Research Administration Partner Pod (RAPP), which is part of Objectives 4.2, is featured in a short video explaining its benefits;
- Agenda for the OHSU 2025 presentation to the OHSU Board in September;

Additional details will be provided during the planned presentation to the OHSU Board of Directors on April 19, 2023.

OHSU 2025 Update

4/19/23

BRIDGET BARNES



Agenda

- Objective status summary
- Objective 1.15 Suicide Safety update
- Objective 2.1 Learner Placement update
- Research Administration Partner Pod video
- Topics for the next meeting

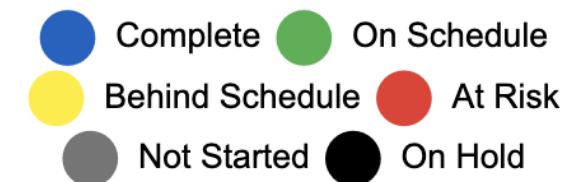
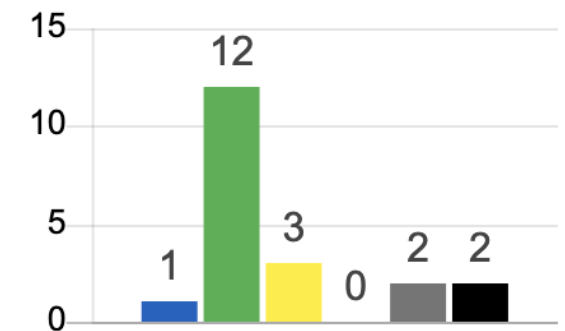
OHSU 2025

Education Council Objectives

EDUCATION COUNCIL OBJECTIVE STATUS

No.	Objective Name	Status	# of Tactics	Objective Owner
1.2	Academic Career Success	●	4	David Robinson, Kirstin Moreno
1.3	Learner Success	●	6	David Robinson, Michael Walsh
2.1	Learner Placement	●	3	David Robinson, Michelle Schleich
2.2	Simulation	●	7	David Robinson, Donn Spight

EDUCATION COUNCIL TACTIC STATUS



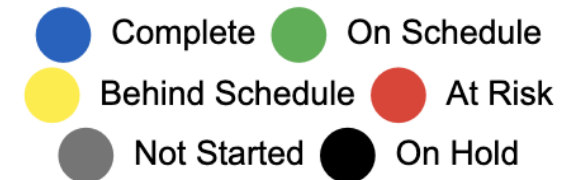
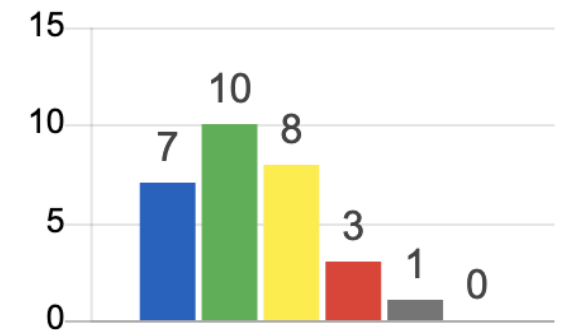
OHSU 2025

Research Council Objectives

RESEARCH COUNCIL OBJECTIVE STATUS

No.	Objective Name	Status	# of Tactics	Objective Owner
1.4	Faculty Support Principles	●	10	Bonnie Nagel, Charles Allen, Mary Heinricher
4.2	Research Support Services	●	4	Dana Director
4.3	Research Informatics	●	7	David Dorr, Natasha Farvan, Shannon McWeeney
6.3	Research Transparent Decision-Making	●	8	Debbie Cohen, Susan Hayflick

RESEARCH COUNCIL TACTIC STATUS



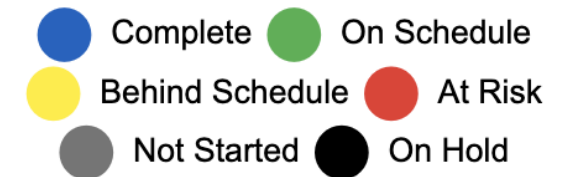
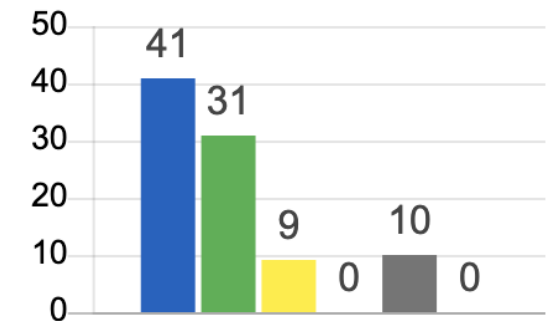
OHSU 2025

Infrastructure Council Objectives

INFRASTRUCTURE COUNCIL OBJECTIVE STATUS

No.	Objective Name	Status	# of Tactics	Objective Owner
1.11	Well-Being	●	15	Megan Furnari, Renee Edwards
1.14	Confidential Advocate Program	●	11	Michael Walsh
1.15	Suicide Safety	●	9	George Keepers
1.17	Flexible Workplace	●	15	Marie Hallquist, Tiah Lindner
5.3	Supplier Diversity	●	10	Maulin Patel
6.1	Data Governance & CANDID	●	12	Paul Allen
6.2	EPMO - COMPLETE	●	11	Wayne Shields
6.4	Collaboration Platform	●	9	Kuli Mavuwa

INFRASTRUCTURE COUNCIL TACTIC STATUS



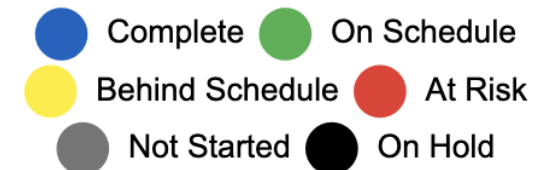
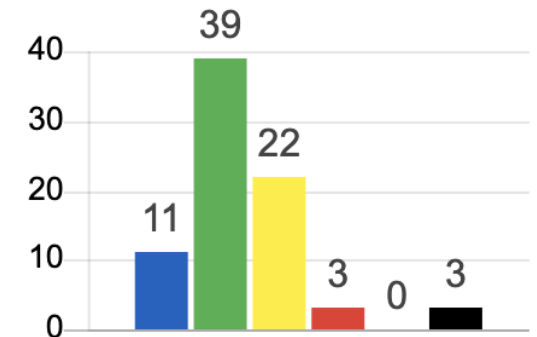
OHSU 2025

Health Care Objectives

HEALTH CARE COUNCIL OBJECTIVE STATUS

No.	Objective Name	Status	# of Tactics	Objective Owner
1.5	Clinician Alignment	●	6	Atif Zaman
1.6	Clinician Wellness	●	1	Atif Zaman, Dana Bjarnason, Joe Hardman, Renee Edwards
3.1	Ambulatory Expansion	●	6	Atif Zaman, Stephanie Schmidt
3.2	Cancer Service Line	●	6	Mayumi Fukui, Patrick McCormick
3.3	Women's & Children's Service Line	●	7	Aaron Caughey, Dana Braner, Johanna Warren, Kenneth Azarow, Mary Beth Martin
3.4	Payor Partnerships	●	9	Jeffrey Conklin
3.5	Heart & Vascular Service Line	●	6	Anthony Mulholland, Firas Sahr, Howard Song, Nandita Gupta
3.8	Neuroscience Service Line	●	5	Erika Schouten, Helmi Lutsep, Nathan Selden
5.1	Population Health and Value Based Care	●	14	Emily Barclay, Eric Herman, Jennifer Devoe
6.6	Optimize Clinical Operations	●	18	Joe Ness, Renee Edwards

HEALTH CARE COUNCIL TACTIC STATUS



OHSU 2025

Objective 1.15 Suicide Safety

Purpose and Goals:

To build OHSU's capacity to understand, prevent, and work through suicide

- Support staff at all levels and locations
- Centralize resources and supports
- Outline policies, procedures, best-practices, and trainings
- Destigmatize suicide and mental health
- Increase resource accessibility and develop a supportive culture
- Acknowledge union of medical and mental health disciplines



**DEPARTMENT OF
PSYCHIATRY**



**WELL-BEING
COLLABORATIVE**



**STUDENT HEALTH
AND WELLNESS**

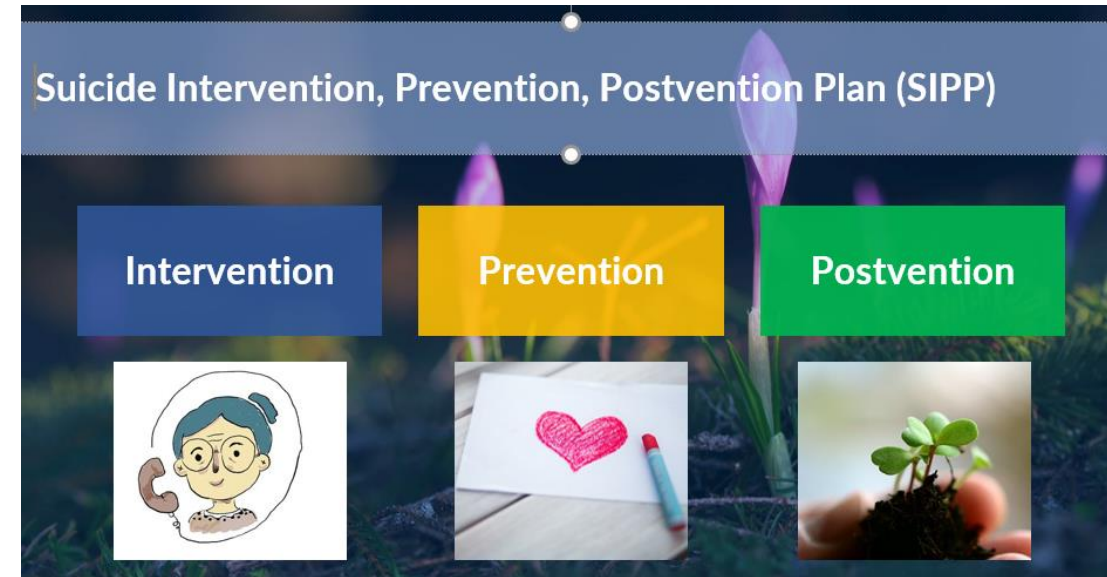


**DEPARTMENT OF
OCCUPATIONAL HEALTH**

Objective 1.15 Suicide Safety

Upcoming Milestones

- Complete: Jade Osilla was hired as the Suicide Prevention Program Manager within Occupational Health.
- OHSU Suicide Intervention, Prevention, and Postvention Plan (SIPP)
- Creation of Postvention Response Team
- Consistent and established roll out of suicide prevention trainings
- Harm reduction: Rx safe disposal boxes and gun lock distribution
- OHSU Suicide Prevention Coalition and Partnership (SPCP)



*A suicide-safer community is one
"where each person feels validated
and valuable" – Gretchen Irwin, RN*

Objective 2.1 Learner Placement

Purpose and Goals

Implement an integrated system to manage learner placements in all required settings

Develop a centralized, coordinated and equitable system for accessing and managing clinical placements for our learners that will provide opportunities to increase educational standards, improve the quality of our learning experiences, foster interprofessional education, enhance patient safety, and optimize satisfaction for learners, preceptors and faculty.



Objective 2.1 Learner Placement

Accomplishments

- Developed the Office of Learner Placement and Housing, a combined office responsible for managing clinical learner placement in a systematic, centralized, coordinated, and equitable manner.
- Established the OHSU Learner Placement Council to guide the development of an integrated system to manage learner placements with representation from a variety of stakeholder groups.
- Identified and currently implementing an All-in-One Education Management Platform for Health Sciences Programs.

Projected Implementation

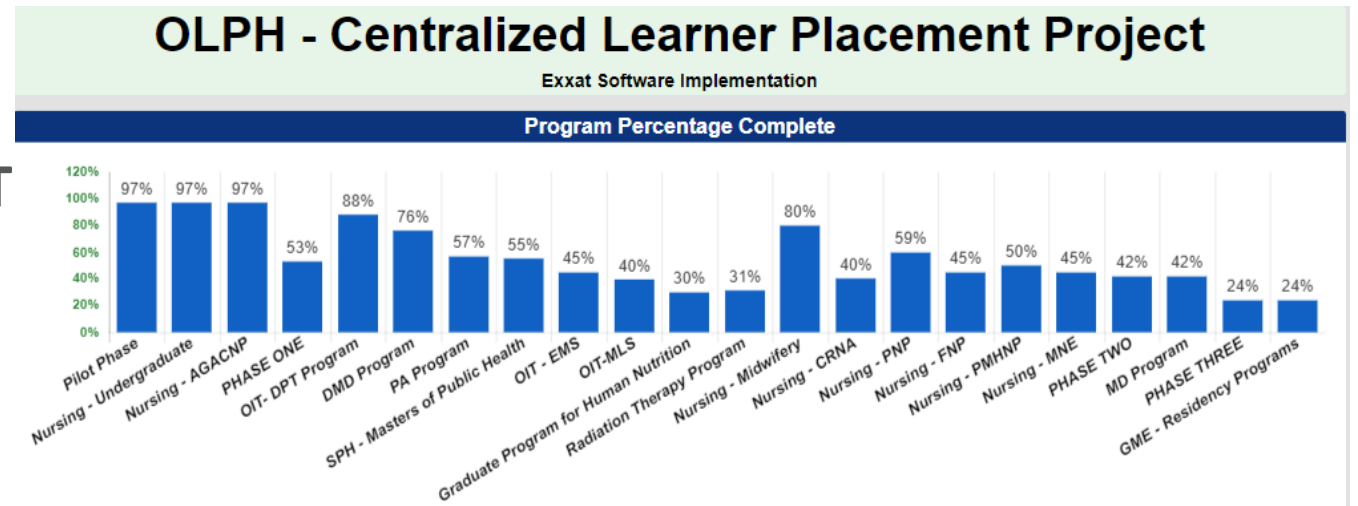
Completion Timeline for EXXAT

Pilot Phase Completed – 01/09/2023

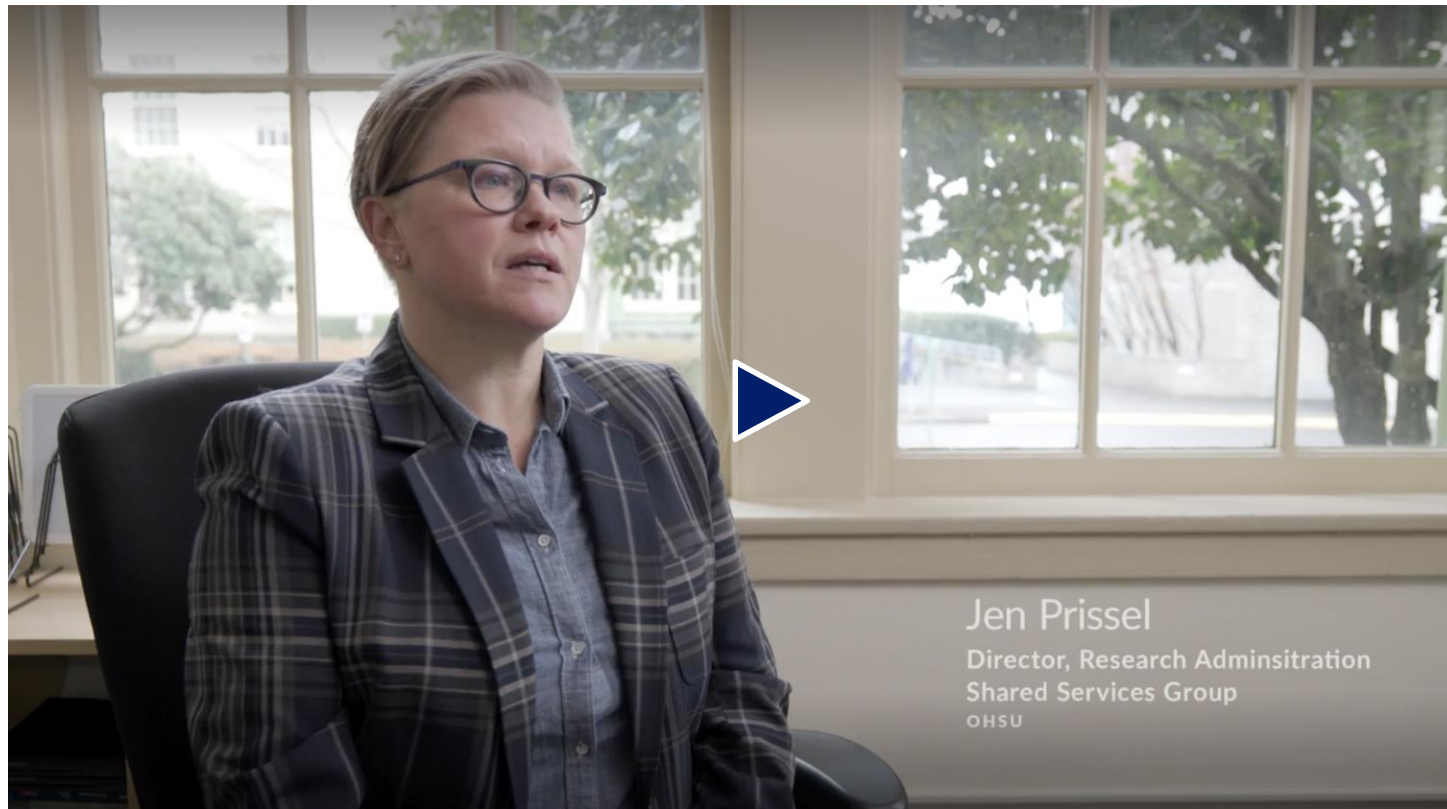
Phase One – 06/01/2023

Phase Two – 09/01/2023

Phase Three – 06/30/2024



Video will be played here during the meeting



OHSU 2025

Next Meeting

September OHSU Board Meeting

- Present FY23 OHSU 2025 Objective Metric Update
- Present FY23 OHSU 2025 Financials

Thank You





**RESOLUTION NO. 2023-04-04
OREGON HEALTH AND SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

(Selection of Public Accounting Firm for Audit Services)

WHEREAS, pursuant to Resolution 2022-04-03, the Board of Directors of the University approved the selection of KPMG, LLP as the OHSU auditor for fiscal years 2022 through 2026, with the option to renew for an additional three years at OHSU's discretion;

WHEREAS, the Charter of the Finance and Audit Committee ("F&A Charter") requires that the members of that Committee recommend the selection of an independent audit firm, review the engagement terms of the audit firm, and oversee certain other matters intended to ensure the independence of the auditor and the integrity of the audit; and

WHEREAS, the members of the Finance and Audit Committee annually review the audit plan and have recommended the engagement of KPMG, LLP as OHSU auditor.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Oregon Health & Science University approves the engagement of KPMG LLP as the OHSU auditor for the fiscal year 2023.

This Resolution is adopted this 19th day of April, 2023.

_____ Yeas

_____ Nays

_____ Abstentions

Signed by the Secretary of the Board on April 19, 2023.

Connie Seeley
Board Secretary



**RESOLUTION 2023-04-05
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

WHEREAS, Board Resolution 2018-05-07 appointed Danny O. Jacobs, MD, MPH, FACS, as President of Oregon Health & Science University (OHSU); and

WHEREAS, President Jacobs' initial appointment is scheduled to expire on July 31, 2024; and

WHEREAS, after careful consideration and evaluation, the OHSU Board of Directors wishes to extend President Jacobs' appointment;

NOW THEREFORE BE IT RESOLVED:

Danny O. Jacobs, MD, MPH, FACS, is reappointed as President of Oregon Health & Science University, to serve until July 31, 2026.

This Resolution is adopted the 19th day of April, 2023.

_____ Yea

_____ Nay

_____ Abstention

Signed by the Secretary of the Board on April 19, 2023.

Connie Seeley
Board Secretary

Glossary of Terms

A3 – Single page strategy

AAEO – Affirmative Action and Equal Opportunity

AAV - Adenovirus-associated virus

ACA - Affordable Care Act. The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) or nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010

ACGME – Accreditation Council for Graduate Medical Education

AFSCME - American Federation of State, County and Municipal Employees. A union that represents OHSU classified employees.

AH - Adventist Health.

AHC - Academic Health Center. A partnership between healthcare providers and universities focusing on research, clinical services, education and training. They are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

AHRQ – Agency for Healthcare Research and Quality

AI/AN - American Indian/Alaska Native

AMD - Age-Related Muscular Degeneration is a common eye condition and a leading cause of vision loss among people age 50 and older.

AMP - Antibody-mediated protection clinical trial to prevent HIV acquisition

APP – advanced practice providers

APR - Academic Program Review: The process by which all academic programs are evaluated for quality and effectiveness by a faculty committee at least once every five years.

ARRA - American Recovery and Reinvestment Act of 2009.

A/R - Accounts Receivable. Money owed to a company by its debtors

ART – Antiretroviral therapy

ASF - Assignable Square Feet. The sum of all areas on all floors of a building assigned to, or available for assignment to, an occupant or specific use.

AVS – After visit summary

A&AS – Audit and Advisory Services

Beat AML - collaborative clinical trial for acute myeloid leukemia

BERG – Black Employee Resource Group

bNAb – Broadly neutralizing antibody

BRB - Biomedical Research Building. A building at OHSU.

BS – Bachelor of Science

CAGR - Compound Annual Growth Rate measures the annual growth rate of an investment for a time period greater than a year.

CAO - Chief Administrative Officer.

Capex - Capital expense

CAUTI – catheter associated urinary tract infections

CDI – Center for Diversity & Inclusion

CDI – Clostridium Difficile Infection

C Diff – Clostridium Difficile

CEI - Casey Eye Institute. An institute with OHSU.

CFO - Chief Financial Officer.

CHH - Center for Health & Healing Building. A building at OHSU.

CHH-2 - Center for Health & Healing Building 2. A building at OHSU.

CHIO – Chief Health Information Officer

CLABSI – Central line associated bloodstream infections

CLSB - Collaborative Life Sciences Building. A building at OHSU.

CMH - Columbia Memorial Hospital. A hospital in Astoria, Oregon.

CMI - Case Mix Index. Relative value assigned to a diagnosis-related group of patients in a medical care environment.

CMS - Centers for Medicare & Medicaid Services. A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of HealthCare.gov.

CPI - Consumer Price Index measures the average prices of goods & services in the United States.

CY - Current Year.

DAC- Diversity Advisory Council

DEI – Diversity, Equity, & Inclusion

DEIB – Diversity, Equity Inclusion and Belonging

Downstream referral activity - specialty referrals that generate a higher margin and result from the primary care activity.
Days Cash on Hand - The number of days that OHSU can continue to pay its operating expenses with the unrestricted operating cash and investments.
DCH - Doernbecher Children's Hospital. A building at OHSU.
DMD - Doctor of Dental Medicine.
DNP - Doctor of Nursing.
DNV – Det Norske Veritas

E&M – Evaluation and management
EBIT - Earnings before Interest and Taxes. A financial measure measuring a firm's profit that includes all expenses except interest and income tax.
EBITDA - Earnings before Interest, Taxes, Depreciation and Amortization.
ED - Emergency Department. A department in OHSU specializing in the acute care of patients who present without prior appointment.
EHR - Electronic Health Record. A digital version of a patient's medical history.
EHRS – Environmental Health and Safety
EMR – Electronic medical record
ENT - Ear, Nose, and Throat. A surgical subspecialty known as Otorhinolaryngology.
Envelope - HIV surface protein that is the target of bNAbs
EPIC - Epic Systems. An electronic medical records system.
EPMO – Enterprise Program Management Office
ER - Emergency Room.
ERG – Electroretinography is an eye test used to detect abnormal function of the retina.
ERG – Employee Resource Groups
ERM - Enterprise Risk Management. Enterprise risk management in business includes the methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives.
EVP – Executive Vice President

FTE - Full-time equivalent is the hours worked by an employee on a full-time basis.
FY - Fiscal Year. OHSU's fiscal year is July1 – June30.

GAAP - Generally Accepted Accounting Principles. Is a collection of commonly-followed accounting rules and standards for financial reporting.
GASB - Governmental Accounting Standards Board. Is the source of generally accepted accounting principles used by state and local governments in the United States.
GDP - Gross Domestic Product is the total value of goods and services produced within a country's borders for a specified time period.
GIP - General in-patient
GME - Graduate Medical Education. Any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States This education includes internship, residency, subspecialty and fellowship programs, and leads to state licensure.
GPO –group purchasing organization

H1 – first half of fiscal year
H2 – second half of fiscal year
HAC – hospital acquired conditions
HAI – hospital acquired infections
HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems
HR - Human Resources.
HRBP – Human resources business partner
HSE – Harvard School of Education
HSPH – Harvard School of Public Health

IA - Internal Arrangements. The funds flow between different units or schools within OHSU.
ICU - Intensive Care Unit. A designated area of a hospital facility that is dedicated to the care of patients who are seriously ill
IGT - Intergovernmental Transfers. Are a transfer of funds from another government entity (e.g., county, city or another state agency) to the state Medicaid agency
IHI – Institute for Health Care Improvement
IMPACT - International Maternal Pediatric Adolescent AIDS Clinical Trials Network
IP – In Patient
IPS – Information Privacy and Security
ISO – International Organization for Standardization

KCC - Knight Cancer Center. A building at OHSU.
KCRB – Knight Cancer Research Building
KPI – Key Performance Indicator
KPV - Kohler Pavilion. A building at OHSU.

L – Floor Level

L&D - Labor and Delivery.

LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer

LOI - Letter of Intent. Generally used before a definitive agreement to start a period of due diligence before an enduring contract is created.

LOS – Length of stay

M - Million

MA – Medicare Advantage

M and A - Merger and acquisition.

MBU - Mother-Baby Unit. A unit in a hospital for postpartum women and their newborn.

MCMC - Mid-Columbia Medical Center. A medical center in The Dalles, OR.

MD - Doctor of Medicine.

MOU—Memorandum of Understanding

MPH - Master of Public Health

MRSA – methicillin-resistant staph aureus

NAPLEX – North American Pharmacist Licensure Examination

NCLEX – National Council Licensure Exam

NCI – National Cancer Institute

NFP - Not For Profit.

NICU - Neonatal Intensive Care Unit specializes in the care of ill or premature newborn infants.

NIH - National Institutes of Health. A part of the U.S. Department of Health and Human Services, NIH is the largest biomedical research agency in the world.

NOL - Net Operating Loss. A loss taken in a period where a company's allowable tax deductions are greater than its taxable income. When more expenses than revenues are incurred during the period, the net operating loss for the company can generally be used to recover past tax payments.

NPS: Net Promotor Score.

NWCCU - Northwest Commission on Colleges and Universities: OHSU's regional accrediting body which is recognized by the U.S. Department of Education as the authority on the educational quality of institutions in the Northwest region and which qualifies OHSU and our students with access to federal Title IV student financial aid funds.

O2 – OHSU's Intranet

OBGYN – Obstetrics and Gynecology

OCA - Overhead Cost Allocation. Internal OHSU mechanism for allocating overhead expenses out to departments.

OCBA – Oregon Commission on Black Affairs

OCNE - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.

OCT - Optical Coherence Tomography is a non-invasive imaging test.

OCTRI - Oregon Clinical & Translational Research Institute. An institute within OHSU.

OHA - Oregon Health Authority. A government agency in the state of Oregon.

O/E – observed/expected ratio

OHSU—Oregon Health & Science University

OHSUF - Oregon Health & Science University Foundation.

ONA - Oregon Nurses Association. Professional association for nurses in Oregon.

ONPRC - Oregon National Primate Research Center. One of seven federally funded National Primate Research Centers in the United States and a part of OHSU.

OP – Outpatient. If your doctor sends you to the hospital for x-rays or other diagnostic tests, or if you have same-day surgery or visit the emergency department, you are considered an outpatient, even if you spend the night in the course of getting those services. You only become an inpatient if your doctor writes orders to have you formally admitted.

OPP – OHSU Practice Plan

OPAM - Office of Proposal and Award Management is an OHSU department that supports the research community by providing pre-award and post-award services of sponsored projects and awards.

OPE - Other Payroll Expense. Employment-related expenses for benefits which the university incurs in addition to an employee's actual salary.

Opex: Operating expense

OR- Oregon

OR - Operating Room. A room in a hospital specially equipped for surgical operations.

OSU - Oregon State University.

P – Parking Floor Level

PAMC - Portland Adventist Medical Center.

PaWS – Parking and Workplace Strategy

PDT - Photodynamic Therapy is a treatment that uses special drugs and light to kill cancer cells.

PEP - post-exposure prophylaxis

Perinatal Services – Before and after birth care

PERI-OP – Perioperative. The time period describing the duration of a patient's surgical procedure; this commonly includes ward admission, anesthesia, surgery, and recovery

PERS - Public Employees Retirement System. The State of Oregon's defined benefit plan.

PET/MRI - Positron Emission Tomography and Magnetic Resonance Imaging. A hybrid imaging technology that incorporates MRI soft tissue morphological imaging and positron emission tomography PET functional imaging.

PharmD – Doctor of Pharmacy
PHB – Portland Housing Bureau
PPI – physician preference items
PPO - Preferred Provider Organization. A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network.
Prgrm – Program
PSI – patient safety intelligence
PSU - Portland State University.
PTO - Personal Time Off. For example sick and vacation time.
PV - Present Value. The current value of a future sum of money or stream of cash flows given a specified rate of return.
PY - Previous Year.

Quaternary - Extension of Tertiary care involving even more highly specialized medical procedures and treatments.

R&E - Research and Education
RAPP – Research Administration Partner Pod
RFP – Request for Proposal
RJC – Racial Justice Council
RLSB: Robertson Life Sciences Building
RN - Registered Nurse.
ROI – return on investment
RPA - Robotic Process Automation. Refers to software that can be easily programmed to do basic tasks across applications just as human workers do
RPV – revenue per visit

SAMHSA – Substance Abuse Mental Health
SBAR – Situation, Background, Assessment, Recommendation
SCB – Schnitzer Campus Block
SG&A - Selling, General and Administrative expenses. A major non-production cost presented in an income statement
SIPP – Suicide Prevention, Prevention, Postvention Plan
SLM – Senior Leadership Meeting
SLO - Student Learning Outcomes Assessment: The process of establishing learning goals, providing learning opportunities, measuring student learning and using the results to inform curricular change. The assessment process examines whether students achieved the learning goals established for them.
SMMART - Serial Measurements of Molecular and Architectural Responses to Therapy
SoD – School of Dentistry
SoM - School of Medicine. A school within OHSU.
SoN – School of Nursing
SOPs – Standard Operating Procedures
SPCP – Suicide Prevention Coalition and Partnership
SPH - School of Public Health. A school within OHSU.
SPD - Sterile Processing Department. An integrated place in hospitals and other health care facilities that performs sterilization and other actions on medical devices, equipment and consumables.
SSI – surgical site infection

TBD – to be decided
Tertiary - Highly specialized medical care over extended period of time involving advanced and complex procedures and treatments.
THK – Total hip and knees
TIC – Trauma Informed Care
TTBD - Technology Transfer & Business Development supports advancement of OHSU research, innovation, commercialization and entrepreneurship for the benefit of society.

UBCI – Unconscious Bias Campus – wide initiative
Unfunded Actuarial Liability - Difference between actuarial values of assets and actuarial accrued liabilities of a pension plan. Represents amount owed to an employee in future years that exceed current assets and projected growth.
UO—University of Oregon
UPP - University Pension Plan. OHSU's defined benefit plan.
URM – underrepresented minority
USMLE – United States Medical Licensing Examination

VBP – Value-based purchasing
VEC – Vaccine Equity Committee
VGTI - Vaccine and Gene Therapy Institute. An institute within OHSU.
VTE – venous thromboembolism

WACC - Weighted Average Cost of Capital is the calculation of a firm's cost of capital in which each capital category is proportionately weighted.

WMG – Wednesday Morning Group

wRVU - Work Relative Value Unit. A measure of value used in the United States Medicare reimbursement formula for physician services

YoY - Year over year.

YTD - Year to date.