



OHSU Board of Directors Meeting

**Thursday, April 11, 2019
9:45 – 11:45am**

**RLSB, Room 3A001
2730 SW Moody Ave., Portland, OR 97201**



OREGON HEALTH & SCIENCE UNIVERSITY BOARD OF DIRECTORS MEETING

Thursday, April 11, 2019
9:45-11:45am
RLSB 3A001

Agenda

9:45 am	Call to Order/ Chairman's Comments President's Comments Approval of Minutes Jan. 31 (Action)	Wayne Monfries Danny Jacobs, MD Wayne Monfries
10:00 am	Financial Update	Lawrence Furnstahl
10:25 am	Update on FY19 Indicators	Dan Forbes
10:50 am	Annual Quality Report	Renee Edwards, MD
11:15 am	Pacific NW Cryo-EM Center	Craig Yoshioka, PhD
11:40 am	Recognition of service for Ana Brar (Action)	Wayne Monfries
11:45 pm	Meeting adjourned	

**Oregon Health & Science University
Board of Directors Meeting
January 31, 2019
Robertson Life Sciences Building, Room 3A001**

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 12:45 p.m. in the RLSB Conference Room 3A001, 2730 SW Moody, Portland, OR 97201.

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 3181 SW Sam Jackson Park Road, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

Attendance

Board members in attendance were Ruth Beyer, Stacy Chamberlain, Danny Jacobs, Wayne Monfries, Chad Paulson, Amy Tykeson, and Steve Zika. OHSU staff members presenting materials on the agenda were Lawrence Furnstahl, Brian Gibbs, Greg Moawad, Jennifer Taylor, and Sara Vonde Veld. Connie Seeley, Secretary of the Board, and Alice Cuprill-Comas, Assistant Secretary of the Board, were in attendance as well as other OHSU staff members and members of the public.

Call to Order

Wayne Monfries

Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 12:45 p.m. and welcomed all those in attendance.

Chairman's Comments

Wayne Monfries

Mr. Monfries stated he is honored to have been elected to Chair of the OHSU Board for another year and expressed his appreciation for OHSU's accomplishments in 2018, including selection of Danny Jacobs as the new OHSU President, opening of the Knight Cancer Research Building, and opening of the Rood Family Pavilion. Mr. Monfries also addressed the recent measles outbreak in Washington and the public health challenge created by the high rate of unvaccinated individuals in Oregon and the surrounding region.

President's Comments

Danny Jacobs, M.D.

Dr. Jacobs also highlighted OHSU's accomplishments over the past several months, including Peter Barr-Gillespie's appointment as Chief Research Officer, breaking ground for the joint OHSU/PSU School of Public Health, welcoming the first group of guests to the Rood Family Pavilion, and a new partnership with the U.S. Army for trauma services.

Approval of Minutes

Wayne Monfries

Mr. Monfries asked for approval of the minutes from the October 25, 2018 OHSU Board public meeting. Upon motion duly made by Amy Tykeson and seconded by Ruth Beyer, the minutes were unanimously approved.

Financial Update

Lawrence Furnstahl

Lawrence Furnstahl provided a detailed overview of OHSU's financial results for the first six months of the fiscal year, reporting positive growth across programs, strong cash revenue and reasonably controlled expenses. The information included an outline of anticipated costs for opening the new ambulatory care building on the South Waterfront, the high occupancy rate for adult inpatient care in the Kohler Pavilion, and the mix of payors for patient care.

Board members asked Mr. Furnstahl for additional information on initiatives to control expenses and revenue from specialty pharmaceutical sales. Mr. Monfries concluded the discussion by thanking the OHSU community for their vision and insight on cost and spending.

SCB6 Parking and Affordable Housing

Sara Vonde Veld and Jennifer Taylor

Mr. Monfries recognized Sara Vonde Veld, Director of OHSU Campus Planning and Real Estate, and Jennifer Taylor, Director of Design and Construction.

Ms. Vonde Veld presented a development proposal for an OHSU owned parking structure and a non-OHSU owned affordable housing project on Block 6 of the Schnitzer Campus. Ms. Vonde Veld reviewed OHSU's need for additional parking and the current incentives for employees to use alternate means of transportation.

Ms. Taylor provided an overview of a feasibility study conducted for the development proposal. Information on the affordable housing component was shared with the City of Portland and Ms. Taylor reported the City expressed interest in contributing financially to the project. Design and Construction staff are working with the Portland Housing Bureau to prepare a Request for Proposal for the design phase of the housing component.

Board members asked Ms. Taylor for additional information on ownership of the building, qualifications for affordable housing, potential traffic congestion, security concerns, and design restrictions. Board members expressed their appreciation for the proposal's creativity in addressing the need for affordable housing.

Center for Diversity and Inclusion Report

Brian Gibbs, Ph.D.

Mr. Monfries recognized Dr. Brian Gibbs, Vice President for Equity and Inclusion.

Dr. Gibbs presented an outline on the state of diversity at OHSU, including restatement of the case for equity and inclusion, what has been accomplished at OHSU so far, and strategies for the future. Plans to strengthen the Center for Diversity and Inclusion include aligning goals with OHSU 2025 and institutional benchmarking, improving the focus on culture, and increasing coordination of recruitment efforts for under-represented minority faculty, students and staff.

Board members asked for additional information on the healthcare equality index and development of the student-focused curriculum. Mr. Monfries highlighted the importance of unconscious-bias training for hiring managers at OHSU and thanked Dr. Gibbs for the presentation.

Campus Safety History and Update

Greg Moawad

Mr. Monfries recognized Greg Moawad, Vice President for Campus Safety.

Mr. Moawad provided a history of OHSU's campus safety efforts, including creation of a Critical Incident Readiness Task Force, policy development, legislation to create a campus police force and allow officers to carry firearms, and officer training for trauma informed care and a culturally responsive approach to policing.

Board members discussed retention of campus police officers, active shooter training, and coordination with local law enforcement and emergency services. Mr. Moawad provided examples of how training and department culture was reflected in use-of-force outcomes.

Dr. Jacobs commended Mr. Moawad's efforts and Campus Safety's commitment to best practices.

Committee Membership Update

Wayne Monfries

Mr. Monfries presented OHSU Board Resolution 2019-01-01 to identify and appoint a member of the OHSU Board to serve on the University Health System (UHS) Board. Resolution 2019-01-01 would remove Wayne Monfries and appoint Steve Zika to serve at the pleasure of the OHSU Board.

OHSU Board Resolution 2019-01-01, Approval of Appointment to the UHS Board

Mr. Monfries asked for a motion to adopt Resolution 2019-01-01. Stacy Chamberlain moved to approve the motion. Steve Zika seconded the motion and it was approved by all OHSU Board members in attendance.

Adjournment

Wayne Monfries

Hearing no further business for discussion, Mr. Monfries thanked all of the Board members and presenters for their participation. The meeting was adjourned at 2:43 p.m.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Connie Seeley", with a long, sweeping flourish extending to the right.

Connie Seeley
Secretary of the Board



FY19 February YTD Results and Preliminary FY20 Budget

OHSU Board of Directors / April 11, 2019

FY19 February YTD Financial Results

- OHSU operating income through February (8 months) is \$116 million, on 11% year-over-year revenue growth.
- Earnings are \$62 million above budget, of which \$17 million reflects one-time, non-cash adjustments from hemophilia factor accounts payable and implementation of paid-time off (PTO) for non-union employees. PTO was included in the budget but at a more conservative level.
- The remaining improvement occurs in central administrative and support areas (\$24 million), the Health System (\$16 million) and restricted funds (\$5 million, mostly from larger than anticipated grants for capitalized equipment).
- Compared to budget, revenues are up \$83 million supported by \$38 million of additional expense outside of accounting adjustments.
- February results demonstrate the continuing impact of Accelerate OHSU to:
 - Facilitate strong growth across programs
 - Capture a greater share of revenues generated by OHSU activities
 - Narrow the gap between payment rate growth and cost inflation
 - Hold incremental costs from growth to a fraction of incremental revenues.
- *The preliminary FY20 budget aims to continue these trends.*

February Earnings \$116M on 11% Growth

February YTD (8 months) (millions)	FY18 Actual	FY19 Budget	FY19 Actual	FY19 - Budget	FY19 / FY18
Net patient revenue (less tax)	\$1,339	\$1,412	\$1,464	\$52	9%
Medicaid R&E IGT	61	75	75	0	23%
Grants & contracts	285	303	316	13	11%
Gifts applied	59	68	60	(8)	2%
Tuition & fees	50	51	53	2	6%
State appropriations	25	25	25	0	1%
Other revenue	90	101	125	24	39%
Operating revenues	1,908	2,034	2,117	83	11%
Salaries & benefits	1,151	1,208	1,231	22	7%
Services & supplies	578	641	641	0	11%
Depreciation	102	111	109	(2)	6%
Interest	20	19	20	0	-1%
Operating expenses	1,851	1,979	2,000	21	8%
Oper. income (budget basis)	57	55	116	62	103%

Other Revenue an Area of Topline Growth

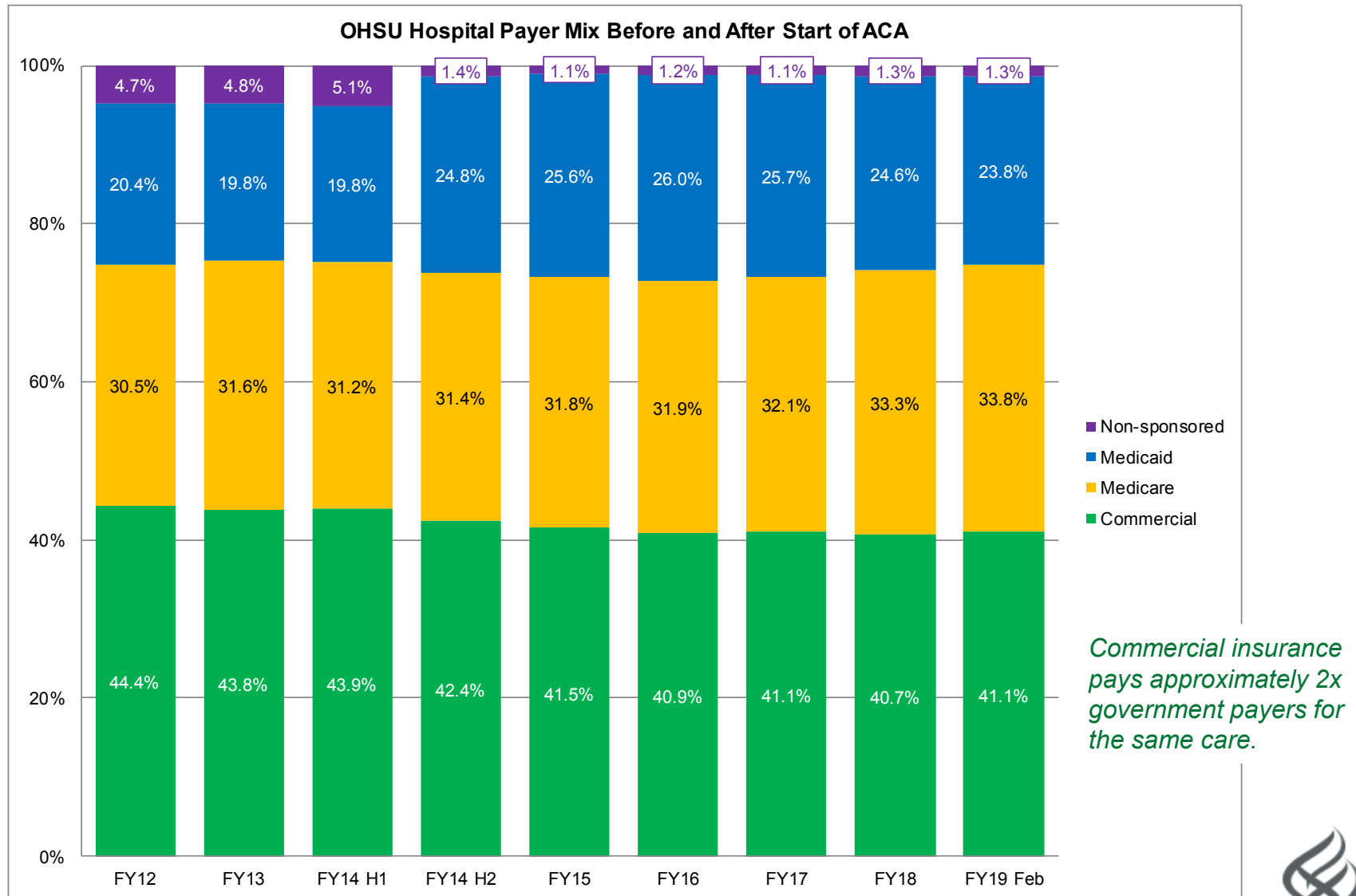
- The line “other revenue” has grown especially fast in recent years. Sales of pharmaceuticals, including home infusion, for treating our patients while they are not physically at OHSU, are the main driver of hospital other revenue. Growth in the other university component reflects increasing reimbursement from health system partners for the work of our faculty at their sites.
- OHSU has also secured growth in Intergovernmental Transfer (IGT) revenues, working closely with the State to optimize Medicaid payments. These reduce OHSU’s loss on Medicaid to free gains from commercial activity to support research and education at Oregon’s public health sciences university. The IGT program brings even larger resources to the State’s budget to fund the Oregon Health Plan.

(millions)	FY15 Actual	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Projection	CAGR
Hospital other revenue	\$62	\$66	\$75	\$99	\$115	16.6%
Other university other revenue	36	48	49	52	62	14.8%
Total other revenue	<u>98</u>	<u>114</u>	<u>125</u>	<u>152</u>	<u>177</u>	<u>16.0%</u>
IGT	62	77	85	98	112	15.9%
All other revenues	2,223	2,403	2,555	2,718	2,890	6.8%
Total revenues	<u>\$2,383</u>	<u>\$2,594</u>	<u>\$2,765</u>	<u>\$2,967</u>	<u>\$3,179</u>	<u>7.5%</u>

O/P Visits, Surgical & Casemix Drive Growth

OHSU Patient Activity February YTD (8 months)	FY18 Actual	FY19 Budget	FY19 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	19,330	19,513	19,116	-2.0%	-1.1%
Average length of stay	5.93	5.90	6.11	3.6%	3.0%
Average daily census	462	462	472	2.1%	2.1%
Day/observation patients	26,363	26,981	28,029	3.9%	6.3%
Emergency visits	31,317	33,597	30,467	-9.3%	-2.7%
Ambulatory visits	625,515	652,272	650,435	-0.3%	4.0%
Surgical cases	23,417	24,217	24,388	0.7%	4.1%
Casemix index	2.18	2.20	2.25	2.3%	3.2%
Outpatient share of activity	51.1%	51.1%	52.0%	1.8%	1.8%
CMI/OP adjusted admissions	85,971	87,743	89,439	1.9%	4.0%

Commercial Share Stable Since FY16



YTD Cash Up \$45M with Net Worth Up \$164M

Balance Sheet (millions)	6/30/18	2/28/19	Change
Operating cash & investments	\$926	\$969	\$43
Quasi-endowment funds	\$94	\$96	\$2
Moda surplus note, net	\$34	\$34	\$0
OHSU cash & investments	\$1,054	\$1,099	\$45
Trustee-held bond funds	61	18	(43)
Funds Held by Trustee - SoPH	1	12	11
Total cash & investments	1,115	1,129	13
Net physical plant	2,009	2,053	43
Interest in Foundations	1,388	1,360	(28)
Long-term debt	(980)	(960)	20
GASB 68 pension items, net	(327)	(327)	0
Working capital & other, net	162	277	115
OHSU net worth	3,367	3,531	164

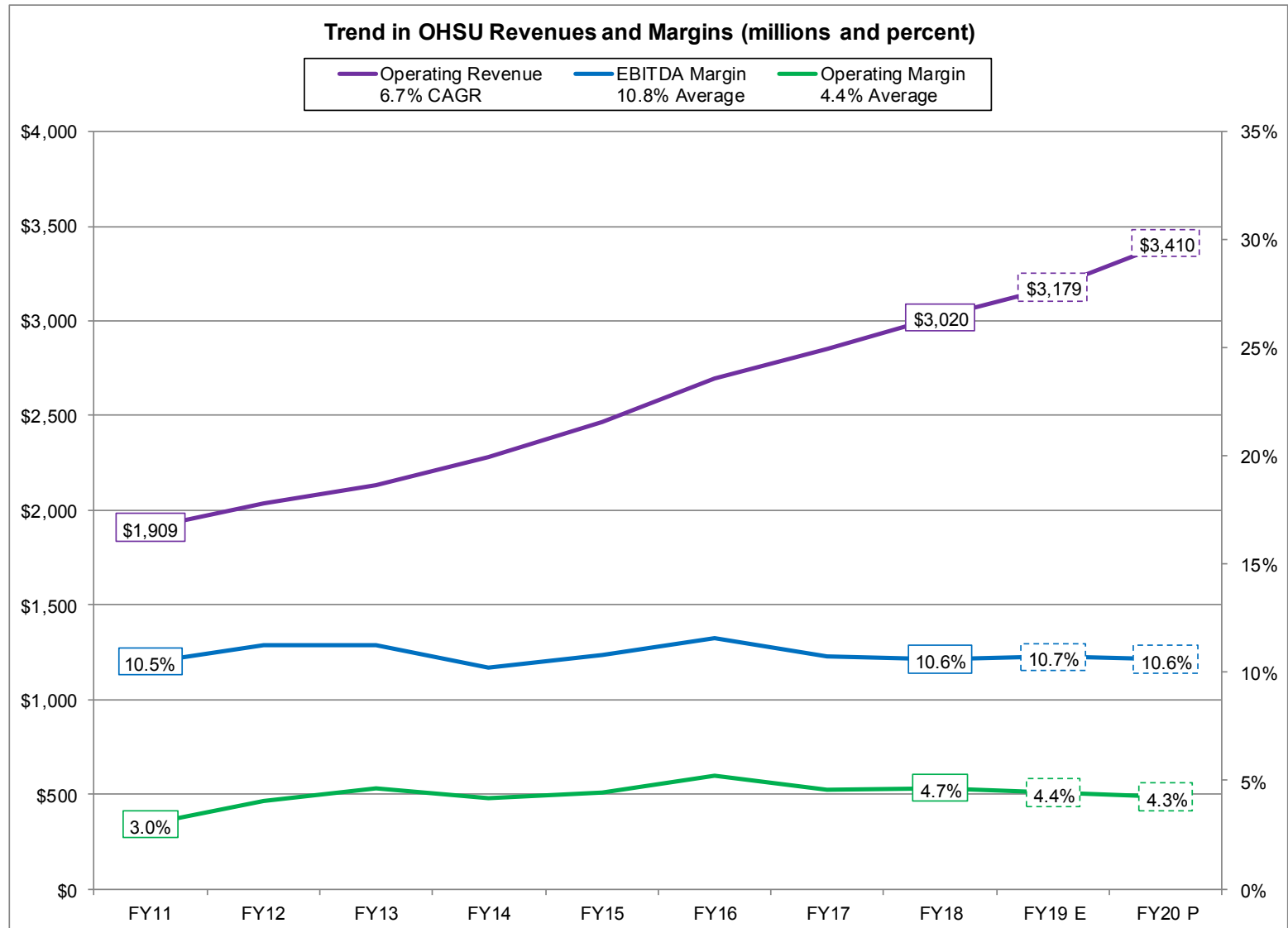
Oper. income (budget basis)	116
State grant to KCC	8
Gift Funding for KCRB	15
OHSU investment return	31
Gain (loss) from Foundations	(28)
Other non-operating items	20
Total change in net worth	164

FY19 Cash Flow (millions)	February YTD
Oper. income (budget basis)	\$116
State grant to KCC	\$8
Gift Funding for KCRB	\$15
Depreciation	109
OHSU investment return	31
Sources of OHSU cash	280
Regular principal repaid	(20)
Capital spending	(152)
Funds Held by Trustee - SoPH	11
Other working capital, net	(74)
Uses of OHSU cash	(235)
Sources less uses of cash	45
6/30/18 balance	1,054
2/28/19 balance	1,099

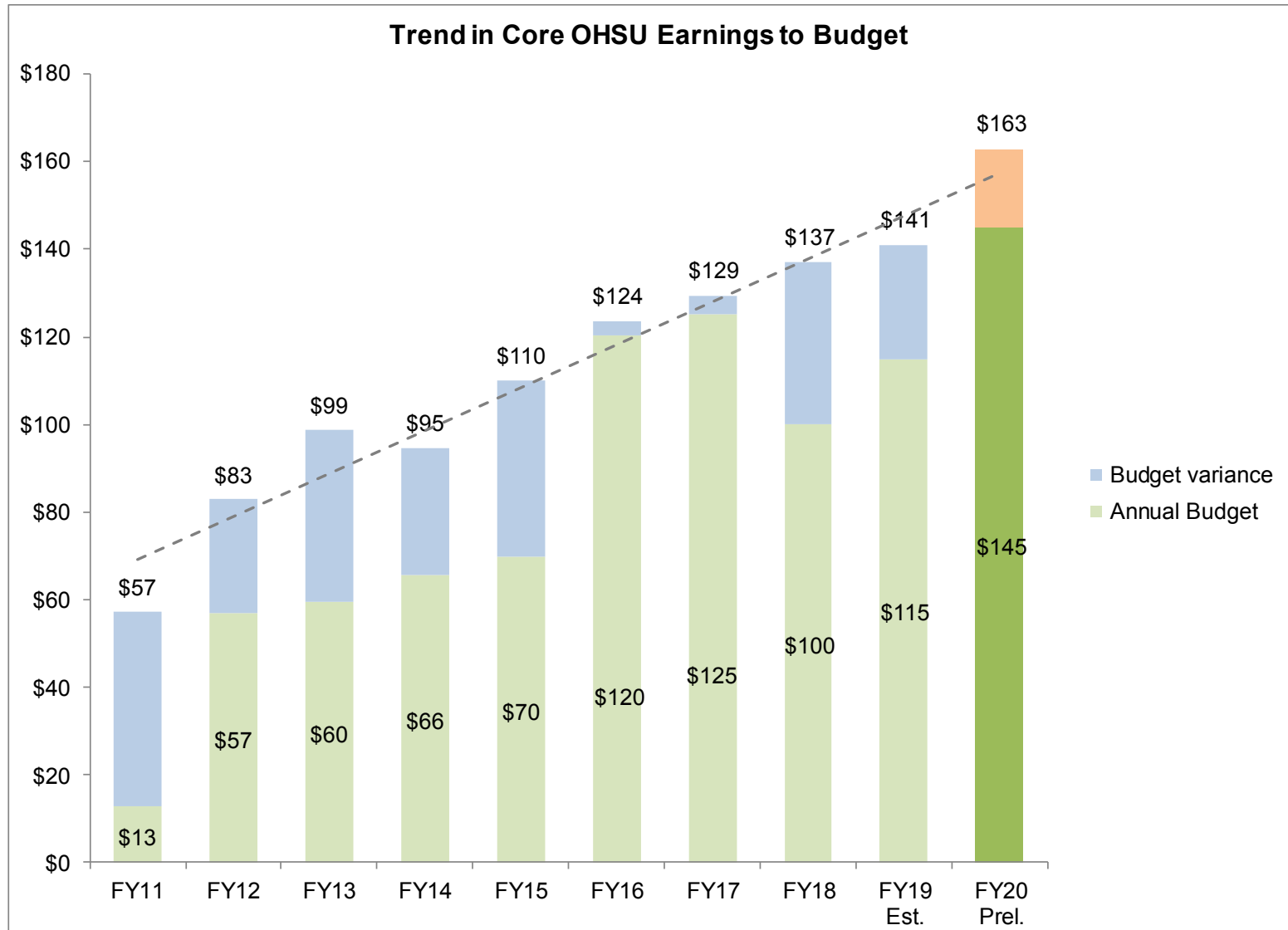
Introduction to Preliminary FY20 Budget

- OHSU's 10-year financial planning model assumes:
 1. Payment rate growth approximates 2% per year while unit cost growth is 3.5%
 2. In response, aggregate activity across missions must grow at 5%+ annually
 3. Variable costs must be held to 70% of total costs, thus spreading 30% fixed costs over a larger base
 4. This balances total revenue growth (5% volume + 2% rate = 7%) with total expense growth (70% x 5% = 3.5% volume + 3.5% unit cost = 7%).
- The preliminary FY20 budget incorporates these assumptions to provide the basis for detailed budget development now underway throughout OHSU, prior to our proposing a final budget to the Board in June. It targets 7% revenue growth to \$3.4 billion and operating income of \$145 million.
- This level of earnings supports an annual capital budget of \$151 million, exclusive of major building projects such as the last payments on CHH-2, a full year of construction on the Casey Eye Institute expansion, and design for the OHSU Hospital Expansion Project (OHEP).
- Sustaining recent above-target performance into next year could generate approximately \$163 million in operating income, allowing \$15 - \$20 million more investment.

Consistent Revenue Growth with Strong Margins

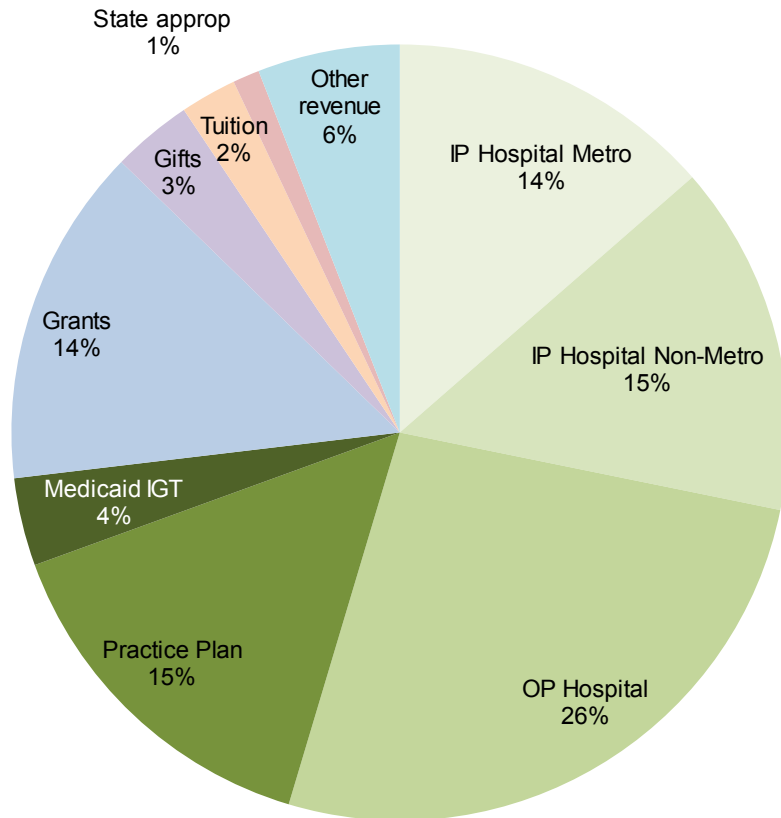


Trend in Actual Operating Income vs. Budget

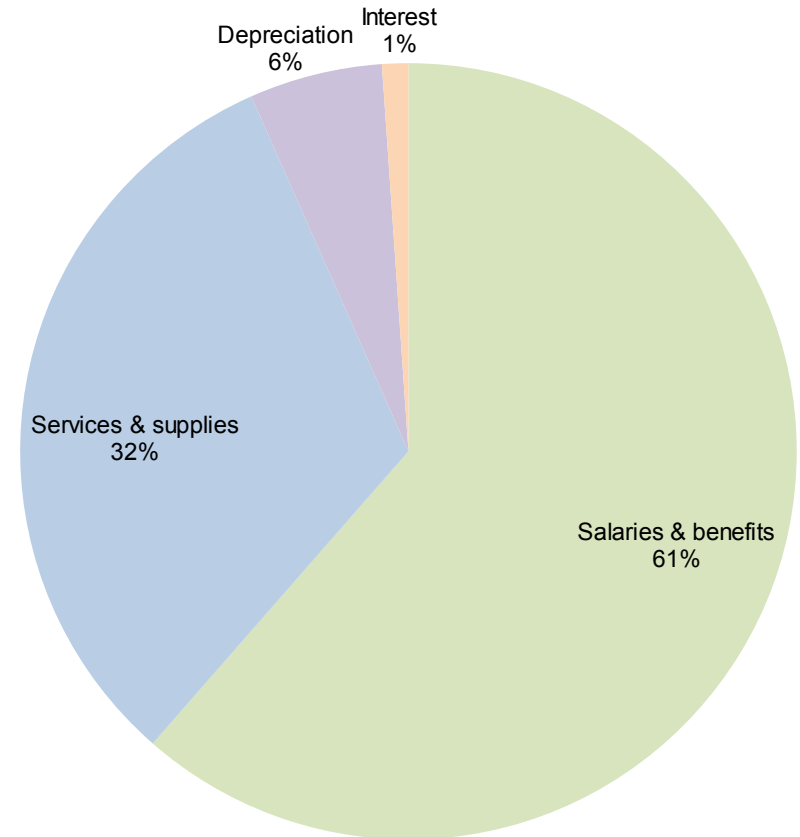


Preliminary FY20 Budget in a Nutshell

FY20B Revenue = \$3.4 Billion



FY20B Expense = \$3.3 Billion



Revenue – Expense = \$145m / year →
Capital & Program Investment

Revenue & Expense Growth in Preliminary Budget

(millions)	FY18 Actual	FY19 Budget	FY19 Estimate	FY20 Preliminary	FY20P / FY19E
Net patient revenue (less tax)	\$2,064	\$2,164	\$2,207	\$2,369	7%
Medicaid R&E IGT	98	112	112	125	12%
Grants & contracts	448	454	466	483	4%
Gifts applied	94	106	100	114	14%
Tuition & fees	74	77	79	80	1%
State appropriations	37	37	37	38	2%
Other revenue	152	155	177	202	14%
Operating revenues	2,966	3,105	3,179	3,410	7%
Salaries & benefits	1,759	1,834	1,867	2,006	7%
Services & supplies	891	955	971	1,042	7%
Depreciation	151	170	168	181	8%
Interest	29	31	32	36	12%
Operating expenses	2,829	2,990	3,038	3,265	7%
Oper. income (budget basis)	137	115	141	145	3%

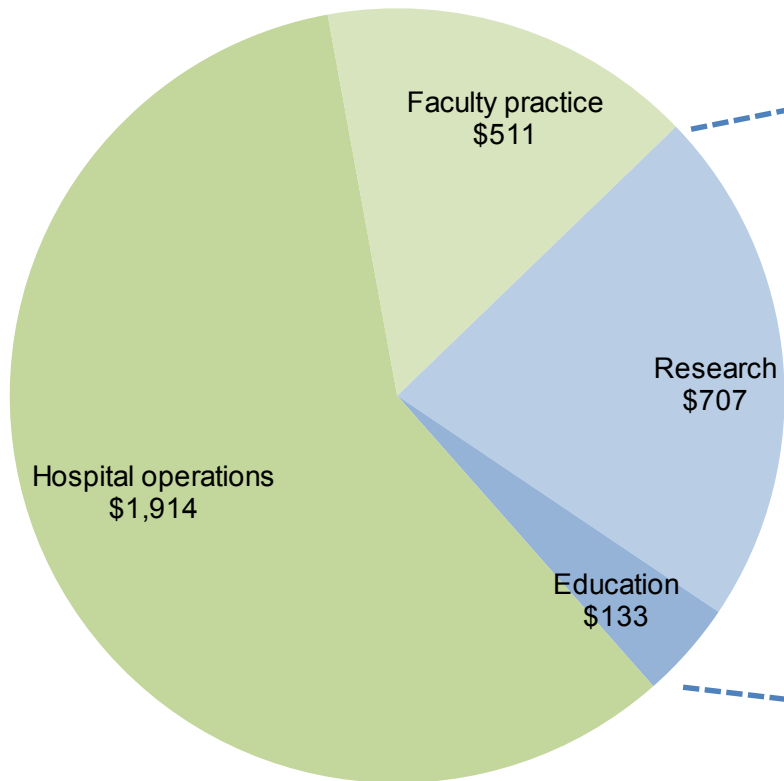
Earnings Support Capital with Level Days Cash

FY20P Operating Cash Flow	(millions)
Core operating income	\$145
Depreciation	181
Grant / gift funded capital	16
OHSU investment return	25
	<hr/>
Sources of cash	367
Principle repayment	(25)
Annual capital spending	(151)
Major building capital	(76)
A/R growth	(25)
PERS side account	(10)
	<hr/>
Uses of cash	(287)
	<hr/>
Sources less uses of cash	80
Bond reimb. of OHEP design	40
	<hr/>
Net Cash with OHEP bonds	\$120
<i>To hold level 200 days cash</i>	<i>\$112</i>

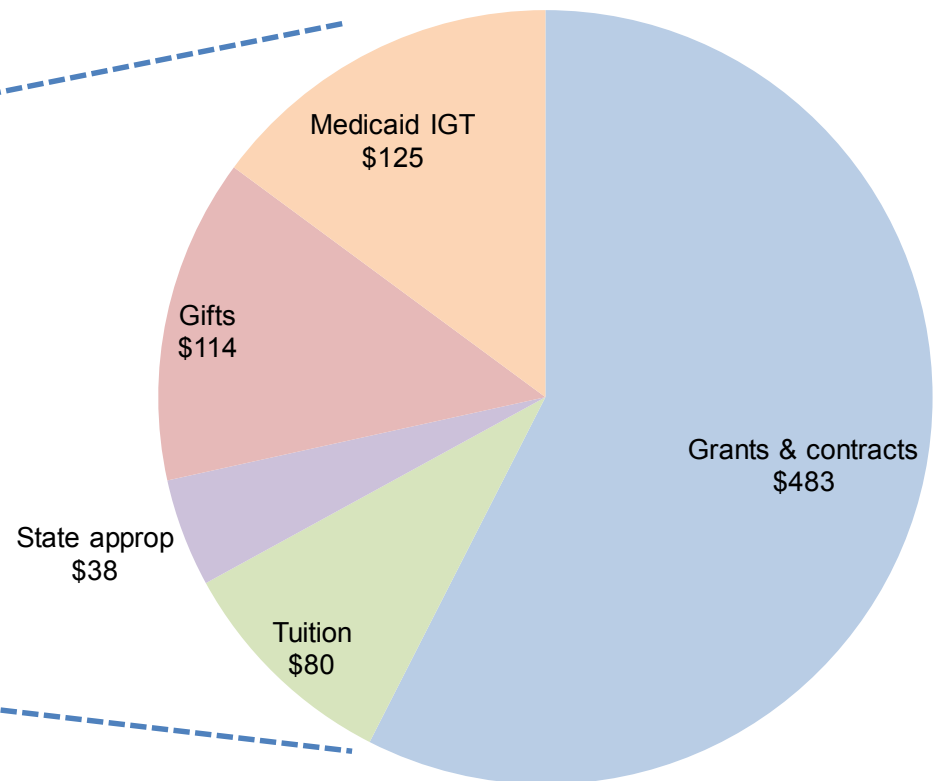
OHSU has \$1.5 billion or ~200 days of unrestricted cash on hand, at the low end for AA- rated credits. (Another \$800 million of investments are restricted.) To hold this level given 7.5% growth in cash spending requires ~\$112 million of positive cash flow.

Funding Research & Education at OHSU (FY20)

OHSU Expense Budget (\$3.3B)



Funding for Research & Education (\$840M)

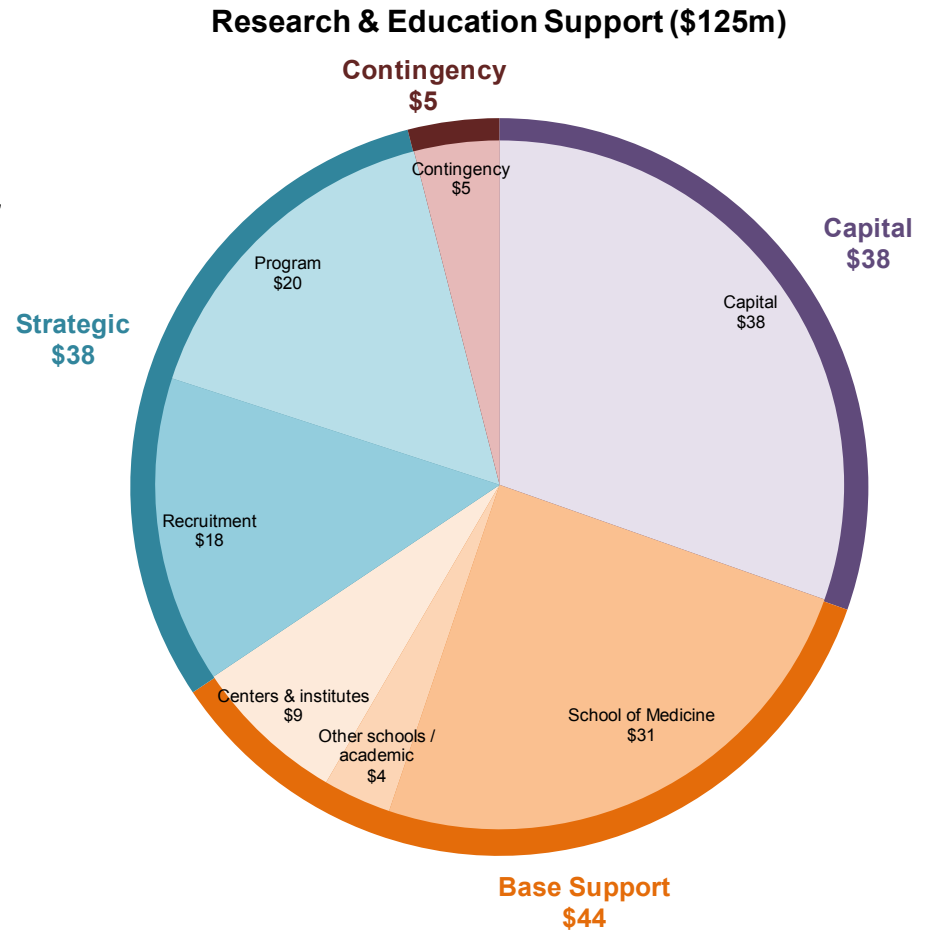


OHSU scales research program to available funding from grants, gifts & IGT/clinical earnings

Allocation of \$125M of IGT / R+E Support

IGT funds in the preliminary budget provide \$125 million of research & education support:

- *\$38 million for research & education capital*
- *\$44 million for base support to science not fully funded by grants or gifts*
- *\$38 million for strategic priorities in faculty recruitment, University-wide education investments and other key programs*
- *\$5 million initial contingency for President's Fund scholars and OHSU 2025 initiatives; funding should increase in the final budget.*



Preliminary Budget – Healthcare

- OHSU Healthcare's operating income target increases by \$27 million, from \$70 million budgeted in FY19 to \$97 million in FY20.
 - FY19 budget included startup costs for CHH-2 that do not continue into FY20.
- The preliminary budget sets a 5% healthcare operating margin while incorporating growth from new capacity in CHH-2, as well as continued saving from implementation of Accelerate OHSU initiatives.
- Total operating support to Tuality Healthcare and Adventist Health Portland (AHP) is budgeted at \$5 million as program collaborations ramp up.
- Critical success factors include:
 - Leveraging Tuality and AHP for distributed adult inpatient capacity
 - Growing complex ambulatory care in CHH-2 in the most efficient manner
 - Realizing Accelerate OHSU savings
 - Securing appropriate payment rates, especially for unique services.

Preliminary Budget – All Other University Areas

- All Other University income is set at \$47 million, an increase of \$3 million from the FY19 budget, largely due to Accelerate OHSU initiatives.
- IGT funds to support research & education increase from \$112 million in the FY19 budget to \$125 million counted so far in the preliminary budget, of which \$5 million is held in a contingency that should increase given recent Oregon legislation.
- 3.4% margin target for clinical departments in the School of Medicine
- All other schools, departments, centers and institutes move to a new “central overhead” model designed to allow them to focus on efficient growth through optimal deployment resources directly under their control.
- Central administrative & support budgets will grow in general by 2.5%, the first inflationary increase in 4 years.
- Critical Success Factors:
 - Increased coordination between the OHSU Practice Plan and Health System.
 - Direct education costs covered by State appropriations and 65% of tuition, with education support costs and university-wide initiatives largely funded by the remaining 35% of tuition and IGT.
 - Continuing support of grant-funded faculty and their science, honoring commitments to faculty already recruited, paced where possible.

Phasing In “Central Overhead” Approach in FY20

- Since 2011, OHSU’s revenues have grown at an average annual rate of 7%, while generating consistent margins for reinvestment in capital and programs.
- This has required hard work throughout the University to overcome an environment where payment rates do not always keep pace with cost inflation. Continued financial success requires sustained, efficient growth that can spread fixed costs across a larger base.
- During this same period, OHSU’s budget approach has allocated almost all revenues to the schools, centers and institutes that generate them, and in turn has required those units to cover both their direct costs (compensation, supplies and services directly under their control) plus a share of central overhead costs (like utilities, accounting, and information technology) that are charged on a formula basis—called “OCA” for overhead cost allocation.
- The bigger a unit gets, the more allocated overhead it draws, often providing a negative signal to growing programs. As tuition, research grants and professional fees have come under pressure, we have had to allocate an increasing share of scarce central funds to cover OCA.
- Although the system of allocating overhead provides valuable information on the cost of the University’s many activities, it has also become a distraction and disincentive.

New Approach: Focus on Efficient Growth

- OHSU will pilot a new budget approach next year, based on input received through President Jacobs' listening tour and the OHSU 2025 planning process.
- The idea is to focus departments, centers and institutes on maximizing growth through efficient use of the resources directly under their control, while managing overhead costs centrally rather than charging them out through the OCA method.
- Rather than distributing funds to departments and then taking them back to cover central costs, we will instead hold that money at the institutional level to be used to pay for necessary support services.
- Unrestricted expenses (without OCA) will be budgeted directly based on current budgeted spending, and increased or decreased from year to year based on increases or decreases in activity, productivity and other factors that will be determined by faculty-led budget committees.
- For example, in research areas, the initial metric will be growth in indirect cost recoveries on grants above the current base. Over time, new and more sophisticated metrics will be developed.
- This new “centralized overhead” approach will begin in basic science departments in the School of Medicine, the Research Centers and Institutes, the Schools of Nursing, Dentistry and Public Health, as well as other academic areas.

New Approach: Oversight & Adaptability

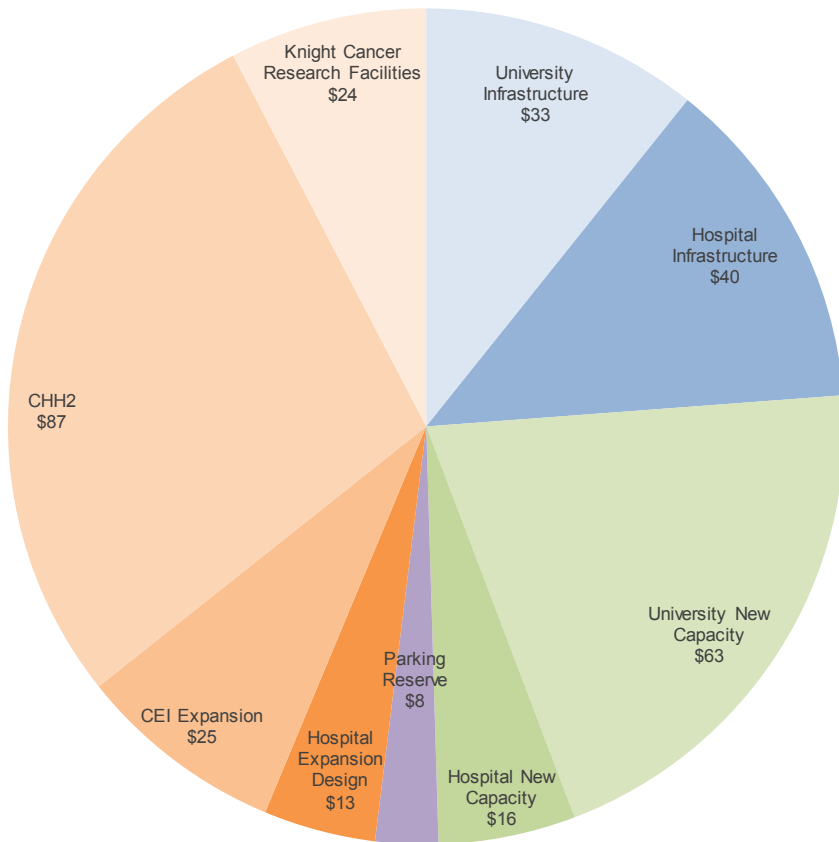
- If it goes well, the new approach will be expanded to the School of Medicine clinical departments in FY21. Clinical departments have a more complex funding model due to their tight linkage with the Health System, and will require additional time for this transition.
- At the point of conversion from the old system to the new one, no unit will have more or fewer resources; what will change are the signals going forward. In particular, we will no longer ask individual schools, centers and institutes to cover a greater share of allocated costs when they grow. Instead, units will receive larger budget allocations when they grow programs efficiently.
- There is no perfect budget methodology for an organization as complex as a university. No formula can fully account for all the resource allocation decisions OHSU must make.
- There may be unintended consequences that will require monitoring and fine-tuning of the process over time. More sophisticated metrics for defining efficient growth of programs will emerge. The new budgeting process will evolve to better reflect a clear and consistent view of activities across missions.
- The new faculty-led budget committees will provide the oversight and “manual intervention” required to implement any new budgeting process.

Preliminary Budget – Capital

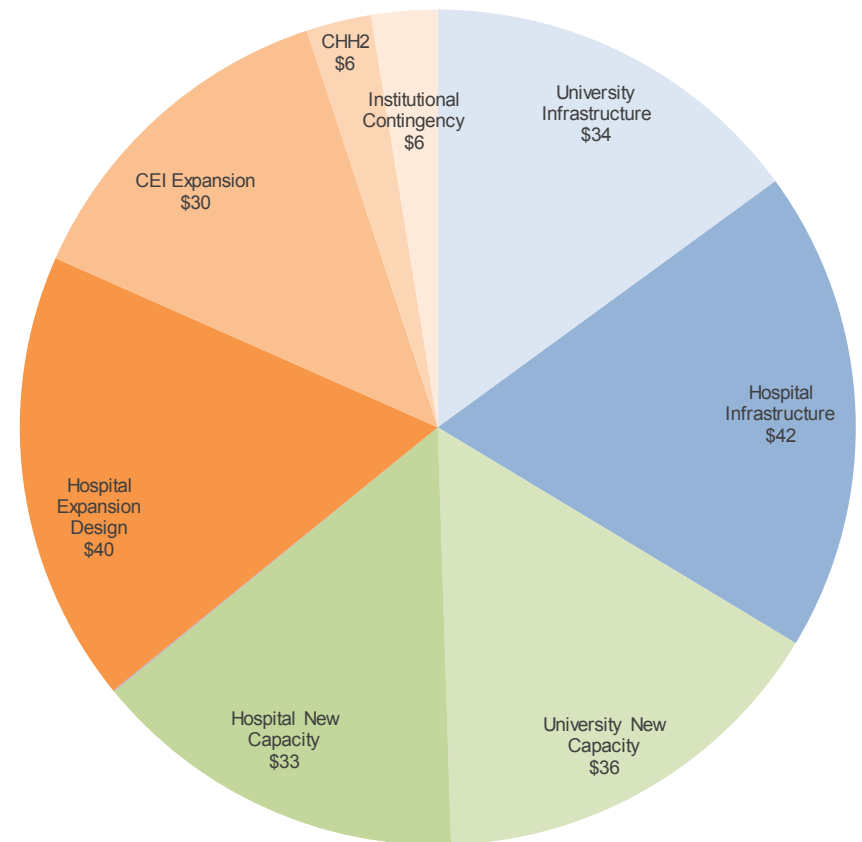
- With the completion of the Knight Cancer Research Building and CHH-2 / Rood Pavilion, total capital spending will decrease by \$82 million between FY19 and FY20.
- Preliminary annual capital allocations of \$151 million are divided close to the historical 50/50 split between the Health System and the rest of the University, with
 - Infrastructure projects at \$75 million
 - Strategic capital projects at \$70 million
 - Institutional capital contingency of \$6 million.
- Major building projects of \$76 million, largely for the Casey Eye Institute expansion and design & preparation for the OHSU Hospital Expansion Project (OHEP) will be funded through a mix of operating cash, gifts and OHEP bond proceeds if approved by the Board.
- Capital investments in patient care, research, education and outreach will be scaled and paced to available funding from operating earnings and philanthropy over the next several years to allow for the most efficient implementation of OHSU 2025 initiatives.

Preliminary FY20 Capital Compared to FY19

FY19 Capital Budget (total = \$309m)



FY20 Preliminary Capital Budget (total = \$227m)



Conclusion: Building Toward OHSU 2025

- The preliminary FY20 operating and capital budget presented here is intended to provide a status report on the guardrails for detailed financial planning now underway throughout OHSU.
- The underlying financial dynamics and key changes—such as the transition to central budgeting of overhead costs—have been discussed with many groups throughout the University, including the OHSU Budget Committee, the Research Strategic Advisory Council, the Deans Council, the School of Medicine Chairs, the Research Centers & Institutes Directors, and the Faculty Senate. This engagement process is ongoing.
- The goal is to sustain OHSU's track record of top-line growth and strong margins in order to secure the resources required for continued excellence and strategic advancement.
- The FY20 budget process and the OHSU 2025 strategic planning process overlap in time; we will incorporate as many of the early OHSU 2025 initiatives as possible in the final budget proposal, while holding contingencies aside for others as they develop.
- We will return to Board to seek approval of the proposed budget for next year in June.



Date: April 4, 2019

To: OHSU Board of Directors

From: Dan Forbes

RE: FY19 Performance Indicators

In FY18, OHSU developed and started reporting on 5 key components of OHSU's mission: People, Healthcare, Research, Education, and Finance. Each of these key components have objectives assigned which help bring focus to our efforts. This report summarizes our FY19 objectives and year to date results.

Additionally, you will hear from the staff of the OHSU Harold Schnitzer Diabetes Health Center. The staff will discuss how their work influenced by the FY19 Performance Indicators has led to improved patient and employee experience.

FY 2019 OHSU Performance Indicators

These performance indicators reflect organization-wide priorities that leadership will focus on during the coming year. Progress will be reported quarterly. Incentive programs for executive management and senior leaders in central services and health care will be aligned directly to these indicators.



PEOPLE	Promote and improve the flexible work environment at OHSU. Measure: Implement programs that will increase the number of days staff are not on site by 2,000 days in FY19.	Improve employee engagement. Implement action plan(s). Measure: 75% of managers included in survey will receive results and template to discuss with staff by October 1st.	Increase number of members trained in unconscious bias. Measure: 4,600 members trained.	Increase members' understanding of respectful behavior in the workplace. Measure: 13,000 members will complete the Respect at the University training module by April 30, 2019.
HEALTH CARE	Improve access to OHSU clinics. Measure: Improve clinic access from FY18.	Improve observed to expected mortality rate. Measure: Observed to expected mortality rate at .868 or lower.	Improve patient experience. Measure: Baseline NPS performance for the adult hospital, pediatric hospital, and ambulatory clinics will be collected during Q1 FY19.	Improve appropriate transfer acceptance rate. Measure: Increase the number and percentage of accepted transfers with ultimate target of 99.9 percent.
RESEARCH	Increase the number of grants submitted. Measure: Increase grants submitted from FY18.	Increase in award dollars. Measure: Increase total award dollars.	Increase in number of publications. Measure: Increase the number of publications.	Improve turnaround time for industry-sponsored clinical trials. Measure: Reduce turnaround time.
EDUCATION	Increase success of underrepresented minority (URM) student recruitment and retention. Measure: Increase the number of underrepresented students enrolled.	Maintain or increase the number of degrees and certificates awarded. Measure: Increase total number of degrees and certificates awarded.	Maintain or increase first time pass rates for credentialing exams in targeted publicly supported degree programs. Measure: Maintain or improve rates.	Reduce overall indebtedness as measured by the combined average indebtedness at graduation for targeted publicly supported degree programs. Measure: The combined average indebtedness at graduation for the DMD, MD and the Undergraduate Nursing OCNE.
FINANCES	Sustain EBITDA margin. Measure: 10.0 percent margin at budget close.	Increase patient care revenue. Measure: Increase revenue by 5.0 percent over FY18.	Increase revenue for research and education. Measure: Increase revenue by 3.5 percent over FY18.	Maintain or grow cash on hand. Measure: Maintain 200 days of cash on hand in FY19.

PERFORMANCE INDICATORS



Fiscal Year 2019, Quarter 3

PEOPLE

FLEXIBLE WORK	ENGAGEMENT	UNCONSCIOUS BIAS	RESPECTFUL BEHAVIOR
15,000+ ↑ Add 16,000 hours offsite	✓ 75.3% completed 75% of managers engaged, 2 broad initiatives	2,658 ↑ 4,600 members trained with focus on faculty/students	✓ 16,000 13,000 members trained

HEALTHCARE

ACCESS	MORTALITY	ADULT PATIENT EXPERIENCE	PEDIATRIC PATIENT EXPERIENCE	AMBULATORY EXPERIENCE	TRANSFERS
60% ↑ 72% improved	0.896 ↑ 0.868 or lower	78.4 74.6	82.5 80	79.9 80	98.41 ↑ 99.9%

RESEARCH

GRANTS SUBMITTED	GRANT \$	PUBLICATIONS	TURNAROUND TIME
1,214 ↑ 1,704	\$288,594,842 → \$444,834,836	3,459 ↑ 3,110	60.7 ↑ 83 days

EDUCATION

URM STUDENT RECRUITMENT AND RETENTION	DEGREES AND CERTIFICATES AWARDED	FIRST TIME PASS	LIMIT AVERAGE INDEBTNESS
✓ 557 496	TBD 1,225	✓ Exceeded all 3 Varies by degree	TBD Varies by degree

FINANCE

EBITDA	PATIENT REVENUE GROWTH	RESEARCH AND EDUCATION REVENUE	DAILY CASH ON HAND
11.58% ↑ 10%	9.36% ↓ 5%	8.69% ↓ 3.5%	214 ↓ 200

a On or above target
 a Improved, not at target
 a Below target
 a Below FY18 and target
 a Data to come



OHSU Harold Schnitzer Diabetes Health Center FY19 Performance Indicators Impact on Employees and Patients

DATE: April 2019

Agenda

- OHSU Harold Schnitzer Diabetes Health Center Mission and Services
- OPEX Work
- Leadership Rounds
- Flexible Work Environment





OHSU Harold Schnitzer Diabetes Health Center Mission & Services

The Center was founded on the promise of enhancing the quality of life for those affected by diabetes in the Pacific Northwest through unequalled personal diabetes care informed by innovative research , effective patient and professional education and heartfelt advocacy.

- Care for pediatric, adolescent, adult and geriatric patients with Type 1 and Type 2 diabetes.
- Interdisciplinary care team
 - Physicians, Physician Assistants
 - RNs+ Certified Diabetes Educator
 - Registered Dietician + Certified Diabetes Educator
 - Behavioral Health Specialists (Psychologists, Social Worker)
- Support Groups, Classes, Cooking Demonstrations
- Clinical Trials and Clinical Research



OPEx Work

- 2014 Readiness Huddles
- ‘Kaisens’ (process improvement events)
 - 2014 phone matrix & algorithms
 - 2015 level loading: patient flow
 - 2016 ‘5-S’ (par supply system): Diabetes technology & education supplies
- 2015 OPEx Training Administrative Leaders
- 2015 KPI boards and host Executive Rounds
- 2016 Weekly Improvement Rounds with Faculty leadership
- 2016 DoM OPEx Leader Training for Faculty & Admin Leaders
- 2018 Expand OPEx engagement:
 - NEW Leadership Rounding Host
 - DMS (Daily Management System)
 - Intact OPEx overview training: entire Endocrinology Division & Center (staff, faculty, research, etc.)



Leadership Rounds

- Currently 12 senior leaders round weekly in roughly 20 departments around OHSU
- Informal walk throughs in the units allow staff and leadership to engage
- Over past several months leaders have been able to see and hear challenges employees face, check on progress of initiatives, and build relationships with staff
- OHSU is expanding both the number of leaders rounding as well as the units hosting



Flexible Work Environment

- Currently piloting
- 5 MA's have transitioned from standard 8 hour, 5 day a week shifts
- Phone staff have been offered the ability to work from home
- Providers have noted the improvement in clinics operational flow
- Patient needs are met quicker
- Staff report significant drop in their stress due to workflow improvements and flexible work environment



Questions ?



Date: 4/11/19

To: OHSU Board of Directors

From: Renee Edwards, M.D., MBA, VP, CMO OHSU Healthcare, Chief Medical Officer

RE: Annual Quality & Safety Report

Memo: This report summarizes OHSU Healthcare's FY18 performance with regard to strategic initiatives and external programs as led and/or overseen by the Department of Quality & Safety.

In summary, we:

- 1) Ranked 22 of 106 academic medical centers in Vizient's annual quality and accountability scorecard
- 2) Achieved a 4-star CMS rating
- 3) Performed above average in incentive programs for value-based purchasing and the Hospital Transformation Performance Program (HTTP)
- 4) Are performing significantly better than national experience in hospital-acquired infections
- 5) Are promoting a culture of safety and transparency in error reporting as demonstrated by increasing numbers to our patient safety intelligence reporting
- 6) Are moving to development of a comprehensive Quality Management System in order to achieve ISO 9001:2015 Compliance certification



OHSU Healthcare Annual Quality & Safety Report

S. Renee Edwards MD MBA
VP, Chief Medical Officer OHSU Healthcare

DATE: April 11, 2019

FY18 Accomplishments

#22

VIZIENT ANNUAL QUALITY & ACCOUNTABILITY SCORECARD

Attained #22 ranking out of 106 Academic Medical Centers

+0.019%

VALUE-BASED PURCHASING (VBP)

Performed above average, resulting in a 0.0346% increase in base operating DRG payments for FY2018.

\$10.8 MILLION

HOSPITAL TRANSFORMATION PERFORMANCE PROGRAM (HTPP)

Met performance target on 8/11 metrics, earning a \$10,802,453 incentive payment from the state.



CMS STAR RATING

Achieved 4/5 stars in the CMS Star Rating, placing OHSU within the top 25th percentile across the nation.



C. DIFFICILE REDUCTION

Exceeded our 25% reduction target for FY2018, translating to 69 fewer C. Diff infections than the prior year.

FY19 Quality and Safety Priorities

FY19 Performance Improvement Priorities

OHSU CLINICAL ENTERPRISE STRATEGIC PLAN

PROVIDE THE LEADING STANDARD OF PATIENT-CENTERED CARE TO ALL THOSE WE SERVE

GOALS

STRATEGIES

METRICS

PEOPLE

Attract and retain the most diverse & talent through an engaging and supportive culture

1. Engagement and retention of faculty and staff will be in the top quartile compared to national benchmarks
2. Achieve recruitment reflective of diverse talent pools, provide equitable advancement opportunities, and improve retention across all positions

ACCESS

Lead with yes to provide patients with the:

- Right care • Right time
- Right place • Right team

3. Accept all medically appropriate transfers
4. Primary care '3rd available' appointment = same day/next day
5. Specialty care '3rd available' appointment = within 14 days

VALUE²

Grow a network that excels in quality, equity, safety and service that is nationally recognized, locally relevant and affordable

6. Mortality, readmissions, Hospital Acquired Infection rate, and patient satisfaction = top 10 in Vizient AMC rankings
7. Total cost of care below the regional median
8. Remain financially strong to continue our missions

ACADEMICS

Research and education will inform the delivery of clinical care; clinical care will help drive discovery and new learning

9. Effectively and efficiently utilize the healthcare system to provide OHSU learners with nationally recognized education programs
10. Increase the number of research studies using OHSU health system data, and increase the participation of patients in OHSU-based research studies

THIS PLAN IS BUILT ON THE OHSU VISION 2020 STRATEGIC PLAN

VISION: Partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of Oregonians and beyond

MISSION: Excellence in education, research/scholarship, clinical practice and community service

VALUES: Transparency, Diversity, Quality, Service Excellence

¹ OHSU defines diversity as including age, color, culture, disability, ethnicity, gender identity or expression, marital status, national origin, race, religion, sex, sexual orientation, socioeconomic status and veteran status.

² (Quality + Service) / Cost

OHSU CLINICAL ENTERPRISE STRATEGIC PLAN

PROVIDE THE LEADING STANDARD OF PATIENT-CENTERED CARE TO ALL THOSE WE SERVE

PEOPLE		ACCESS		VALUE ²	ACADEMICS	
6	Mortality, readmissions, Hospital Acquired Infection rate, and patient satisfaction = top 10 in Vizient AMC rankings					
6.1	Mortality O/E Reduction					
6.2	CLABSI Reduction					
6.3	CAUTI Reduction					
6.4	CDIFF Reduction					
6.5	SSI Reduction					
7	Total cost of care below the regional median					
7.1	OHSU Employee Drug Spend					
7.2	Building Payor Dashboards					
7.3	Healthy Planet Implementation					
7.4	Developing and Implementing Evidence Based Care					
7.5	Office of Primary Care/Population Health					
7.6	Value Based Care/Bundled Payments					
8	Remain financially strong to continue our missions					
8.1	Vizient Engagement (\$10M Target)					
8.2	Huron Engagement					
8.3	Successful Opening of CHH2					
8.4	GME at Tuality					

OHSU CLINICAL ENTERPRISE STRATEGIC PLAN

PROVIDE THE LEADING STANDARD OF PATIENT-CENTERED CARE TO ALL THOSE WE SERVE

PEOPLE		ACCESS		VALUE ²	ACADEMICS	
11	Medication Reconciliation					
11.1	Understand Current State and Definition					
11.2	Understand Medication Reconciliation Demand					
11.3	Improve the Inpatient Process					
11.4	Improve the Outpatient Process					
12	ISO 9001 Certification					
12.1	Quality Management System Scope, Structure, and Governance Redesign					
12.2	Document and Record Control Management					
12.3	Internal Audits					
12.4	Contract Services					
12.5	Quality Policy and Communication Plan					
12.6	Nonconformance and Corrective Action					
13	Cognitive Behavioral Health					
13.1	Restraints					
13.2	Code Green					
13.3	Suicide Risk Assessment					

OHSU Clinical Enterprise Quality Strategic Priorities

ACCESS	FY2017	FY2018	FY2019 YTD
Length of Stay O/E (Adult only)	0.98	0.97	0.98
OHSU Health System Transfer Acceptance Rate	94.5%	95.7%	98.5%
Median New Patient Lag Time - Scheduled Patients	24.13	24.47	26.14
Median New Patient Lag Time - Arrived Patients	23.97	24.43	26.14
VALUE	FY2017	FY2018	FY2019 YTD
CLABSI (All Adult and Pediatrics rate per 1,000 central line days)	1.42	1.08	0.81
CAUTI (All Adults rate per 1,000 catheter days)	1.20	1.21	1.18
C. Diff (All Adults rate per 1,000 patient days)	0.97	0.53	0.61
Adult Colon SSI (per 100 procedures)	3.30	4.50	3.54
Abdominal Hysterectomy SSI (per 100 procedures)	0.70	1.90	1.14
Mortality O/E (All Adult and Pediatric patients)	0.95	0.91	0.90

Year	# CLABSI	Predicted	SIR	P-value
2015	70	70.7	1.0	0.94
2016	55	69.7	0.8	0.07
2017	75	68.4	1.1	0.42
2018	44	68.1	0.6	<0.01

- Central line associated bloodstream infections

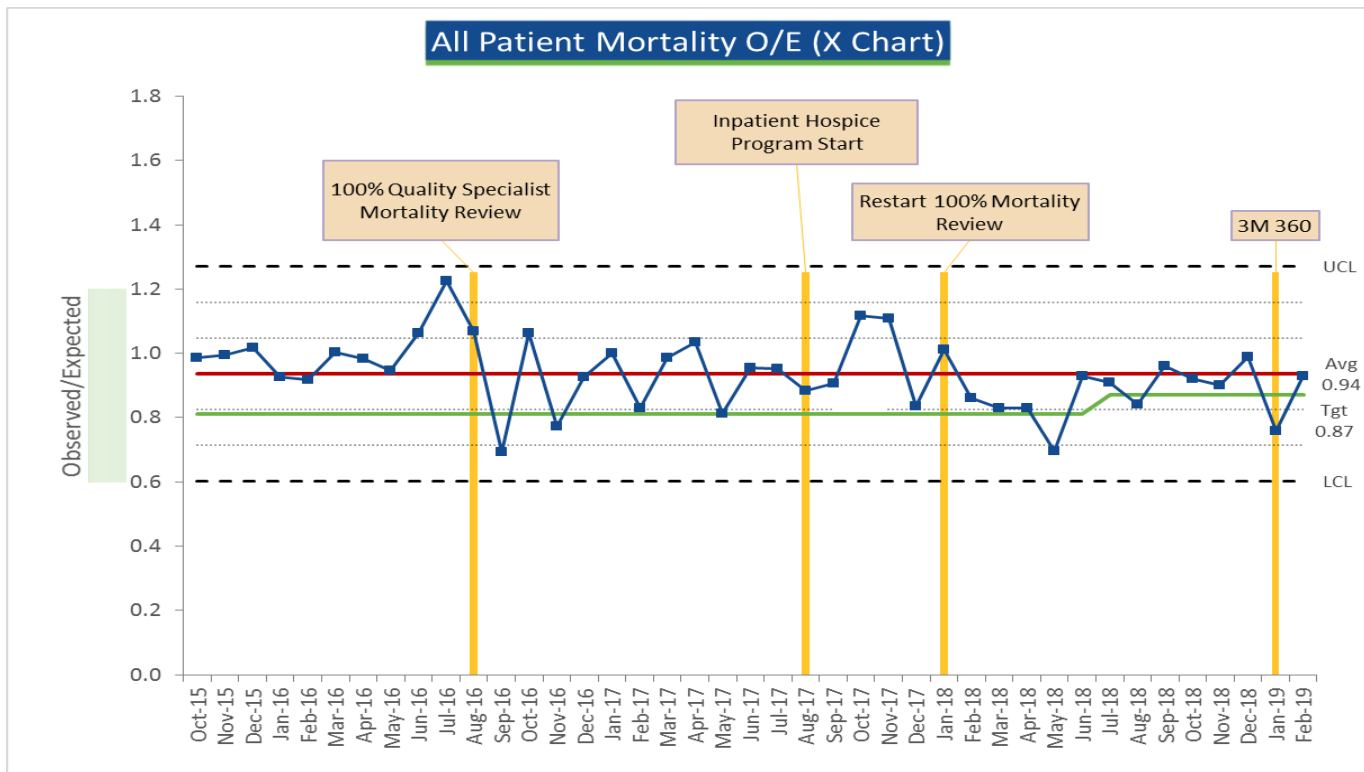
Year	# CAUTI	Predicted	SIR	P-value
2015	65	54.7	1.2	0.17
2016	52	62.1	0.8	0.20
2017	55	59.1	0.9	0.61
2018	35	58.0	0.6	<0.01

- Catheter associated urinary tract infections

Year	# HO-CDI	Predicted	SIR	P-value
2015	198	119.7	1.7	<0.01
2016	181	116.5	1.6	<0.01
2017	112	108.5	1.0	0.76
2018	85	107.9	0.8	0.02

- C. Difficile infections

Key
Significantly Better than National Experience
No different than National Experience
Significantly Worse than National Experience



Efforts to date:

- GIP Hospice Pilot
- Coding and Documentation Integrity
- 100% mortality review
- Sepsis recognition and treatment pathways

Vizient 2018

Quality & Accountability

Performance Scorecard

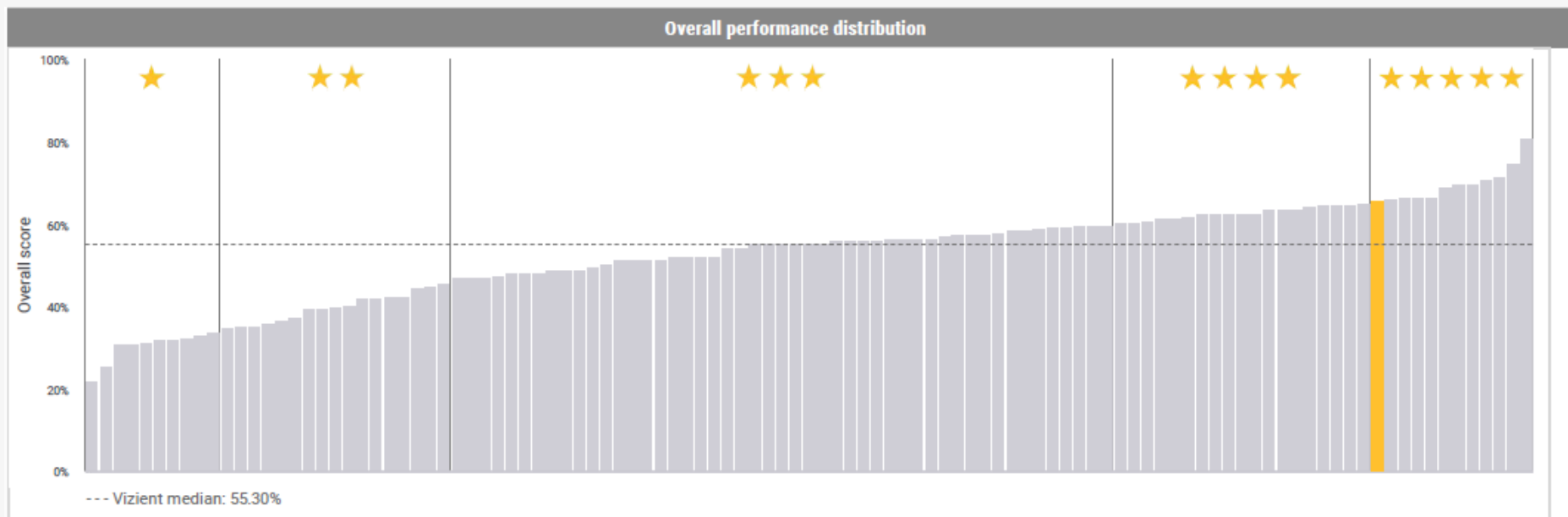
Domain	Content/Areas of Focus
Mortality 25%	<ul style="list-style-type: none"> O/E ratios for select service lines
Effectiveness 20%	<ul style="list-style-type: none"> 30-Day Readmission Rate (all cause) for select services Excess Days for select service lines ED Throughput Core Measures Lab Measures (transfusion, sepsis)
Safety 25%	<ul style="list-style-type: none"> 5 AHRQ Safety Measures <ul style="list-style-type: none"> (Pressure Ulcers, Respiratory Failure, Hemorrhage/Hematoma, Iatrogenic Pneumothorax, Post-op Sepsis) CLABSI CAUTI C. difficile SSI (Colon Surgery and Abdominal Hysterectomy) VTE-6 THK Complications Lab Measures (hypoglycemia in insulin use, INR)
Equity 5%	<ul style="list-style-type: none"> Process of Care/Core Measures by gender, race, and payer (socioeconomic class)
Patient Centeredness 15%	<ul style="list-style-type: none"> 9 HCAHPS Questions
Efficiency 10%	<ul style="list-style-type: none"> LOS O/E for select service lines Direct Cost O/E for select service lines

2018 Comprehensive Academic Medical Center Quality and Accountability

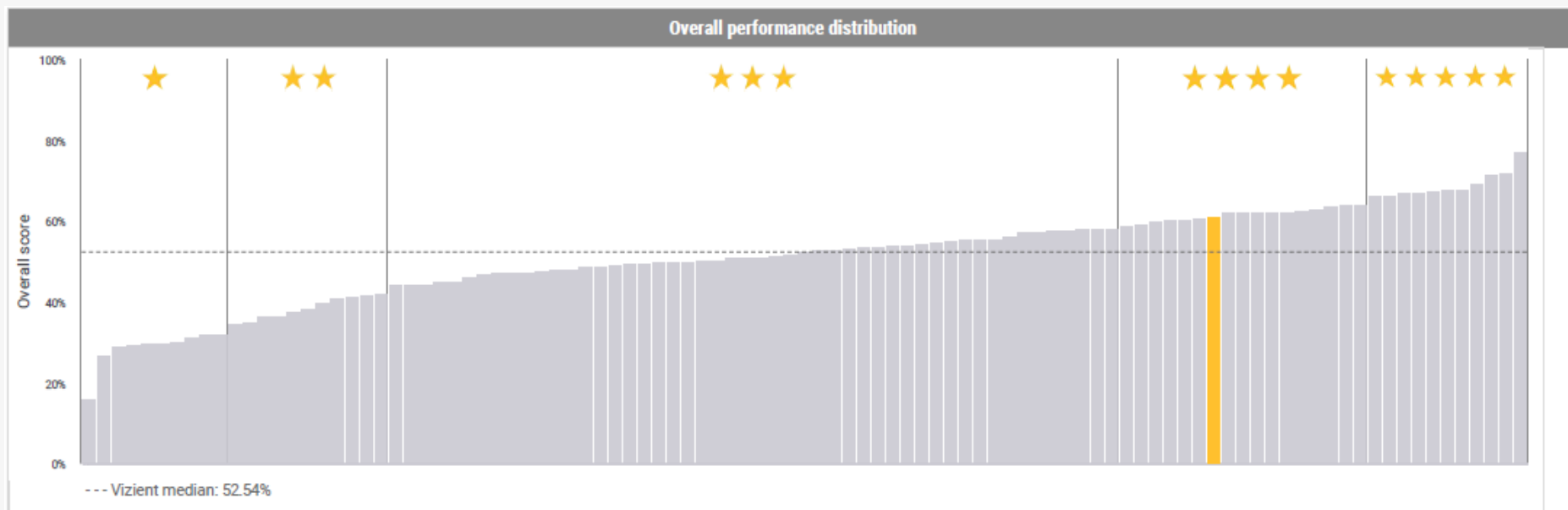
Oregon Health & Science University Performance Scorecard



2017

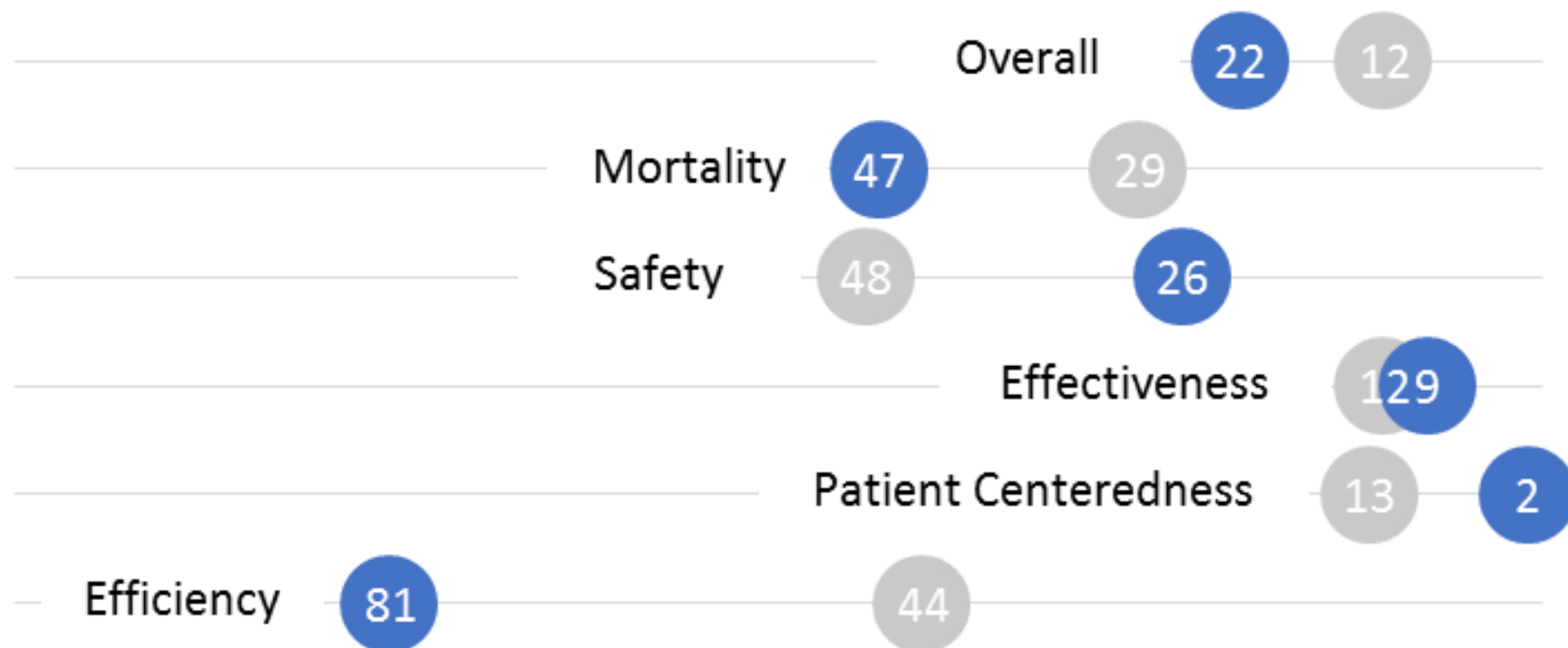


2018



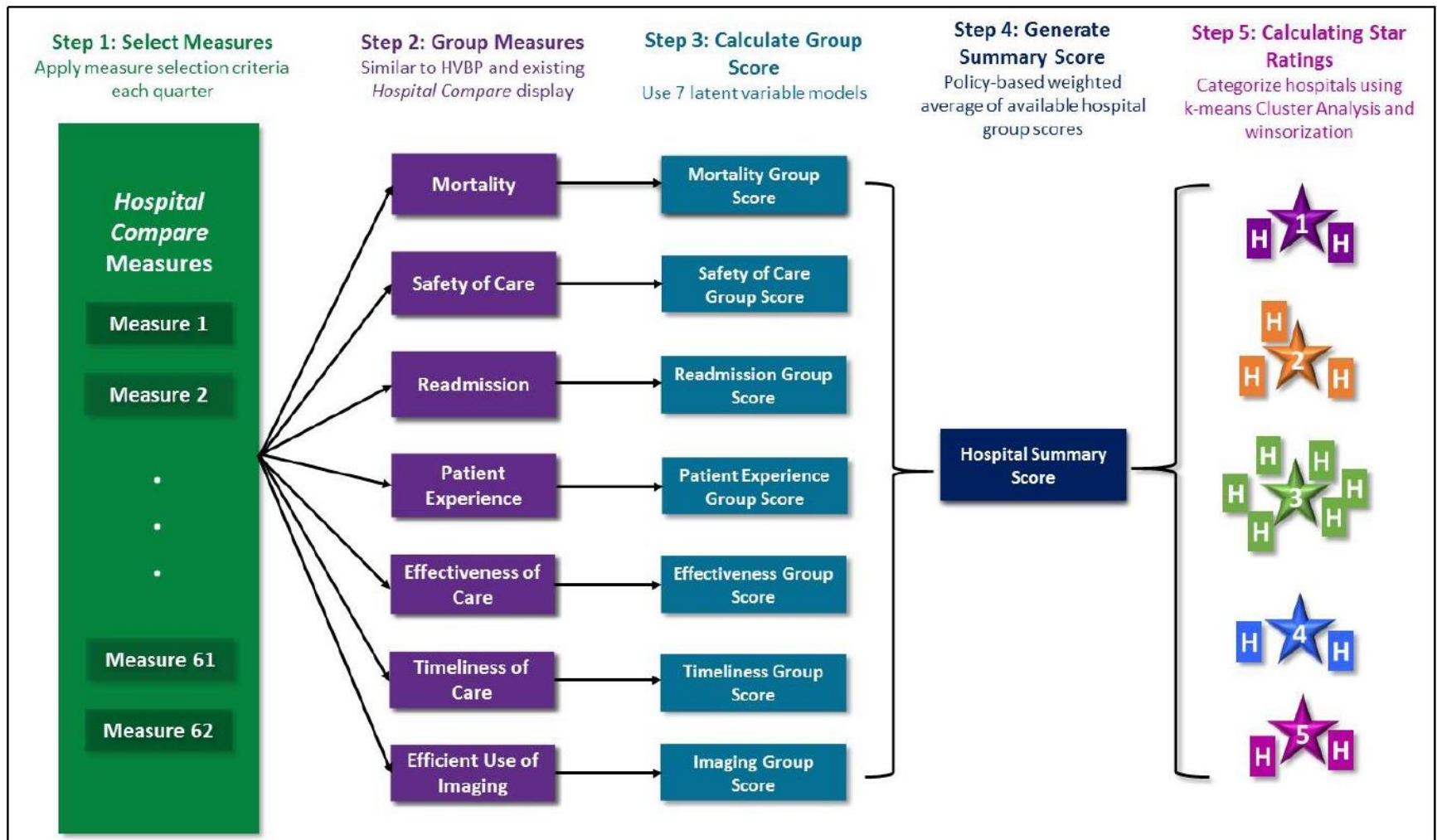
OHSU improved in the Safety, Effectiveness and Patient Centeredness domains from 2017 to 2018

lower rank is better



External Programs: CMS Star Rating

CMS Overall Hospital Quality Star Ratings



CMS Overall Hospital Quality Star Ratings

	Oct 2016	Oct 2017	Feb 2019
Overall Star Rating	3	4	5
Measure Group – Measure Group Score (Comparison to National Average-Above is better)			
Mortality	0.42 (Same)	0.49 (Same)	0.48 (Same)
Readmission	0.09 (Same)	-0.89 (Below)	0.85 (Above)
Safety of Care	-0.17 (Same)	2.15 (Above)	0.78 (Above)
Patient Experience	0.71 (Above)	0.92 (Above)	1.03 (Above)
Efficient Use of Medical Imaging	-0.63 (Below)	-1.15 (Below)	-1.51 (Below)
Timeliness of Care	-0.66 (Below)	-1.32 (Below)	-1.05 (Below)
Effectiveness of Care	0.38 (Same)	0.14 (Same)	0.16 (Same)

3 Stars

4 Stars

5 Stars

*Assigned a z-score based on how far performance is from the mean. A good score is a positive number, indicating an above average performance. A poor score is a negative number, indicating a below average performance.

Distribution of Oregon Hospitals:

5 Star = 3 hospitals

4 Star = 22 hospitals

3 Star = 23 hospitals

2 Star = 4 hospitals

1 Star = 0

FY19 Accomplishments to Date



CMS STAR RATING

Achieved 5/5 stars in the CMS Star Rating, one of only three hospitals in Oregon to achieve this top ranking.

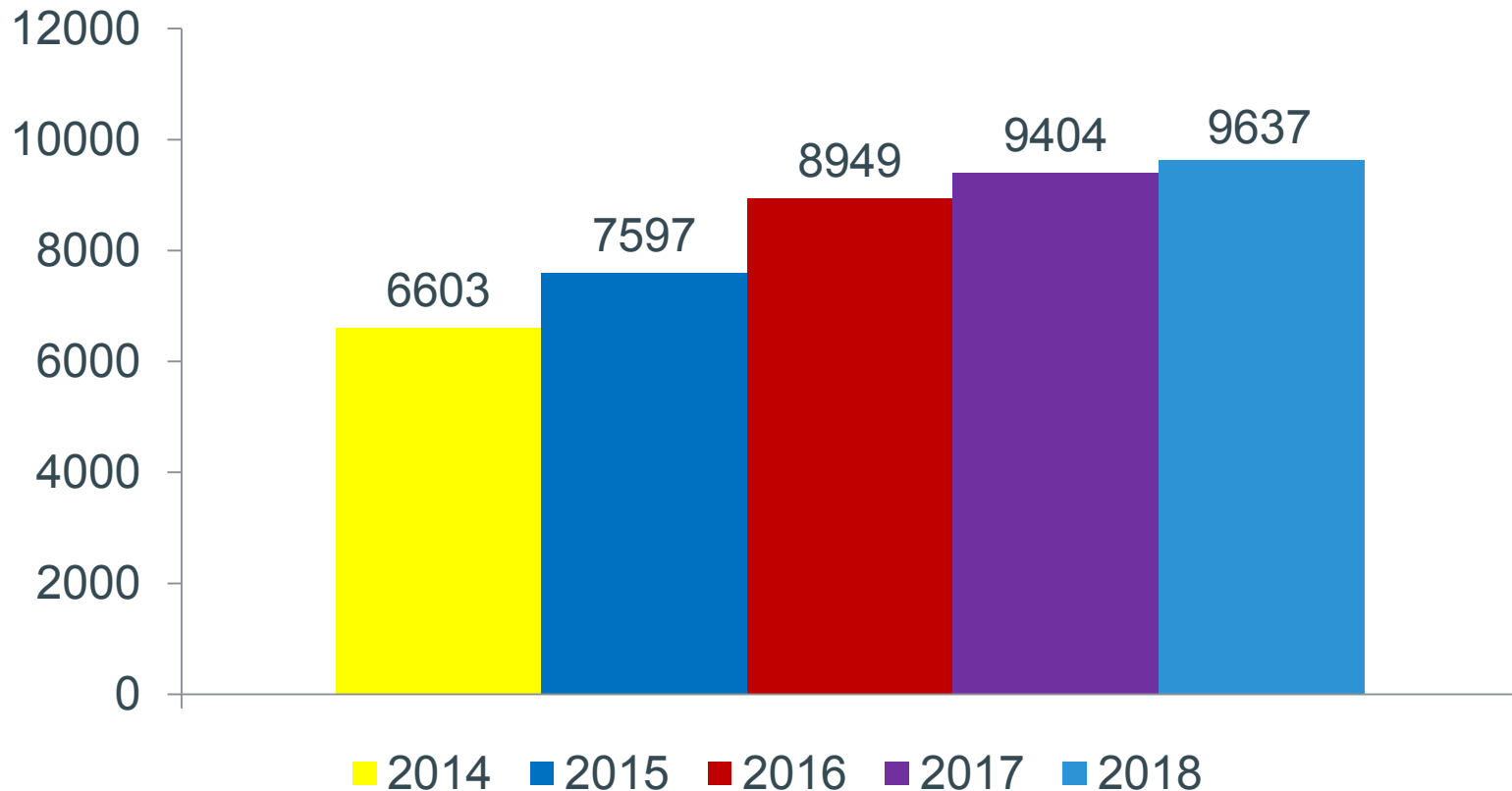


OUTSTANDING ACHIEVEMENT AWARD

OHSU received the 2018 Commission on Cancer Outstanding Achievement Award from the American College of Surgeons.

2018 Patient Safety Report

Total PSI Reports Filed

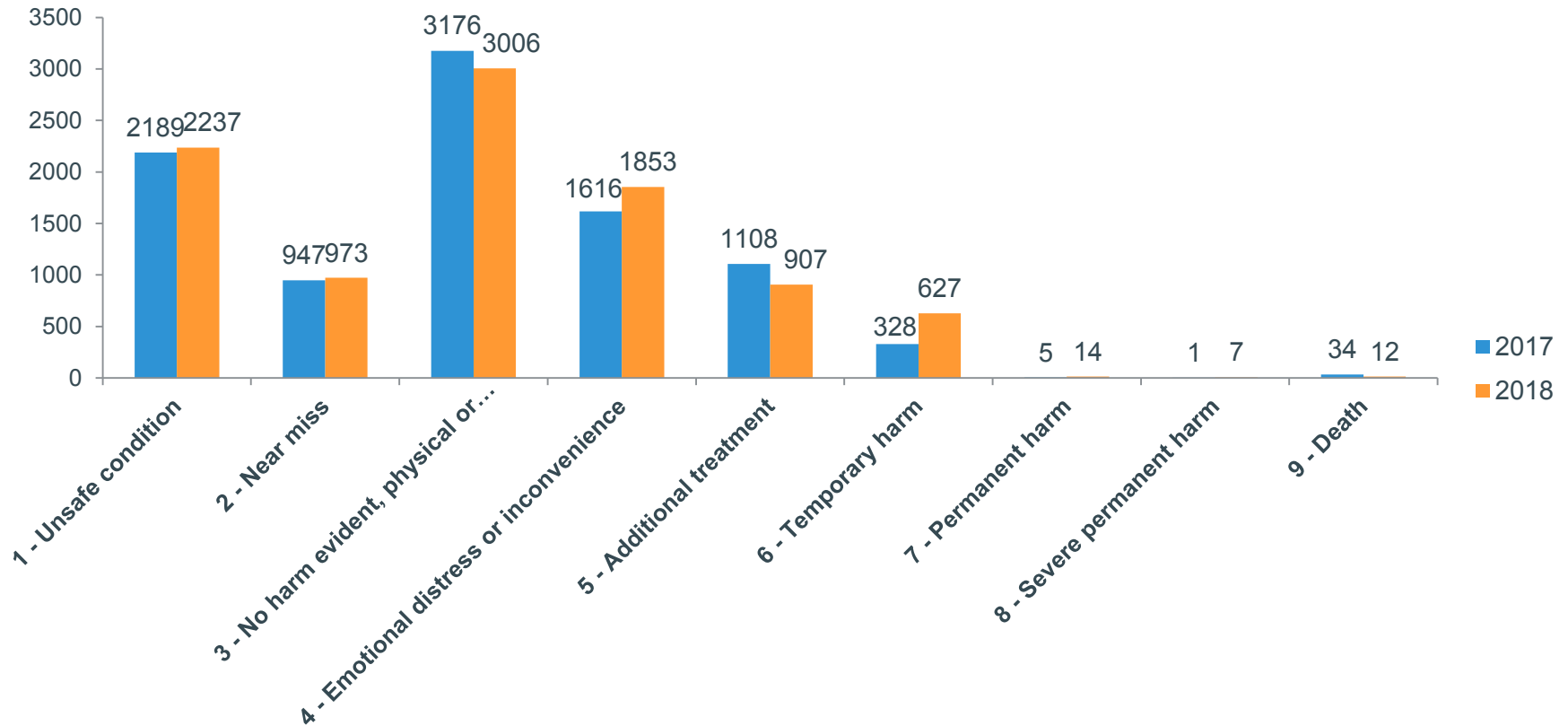


Positive trend suggests that OHSU has a culture of open reporting and is committed to a transparent response to error reporting

Total PSI Events by Harm Score (1-9) 2017-2018

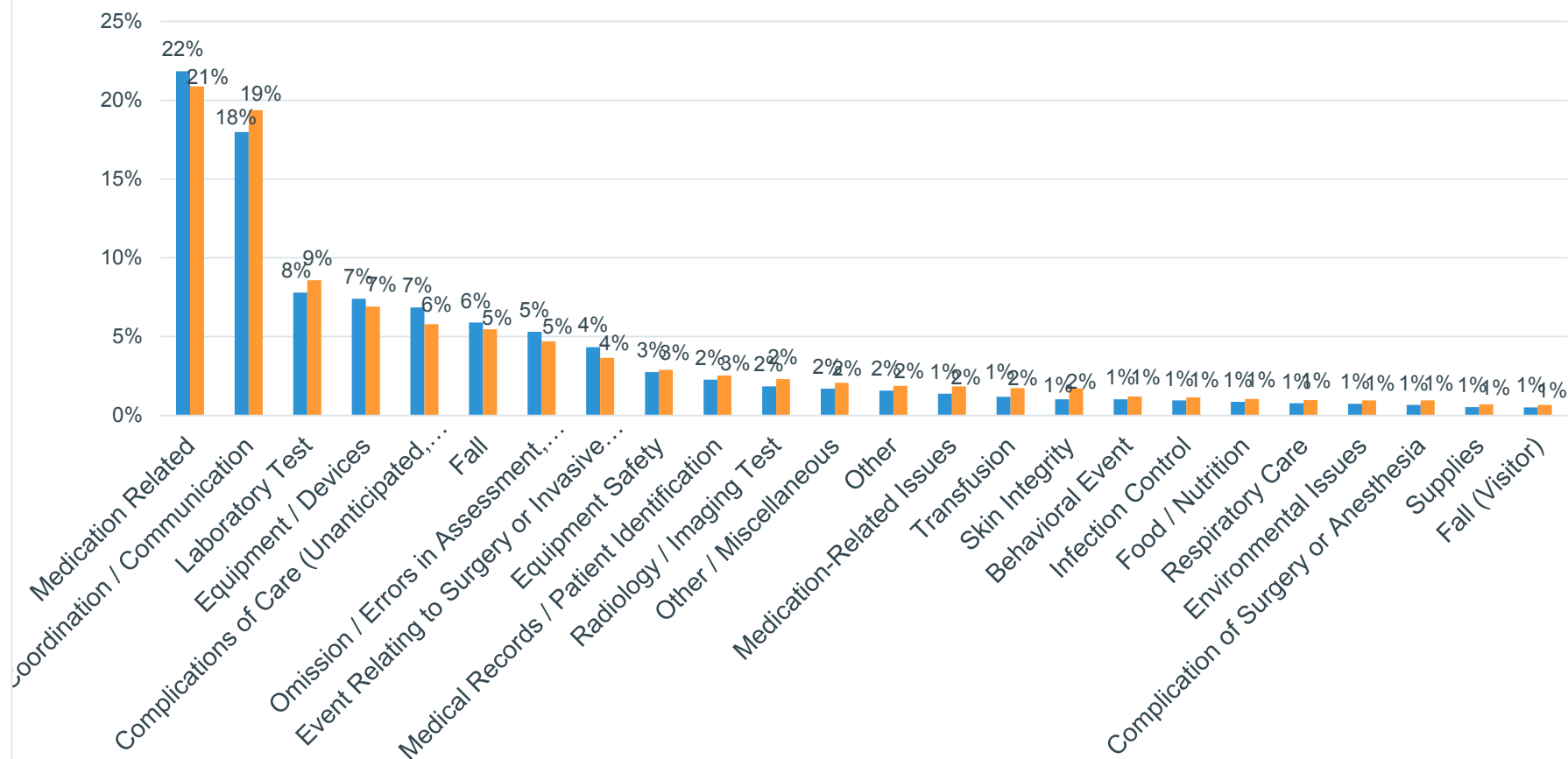
2017 Total:9404

2018 Total:9637



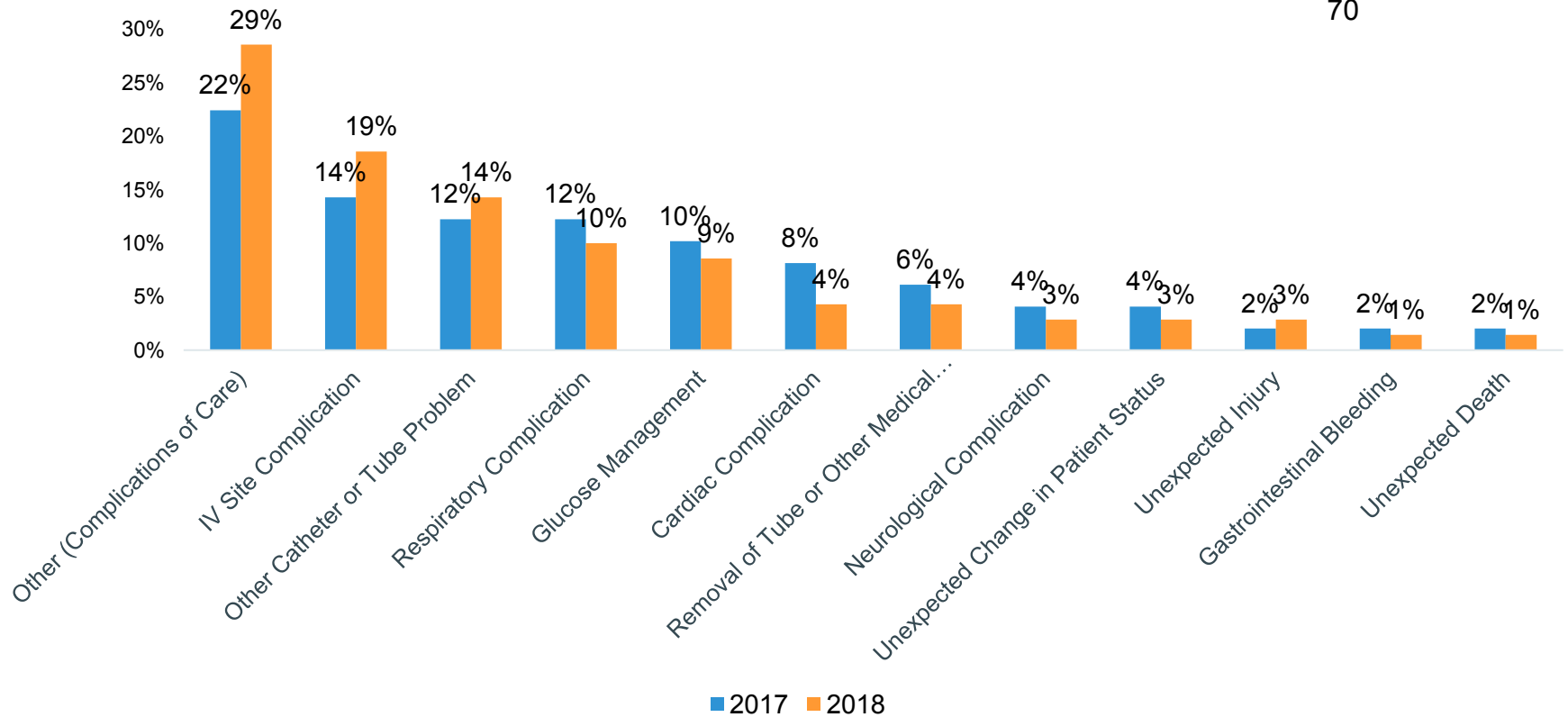
PSI Event Type Distribution 2017-2018

2017 Total: 9404
2018 Total: 9637



Complications of Care Harm Events (6+) Sub Event Type Rates 2017-2018

2017 Total:
48
2018 Total:
70



DNV/ISO 9001

Work Plan to meet ISO 9001:2015 Compliance

1) **Quality Management System Scope, Structure, Governance**

- Define OHSU's quality management system scope (key processes) and the resources and structure to provide oversight for the overall performance and continual improvement.

2) **Document & Record Control/Management**

- Create a process for managing documentation and records that support OHSU's quality management system including revision control, access and editing permissions and location.

3) **Internal Audits**

- Create a process to coordinate and manage the internal audits for OHSU's quality management system, including audit schedule, auditors, templates and reports.

4) **Contract Services**

- Create a process to manage contract services that incorporate risk-based rigor, controls, and performance management appropriate to the risk of the supplier and/or service provided.

5) **Quality Communication Plan**

- Create a quality communication plan that guides the message, audience, frequency, owner and medium for quality-related communication.

6) **Nonconformance and Corrective Action**

- Create a process to guide how all patient safety issues and corrective actions are handled including response, prioritization and resourcing.

Thank you to the Quality, Safety and Performance Improvement Team

Troy Schmit, Director

- Quality Managers
- Safety Team; Pam Brown, manager
- Peer Review Specialist, Laura Pierce
- Data Team; Clea McDow, manager
- Performance Improvement Consultants; Randy O'Donnell, manager
- Quality Medical Directors from all academic departments



Date: April 4, 2019

To: OHSU Board of Directors

From: Craig Yoshioka, PhD

RE: Introducing the Pacific Northwest Cryo-EM Center

In May 2018, OHSU and our partner the Pacific Northwest National Lab received a significant award from the National Institutes of Health (NIH)—\$42M over 6 years—to create one of three new national cryo-electron microscopy (cryo-EM) facilities. Cryo-EM is a cutting-edge technology that provides the ability to image samples in a frozen, natural state, down to the atomic level. This is the magnification scale where much of the chemical, mechanistic and organizational structure that is critical to life can be observed. The mandate from the NIH to these facilities is to focus on providing service and training in cryo-EM to the broad scientific community to better leverage and spread the technique. This presentation will briefly cover how cryo-EM works and the advances that have caused interest in cryo-EM to explode over the past few years—interest driven not only by its contributions to basic research, but also its potential for creating new therapies, including drug design and related science.

This presentation will also cover the long-term goal and plan for implementing the Pacific Northwest Cryo-EM Center (PNCC) and the progress made over the first year. We will discuss instrument capabilities and rollout, types of projects, user and sample capacity, and training-related activities like workshops and symposia.

Finally, we will present the beneficial impacts all of the above should have on OHSU's visibility and interaction with the scientific community at the national and international levels, including synergistic effects on recruitment, potential industry collaborations, and strengthening the local research community.



**RESOLUTION 2019-04-02
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

WHEREAS, Anantnoor Brar has served as a member of the Board of Directors of Oregon Health & Science University, including service on the Integrity Program Oversight Council and Governance Committee, since June 1, 2017;

WHEREAS, the Board of Directors wishes to recognize the service and outstanding achievements of Anantnoor Brar;

NOW THEREFORE, BE IT RESOLVED, that Oregon Health & Science University expresses its sincere appreciation for the valuable service and dedication of Anantnoor Brar throughout her tenure on the Board of Directors and for advancing OHSU's missions of teaching, healing, discovery and outreach.

This Resolution is adopted this 11th day of April, 2019.

Yeas _____

Nays _____

Signed by the Secretary of the Board on April 11, 2019.

Connie Seeley
Board Secretary

Glossary of Terms

A3 – Single page strategy

AAEO – Affirmative Action and Equal Opportunity

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

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.

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

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

BRB - Biomedical Research Building. A building at OHSU.

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

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.

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.

EPIC - Epic Systems. An electronic medical records system.

ER - Emergency Room.

ERG – Electroretinography is an eye test used to detect abnormal function of the retina.

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.

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

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

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

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.

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.

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

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.

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.

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.

Prgogrm – 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.

RFP – Request for Proposal

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

SCB – Schnitzer Campus Block

SG&A - Selling, General and Administrative expenses. A major non-production cost presented in an income statement

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.

SoM - School of Medicine. A school within OHSU.

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

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

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.