OHSU Board of Directors Meeting

Friday, January 31, 2020
9:00-11:00am

Robertson Life Sciences Building
2730 SW Moody Ave.
Conference Room 3A001
Port., OR 97239

OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS MEETING
Public Agenda

Friday, January 31, 2020
9:00 – 11:00 am
RLSB, Room 3A001

9:00 am	Call to Order/ Chairman's Comments	Wayne Monfries
	President's Comments	Danny Jacobs, MD
	Approval of Minutes Oct. 25, 2019 **(ACTION)**	Wayne Monfries
9:15 am	FY20 December YTD Financial Results	Lawrence Furnstahl
9:35 am	Annual Quality and Safety Report FY19	Renee Edwards, PhD
9:55 am	FY20 Indicators Report	Greg Moawad, JD
10:15 am	OHSU 2025 – Moving Forward with Implementation: Performance Monitoring and Reporting to Board of Directors	Connie Seeley
10:35 am	OHSU-PSU School of Public Health: Why we need public health now more than ever	David Bangsberg, MD
11:00 am	Meeting adjourned	

Oregon Health & Science University
Board of Directors Meeting
October 25, 2019
Rood Family Pavilion, Rooms B and C

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 1:00 p.m. in the Robertson Life Sciences Building, 2730 SW Moody Ave., Portland, Oregon 97239, room 3A001.

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, Danny Jacobs, Wayne Monfries, Chad Paulson, Lubna Khan, Steve Zika, Stacy Chamberlain and Ruth Beyer. OHSU staff and KPMG members presenting materials on the agenda were Lawrence Furnstahl, Danny Jacobs, MD, Greg Moawad, JD, Karen Eden, PhD, Tim Marshall and Andrew Corrigan. 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 1:08 pm and welcomed all those in attendance.

Chairman's Comments

Wayne Monfries

Mr. Monfries opened the meeting with several news announcements involving OHSU. The first was OHSU's opening of the first dedicated center for ADHD in the Pacific Northwest. The center's findings will be used to develop advanced tools to help patients with ADHD and empower them to live their most productive lives. He then discussed a new OHSU consortium with 20 teams being awarded $31 million by National Institutes of Health to study a wide range of rare diseases. The consortium will focus on improving treatment for people with chronic elevations of the amino acid phenylalanine in their blood. He concluded by saying he was proud that OHSU experts are focused on finding better treatments for a group of patients that traditionally had very few options.

President's Comments

Danny Jacobs, M.D.

Dr. Danny Jacobs discussed the launching of the OHSU Stategic Plan 2025 and mentioned he would be discussing the details later in the meeting. He went on to mention the exciting, Knight Cancer Research Centers newly formed collaboration, ACED, together with worldwide research centers to collaborate and drive innovations that improve cancer diagnosis that can be implemented by health systems for the benefit of patients worldwide. He was also happy to mention OHSU was recently named by the Journal Nature in their list of nine universities under 50 in the fast lane setting the pace in the race for global solutions. Lastly, he was proud to share that two of OHSU's faculty members, Deborah Cohen, PhD and Craig Newgard, MD, were recently elected to the National Academy of Medicine. They were recognized for outstanding professional achievement and commitment to service. He closed by thanking everyone for their support in the process.

Approval of Minutes

Wayne Monfries

Mr. Monfries asked for approval of the minutes from the September 27, 2019 OHSU Public Board meeting. Upon motion duly made by Stacy Chamberlain and seconded by Lubna Khan, the minutes were approved by all Board members in attendance.

FY19 Audit and FY20 Q1 Results

Lawrence Furnstahl and Drew Corrigan

Mr. Monfries recognized Lawrence Furnstahl, Executive Vice President and Chief Financial Officer and Drew Corrigan, Audit Partner, KPMG.

Mr. Furnstahl provided a detailed overview of OHSU's FY19 audited financial results. He touched on management discussions and analysis, operating income, GAAP auditing purposes, change in net worth, revenue growth and the universities budget. Mr. Corrigan gave a detailed summary of all financial statement matters pertaining to the OHSU audit. The results were an unmodified, clean opinion.

Resolution 2019-10-06

Approval of Financial Statements and Independent Auditors Report

Mr. Monfries presented OHSU Board Resolution 2019-10-06, Approval of Financial Statements and Independent Auditors Report.

OHSU Board Resolution 2019-10-06, Approval of Financial Statements and Independent Auditors Report

Mr. Monfries asked for a motion to adopt Resolution 2019-10-06. Steve Zika moved to approve the motion. Lubna Khan seconded the motion and it was approved by all OHSU Board members in attendance.

Plan to Capture Interest Rate Savings

Lawrence Furnstahl and Drew Corrigan

Mr. Monfries recognized Lawrence Furnstahl, Executive Vice President and Chief Financial Officer and Drew Corrigan, Audit Partner, KPMG

Mr. Furnstahl and Mr. Corrigan gave an overview of a plan to capture interest rate savings including, portfolio debt, tax exempt debt, fixed rate bonds, variable rate debt, long term leases interest savings and term rates.

Board members asked Mr. Furnstahl and Mr. Corrigan for additional information on taxable debt, tax exempt debt and interest savings.

Resolution 2019-10-07

Implementation of Bond Financing Options

Mr. Monfries presented OHSU Board Resolution 2019-10-07, Implementation of Bond Financing Options.

OHSU Board Resolution 2019-10-07, Implementation of Bond Financing Options

Mr. Monfries asked for a motion to adopt Resolution 2019-10-07. Ruth Beyer moved to approve the motion. Chad Paulson seconded the motion and it was approved by all OHSU Board members in attendance

Annual Report from Faculty

Karen Eden, PhD

Mr. Monfries recognized Karen Eden, PhD, Professor of Medical Informatics and Clinical Epidemiology, School of Medicine

Dr. Karen Eden explained the mission of the faculty senate and then proceeded to give an overview of the structure changes of the committees within the senate, new communication strategies, the upcoming retreat and a summary of the senate's accomplishments.

Board members asked Dr. Eden for additional information on the power system, faculty wellbeing, and faculty moral.

Strategic Plan Update

Danny Jacobs, MD

Mr. Monfries recognized Danny Jacobs, MD, OHSU President

Dr. Danny Jacobs gave a detailed overview of the OHSU 2025 Strategic Plan. He shared a short video containing some of the important highlights. He proceeded with a discussion of the processes and stages that took place and summarized with three key points, where things started, what has transpired and what is still to be accomplished.

Board members asked Dr. Jacobs for additional information on how members feel about the process and what feedback he is hearing. They also commented that they were happy to see that the "people first" approach has been instituted.

FY20 Indicators Update

Greg Moawad, JD

Mr. Monfries recognized Greg Moawad, JD, Interim VP Human Resources.

Greg Moawad gave an overview of the FY20 Indicators covering the four key areas, people, healthcare, research and education. He proceeded providing details on the data for each of the subgroups which including touching on telecommuting, Scoop, observed mortality, transfers, grants and dollars, publications and clinical trials.

Board members asked Mr. Moawad for additional information on communication perspective, transfer numbers in healthcare and grants in research.

Annual Integrity Report

Tim Marshall, Director, Audit and Advisory Services

Mr. Monfries recognized Tim Marshall, Director, Audit and Advisory Services.

Mr. Marshall gave an overview of the Annual Integrity Report including program effectiveness, training and communication, prevention and compliance and day to day operations. He also discussed integrity as defined by OHSU's code of conduct and a code integrity compliance collaboration that brings compliance leaders together 3-4 times per year.

Board members asked Mr. Marshall for additional information on the risk assessment process, institution culture and the tracking of best practices.

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 2:48 pm.

Respectfully submitted,

Connie Seeley
Secretary of the Board

FY20 First Half Financial Results

OHSU Board of Directors / January 31, 2020

Overview of FY20 First Half Results

- Last fiscal year started unusually strong and continued so; this year's results are following a more typical seasonal pattern of back-weighted earnings.
- Operating income through the first six months of FY20 totals $60 million, $3 million above budget but $(26) million or -30% below the same period last year, on 10.6% year-over-year revenue growth.
- The decline in earnings from FY19 reflects four factors:
  - Interest & depreciation for new buildings on the South Waterfront
  - Costs of issuance for December's debt refinancing that will be more than offset by lower interest and lease payments in coming months
  - An unusually large amount of capital equipment funded by grants in early FY19 that inflates the prior-year income level
  - $1,000 lump sum payments for non-represented employees not otherwise in incentive plans, made in recognition of last year's excellent performance.
- The $3 million gain from budget through December is half that reported at the first quarter, and below the pace needed for $11 million in incremental earnings targeted to help fund OHSU 2025 initiatives.

OHSU

FY20 First Half Results (continued)

- Despite strong patient activity and stable commercial payer share, there are shortfalls from budget in the main hospital, the Department of Medicine and the Knight Cardiovascular Institute.
- These reflect a variety of factors, including the hospital component of the items listed on the prior page, plus the departures of several surgeons and other procedure-based clinical faculty in programs with high contribution margins.
- In November, School of Medicine Dean Sharon Anderson and OHSU Health CEO John Hunter announced the phased integration of the OHSU Practice Plan and Health System, in order to simplify funds flow, accelerate decision making and respond more quickly to market forces.
- Greater integration is supported by the new roles of Chief Clinical Officer and Chief of Ambulatory & Professional Practice, and should help respond to the budget gaps in clinical areas.
- Earnings usually increase from the first to the second six months of the fiscal year. OHSU Health operating income has averaged $4.6 million per month in the first half of FY20, and must achieve $11.6 million per month in the second half to meet budget (and higher to fully fund strategic initiatives).

OHSU

FY20 First Half Results (continued)

- In the meantime, slower than budgeted spending on OHSU 2025 and other strategic / recruitment initiatives has kept the University on budget overall—but this cushion cannot be counted on as the strategic plan pivots to implementation.
- Consolidated net worth is up $108 million to $3.7 billion through December, from operating income, strong investment returns and major gifts to the Foundations.
- OHSU-held cash is essentially flat, typical of the first half of the fiscal year. We also made this year's budgeted $10 million prepayment against OHSU's PERS pension liability early, in order to qualify for a 25% State matching program.
- We will need particular focus on third quarter performance to meet budget targets across the organization and to increase cash.
- This is also important to achieve the lowest cost financing for the proposed Hospital Expansion Project this summer, if approved by the Board in June.

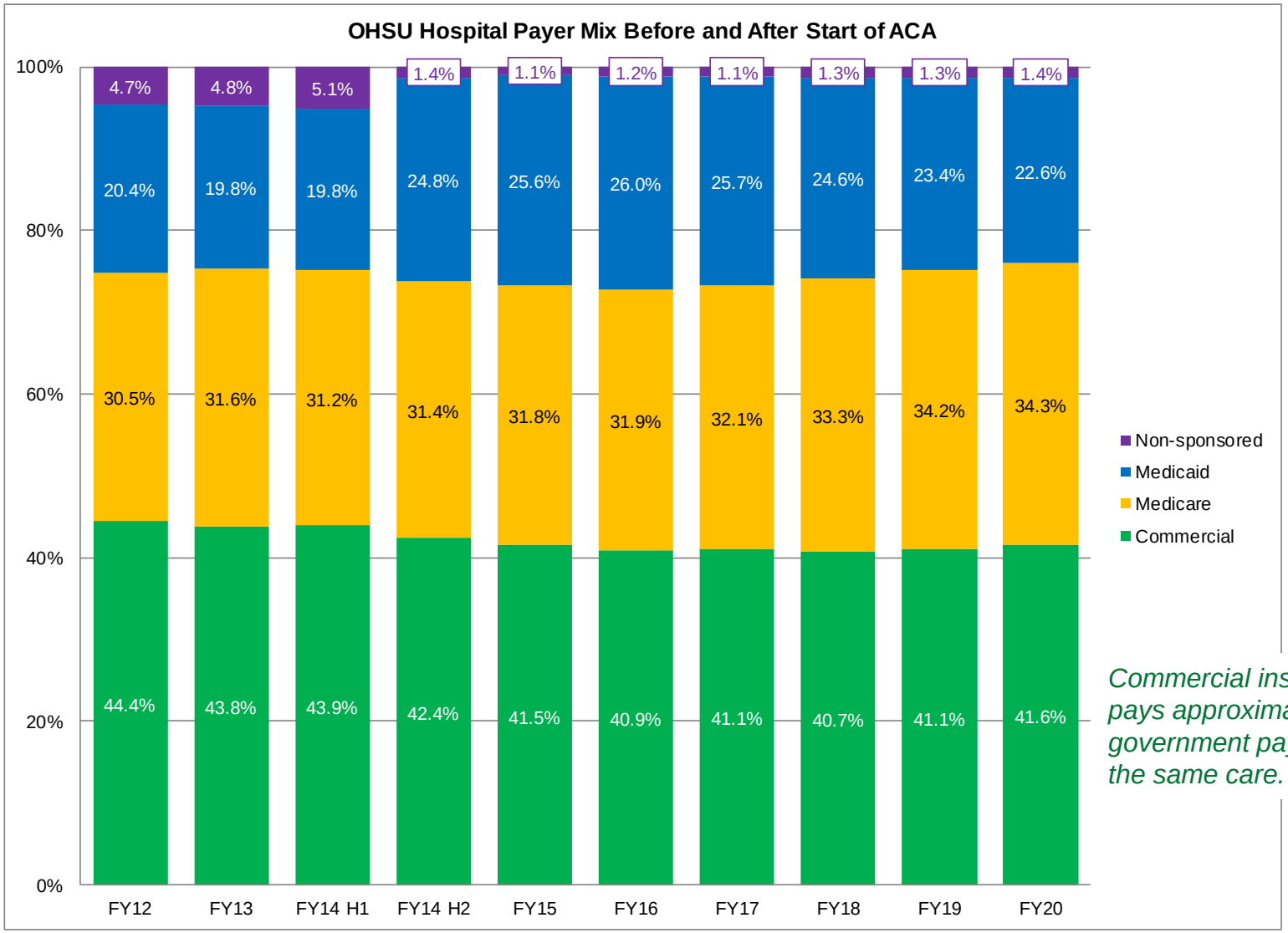
OHSU

FY20 H1 Operating Income $3M > Budget

December FY20 YTD (6 months) (millions)	FY19 Actual	FY20 Budget	FY20 Actual	FY20 - Budget	FY20 / FY19
Patient revenue & medical contracts	$1,115	$1,230	$1,248	$18	12.0%
Research & education support	56	68	68	0	20.5%
Grants & contracts	222	212	231	18	3.8%
Gifts applied to operations	45	55	49	(6)	9.2%
Tuition & fees	38	39	40	1	3.0%
State appropriations	19	19	20	1	6.2%
Other revenue	96	76	104	28	8.3%
Operating revenues	1,591	1,699	1,759	60	10.6%
Salaries & benefits	934	1,007	1,030	23	10.3%
Services & supplies	476	529	562	32	17.9%
Depreciation	81	88	88	(0)	8.5%
Interest	14	18	20	2	39.7%
Operating expenses	1,506	1,642	1,699	57	12.9%
Operating income (budget basis)	$86	$57	$60	$3	-30.1%
State grant to KCC	7				
Gift Funding for KCRB	14				
Total oper. income (pre-GASB 68)	$106		$60		
Operating margin	*5.4%*	*3.4%*	*3.4%*		
EBITDA margin	*11.4%*	*9.6%*	*9.5%*		

OHSU

Commercial Share Stable Since FY16



Commercial insurance pays approximately 2x government payers for the same care.

Admissions, Visits & Casemix Drive 12% Growth

OHSU Patient Activity December YTD (6 months)	FY19 Actual	FY20 Budget	FY20 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	14,349	14,693	14,752	0.4%	2.8%
Average length of stay	6.13	5.90	6.12	3.7%	-0.2%
Average daily census	470	486	478	-1.7%	1.8%
Day/observation patients	21,286	23,311	22,136	-5.0%	4.0%
Emergency visits	23,581	24,876	24,397	-1.9%	3.5%
Ambulatory visits	492,222	527,421	510,612	-3.2%	3.7%
Surgical cases	18,482	19,123	18,886	-1.2%	2.2%
Casemix index	2.25	2.25	2.36	4.9%	4.9%
Outpatient share of activity	51.8%	53.8%	53.7%	-0.2%	3.7%
CMI/OP adjusted admissions	67,144	71,596	75,208	5.0%	12.0%

Net Worth Up $108M with Cash About Flat

Balance Sheet (millions)	6/30/19	12/31/19	Change
Operating cash & investments	$1,083	$1,078	$(5)
Quasi-endowment funds	99	99	1
Moda surplus note, net	34	34	0
OHSU cash & investments	1,216	1,211	(4)
Trustee-held bond funds	46	65	19
Funds Held by Trustee - SoPH	10	8	(2)
Total cash & investments	1,271	1,284	13
Net physical plant	2,073	2,061	(11)
Interest in Foundations	1,363	1,386	22
Long-term debt (refinanced)	(979)	(1,005)	(26)
PERS pension liability	(456)	(456)	0
Working capital & other, net	347	457	110
OHSU net worth	3,619	3,727	108

Operating income	60
OHSU investment return	30
Gain (loss) from Foundations	22
Other non-operating items	(4)
Total change in net worth	108

Cash Flow (millions)	Dec YTD
Oper. income (budget basis)	$60
Depreciation	88
OHSU investment return	30
Sources of OHSU cash	178
Regular principal repaid	(24)
Capital spending	(77)
PERS prepayment	(10)
Working capital & other, net	(72)
Uses of OHSU cash	(182)
Sources less uses of cash	(4)
6/30/19 balance	1,216
12/31/19 balance	1,211

Date: 1/31/2020

To: OHSU Board of Directors

From: Renee Edwards, MD, MBA
VP, CMO OHSU Health

RE: Annual Quality & Safety Report

Memo: This report summarizes OHSU Healthcare's FY19 performance with regard strategic initiatives and external programs as lead and/or overseen by the Department of Quality & Safety.

In summary, we:

1) Ranked 10/94 academic medical centers in Vizient's annual quality and accountability scorecard
2) Achieved a 5-star CMS rating
3) Performed above average in incentive programs for Value-based purchasing and in incentive programs for hospital-acquired conditions
4) Performing significantly better than national experience in hospital-acquired infections
5) Achieved and sustained our Mortality O/E ratio leading the team to reset the performance goal for FY20 to observed mortalities.
6) Are promoting a culture of safety and transparency in error reporting as demonstrated by increasing numbers to our patient safety intelligence reporting

OHSU Healthcare Annual Quality & Safety Report FY19

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

DATE: January 31, 2020

FY19 Accomplishments

#10

VIZIENT ANNUAL QUALITY & ACCOUNTABILITY SCORECARD

Attained #10 ranking out of 94 Academic Medical Centers

+0.624%

VALUE-BASED PURCHASING (VBP)

Performed above average, resulting in OHSU's highest increase in base operating DRG payments.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) STAR RATING

Achieved 5/5 stars in the CMS Star Rating. Only 6.5% of hospitals across the nation were awarded 5 stars.

HOSPITAL-ACQUIRED CONDITION (HAC) REDUCTION PROGRAM

Performed above the 75th percentile cut-off, avoiding a financial penalty.

Vizient 2019
Quality & Accountability
Performance Scorecard

OHSU

Domain	Content/Areas of Focus
Mortality 26.3%	• Mortality O/E for select service lines
Effectiveness 21.1%	• 30-Day Readmission Rate (all cause) for select services • Excess Days for select service lines • ED Throughput Core Measures • Sepsis: Lactate level within 12 hours of admission • Transfusion: RBC transfusion with Hgb >= 9
Safety 26.3%	• 5 AHRQ Safety Measures • (Pressure Ulcers, Respiratory Failure, Hemorrhage/Hematoma, Iatrogenic Pneumothorax, Post-op Sepsis) • CLABSI • CAUTI • C. difficile • SSI (Colon Surgery and Abdominal Hysterectomy) • THK Complications • Hypoglycemia with Insulin Use • Elevated INR with Warfarin Use
Patient Centeredness 15.8%	• 9 HCAHPS Questions
Efficiency 10.5%	• LOS O/E for select service lines • Direct Cost O/E for select service lines

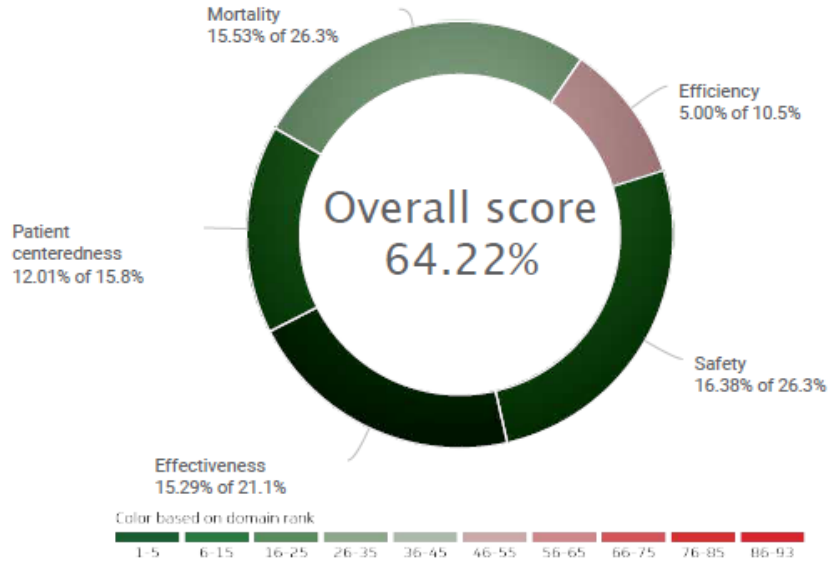
OHSU

vizient

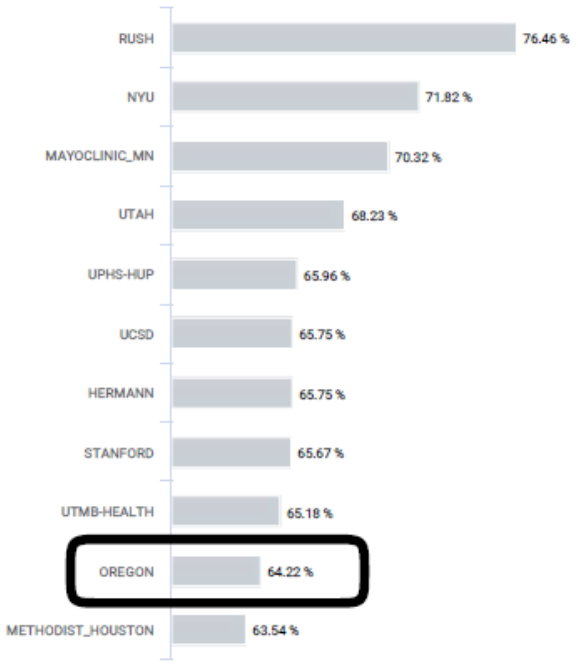
2019 Comprehensive Academic Medical Center Quality and Accountability
Oregon Health & Science University Performance Scorecard

Star rating	Overall rank	Overall score
★★★★★	10	64.22%

Domain performance



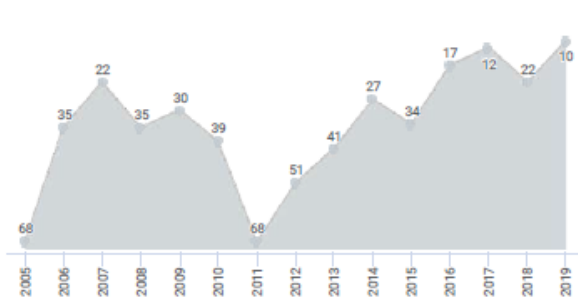
Top performers



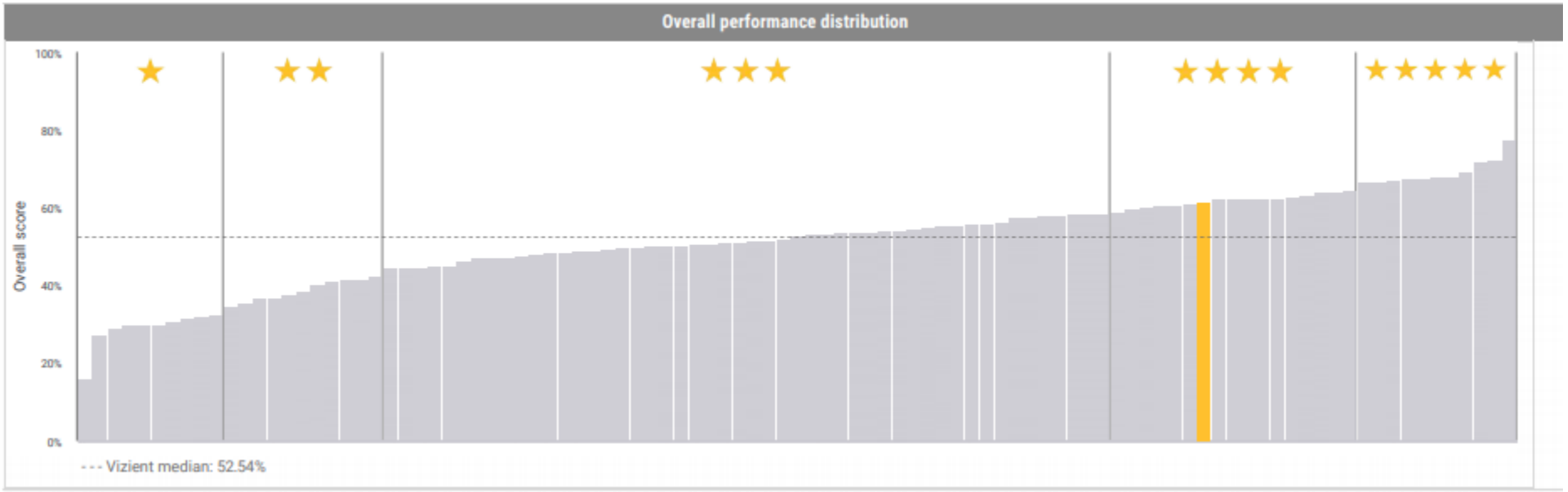
Domain performance table

Domain	Rank	Weight	Score	Weighted score	Vizient median	Vizient top performer
Overall	10	100%	64.22%	64.22%	49.53%	76.46%
Mortality	35	26.3%	59.05%	15.53%	51.92%	93.96%
Efficiency	54	10.5%	47.64%	5%	50.1%	86.41%
Safety	12	26.3%	62.27%	16.38%	49.53%	69.95%
Effectiveness	3	21.1%	72.48%	15.29%	49.22%	77.7%
Patient centeredness	14	15.8%	76.03%	12.01%	52.71%	94.7%

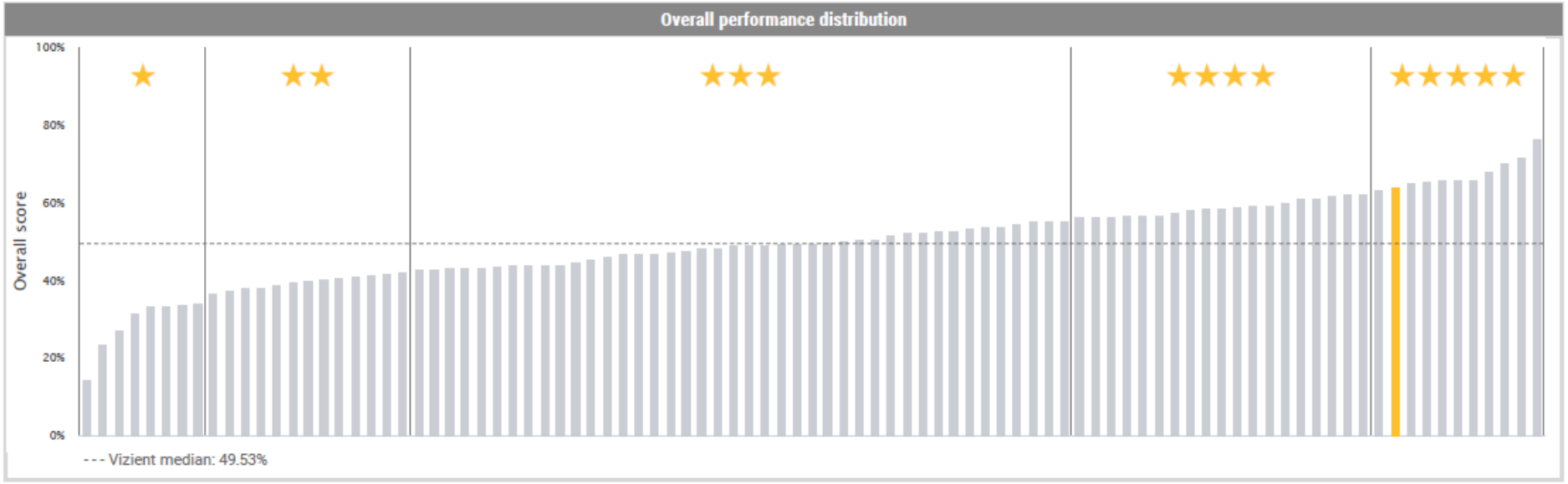
Historical overall rank

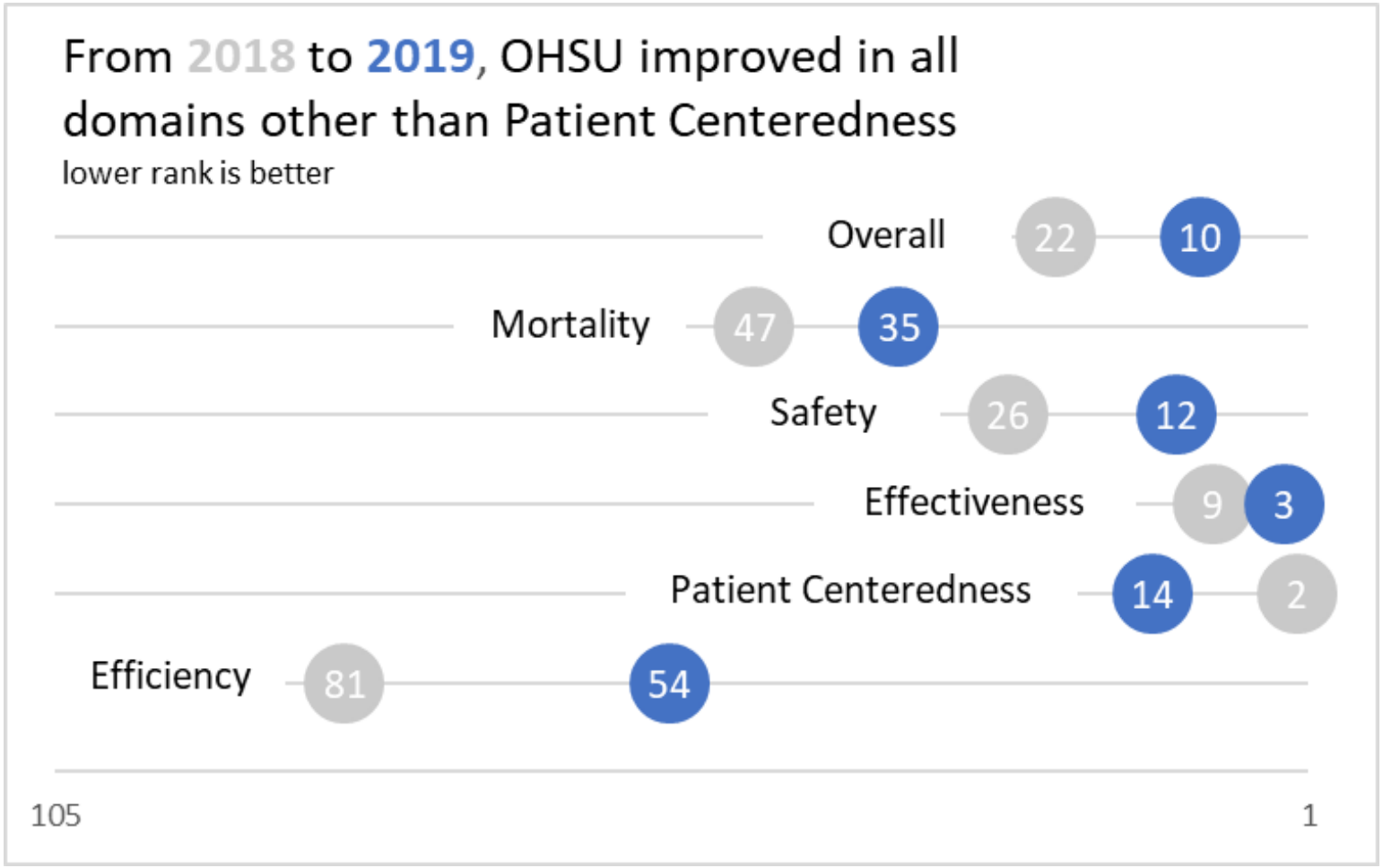


2018


Overall performance distribution
100%
80%
60%
40%
20%
0%
Overall score
Vizient median: 52.54%

2019


Overall performance distribution
100%
80%
60%
40%
20%
0%
Overall score
Vizient median: 49.53%


From 2018 to 2019, OHSU improved in all domains other than Patient Centeredness
lower rank is better
Overall
22
10
Mortality
47
35
Safety
26
12
Effectiveness
9
3
Patient Centeredness
14
2
Efficiency
81
54
105
1

We improved in all domains other than Patient Centeredness*

**Still ranked 14 out of 94*

	2015	2016	2017	2018	2019
Overall – Total Score (Ranking – a lower number is better)					
Overall	65.94 (34)	64.73 (17)	65.76 (12)	61.35 (22)	64.22 (10)
Mortality	53.75 (60)	55.00 (61)	64.28 (29)	52.88 (47)	59.05 (35)
Safety	63.75 (22)	65.91 (11)	55.19 (48)	56.22 (26)	62.27 (12)
Effectiveness	82.29 (26)	71.53 (6)	65.24 (12)	67.24 (9)	72.48 (3)
Patient Centeredness	65.28 (20)	65.28 (21)	79.10 (13)	85.14 (2)	76.03 (14)
Efficiency	53.13 (66)	54.06 (68)	60.34 (44)	34.13 (81)	47.64 (54)
Equity	100 (1)	100 (1)	93.75 (70)	88.89 (52)	
RANK	**34**	**17**	**12**	**22**	**10**

OHSU

Our better ranking was due to true improvement and not favorable methodology changes

	Q&A Year			2019 Overall and Domain Performance Distribution
	2017	2018	2019	
	Score(Rank)			
Overall	59.08% (13)	60.13% (20)	64.22% (10)	--- Vizient median: 49.53%
Mortality	54.14% (40)	47.92% (49)	59.05% (35)	--- Vizient median: 51.92%
Efficiency	41.72% (68)	44.10% (63)	47.64% (54)	--- Vizient median: 50.10%
Safety	57.73% (11)	58.13% (23)	62.27% (12)	--- Vizient median: 49.53%
Effectiveness	60.32% (10)	67.51% (8)	72.48% (3)	--- Vizient median: 49.22%
Patient centeredness	79.41% (13)	84.61% (2)	76.03% (14)	--- Vizient median: 52.71%
Equity - Informational only	0.00% (0)	0.00% (0)	0.00% (0)	--- Vizient median: 0.00%

FY2020 Sustainment Recommendations

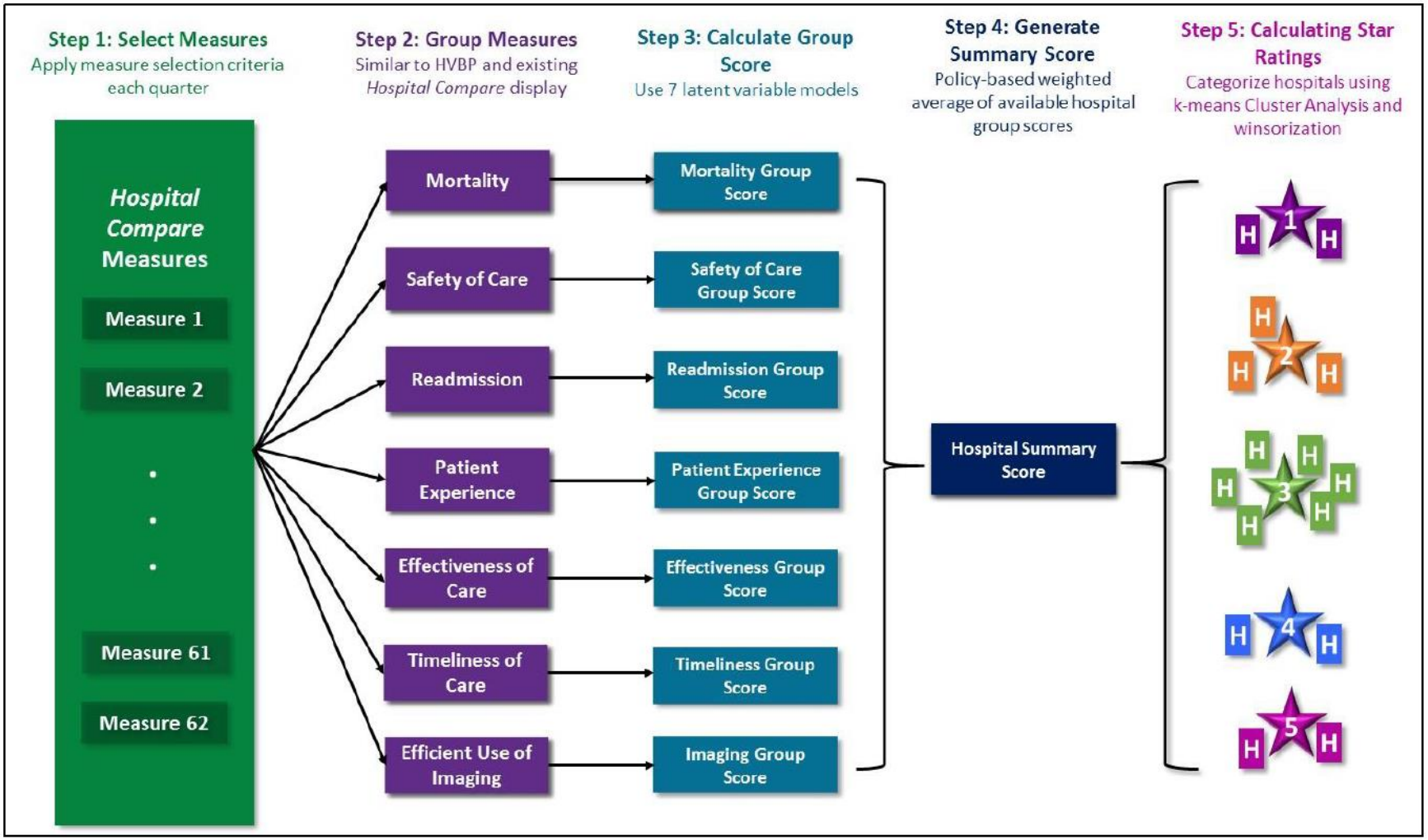
- Focus on reducing *true* observed mortality
- Monitor HCAHPS and impact of reduced surveys with switch to NRC
- Maintain new level of expected mortality, Length of Stay and direct cost
- Continue to reduce or at least maintain new level of Hospital Acquired Infections

OHSU

External Programs: CMS Star Rating

OHSU

CMS Overall Hospital Quality Star Ratings



CMS Overall Hospital Quality Star Ratings

	Oct 2016	Oct 2017	Feb 2019	Jan 2020
Overall Star Rating	**3**	**4**	**5**	**5**
Measure Group – Measure Group Score (Comparison to National Average-Above is better)				
Mortality	0.42 (Same)	0.49 (Same)	0.48 (Same)	0.38 (Same)
Readmission	0.09 (Same)	-0.89 (Below)	0.85 (Above)	0.70 (Above)
Safety of Care	-0.17 (Same)	2.15 (Above)	0.78 (Above)	1.03 (Above)
Patient Experience	0.71 (Above)	0.92 (Above)	1.03 (Above)	1.07 (Above)
Efficient Use of Medical Imaging	-0.63 (Below)	-1.15 (Below)	-1.51 (Below)	-1.39 (Below)
Timeliness of Care	-0.66 (Below)	-1.32 (Below)	-1.05 (Below)	-1.66 (Below)
Effectiveness of Care	0.38 (Same)	0.14 (Same)	0.16 (Same)	0.39 (Same)
	3 Stars	4 Stars	5 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.

Color designation indicates a change from above to below (red) or below to above (green) the national average.

Distribution of Oregon Hospitals:

5 Star = 3 hospitals
4 Star = 22 hospitals
3 Star = 23 hospitals
2 Star = 4 hospitals
1 Star = 0

FY20 Accomplishments to Date

Maintained for second year in a row!

CMS STAR RATING

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

AMERICAN COLLEGE OF SURGEONS

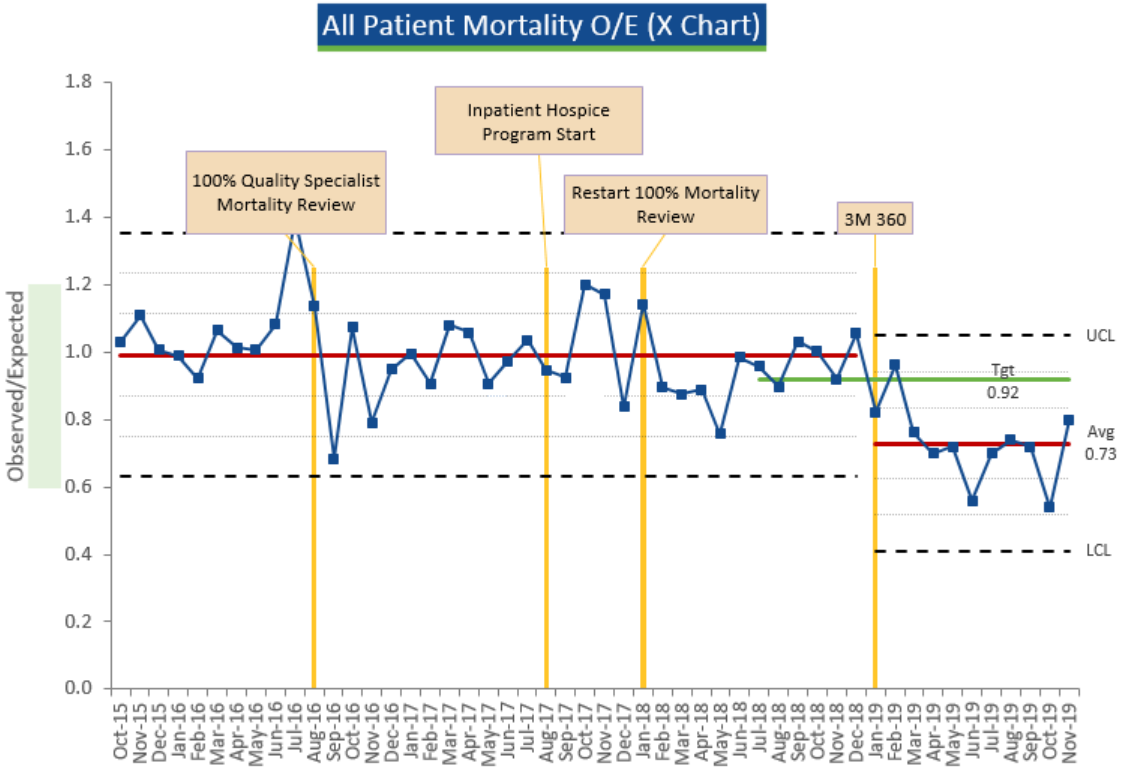
Inspiring Quality: Highest Standards, Better Outcomes

Verification by the ACS for the
Optimal Resources for Surgical Quality and Safety Program

Mortality A3

MANAGEMENT GUIDANCE TEAM MEETING

O/E (for Sustainment)



- Vizient 2019 Risk Model applied
- O/E ratio for most recent month 0.80

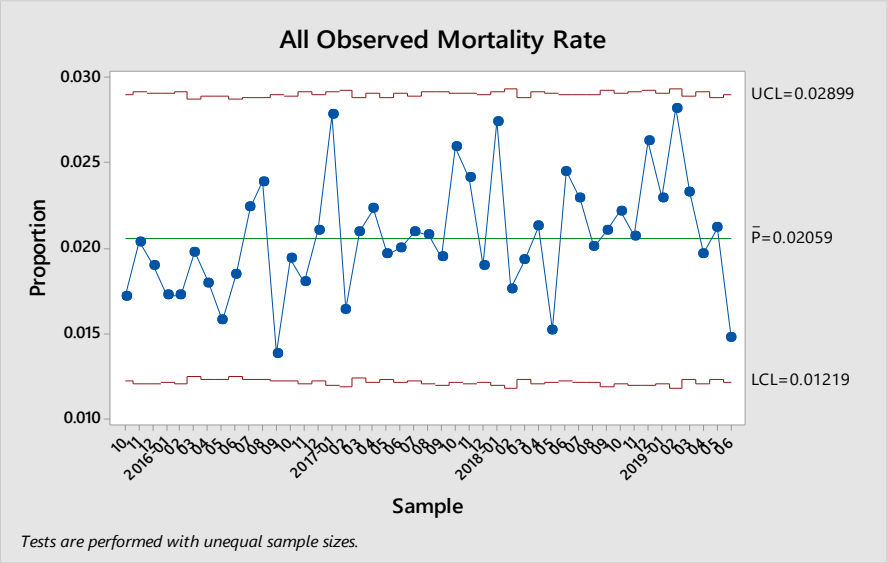
FY15-19 mortality goal O/E 0.92
Achieved and sustained!!
What new goal would make a meaningful difference?

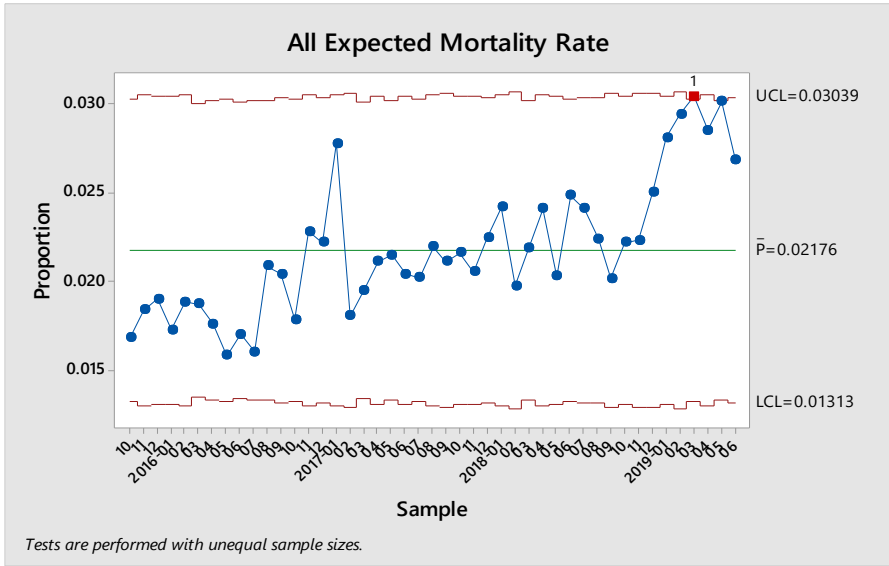
External stakeholders will continue to measure us on O/E so careful attention to maintain this metric

How do we reduce the actual number of deaths that occur within our hospital walls?

- Make it meaningful
- Make it measurable

Breakout of all mortality O/E



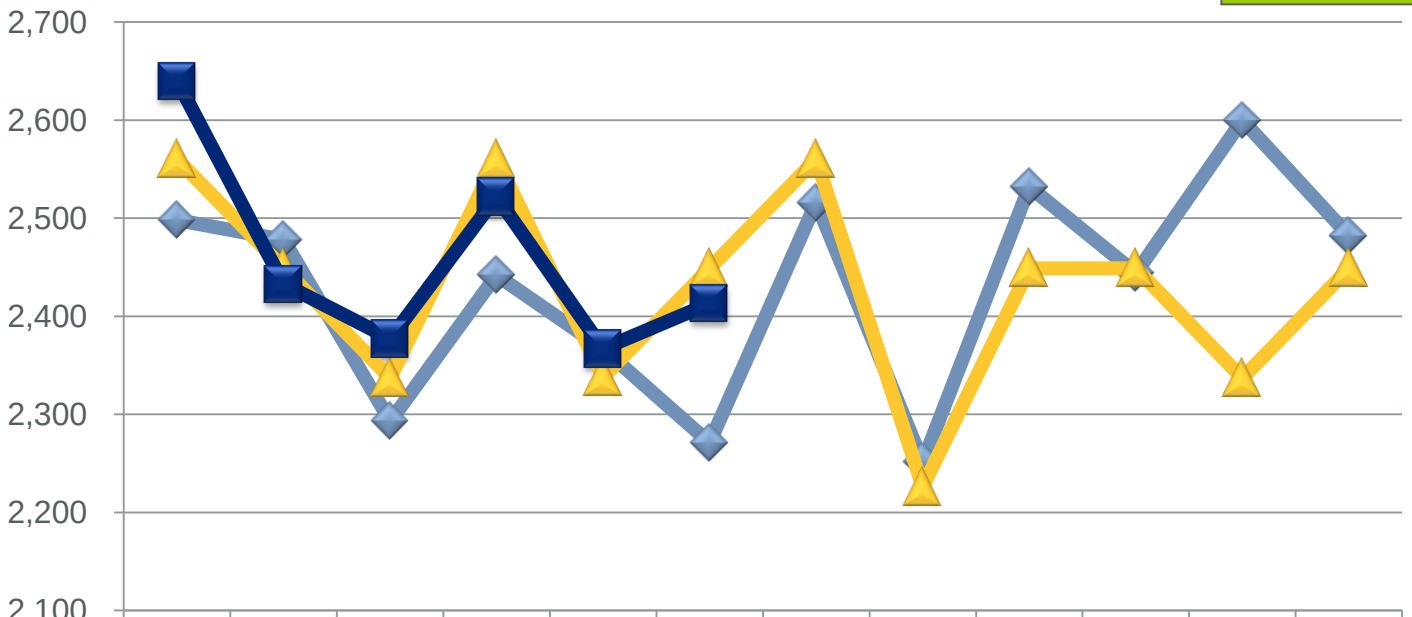


Observed is % based on adult inpatient admissions; lower is better
The observed mortality chart is calculating a proportion: Numerator/Denominator
It will result in a % observed mortality (e.g. 2.5% observed mortality rate).

Expected is % based on Vizient mortality rate calculator; higher is better
The expected mortality chart is calculated by averaging the pre-calculated expected mortality rates provided by Vizient.
The individual values are each a % expected mortality (e.g. 3.0% expected mortality rate).

Admissions ABOVE budget & prior year

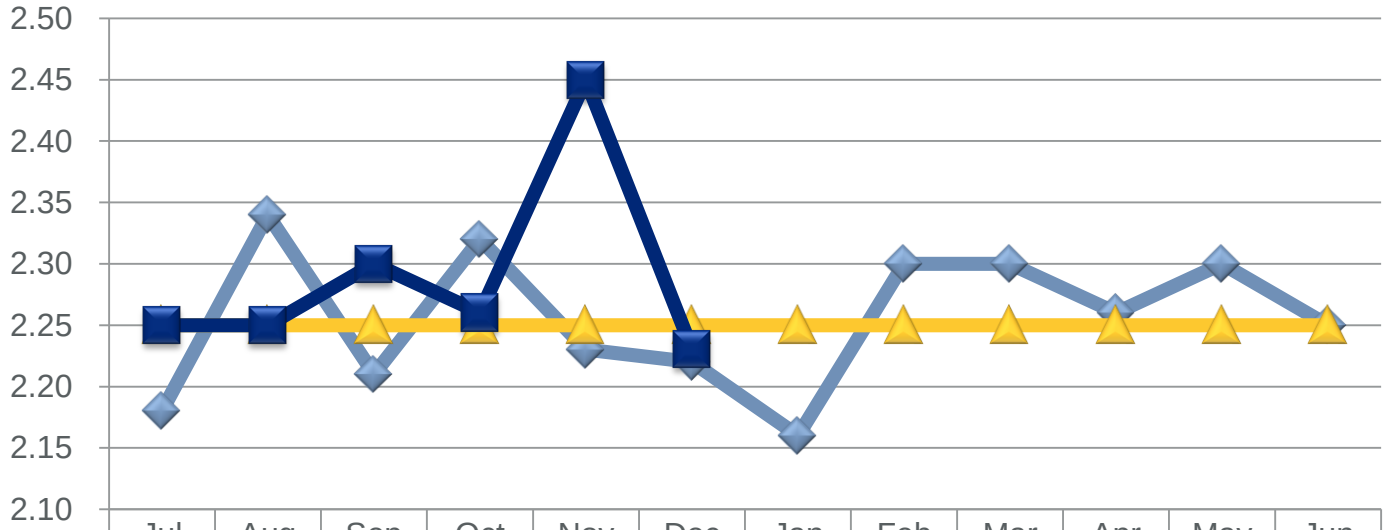
YTD Change from:
Prior Year 2.8%
Budget 0.4%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Actual FY19	2,498	2,478	2,293	2,442	2,367	2,271	2,516	2,251	2,532	2,444	2,600	2,482
Budget FY20	2,560	2,449	2,337	2,560	2,338	2,449	2,560	2,226	2,449	2,449	2,337	2,449
Actual FY20	2,640	2,433	2,377	2,522	2,367	2,413						

Case Mix Index dropped back down to normal trends for December

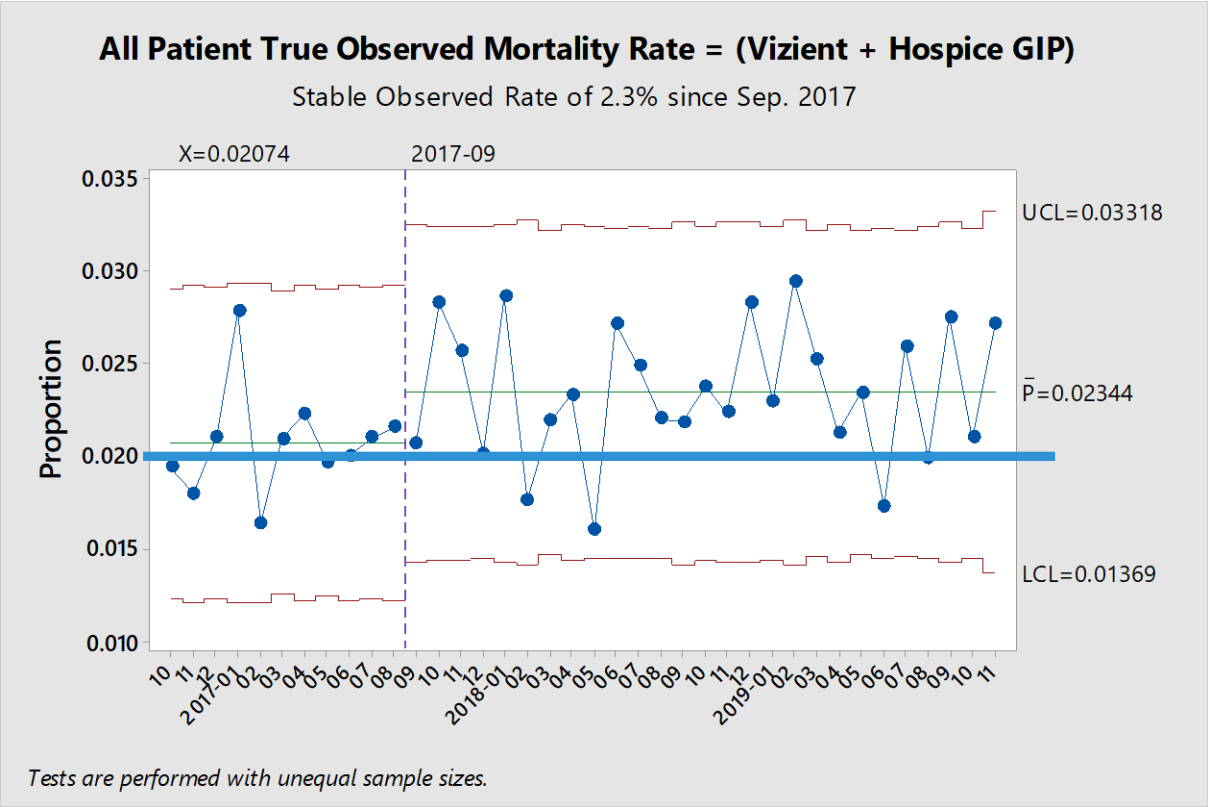
YTD Change from:
Prior Year 4.7%
Budget 4.9%



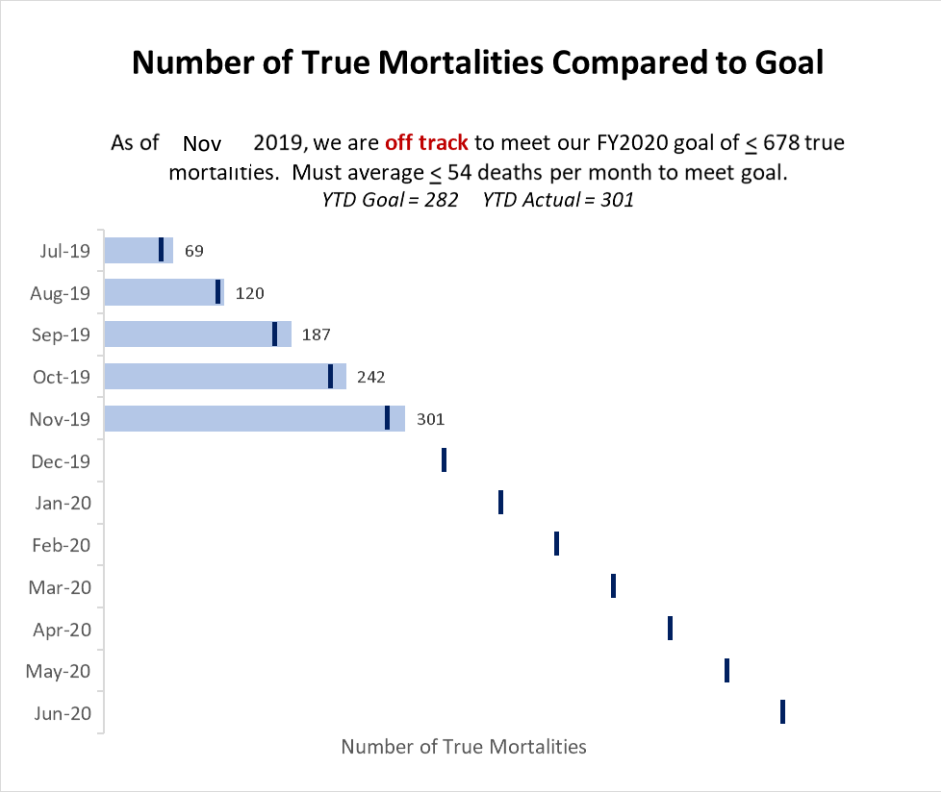
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Actual FY19	2.18	2.34	2.21	2.32	2.23	2.22	2.16	2.30	2.30	2.26	2.30	2.25
Budget FY20	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25
Actual FY20	2.25	2.25	2.30	2.26	2.45	2.23						

OHSU

Observed (True) Mortalities at OHSU



Observed Mortality YTD

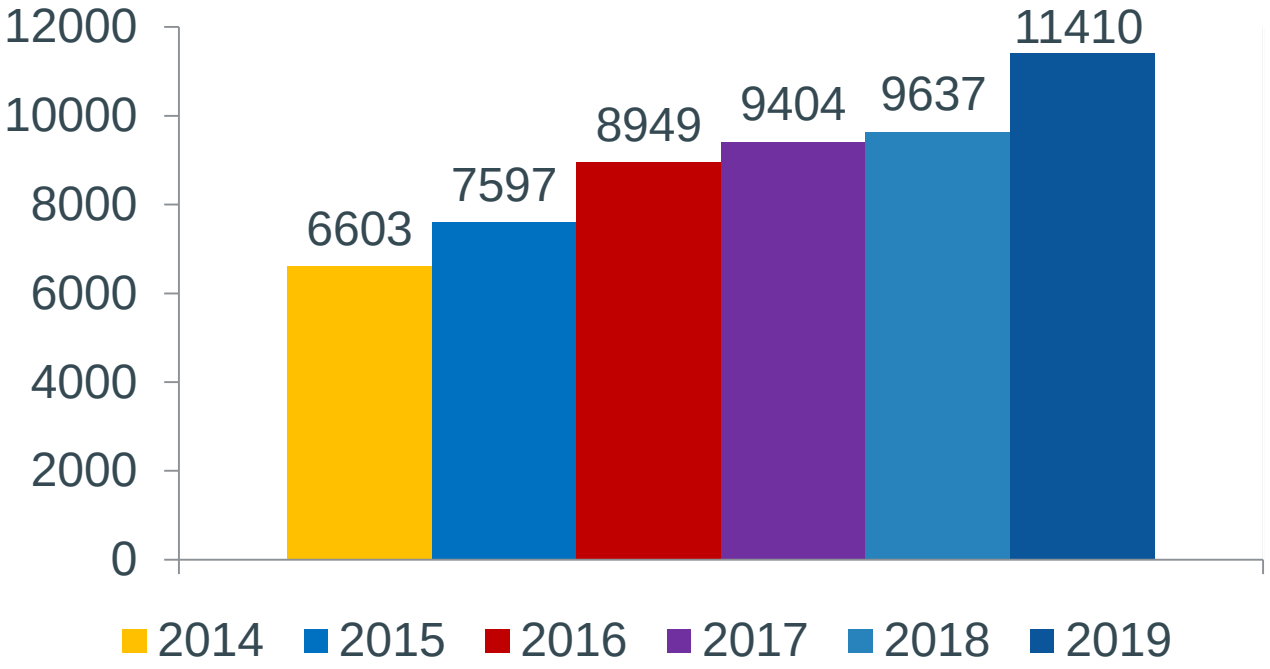


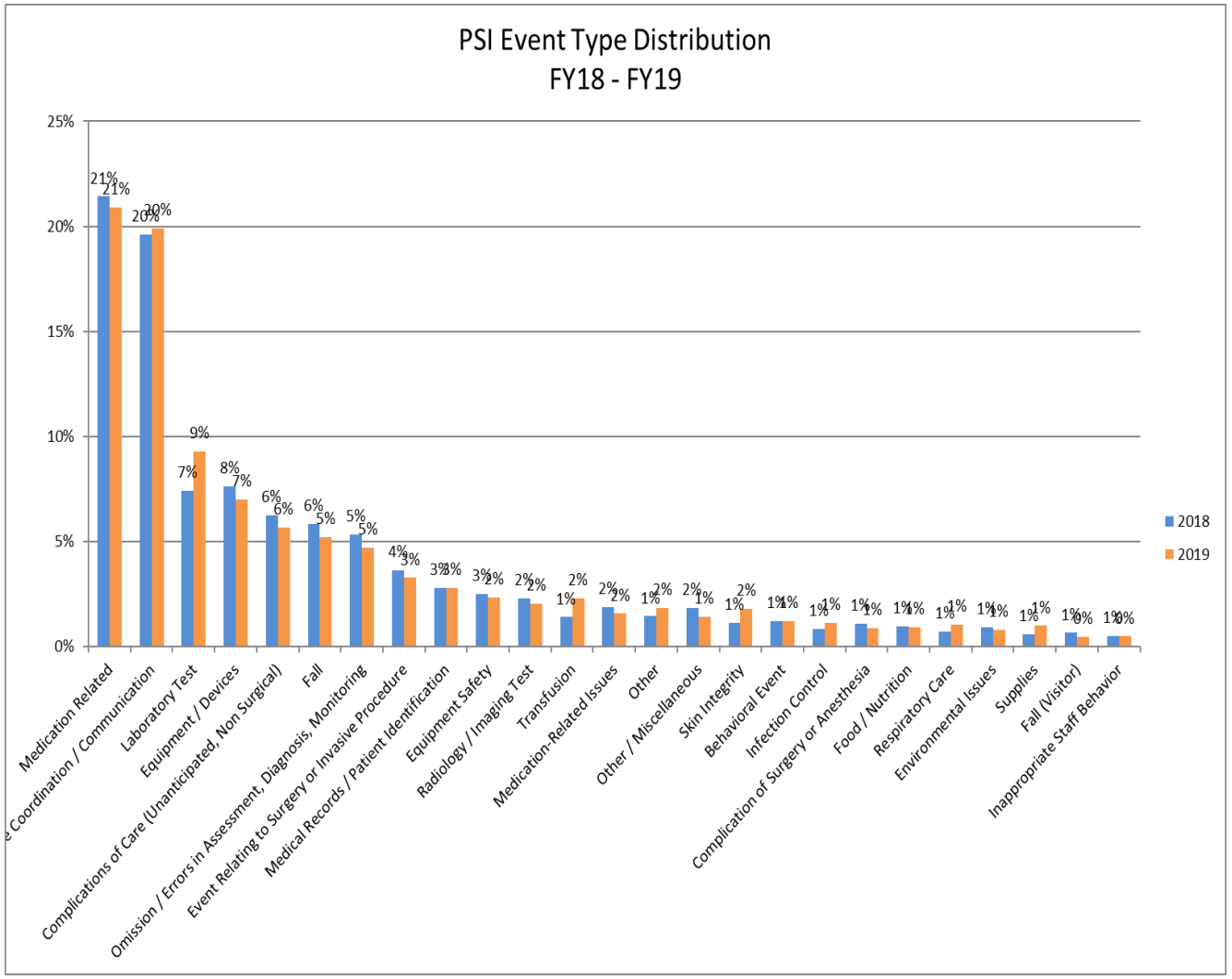
How: Concentration on management of sepsis
& creation of a deterioration index
This is a lofty but meaningful goal and will take time.

FY19 Patient Safety Report

OHSU

Total PSIs filed

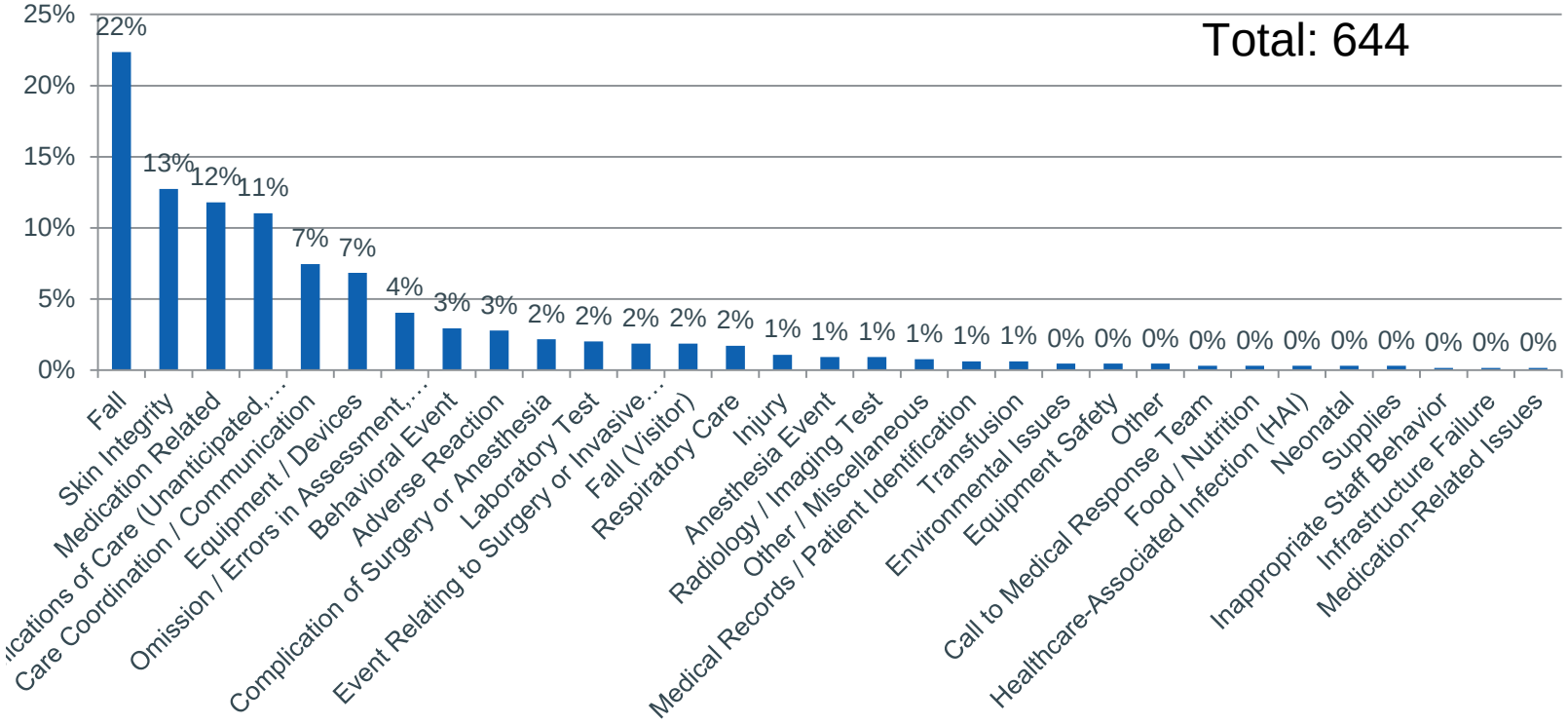




- The percentages on the graph represent the FY 19 data in comparison to FY 18.
- The distribution of event types is relatively consistent year to year
  - 21% of events reported are medication related
  - 20% are communication related

OHSU

FY19 Harm Events (6+)
Event Type Rate



- Types of events that caused harm to patients and is consistent with the trends seen in 2018
- Falls represents our highest number of events with injury. In comparisons with other organizations we have fewer falls overall and fewer falls with injury. However because of the consistent trend in the data, Falls with injury has been identified as a FY20 Tier 1 priority quality improvement activity

OHSU

Thank you to the Quality, Safety and Performance Improvement Team

Clea McDow, Interim Director

- Quality Managers: Ellen Distefano, manager
- 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: January 31, 2020

To: OHSU Board of Directors

From: Greg Moawad, Interim Vice President for Human Resources

RE: FY20 Performance Indicators

Memo: 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 presentation will summarize our FY20 objectives and year-to-date results, including some challenges around a few of the indicators.

Dr. Renee Edwards will also be present to discuss the new indicator for Observed Mortality.

PERFORMANCE INDICATORS

Fiscal Year 2020, Quarter 2

PEOPLE

FLEXIBLE WORK AND TELECOMMUTE	TIME AWAY FROM WORK	UNCONSCIOUS BIAS	PAY EQUITY PROGRAM
8,670 telecommutes, 184 daily Scoop rides	11.4% >120 hrs; 34.5% >80 hrs; 70.9% >40 hrs	149 managers; 310 students	TBD
30,000 telecommute days; 225 daily Scoop rides	75% of employees take 120+ hours of PTO	300 hiring managers and 500 students trained	75% of workforce reviewed

HEALTHCARE

ACCESS	OBSERVED MORTALITY	PATIENT EXPERIENCE NET PROMOTER SCORE	TRANSFERS
4,413	2.42%	78.1	98.7
16,000 virtual visits	2.23%	78.6	98

RESEARCH

GRANTS AWARDED	AWARD $	PUBLICATIONS	TURNAROUND TIME
790	$255,938,534	3,534	48
1,550	$469,803,708	3,505	52 days

EDUCATION

UNDERREPRESENTED MINORITY LEARNER AND PATHWAY PARTICIPANT RECRUITMENT AND RETENTION	DEGREES AND CERTIFICATES AWARDED	FIRST TIME PASS RATES	LIMIT AVERAGE INDEBTEDNESS
Data to come	Data to come	Medicine 100%, Physician assistant 98%, other data to come	Data to come
Varies by learner group	Varies by learner group	Varies by degree	Varies by degree

FINANCES

EXCEED EBITDA MARGIN
9.5%
11%

FY20 achieved

Target

a On or above target

a Improved, not at target

a Below target

a Below FY19 and target

a Data to come

FY 2020 OHSU Performance Indicators

These performance indicators reflect organization-wide priorities that leadership will focus on during the coming year. Progress will be reported quarterly.

PEOPLE

Promote flexible work environment and commute programs.

Increase the number of telecommute days to a total of 30,000

Increase Scoop ridesharing by 20%

Promote and encourage time away from work.

75% of employees working full time will have taken 120 hours or more of PTO/ Vacation by June 30, 2020

Increase number of members trained in unconscious bias (students, hiring managers).

FY20 will have a focus on students, hiring managers and building more capacity in the system to ensure the efforts are sustained

Pay equity program.

In FY20, a comprehensive review will be completed and recommendations implemented for 75% of all workforce members.

HEALTH CARE

Improve access to OHSU clinics.

Improve clinic access from FY19

Improve observed mortality rate.

Improve observed mortality rate

Improve patient experience.

Improve net promotor score from FY19

Improve appropriate transfer acceptance rate.

Increase the number and the percentage accepted transfers from FY19

RESEARCH

Increase the number of grants awarded.

Increase the number of grants awarded from FY19

Increase in award dollars.

Increase total award dollars from FY19

Increase in publications.

Increase publications from FY19

Improve turnaround time for industry-sponsored clinical trials.

Reduce turnaround time from FY19

EDUCATION

Increase success of underrepresented minority (URM) learner and pathway participant recruitment and retention.

Number of enrolled URM students

Number of URM Graduate Medical Education (GME) residents

Number of URM OnTrack participants

Number of URM pathway program participants

Maintain or increase degrees and certificates awarded.

Degrees and certificates awarded through the University Registrar's Office

Certificates awarded through GME

Maintain or increase first time pass rates for credentialing exams in targeted publicly supported degrees programs and board exams for GME residency programs.

Dentistry programs (DMD) 95%

Medicine (MD) 95%

Nursing undergrad 92%

Graduate nursing 95%

Physician assistant 95%

GME residency award 94%

Limit the average indebtedness of graduates in targeted publicly supported degree programs.

Dentistry programs (DMD),

Medicine (MD)

Nursing (Oregon Consortium for Nursing Education)

The OHSU Incentive Plan is aligned directly to the above indicators. Only after surpassing the Financial indicator below will any OHSU Incentive Plan payment be issued.

FINANCES

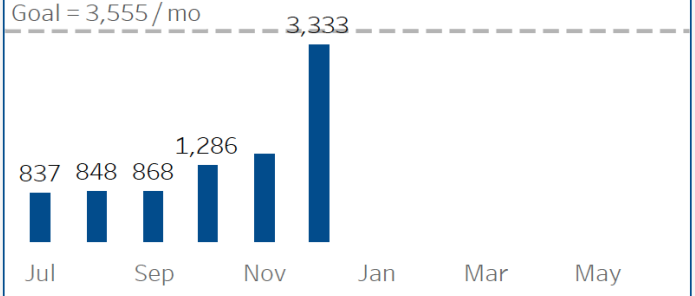
Exceed EBITDA margin target.

PERFORMANCE INDICATORS

Fiscal Year 2020, Quarter 2

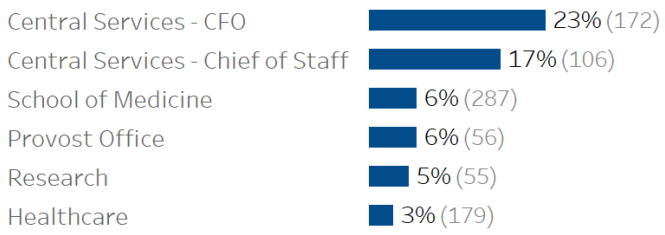
TELECOMMUTING

30,000 telecommutes logged (total for FY20)

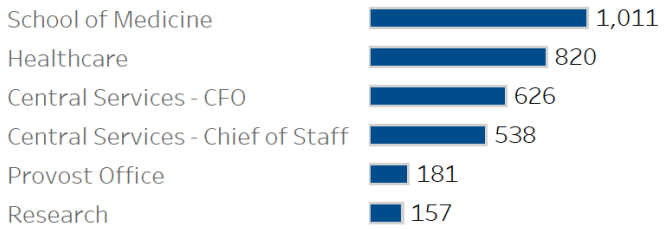


Total YTD = **8,670**

% Employees logging **telecommutes** in December 2019

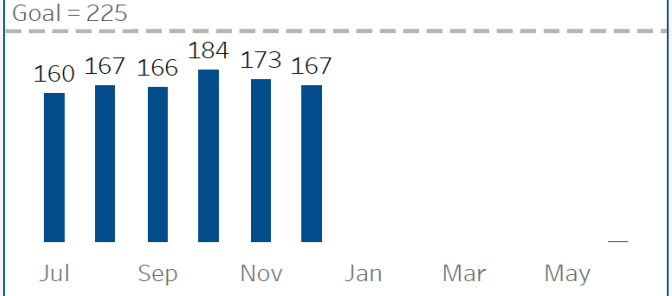


Total **telecommutes** logged in December 2019



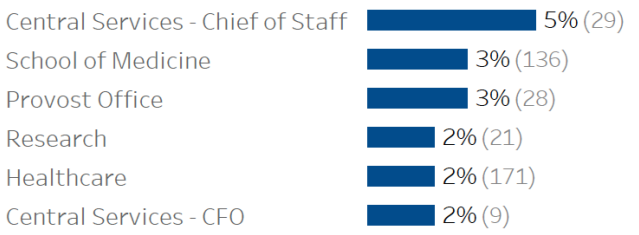
SCOOP

225 average daily Scoop trips (any month)

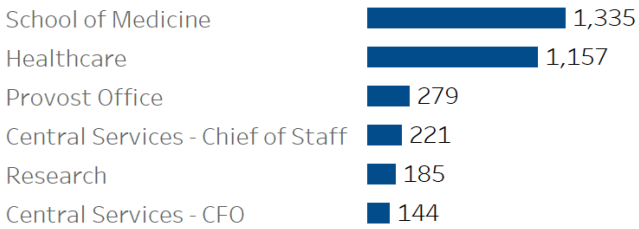


Max Average YTD = **184**

% Employees using **Scoop** in December 2019



Total **Scoop** trips in December 2019



Date: January 23, 2020

To: OHSU Board of Directors

From: Connie Seeley, Chair, OHSU 2025 Strategic Planning Council

RE: OHSU 2025 – Moving Forward with Implementation: Performance Monitoring and Reporting to Board of Directors

As management begins implementation of OHSU 2025, we will utilize a Performance Management Platform (PMP). This will be the first time that management at the highest levels will use this type of platform to report on the progress of the University Strategic Plan. The OHSU PMP reinforces both accountability and transparency through monthly reporting by plan owners as to status, changed conditions and other plan performance factors.

Performance Monitoring

Management will produce quarterly versions of a scorecard which articulates the status of plan Objectives and Tactics, and tracks those that are on-track or off-track in their progress to date. While the scorecard will focus on the funded priority Objectives, the PMP is capable of producing numerous perspectives on the entire OHSU 2025 plan as well as other OHSU performance plans loaded into the platform.

Reporting to the Board of Directors

Moving forward, management will report each quarter to the OHSU Board of Directors. With this, the Board will be able to monitor Key Performance Indicators (KPIs) associated with priority Objectives and track trended performance replete with management comments as to favorable or unfavorable variances from target.
In addition to reporting to the OHSU Board of Directors, these same reports will be available to the members, creating unprecedented accountability and transparency. In short, all OHSU members will know where 2025 Objectives are relative to target and understand how members can contribute to accelerating performance.
Final data is still being loaded into the PMP system. During the January public board meeting, a mock-up of the scorecard that the Board of Directors will receive quarterly will be presented. The first report is planned for the April 2020 meeting.

FY20 Performance Indicators

An important note and reminder: The timing of the launch and completion of the strategic plan did not allow for alignment to the FY20 indicators. It is our absolute intention to align the OHSU 2025 Objectives to FY21 Performance Indicators.

Date: 1/21/20

To: OHSU Trustees

From: David Bangsberg, MD, MPH
Founding Dean of the OHSU-PSU School of Public Health

RE: OHSU-PSU School of Public Health Trustee Presentation

Memo: **Why we need public health now more than ever**

Two universities, one vision: A healthy, equitable society
Oregon Health & Science University and Portland State University have joined forces and established the OHSU-PSU School of Public Health with a mission to advance a healthy, equitable society by preparing public health leaders and advancing public health scholarship and practice through creative research, innovative education, and meaningful engagement with community partners. Oregon Health & Science University is known internationally for groundbreaking and life-saving biomedical research and health care delivery. Portland State University is a national model for community engagement and academic innovation. Together, the two universities offer unmatched opportunity for students to learn in the classroom and in real-world settings.

Who we are
The OHSU-PSU SPH is comprised of 69 faculty and a total budget of $10.1 million, roughly equal expenditures at OHSU ($5.4M) and PSU ($4.7M)**.** Our 1,600+ students in the OHSU-PSU School of Public Health enjoy rigorous interdisciplinary studies with a focus on social justice combined with experiential learning in frontline public health internships throughout the state to advance health and well-being. We have 1,300 undergraduate students pursuing a BA/BS either in Public Health Sciences or Health and Fitness, and 300 graduate students pursuing a master's degree in public health, MS in Biostatistics, or PhD in either Epidemiology, Health Policy or Community Health. With the largest and most diverse student body at OHSU, the OHSU-PSU School of Public Health is an important resource for recruiting a diverse student body into our graduate programs across all our schools at OHSU. Our MPH program was ranked 32nd of 177 rankings nationally, a very strong start for a brand new school. https://www.usnews.com/best-graduate-schools/top-health-schools/public-health-rankings
When affordability and social mobility are considered, we were ranked the #1 online MPH program nationally https://www.bestmastersprograms.org/best-online-mph-degree. Our students pursue careers in one of the most rapidly growing sectors of our economy in areas such as disease prevention, health education, physical fitness, health policy, community engagement, advocacy, health care delivery and more.

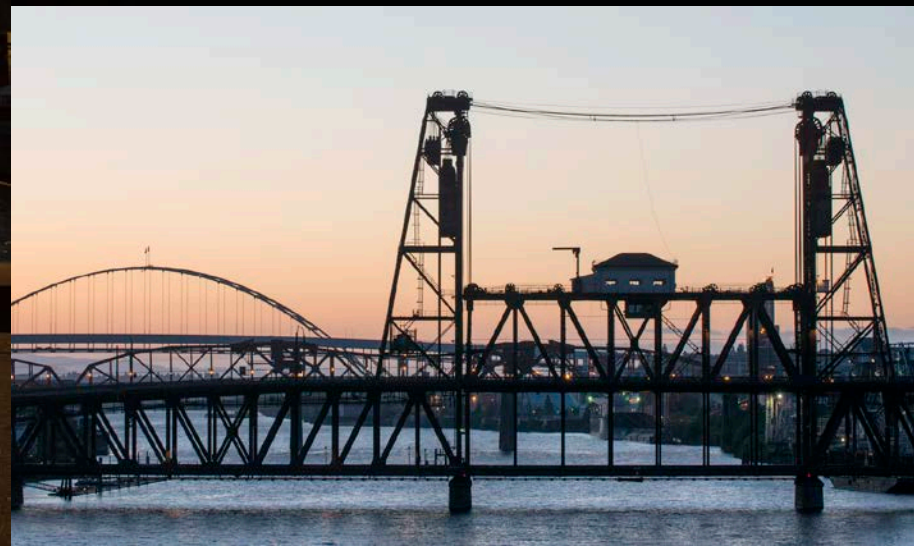
Why we need public health
US life expectancy declining three years in a row
2018 was the first time in US history that life expectancy declined three years in a row. The last time US life expectancy declined was a comparatively modest one-year decline in 1994 at the peak of the HIV/AIDS epidemic. The US is the only industrialized democracy experiencing such a decline. The US is also spending roughly twice the amount per capita on health care than other industrialized democracies.

Health equity is our greatest challenge
There are great disparities in who leads a healthier, longer life in the US. Marginalized and oppressed groups, including communities of color, immigrants, and the poor are the hardest hit. Advancing health equity is our greatest and most important challenge.

We can't treat our way out of this crisis
This crisis is not a failure of the US health care system. We have the most technically advanced health care delivery system in the world. We can diagnose, treat, and cure diseases previously considered hopeless. One of the main reasons US life expectancy is declining despite paying twice as much for health care is other industrialized democracies invest more in the social, behavioral and environmental forces that are commonly referred to as the social determinants of health. This includes education, economic opportunity, affordable housing, and safe environments. The combined per capital expenditures on the social determinants of health and health care delivery in countries with rising life expectancies is roughly equal to US expenditures on healthcare delivery alone. The *combined* investment in both health care *and* the social determinants of health leads to healthier, longer lives.

Promoting policies that promote communities and the planet.
The OHSU-PSU School of Public Health advances a healthier, more equitable society through community engagement, education, research, scholarship, and service. We are testing new approaches to addiction in the criminal justice system. We are improving our understanding of how economic stressors not only impact health across the lifespan, but across generations. In the face of climate change, we are broadening the concept of health to include planetary health and the health of ecosystems. In collaboration with the PSU Research and Action Initiative on the Homeless, we are working with the city, tri-county and state to better understand and respond to the growing number of people without housing. In partnership with the Oregon Health Authority, we are promoting health care delivery system investments in the social determinants of health that are aligned with the needs of communities, while slowing increases in health care costs.

Investing in the next generation to realize healthier, longer lives.
The challenges we have created will take a generation to solve. This is why inspiring a new generation to dedicate their careers to identifying the policies and community interventions to advance healthier, longer, lives and achieve greater health equity will be our greatest contribution. With our Dean's Scholarship Fund, we are inspiring and recruiting individuals from communities with the greatest health challenges. Our Dean's Scholarship recipients have a deep understanding of the challenges in their communities as well as the necessary trust to engage and make a difference. Our students will be the leaders who realign our investments to once again help our nation realize healthier, longer lives. There is no better time to start than now.



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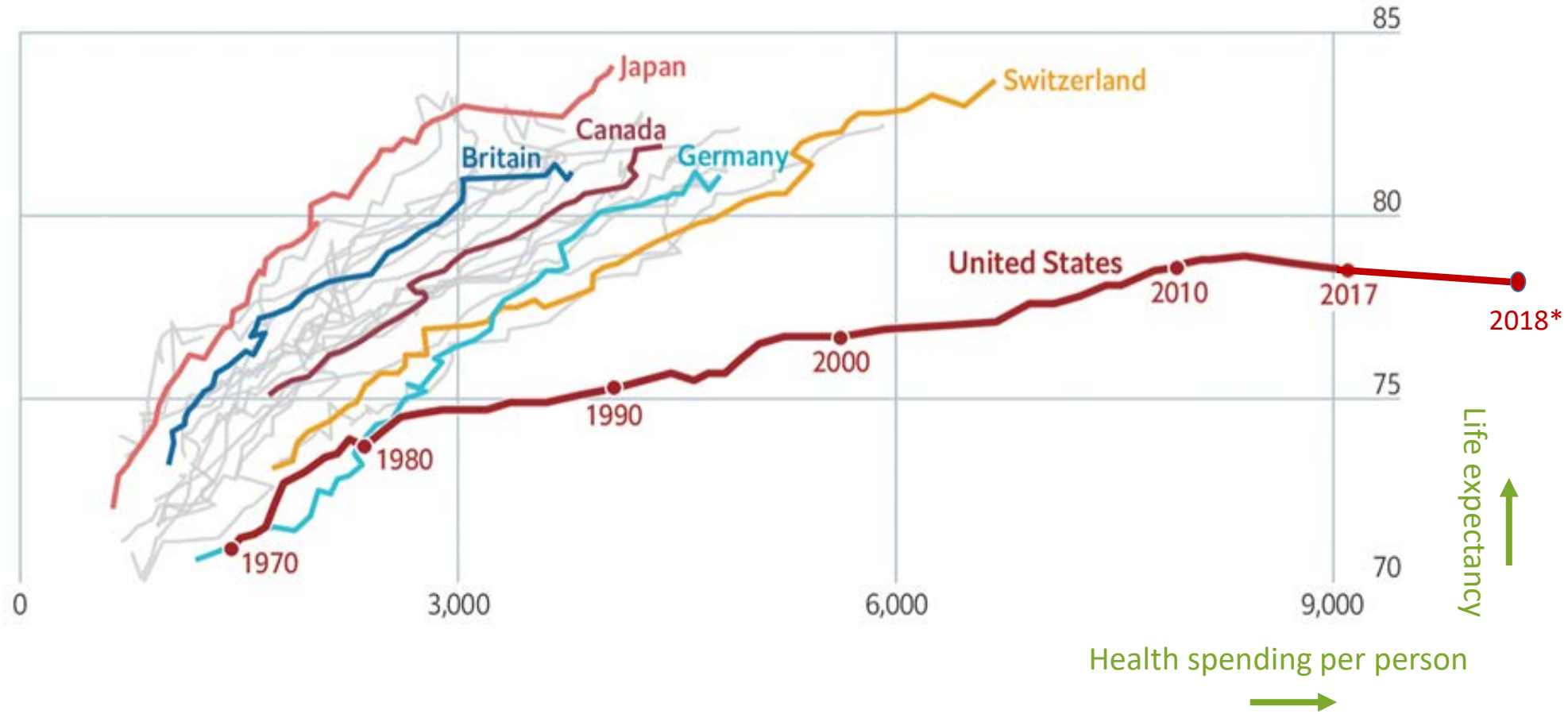
Email: bangsber@ohsu.edu
Twitter: @publichealthpdx
Website: http://ohsu-psu-sph.org

U.S. Life Expectancy Declining Despite 2X Greater Health Care Costs



Source: OECD, The Economist *2018 US data updated from original

OHSU-PSU School of Public Health

- First SPH that fully integrates an academic medical center with an urban public university.
- Faculty: 69 fulltime
- Budget 10.1 M: 4.6M PSU and 5.5M OHSU
- 1600+ students
  - 1300+ undergrad BS/BA in Public Health
  - 250 MPH/MS including dual degree (32 MD/MPH, 9 MPH/MSW, and 5 MPH/MURP)
  - 50 PhD (Epidemiology, Health Policy and Community Health)

OHSU Portland State SCHOOL OF PUBLIC HEALTH

OHSU-PSU School of Public Health

- Most diverse student body in Oregon
- Highest social mobility index in the Pacific Northwest
- MPH Program #32 of 177 rankings by US News and World Report
- #1 MPH program nationally when social mobility and affordability are considered https://www.bestmastersprograms.org/best-online-mph-degree/

OHSU Portland State SCHOOL OF PUBLIC HEALTH

Suicide Prevention by Firearm

Kathleen Carlson, PhD

OHSU Portland State SCHOOL OF PUBLIC HEALTH

OHSU-PSU School of Public Health
Transgender Health

Alexis Dinno, PhD

Jon Snowden, PhD

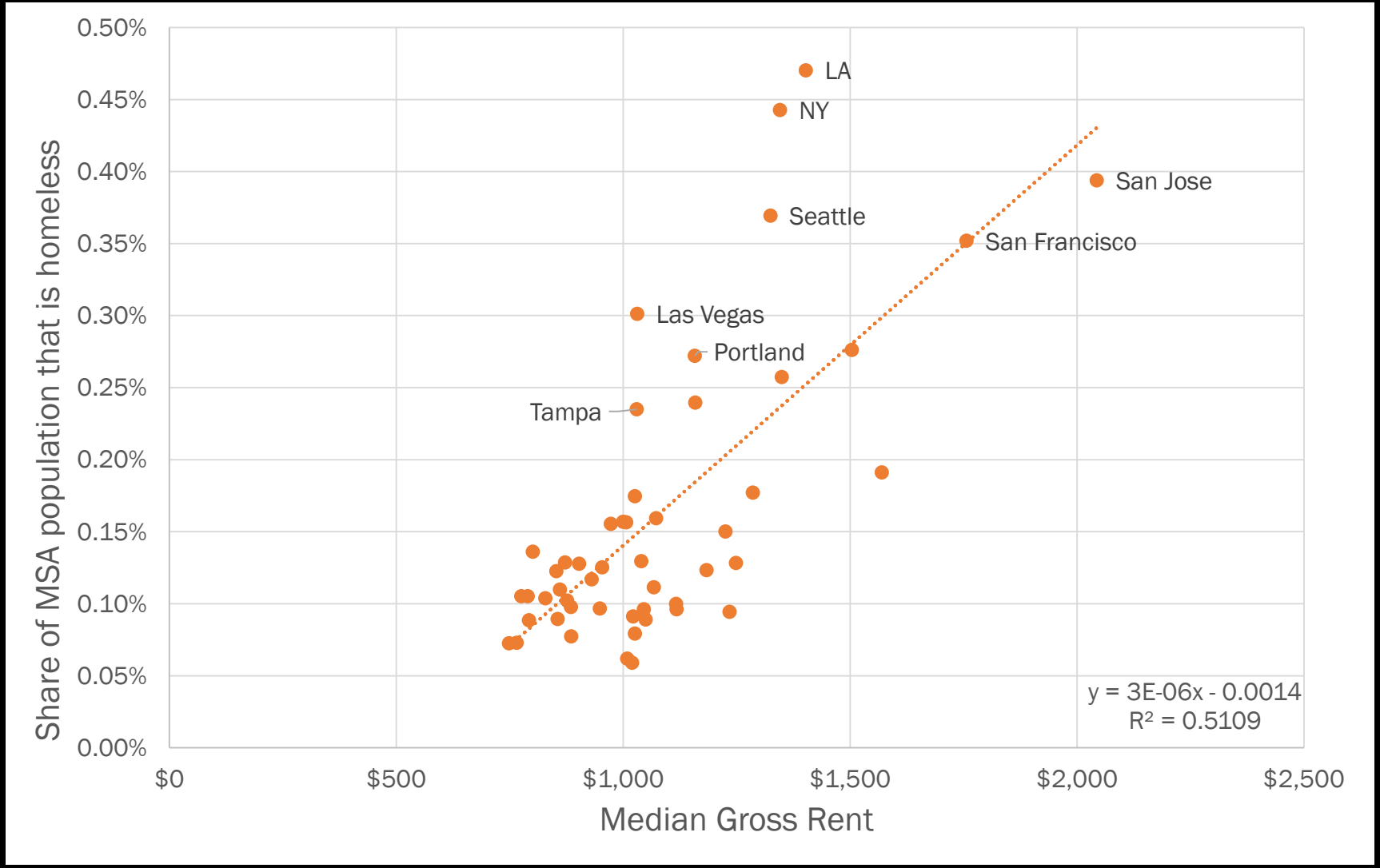
Jae Downing, PhD

Christina Sun, PhD

https://medium.com/@alexis.dinno/the-future-of-transgender-health-symposium-keynote-4b2fd37e806a

OHSU Portland State SCHOOL OF PUBLIC HEALTH

Homelessness is a primarily an economic problem
John Tapogna, EcoNorthwest



SCHOOL OF PUBLIC HEALTH

PSU Homeless Research and Action Collaborative 2019 Report

- 38,000 homeless and marginally housed
- 107,000 households at risk of homelessness
- 83,000 households one paycheck away from being on the streets
- Black, Hispanic and Transgender over-represented
- Age >55 11 to 19% over 6 years
- Cost to house $2-4 billion
- Cost to prevent new homeless $9-17 billion

Treating Opioid Use Disorder in Prison to Prevent Overdose

Elizabeth Waddell, PhD

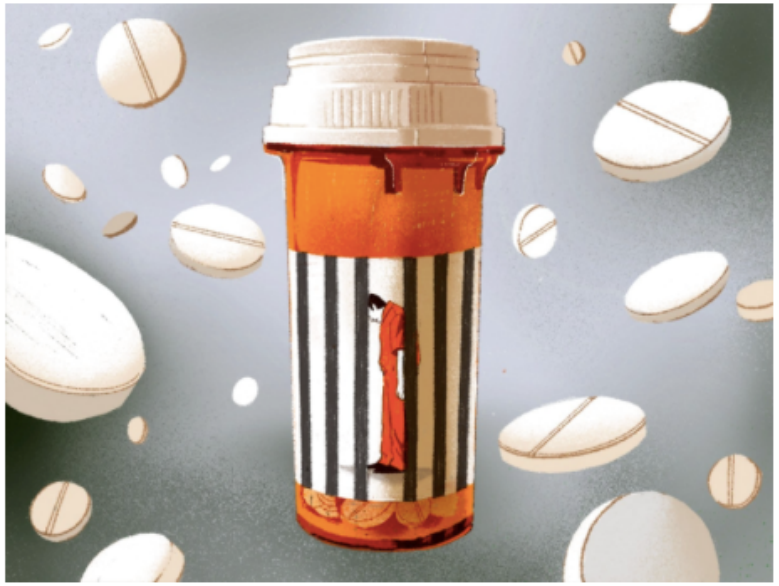
Morgan Godvin, BS Candidate Public Health Sciences

The Washington Post
Democracy Dies in Darkness

Outlook · Perspective

My friend and I both took heroin. He overdosed. Why was I charged with his death?

"Death by delivery" laws often sweep up other users, not high-level dealers



(Kim Ryu)

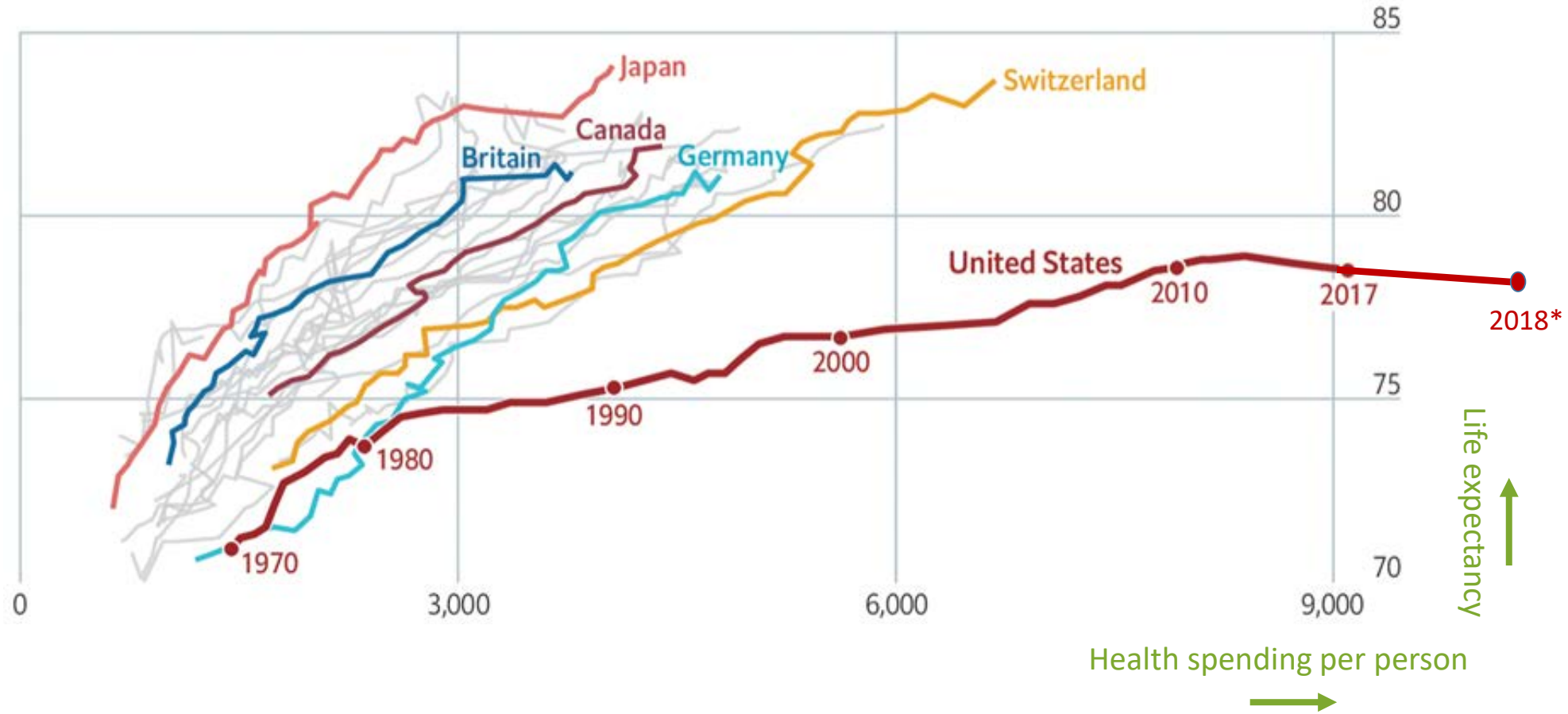
By **Morgan Godvin**
Morgan Godvin is a community health education major at the OHSU-PSU School of Public Health. She lives in Portland, Oregon.

November 26, 2019 at 3:00 a.m. PST

We gathered along the banks of the Columbia River at sunset. In front of the assembled crowd, a volunteer read the names of more than 40 people in our Oregon community who had died from overdoses. Four of those names belonged to people I loved, including my mom and my best friend, Justin DeLong. I attended this vigil with Justin's mother, Ember. She had watched us struggle with addiction throughout our young adulthood. Now she and I stood arm in arm. We lit candles and thought of Justin, who in 2014 fatally overdosed from heroin I had sold to him — an act that resulted in my conviction and imprisonment for five years.

https://www.washingtonpost.com/outlook/my-friend-and-i-both-took-heroin-he-overdosed-why-was-i-charged-for-his-death/2019/11/26/33ca4826-d965-11e9-bfb1-849887369476_story.html

U.S. Life Expectancy Declining Despite 2X Greater Health Care Costs



Source: OECD, The Economist *2018 US data updated from original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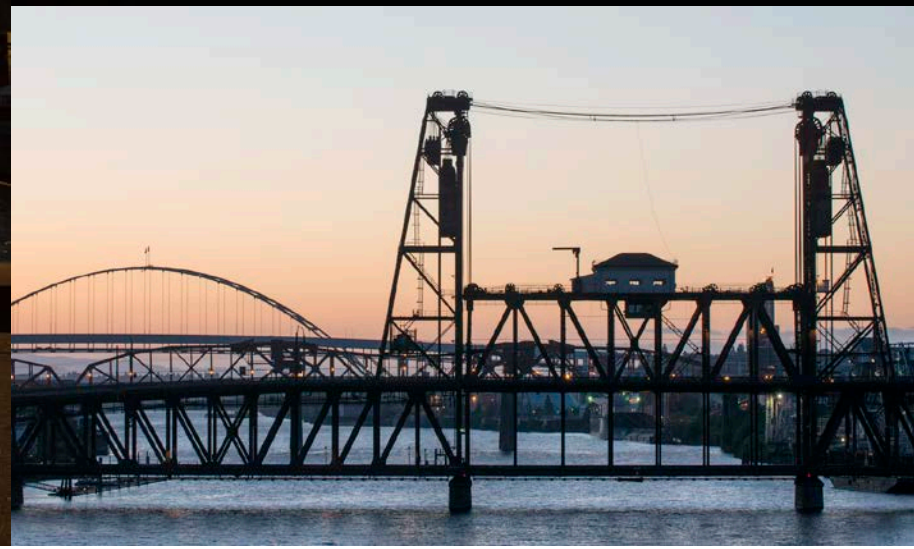

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Glossary of Terms

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 firms 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.

O2 – OHSU's Intranet
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.
SoN – School of Nursing

SOPs – Standard Operating Procedures
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

VBP – Value-based purchasing
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.