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

**Thursday, October 29, 2020**
**9:30 am – 12:00 pm**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 am</td>
<td>Call to Order/ Chairman’s Comments</td>
<td>Wayne Monfries</td>
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<tr>
<td></td>
<td>President’s Comments</td>
<td>Danny Jacobs, MD</td>
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<tr>
<td></td>
<td>Approval of Minutes, September 25, 2020 (ACTION)</td>
<td>Wayne Monfries</td>
</tr>
<tr>
<td>9:45 am</td>
<td>External Audit of FY20 Financial Statements</td>
<td>Lawrence Furnstahl</td>
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<td></td>
<td></td>
<td>Andrew Corrigan and Sarah Opfer, KPMG</td>
</tr>
<tr>
<td>10:05 am</td>
<td>Resolution to Approve External Audit (ACTION)</td>
<td>Wayne Monfries</td>
</tr>
<tr>
<td>10:10 am</td>
<td>FY21 First Quarter Financial Results</td>
<td>Lawrence Furnstahl</td>
</tr>
<tr>
<td>10:30 am</td>
<td>Annual Report from Faculty Senate</td>
<td>Karen Eden, PhD</td>
</tr>
<tr>
<td>10:50 am</td>
<td>Annual Integrity Report</td>
<td>Tim Marshall</td>
</tr>
<tr>
<td>11:10 am</td>
<td>OHSU COVID-19 Forecast</td>
<td>Peter Graven, PhD</td>
</tr>
<tr>
<td>11:30 am</td>
<td>Anti-Racism Initiatives Update</td>
<td>Derick Du Vivier, MD</td>
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<td></td>
<td></td>
<td>John Hunter, MD</td>
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<tr>
<td>12:00 pm</td>
<td>Meeting adjourned</td>
<td></td>
</tr>
</tbody>
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Please see your calendar invite for WebEx meeting login details
Overview of FY20 Audited Financial Statements

- One purpose for convening so soon after last month’s meeting is to receive the report of OHSU’s independent auditors, KPMG, on the FY20 financial statements.

- KPMG met with the Finance & Audit Committee to review their findings on October 16th.

- As lead audit partner Drew Corrigan will report in a few minutes, the audit went well and was completed virtually due to COVID-19.

- Due to required disclosures under government accounting standards (GASB), the audited financial statements now run 116 pages.

- Pages 3 – 32 provide a required management discussion and analysis (MD&A) of OHSU’s financial activities during FY20 with prior year comparisons.
  - “Financial Highlights” on pages 3 – 5 is the most useful section.
  - The combining schedules at the back of the report (pages 114 –116) are the most helpful tables, because they show OHSU results prior to and then after consolidation with the OHSU Foundation.
Reconciling Board Report to GAAP Audit

- Audited FY20 results are the same as the unaudited report to the Board in September: consolidated net worth fell by $(14) million from $3.619 billion to $3.605 billion.

- This compares to an increase of $252 million in net worth during FY19 and an average annual growth of $214 million from June 2010 through June 2019.

- The table below reconciles operating income as reported to the Board to that shown in the consolidated audited statements:

<table>
<thead>
<tr>
<th>(millions)</th>
<th>FY19</th>
<th>FY20</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating income - Board report</td>
<td>$176</td>
<td>$(28)</td>
<td>$(205)</td>
</tr>
<tr>
<td>KCRI grant &amp; gift funding</td>
<td>30</td>
<td>0</td>
<td>(30)</td>
</tr>
<tr>
<td>PERS pension accrual</td>
<td>(34)</td>
<td>(59)</td>
<td>(24)</td>
</tr>
<tr>
<td>Operating income - Total University</td>
<td>173</td>
<td>(87)</td>
<td>(259)</td>
</tr>
<tr>
<td>Foundation operating income</td>
<td>(115)</td>
<td>(64)</td>
<td>51</td>
</tr>
<tr>
<td>Elimination of capital contributions</td>
<td>25</td>
<td>4</td>
<td>(21)</td>
</tr>
<tr>
<td>Reclass of State appropriation</td>
<td>(37)</td>
<td>(40)</td>
<td>(2)</td>
</tr>
<tr>
<td>Operating income - Consolidated</td>
<td>$45</td>
<td>$(186)</td>
<td>$(232)</td>
</tr>
</tbody>
</table>

- $(186) million operating loss on a GAAP basis is offset by $83 million of investment gains, $40 million of reclassed State appropriations, $38 million of CARES Act support, and $11 million of other nonoperating items to yield $(14) million decline in net worth.
A main driver of the pension accrual was a decrease in expected PERS investment returns from 7.5% to 7.2%.

OHSU’s share of the unfunded PERS liability is now $504 million, up from $456 million one year earlier, and half as large as OHSU’s $1 billion in long-term debt.

Under GASB accounting, pension obligations are discounted to present value by the expected rate of return on invested pension assets.

If, for example, that discount rate were lowered by 1% point (from 7.2% to 6.2%), OHSU’s unfunded PERS liability would increase by 60% to $807 million.

The Foundation recorded an operating loss of $(64) million for two reasons:

- It transferred more gifts up to the University from prior year pledges (including the Knight Cancer Challenge) then it received in new commitments
- Some of its gift transfers and operating expenses are funded by investment return on the endowment, which is reported as nonoperating income.

Finally, by GASB or government accounting standards, State appropriations are reported as nonoperating rather than operating income.
Contents

— Scope of audits
— Audit team
— Purpose and scope of audit examinations
— Auditors’ responsibilities for communication with the board of directors
— Key audit areas
— 2020 Audit – Discussion items
Purpose and scope of audit examinations

Audit scope

— Oregon Health & Science University – Consolidated
— Oregon Health & Science University Foundation
— Doernbecher Children’s Hospital Foundation
— Oregon Health & Science University – OMB Uniform Guidance Single Audit
— Oregon Health & Science University – Family Medicine at Richmond
— OHSU Insurance Company (InsCo)
— University Medical Group (UMG)
— OHSU – Institute on Development and Disability (IDD) Supplement
— Tuality Health & Subsidaries (d/b/a OHSU Hillsboro Medical Center)
Audit team

Oregon Health & Science University
(Including Family Medicine at Richmond and IDD)

- **Chris Ray**
  - EQCR Partner
- **Drew Corrigan†**
  - Audit Engagement Partner
- **Sarah Opfer†**
  - Managing Director
- **Ashley Carlile†**
  - Lead Audit Senior Manager
- **Maggie Arbios**
  - Lead Audit Senior Associate
- **Mitch Gaulke**
  - Manager
- **Bona Kim**
  - Senior Associate

- **InsCo**
  - **Amy Banovich†**
    - Audit Engagement Partner
  - **Mark McComb**
    - EQCR
  - **Ashley Carlile†**
    - Audit Senior Manager
  - **Maggie Arbios**
    - Audit Senior Associate

- **Tuality Healthcare**
  - **Sarah Opfer†**
    - Audit Managing Director
  - **Mark McComb**
    - EQCR
  - **Ashley Carlile†**
    - Audit Senior Manager
  - **Matt Merchant**
    - Audit Senior Associate

- **University Medical Group**
  - **Drew Corrigan†**
    - Audit Engagement Partner
  - **Dan Rozema †**
    - EQCR
  - **Jacob Heilsberg†**
    - Audit Manager
  - **Cheyenne Burchett**
    - Audit Senior Associate

- **OHSU Single Audit**
  - **Drew Corrigan†**
    - Audit Engagement Partner
  - **Chris Ray**
    - EQCR
  - **Tiffany Orford†**
    - Audit Manager
  - **Brian DeGrandmont**
    - Audit Senior Associate

† denotes returning team members
Audit team (continued)

Oregon Health & Science University and Doernbecher Children’s Hospital Foundations

Chris Ray†
EQCR Partner

Drew Corrigan†
Audit Engagement Partner

Jacob Heilsberg†
Audit Senior Manager

Madison Cole
Audit In-Charge Associate

Jasper Ridge Partners
KPMG Fort Worth

Specialists

Sue Robison†
Tax-exempt Organizations

Justin Smith
Actuary-Malpractice

Michaela Weaver
IT Audit

Abednigo Sibanda
Actuary (Pension)

Chris Ray†
GASB Specialist

† denotes returning team members
Purpose and scope of audit examinations

Purpose of audit

— To express an opinion that the financial statements “present fairly, in all material respects, the net position and results of operations” of OHSU.

— An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of OHSU’s internal control over financial reporting.

— External audit procedures do not replace internal audit or management controls.
Significant differences in GASB reporting

**Most significant reporting differences between FASB and GASB:**

- Significantly expanded disclosures on investments.
- State appropriations included in non-operating revenues.
- Net change in unrealized gains and losses on investments recorded in net income rather than as another change in net assets.
- Net income includes the activities of all categories of net position (rather than just the unrestricted net position).
- Requires direct method statement of cash flows.
- Utilization of deferred outflows and deferred inflows categories.
- Reporting requirements for discrete component units.
- Pension and OPEB accounting.
- Presentation of net assets includes temporarily restricted and permanently restricted.
- Disclosures of liquidity and functional expense matrix not required.
Auditors’ responsibilities for communication with the board of directors

The auditor’s responsibility under auditing standards generally accepted in the United States of America. Communicate responsibility assumed for the internal control structure, material errors, irregularities and illegal acts, etc.

— Our audit was designed in accordance with Government Auditing Standards to provide reasonable assurance that the financial statements are free of material misstatement.

— We have the responsibility to obtain sufficient understanding of internal control to plan our audits and determine the nature, timing and extent of procedures to be performed.

— We noted no material errors, irregularities or illegal acts. The changing regulatory environment places greater risk of compliance with regulatory requirements.

— We will issue an unmodified opinion stating that the financial statements of OHSU are fairly presented, in all material respects, in accordance with GAAP.

Significant accounting policies. The Board should be informed about the initial selection of and changes in significant accounting policies as well as the methods used to account for significant unusual transactions.

— No new accounting policies in current year.
Auditors’ responsibilities for communication with the board of directors (continued)

**Passed adjustments.** Any passed audit adjustments proposed by the auditor impacting earnings, but not recorded by the client, should be communicated to the Board.

— None noted.

**Recorded audit adjustments impacting earnings.** All significant recorded audit adjustments arising from the audit should be communicated to the Board.

— None noted.

**Disagreements with management.** Disagreements with management, whether or not satisfactorily resolved, about matters that could be significant to the financial statements or the auditors’ report should be communicated to the Board.

— There were no such disagreements.
Auditors’ responsibilities for communication with the board of directors (continued)

Other information in documents containing audited financial statements.
— Management Discussion and Analysis.
— Required Supplementary Information: Proportionate share of the net pension (asset)/liability and related ratios, Schedule of defined benefit pension plan contributions.
— Institute on Development and Disability Supplemental Schedules (IDD).
— Combining Schedules.

Difficulties encountered in performing the audit. Serious difficulties encountered in dealing with management that relate to the performance of the audit are required to be brought to the attention of the Board.
— No difficulties were encountered in performing our audits.

Deficiencies in internal control. Any deficiencies in internal control encountered while performing the audit are required to be brought to the attention of the Board.
— There were no significant deficiencies or material weaknesses noted in the internal control structure of OHSU.

Auditor independence.
— KPMG is independent of OHSU.
Auditors’ responsibilities for communication with the board of directors (continued)

Non-routine transactions. The Board should be informed about the methods used to account for significant or non-routine transactions.

— CARES Funding. See slide 13.

Management judgments and accounting estimates. The Board should be informed about the process used by management in forming particularly sensitive accounting estimates and about the basis for the auditor’s conclusions regarding the reasonableness of those estimates.
Key audit areas

Key processes and controls
— Patient revenue
— Student tuition
— Grant revenue
— Expenditure cycle
— Payroll
— Risk Management
— Oracle and Epic IT Controls

Significant account balances
— Investments, including alternative investments at the Foundations
— Self-insured liabilities
— Debt, including capitalized interest
— Pension (PERS)
**Audit Focus Areas**

- Evaluating impairment of goodwill and long-lived assets in light of a change in the economic environment
- Going concern: Considers the probability the entity will not be able to meet its obligations within one year of the financial statement issuance date
  - Extended debt covenant procedures through June 30, 2021

**Subsequent Event and Disclosures**

- Type II subsequent events relate to events that happen after year end for which there is not an estimable impact
  - Disclose COVID event and the possible impacts to OHSU
- Disclose additional loans and LOC entered into subsequent to year end in response to COVID

**On-going COVID Considerations**

- CARES Funding
  - Determination of “lost operating income” to apply funds against
  - Recorded in other operating revenue when recognized
  - Single Audit considerations
- Medicare Relief
  - Offset future Medicare claims
  - Recorded in net patient service revenue when recognized
The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavor to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act upon such information without appropriate professional advice after a thorough examination of the particular situation. KPMG LLP does not offer internal audit outsourcing services to its publicly registered financial statement audit clients.

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Overview of FY21 First Quarter Results

- September results are very consistent with the June – August data used for the revised FY21 budget approved by the Board last month. Revenue is within a $1 million of budget while spending on supplies & services is lower.

- The revised budget deficit of $(55) million is spread with a $19 million gain in July – September followed by a $(74) million loss in October – June due to salary restoration plus other approved costs that fall after the first quarter.

- Actual results are $6 million ahead of the revised budget through 3 months.

<table>
<thead>
<tr>
<th>Sep YTD Income Statement</th>
<th>FY20 Prior Year</th>
<th>FY21 Budget</th>
<th>FY21 Actual</th>
<th>Actual - Budget</th>
<th>Actual / Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient revenue</td>
<td>$588.5</td>
<td>$576.3</td>
<td>$581.1</td>
<td>$4.8</td>
<td>-1.3%</td>
</tr>
<tr>
<td>All other revenues</td>
<td>273.9</td>
<td>278.1</td>
<td>274.2</td>
<td>(4.0)</td>
<td>0.1%</td>
</tr>
<tr>
<td>Operating revenues</td>
<td>862.5</td>
<td>854.5</td>
<td>855.3</td>
<td>0.8</td>
<td>-0.8%</td>
</tr>
<tr>
<td>Salaries &amp; benefits</td>
<td>500.2</td>
<td>503.3</td>
<td>502.7</td>
<td>(0.6)</td>
<td>0.5%</td>
</tr>
<tr>
<td>Rx &amp; medical supplies</td>
<td>141.1</td>
<td>153.6</td>
<td>151.5</td>
<td>(2.2)</td>
<td>7.4%</td>
</tr>
<tr>
<td>Other services &amp; supplies</td>
<td>135.9</td>
<td>125.0</td>
<td>122.7</td>
<td>(2.4)</td>
<td>-9.8%</td>
</tr>
<tr>
<td>HMC/AHP support</td>
<td>3.2</td>
<td>1.5</td>
<td>1.3</td>
<td>(0.2)</td>
<td></td>
</tr>
<tr>
<td>Depreciation &amp; interest</td>
<td>52.6</td>
<td>52.4</td>
<td>52.6</td>
<td>0.2</td>
<td>0.0%</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>833.0</td>
<td>835.9</td>
<td>830.7</td>
<td>(5.2)</td>
<td>-0.3%</td>
</tr>
<tr>
<td>Operating income</td>
<td>$29.5</td>
<td>$18.6</td>
<td>$24.6</td>
<td>$6.0</td>
<td>-16.6%</td>
</tr>
</tbody>
</table>
Key Revenue & Expense Trends

- Net patient revenues are $5 million above target but down -1.3% from last September, consistent with overall patient activity:
  - Admissions are down -11% with ~30 beds in double rooms out of service but casemix index (or complexity) is up an offsetting 8%
  - Surgical cases are down -15% but outpatient pharmacy services (including cancer and neuro infusion) are up 19%
  - Payer mix has not shifted despite pandemic-related job losses
  - Q1 / Q1 compares to annual growth trends of approximately 5% in volume and 7% in revenues secured during the previous 9 years.

- Expenses are also flat from last year but do not yet include incremental spending:
  - Full salary restoration for faculty and administrators starting in October
  - Contract negotiations underway for nurses and house officers
  - Temporary FTEs required above current staffing for COVID-19
  - Childcare emergency fund and new federally-mandated leave costs
  - Salary equity adjustments, anti-racism initiatives and new laundry contract
  - Trend toward higher services & supplies as the fiscal year goes on.
Investment Return & CARES Act Funds

- Net worth, which fell $(122) million from March through June, recovered by $61 million in July to September, from the Q1 operating gain, strong investment returns and $10 million of additional CARES Act grant support.

- Both are likely to reverse in coming quarters as salary restoration and other incremental costs shift September’s surplus to a deficit.

<table>
<thead>
<tr>
<th>Balance Sheet (millions)</th>
<th>6/30/20</th>
<th>9/30/20</th>
<th>Q1 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; investments</td>
<td>$1,408</td>
<td>$1,522</td>
<td>$114</td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>346</td>
<td>382</td>
<td>36</td>
</tr>
<tr>
<td>Net property, plant &amp; equipment</td>
<td>2,103</td>
<td>2,077</td>
<td>(27)</td>
</tr>
<tr>
<td>Interest in Foundation</td>
<td>1,342</td>
<td>1,349</td>
<td>8</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>(997)</td>
<td>(977)</td>
<td>21</td>
</tr>
<tr>
<td>CARES Act loans</td>
<td>(170)</td>
<td>(188)</td>
<td>(18)</td>
</tr>
<tr>
<td>PERS pension liability</td>
<td>(504)</td>
<td>(504)</td>
<td>0</td>
</tr>
<tr>
<td>Other assets &amp; liabilities, net</td>
<td>78</td>
<td>5</td>
<td>(73)</td>
</tr>
<tr>
<td>Total net worth</td>
<td>3,605</td>
<td>3,667</td>
<td>61</td>
</tr>
</tbody>
</table>

| Q1 Change in net worth   | $61     |

Operating income 25
CARES Act grants 10
OHSU investment return 20
Gain on Foundation 8
Other changes, net (1)

OHSU
Conclusion

- If we could repeat Q1’s positive budget variance in the remaining three quarters, the $24 million improvement would repay the 12 weeks of faculty/UA salary reductions taken in July – September within the $(55) million revised deficit.

- There is still significant uncertainty this year and next, including:
  - COVID cases may increase with cooler weather
  - Payer mix may shift if temporary employer health coverage runs out
  - There are ongoing pressures for new spending
  - The Legislature will have to balance next biennium’s budget
  - New federal regulations expand leave for COVID-related childcare
  - Prospects for further federal stimulus are uncertain
  - The Affordable Care Act is once again before the US Supreme Court in November with a different bench.

- However the University has preserved its underlying financial position, providing a platform to climb back to where revenues cover expenditures on an ongoing basis.
Senate Mission

The mission of the Senate is to represent and serve the faculty of OHSU to create, maintain, and protect an academic environment of scholarly learning, teaching, research, patient care, and community service.
Senate role with OHSU
President, Provost, and OHSU
Board of Directors

– Propose, evaluate, and advise on policies and activities
  with OHSU-wide impact or affecting any school or unit.

– Provide feedback on those decisions from the
  perspective of the Senate and OHSU faculty.
Senate Membership

- The Senate represents 2900+ OHSU faculty members
- Senators are uninstructed representatives elected by their School, College, Affiliated Unit, Center or Institute
- Term: 36 months, may serve up to 4 terms
- Apportionment: 31

The Senate is the place where our diverse OHSU faculty come together
Senate Leadership

Executive Committee

President
Karen Eden, PhD

Immediate Past President
Derick Du Vivier, MD, MBA

Secretary
Amy Garcia, MD

Ex-officio Member
Elena Andresen, PhD, Provost

Treasurer
Martina Ralle, PhD

Senators at large
Nasser Said-Al-Naief, DDS
Amy Miller Juve, EdD
Rose McPharlin, DDS
Faculty Affairs Workgroups - Current Tasks

Faculty Voice Workgroup

• Organizing multiple 45-minute listening sessions with faculty, to be scheduled starting in November

• Exploring innovative ways for the Senate to receive timely faculty feedback on important and emergent issues
Faculty Affairs Workgroups - Current Tasks (cont’d)

Faculty Rights and Responsibilities Workgroup

• Reviewing process and policy of the Code of Conduct, AAEO Discipline Guide, and Grievance Policy (under modification)

Monitoring Response and Outcomes Workgroup

• Monitoring ongoing initiatives in salary equity; diversity and inclusion, racism; and related OHSU policy
Communication: Leadership / OHSU Community

- Faculty Senate Executive Committee
  - Bi-annually presents the response to budget and state of faculty to board leadership
  - Meets 2-3 times with board leadership during the academic year to discuss emergent faculty concerns and suggestions
- Faculty Senate meets with President Jacobs, CFO Lawrence Furnstahl, and Provost Andresen to discuss OHSU FY21 budget and emergent faculty concerns
Communication: Leadership / OHSU Community

• Senate President standing meetings: OHSU President, Provost, Chief Administrative Officer, and School of Medicine Dean
• Senate President represents Senate at President’s University Cabinet
• Senators serve on OHSU committees and councils, and the Oregon Interinstitutional Faculty Senate
Communication: Strategies

Constituents informed of the latest Senate Activities and faculty related opportunities through:

- Faculty Senate O2 website
- OHSU Now email and posts

Coming in 2021

- Development of Microsoft Teams for each Senate school, college, unit to facilitate communications between faculty constituents and their senator
## Senate Priorities for 2020-2021

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay Equity</strong></td>
<td>• Pay Equity Study</td>
</tr>
<tr>
<td></td>
<td>• Design and implement transparent accounting system for faculty compensation (salary level) utilizing variables identified by faculty, e.g., rank, doctorate type, gender, URM, salary level (X, Y, Z), etc.</td>
</tr>
<tr>
<td></td>
<td>• OHSU leadership to update the Senate Executive Committee</td>
</tr>
<tr>
<td></td>
<td>• Under review in Data Governance Steering Committee. Faculty Rights &amp; Responsibility Workgroup member serves on the committee.</td>
</tr>
<tr>
<td><strong>Financial Security</strong></td>
<td>• Salary restoration</td>
</tr>
<tr>
<td></td>
<td>• Rolling contracts with transparency about institutional FTE</td>
</tr>
<tr>
<td></td>
<td>• Senate advocated for full restoration which occurred prospectively beginning September 28, 2020.</td>
</tr>
<tr>
<td></td>
<td>• New faculty compensation plan is coming.</td>
</tr>
<tr>
<td>Description</td>
<td>Status</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Senate advocated for OHSU and Board leadership to provide below resources to combat the major issues of low morale and burnout affecting our faculty and community:</td>
<td>Proposals welcomed by OHSU leadership and the Board, and are under review</td>
</tr>
<tr>
<td>• Expand mobile apps and platforms to include emotional support, e.g. daily in-the-moment meditation, help sleeping. Expand virtual wellbeing classes (meditation, yoga, and exercise)</td>
<td></td>
</tr>
<tr>
<td>• As time and budget allow, expand the nationally recognized OHSU Resident and Faculty Wellness Program to other schools, institutes, and centers.</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Status</td>
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</tbody>
</table>
| Diversity, Equity, and Inclusion | • Partnering with Dr. Du Vivier, (SVP Diversity, Equity and Inclusion) on institutional efforts to combat racism and support diversity, equity, and inclusion  
• Senators serve on *Diversity Advisory Council*  
• Senate cosponsored a proposal to expand the *Respect for All* app to address racial discrimination |
Thank you for your service, Dr. Amy Garcia
Thank You
senate@ohsu.edu
edenk@ohsu.edu
Integrity Program Update
Annual Report to the OHSU Board of Directors

DATE: October 29, 2020
PRESENTED BY: TIM MARSHALL, Chief Integrity Officer
Integrity at OHSU

*Integrity:* To commit to and remain true to a set of values and principles through our actions, with unwavering dedication to being upright and honest.

- *OHSU Code of Conduct (Section 1.1)*

Every OHSU Member, including the OHSU Board of Directors, is responsible for adhering to the highest ethical, organizational, and operational standards in the performance of duties and responsibilities at OHSU.

- *OHSU Roles and Responsibilities guidelines*
Roles and Responsibilities

The **Chief Integrity Officer** is responsible for the development, coordination, and oversight of the Integrity program at OHSU. The Chief Integrity Officer serves as a knowledgeable resource for organizational and operational matters related to integrity issues and evaluates and elevates issues to appropriate personnel for review and resolution.

The members of the **Board of Directors, President and Executive Vice Presidents** are responsible for articulating the values, mission and vision of the institution; fostering high ethical, organizational and operational integrity; and ensuring compliance with policies, laws, regulations and other appropriate standards. Executive leadership is ultimately responsible for integrity at OHSU.

- **OHSU Roles and Responsibilities guidelines**
Program Effectiveness

To have an effective compliance and ethics program, an organization shall:

(1) exercise due diligence to prevent and detect criminal conduct; and
(2) otherwise promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.

Such compliance and ethics program shall be reasonably designed, implemented, and enforced so that the program is generally effective in preventing and detecting criminal conduct. The failure to prevent or detect the instance offense does not necessarily mean that the program is not generally effective in preventing and detecting criminal conduct.

Program Effectiveness

The Office of Inspector General (OIG) defines effectiveness through the following “Seven Elements of an Effective Compliance Program”

1. Written policies & procedures
2. Program oversight & governance, including:
   a. Oversight by a governing authority
   b. Assignment of overall responsibility to high-level personnel
   c. Delegation of operational responsibility to specific individuals
3. Training and communication
4. Monitoring and auditing
5. Hotline or other effective reporting mechanism
6. Disciplinary measures; appropriate corrective action
7. Prevention: Periodic risk assessment and modification of program to reduce risks
How do we accomplish this?

Compliance is an enterprise-wide responsibility
Integrity Office Operations

- Receive, review and recommend action on compliance matters to leadership, in collaboration with other compliance areas and Integrity programs
- Manage shared services
  - Support and enforce Code of Conduct and institutional policies
  - Provide education and awareness (through Integrity Booster and Integrity Foundations) and support other Integrity program training needs
  - Monitor and triage Integrity hotline cases
- Educate and inform Integrity Program Oversight Council (IPOC)
- Conduct and support investigations for policy or Code violations
- Participate in various compliance related committees
- Reporting and metrics
Key Information – Integrity Hotline

- OHSU contracts with an outside company, Navex Global, to provide an anonymous and confidential mechanism for anyone inside and outside of the organization to report concerns through the Integrity Hotline called EthicsPoint.
- Reports can be submitted anonymously to the EthicsPoint hotline over the phone (toll free) or via the web. Concerns may also be reported outside of the system through email, phone, fax, mail and in-person to Integrity.
- The EthicsPoint system is used to document and manage incident data, documentation and workflow that mainly covers the following areas: Integrity, HR, AAEO, IPS and clinical areas such as Patient Relations and Clinical Integrity. Some of these areas also maintain systems for their own data and reporting but are required to update EthicsPoint for all hotline cases.
Volume of All Cases & Anonymous by Calendar Year

*OCR Resolution Agreement effective CY16-CY19
**IPS Implemented Radar March 2019 (195 cases recorded in January and February 2019; 235 total for CY19)
Volume of Cases by Mission

*All Other includes Central Services, All/Multiple missions, Other/Partner, UMG, Unknown*
Volume of Cases by Area

*Other includes AAEO, Integrity, and Clinical
Case Outcomes CY16-CY19

*Dismissed includes a small number of cases without Outcomes*
Integrity Office Initiatives in FY21

• Code of Conduct review and update
• Integrity/Compliance collaboration
• Education and training program review and support
• Monitoring and Auditing activities
Integrity Office Initiatives in FY21

• Code of Conduct review and update
  – Content
    • Last major update in 2015
    • Collaborate with key stakeholders and content owners to review and update
    • Solicit feedback from OHSU members to ensure all voices heard, including
      – Public comment
      – Focus groups
      – IDEASCALE – crowdsourcing
    • Review and update of Institutional and Research Roles and Responsibilities document
  – Plan
    • Determine best approach to document Code content in order to optimize understanding
      – Format and length
      – Easy access and reference
      – Links to policies and content
      – FAQs to supplement content
    • Support “revised” Code with strategic communication plan and awareness campaign
Integrity Office Initiatives (cont.)

- **Integrity/Compliance collaboration**
  - Facilitate discussion and encourage collaboration with internal compliance leadership and stakeholders
    - Continue Compliance Partnership Network meetings
    - Monitor regulatory environment, including current initiatives, emerging risks and regulatory concerns
    - Evaluate training and education and assist with training updates, including:
      - University Transition Taskforce – Return to Campus courses
      - Provost Office – Hazing course development (Oregon Revised Status (ORS) 163.197 Hazing)
      - EHS – Lab Safety and Dangerous Goods Shipping
    - Provide support as needed
Integrity Office Initiatives (cont.)

• Education and training program review and support
  – Multi-phase project and collaboration with education owners across OHSU
  – Collaboration with HR and Clinical Education Services
  – Objectives:
    • Education/training policy finalized in spring 2020
    • Onboard new oversight committee for OHSU Member training
    • Review regulatory education requirements and required audience with management
    • Maintain a comprehensive inventory of required and regulatory training provided at OHSU
    • Discuss tracking mechanisms and controls in place to ensure timely completion and reporting requirements for regulatory entities
    • Continue to develop Compass and other training material systems
    • Review process for updating and ensuring compliance
Integrity Office Initiatives (cont.)

• Monitoring and Auditing
  – Perform reviews to support Integrity and compliance functions
    • School of Dentistry – Health Information Management
  – Monitor compliance for new employee badge required training
  – Support and partner with Audit and Advisory Services function
    • Clinical Integrity – Information Blocking project
    • Clinical Integrity – CARES Act funding
Questions
OHSU Board

COVID Census Forecast and Trends

Peter Graven, PhD; Office of Advanced Analytics, BIAA, ITG
Left unmitigated, Oregon would have achieved herd immunity by July with additional spread but at decreasing rates through the fall.

However, instead of the 664 deaths we have now (as of 10/28), the expected number of deaths would have been 26k.

We have flattened the curve and indeed saved many lives.
Deep Consequences

- Economic crater
- Mental health crisis
- Education difficulties
- Nursing home residents
- Abuse (substance, physical, mental)
- Disproportionate impact on vulnerable communities
Adapting Our Lives

Humans are much better at adapting than preparing

Innovations:
- Distributed work
- Virtual health care
- Online schooling
- Safety precautions - shields, masks, re-engineer operations, ventilation, touch-free

Online shopping since COVID-19, Percent Growth by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>% Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grocery &amp; Gourmet Food</td>
<td>26%</td>
</tr>
<tr>
<td>Appliances</td>
<td>14%</td>
</tr>
<tr>
<td>Health &amp; Household</td>
<td>13%</td>
</tr>
<tr>
<td>Toys &amp; Games</td>
<td>10%</td>
</tr>
<tr>
<td>Patio, Lawn &amp; Garden</td>
<td>9%</td>
</tr>
</tbody>
</table>

Wow Growth % From 03.03.2020 to 09.03.2020 - Source: Selling

OHSU
Ultimately there is a trade-off between regular life and life that prevents spread of COVID-19.

Each society needs to assess how much it can sacrifice or adapt to COVID-19.

How do we know it is spreading too fast?
- Hospitals full, staff burned out

How do we know the policies are too strong?
- Economic output cannot generate revenue to sustain economic subsidies
- Damaging effects on health
Dynamic Response

Information, Information, Information
- Allows effective shielding
- Understands current prevalence
- Who is most at risk

Policy Sophistication
- Stay-home worked but,
- Became mask wearing and physical distancing
- With exceptions for counties with outbreaks
The famous $R_0$ (“R-naught”). Disease wants to double every 5 days given our normal behavior $R_t$ measures the current acceleration of the disease. When it is 1, the virus can just maintain whatever prevalence it has. If it is above 1 it will grow, if it is below 1 it will shrink.

The counter-intuitive concept is you to have to be just as strict to maintain $R_t$ at 1 if the level of infection is high as when the level is low.

So it is not easier to maintain a high rate of infection. Which is why relation to GDP is happening.
International Comparison

When you look at economic performance and deaths you can see a correlation between places that have high rates of death and decreased economic performance.

Notably the US and Sweden are quite similar by this measure.

The clear exemplar is South Korea who has had small economic change and almost no deaths.

Note: Data from China may not reflect actual results as their GDP decline occurred in Q1.

Regional Hospital Census

Region 3 has highest rates of hospitalized.

Region 6 has no patients currently.

Steady rates of census across other regions.

Source: https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19HospitalCapacity/BedAvailabilitybyRegion
Indices are beginning to rise but are not “leading” transmission rates as they have previously.

*Each value is calculated as its deviation from its mean value. The social distance is inverted (1/value) so that, like the other indices higher numbers indicate more transmission risk.
State Policy Effectiveness

Presently at bottom of low policy effectiveness.

As people and policy respond to recent high case rates case increases will slow and begin to decline (as effectiveness exceeds 67%)

Weather changes will make it more difficult for precautions to be effective.
State Hospital Census Forecast

Census expected to slowly increase and peak at less than 250 beds.
Update: Transitioning to an Anti-Racist Organization

Derick Du Vivier MD, MBA, Senior Vice President Diversity, Equity and Inclusion
October 29, 2020
<table>
<thead>
<tr>
<th>MONOCULTURAL - Racial and Cultural Differences Seen as Defects</th>
<th>MULTICULTURAL - Tolerant of Racial and Cultural Differences</th>
<th>ANTI-RACIST - Identity Change</th>
<th>ANTI-RACIST MULTICULTURAL - Structural Change</th>
<th>ANTI-RACIST MULTICULTURAL - Fully Inclusive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos and Asian Americans</td>
<td>• Tolerant of a limited number of People of Color with “proper” perspective and credentials</td>
<td>• Makes official policy pronouncements regarding multicultural diversity</td>
<td>• Commits to process of intentional institutional restructuring, based on anti-racist analysis and identity</td>
<td>• Future vision of an institution and wider community that has overcome systemic racism</td>
</tr>
<tr>
<td>• Intentionally and publicly enforces the racist status quo throughout institution</td>
<td>• May still secretly limit or exclude People of Color in contradiction to public policies</td>
<td>• Sees itself as “non-racist” institution with open doors to People of Color</td>
<td>• Develops analysis of systemic racism</td>
<td>• Institution’s life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices</td>
</tr>
<tr>
<td>• Institutionalization of racism includes formal policies and practices, teachings and decision-making on all levels</td>
<td>• Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings and decision-making on all levels of institutional life</td>
<td>• Carries out intentional inclusiveness efforts, recruiting “someone of color” on committees or office staff</td>
<td>• New consciousness of institutionalized white power and privilege</td>
<td>• Full participation in decisions that shape the institution, and inclusion of diverse cultures, lifestyles and interests</td>
</tr>
<tr>
<td>• Usually has similar intentional policies and practices toward other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gay, Third World citizens, etc.</td>
<td>• Often declares, “We don’t have a problem.”</td>
<td>• Expanding view of diversity includes other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gay, Third World citizens, etc.</td>
<td>• Implements structures, policies and practices with inclusive decision-making and other forms of power sharing on all levels of the institution’s life and work</td>
<td>• A sense of restored community and mutual caring</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Develops intentional identity as an “anti-racist” institution</td>
<td>• Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Begins to develop accountability to racially oppressed communities</td>
<td>• Anti-racist multicultural diversity becomes an institutionalized asset</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increasing commitment to dismantle racism and eliminate inherent white advantage</td>
<td>• Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• “Not those who make waves”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Little or no contextual change in culture, policies and decision-making</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Is still relatively unaware of continuing patterns of privilege, paternalism and control</td>
<td></td>
</tr>
</tbody>
</table>

© By Crossroads Ministry. Adapted from original concept by Daryl Jackson and Rita Hardman, and further developed by Andru Avazian and Ronice Branding.
Implicit Bias

Structural Racism

For Example:
- Voting Rights
- FHA Loans
- Residential segregation
- Access to education, green space, resources, safety, healthcare, etc.
- Jobs, hiring and advancement

Race is created to justify enslaving people from Africa (economic engine of country)

Policies and practices that consolidate and protect power bestow unearned economic, social, cultural, and political advantage to people called “white,” and unearned disadvantage to people of color

National narrative (ideology, belief system) about people of color being “less than” human (and less than white) justifies mistreatment and inequality (white supremacy)

Inequitable outcomes and experiences resulting from policy decisions in health, housing, employment, education, and life expectancy - reinforces white supremacist beliefs and ideology; dominant narrative uses disparate outcomes as evidence of white superiority, promotes whiteness as “normal” and desirable and justifies inequality
INDIVIDUAL
- A person’s beliefs & actions that serve to perpetuate oppression
  - conscious and unconscious
  - externalized and internalized

INTERPERSONAL
- The interactions between people—both within and across difference

INSTITUTIONAL
- Policies and practices at the organization (or “sector”) level that perpetuate oppression

STRUCTURAL
- How these effects interact and accumulate across institutions—and across history
Unconscious Bias Training Dashboard

• First report out
  • Starting point
  • Develop expectations
  • Resource allocation
• Will be expanded to include other categories
  • Challenges include organizational title and classification
Unconscious Bias Training Dashboard
Current Employee Population

Filters Selected: Employee Count: 502, Supervisor Count: 15

Unconscious Bias Foundations ***

<table>
<thead>
<tr>
<th>Department</th>
<th>Completed</th>
<th>Not Registered</th>
<th>Completed</th>
<th>Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare</td>
<td>45.71%</td>
<td>54.29%</td>
<td>35.29%</td>
<td>64.71%</td>
</tr>
<tr>
<td>Provost Office</td>
<td>100.00%</td>
<td>4.40%</td>
<td>24.31%</td>
<td>75.69%</td>
</tr>
<tr>
<td>Research</td>
<td>24.31%</td>
<td>75.69%</td>
<td>64.71%</td>
<td>35.29%</td>
</tr>
<tr>
<td>School of Medicine</td>
<td></td>
<td></td>
<td>45.71%</td>
<td>54.29%</td>
</tr>
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</table>

Unconscious Bias for Hiring Managers & Search Committee ***

<table>
<thead>
<tr>
<th>Department</th>
<th>Completed</th>
<th>Not Registered</th>
<th>Completed</th>
<th>Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provost Office</td>
<td>16.67%</td>
<td>83.33%</td>
<td>37.50%</td>
<td>62.50%</td>
</tr>
<tr>
<td>Research</td>
<td>100.00%</td>
<td>0.00%</td>
<td>37.50%</td>
<td>62.50%</td>
</tr>
<tr>
<td>School of Medicine</td>
<td></td>
<td></td>
<td>16.67%</td>
<td>83.33%</td>
</tr>
</tbody>
</table>

Additional Completed (Non Supervisors): 19

<table>
<thead>
<tr>
<th>Department</th>
<th>Completed</th>
<th>Not Registered</th>
<th>Completed</th>
<th>Registered</th>
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</thead>
<tbody>
<tr>
<td>Healthcare</td>
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<td>8</td>
<td>12</td>
<td>80%</td>
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<tr>
<td>Provost Office</td>
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<td>19</td>
<td>308</td>
<td>19%</td>
</tr>
<tr>
<td>Research</td>
<td>105</td>
<td>19</td>
<td>105</td>
<td>81%</td>
</tr>
<tr>
<td>School of Medicine</td>
<td></td>
<td></td>
<td>19</td>
<td>81%</td>
</tr>
</tbody>
</table>

Notes: "Not Registered" represents employees who have not taken or registered for the "Unconscious Bias Foundations" class.

Notes: "Not Registered" represents supervisors who have not taken or registered for the "Unconscious Bias for Hiring Managers and Search Committee" class.

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** Represents distinct count of current active supervisors
*** Based on all current active employees per class, e.g., if you've taken both classes you will appear in both charts.

Developed and maintained by Business Intelligence & Advanced Analytics
Unconscious Bias Training Dashboard
Current Employee Population

Filters Selected | APP Flag : APP - Yer

Employee Count* | 502
Completed | 27.89%
Registered | 3.78%
Not Registered | 68.33%

Supervisor Count** | 15
Completed | 26.67%
Registered | 0.00%
Not Registered | 73.33%

Unconscious Bias Foundations ***
- Faculty: 67.92%
- Research: 100.00%
- Unclass Admin: 21.76%

Unconscious Bias for Hiring Managers & Search Committee ***
- Faculty: 83.33%
- Research: 100.00%
- Unclass Admin: 100.00%

Additional Completed (Non Supervisors): 19

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Developed and maintained by Business Intelligence & Advanced Analytics
Unconscious Bias Training Dashboard
Current Employee Population

Data Refreshed On: Oct-20-2020

Unconscious Bias Foundations Training by Location *

<table>
<thead>
<tr>
<th>Location</th>
<th>Completed</th>
<th>Not Registered</th>
<th>Registered</th>
<th>Total</th>
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<tbody>
<tr>
<td>Beaverton</td>
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<td></td>
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</tr>
<tr>
<td>External</td>
<td>1</td>
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<td></td>
<td>2</td>
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<tr>
<td>Hillsboro</td>
<td>1</td>
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<td>1</td>
</tr>
<tr>
<td>Klamath Falls</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>La Grande</td>
<td>1</td>
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<td></td>
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</tr>
<tr>
<td>Longview</td>
<td>0</td>
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<tr>
<td>Off Hill - Portland</td>
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<td>On Hill - Portland</td>
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<tr>
<td>Scapepooce</td>
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<tr>
<td>The Dallas</td>
<td>0</td>
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<tr>
<td>West Campus - Beaverton</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td><strong>146</strong></td>
<td><strong>333</strong></td>
<td><strong>186</strong></td>
<td><strong>561</strong></td>
</tr>
</tbody>
</table>

Notes: *Not Registered* represents employees who have not taken the "Unconscious Bias Foundations" class.

Training by Location

<table>
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</tr>
<tr>
<td>Klamath Falls</td>
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<td></td>
<td>1</td>
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<td>La Grande</td>
<td>1</td>
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<td>Longview</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Off Hill - Portland</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>Scapepooce</td>
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* Based on all current active employees per class. e.g. If you've taken both classes you will appear in both charts.

Developed and maintained by Business Intelligence & Advanced Analytics
Unconscious Bias Training Dashboard
Current Employee Population

Filters Selected

- Employee Count: 2854
- Supervisor Count: 1
- Completed: 49.86%
- Completed: 0.00%
- Registered: 1.33%
- Registered: 0.00%
- Not Registered: 48.81%
- Not Registered: 100.00%

Unconscious Bias Foundations ***

- Healthcare: 1.35%
- School of Medicine: 48.54%
- Healthcare: 50.11%
- School of Medicine: 36.38%

Unconscious Bias for Hiring Managers & Search Committee ***

- Healthcare: 100.00%

Additional Completed (Non Supervisors): 7

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Developed and maintained by Business Intelligence & Advanced Analytics
Unconscious Bias Training Dashboard
Current Employee Population

Data Refreshed On: Oct-20-2020

Filters Selected | ONA Flag: ONA - For

- **Employee Count**: 2854
- **Supervisor Count**: 1

- **Completed**: 49.86%
- **Not Registered**: 48.81%

Notes: "Not Registered" represents employees who have not taken or registered for the "Unconscious Bias Foundations" class.

Unconscious Bias Foundations ***

- ONA
  - Completed: 48.77%
  - Not Registered: 49.89%

Unconscious Bias for Hiring Managers & Search Committee ***

- ONA
  - Completed: 100.00%

Additional Completed (Non Supervisors): 7

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Unconscious Bias Training Dashboard
Current Employee Population

Data Refreshed On: Oct-20-2020

Unconscious Bias Foundations Training by Location *

<table>
<thead>
<tr>
<th>Location</th>
<th>Completed</th>
<th>Not Registered</th>
<th>Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaverton</td>
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</tr>
<tr>
<td>External</td>
<td>23</td>
<td>28</td>
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<td>1</td>
<td>1</td>
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<tr>
<td>Langview</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Off HIll - Portland</td>
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<tr>
<td>On HIll - Portland</td>
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<td>28</td>
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<tr>
<td>Scappoose</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Summary</td>
<td>1634</td>
<td>1393</td>
<td>2827</td>
</tr>
</tbody>
</table>

Notes:
"Not Registered" represents all employees who have not taken the "Unconscious Bias Foundations" class.
"Not Registered" represents supervisors who have not taken the "Unconscious Bias for Hiring Managers and Search Committee" class.

Hiring Managers & Search Committee Training by Location *

<table>
<thead>
<tr>
<th>Location</th>
<th>Completed</th>
<th>Not Registered</th>
<th>Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
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</table>

Notes:
"Not Registered" represents employees who have not taken the "Hiring Managers & Search Committee" class.

* Based on all current active employees per class. e.g. If you’ve taken both classes you will appear in both charts.
Unconscious Bias Training Dashboard
Current Employee Population

Data Refreshed On: Oct-20-2020

**Filters Selected**
- Employee Count: 1434
- Supervisor Count: 275
- Completed: 30.82%
- Completed: 9.45%
- Registered: 0.49%
- Registered: 0.00%
- Not Registered: 68.69%
- Not Registered: 90.55%

**Unconscious Bias Foundations ***

- Central Services - CFO: 100.00%
- Healthcare: 60.00%
- Provost Office: 66.67%
- Research: 100.00%
- School of Medicine: 37.91%

**Unconscious Bias for Hiring Managers & Search Committee ***

- Central Services - CFO: 100.00%
- Healthcare: 100.00%
- Provost Office: 75.00%
- Research: 100.00%
- School of Medicine: 90.49%

**Additional Completed (Non Supervisors): 62**

- Central Services - CFO: 865
- Healthcare: 333
- Provost Office: 238
- Research: 23
- School of Medicine: 5

* Notes: "Not Registered" represents employees who have not taken or registered for the "Unconscious Bias Foundations" class.

** Notes: "Not Registered" represents supervisors who have not taken or registered for the "Unconscious Bias for Hiring Managers and Search Committee" class.

* Represents distinct count of current active employees
** Represents distinct count of current active supervisors
*** Based on all current active employees per class, e.g., if you've taken both classes you will appear in both charts.

Developed and maintained by Business Intelligence & Advanced Analytics
Unconscious Bias Training Dashboard
Current Employee Population

Data Refreshed On: Oct-20-2020

Filters Selected:
OPP/Physician/Clinical Assoc Flag: OPP/Physician/Clinical Assoc - Yer

Employee Count: 1434
Supervisor Count: 275

Completed:
- Faculty: 0.38%
- Yellow: 60.59%
- House Officer: 57.14%
- DNA: 33.33%
- Unclass Admin: 29.00%

Completed:
- Faculty: 90.33%
- Yellow: 100.00%
- House Officer: 100.00%
- DNA: 6.67%
- Unclass Admin: 0.00%

Registered:
- Faculty: 0.49%
- Yellow: 0.00%
- House Officer: 0.00%
- DNA: 0.00%
- Unclass Admin: 0.00%

Registered:
- Faculty: 68.69%
- Yellow: 90.55%
- House Officer: 51.6%
- DNA: 8.01%
- Unclass Admin: 5.00%

Additional Completed (Non Supervisors): 62

Notes: "Not Registered" represents employees who have not taken or registered for the "Unconscious Bias Foundations" class.

Notes: "Not Registered" represents supervisors who have not taken or registered for the "Unconscious Bias for Hiring Managers and Search Committee" class.

* Represents distinct count of current active employees
** Represents distinct count of current active supervisors
*** Based on all current active employees per class, e.g., if you’ve taken both classes you will appear in both charts.

Developed and maintained by Business Intelligence & Advanced Analytics
Unconscious Bias Training Dashboard
Current Employee Population

Unconscious Bias Foundations Training by Location *

<table>
<thead>
<tr>
<th>Location</th>
<th>Completed</th>
<th>Not Registered</th>
<th>Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Astoria</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>External</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Hillsboro</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Hood River</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Klamath Falls</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Longview</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Scappoose</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>The Dalles</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Vancouver</td>
<td>100%</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Summary</td>
<td>551</td>
<td>575</td>
<td>273</td>
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</tbody>
</table>

Notes: *
- "Not Registered" represents all employees who have not taken the "Unconscious Bias Foundations" class.
- "Completed" represents employees who have completed the class.

Training by Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Unconscious Bias Foundations</th>
<th>Unconscious Bias for Hiring Managers &amp; Search Committees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Not Registered</td>
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<td>Astoria</td>
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<td>Klamath Falls</td>
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<td>4</td>
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<tr>
<td>Longview</td>
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<td>5</td>
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<td>On Hill - Portland</td>
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<td>Scappoose</td>
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<tr>
<td>The Dalles</td>
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<td>Vancouver</td>
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<td>1</td>
</tr>
<tr>
<td>Summary</td>
<td>551</td>
<td>575</td>
</tr>
</tbody>
</table>

* Based on all current active employees per class. e.g. If you’ve taken both classes you will appear in both charts.
Educational Program Update

• Inclusive Language Guide

• *Story Share*
  – November availability

• *Stepping-In*
  – Train-the-trainer sessions Nov/Dec
  – January roll-out

• Search Advocate
  – Nov.-Dec. training
  – Available for placement in January
Policy Review Updates

• Code of Conduct
  • In Process

• Crisis Care Guidelines
  • In process
  • Ethics review – concern for structural racism

• Ethics review – Limits to Patient Preferences
  • In process
  • The racist patient

• Signage
• National collaboration
  • Penn State
  • Albert Einstein
Anti racism initiatives –OHSU Health

DATE: October 29, 2020
PRESENTED To: OHSU Board of Directors
PRESENTED By: Derick Du Vivier MD, SVP, Diversity, Equity & Inclusion and John G Hunter MD, CEO OHSU Health
OHSU Health: system initiatives
6 Anti-racism initiatives
Town Hall July 21, 2020

1. Recruited Chief Equity Officer Dr. Du Vivier to serve on the Health System Management Team and guide diversity, equity and inclusion efforts across OHSU Health.

2. Develop professional development programs to understand and interrupt anti-racist behaviors including the diversity tax, invalidation and social isolation, and expand bystander training.

3. Support OHSU members who feel hyper-visible and hyper-isolated as single members of an underrepresented groups in many of our units. Guidance shared by Dr. Charles Thomas, in a recent *New England Journal of Medicine* perspective piece, among other sources, will help inform these efforts.

4. Continue our commitment to making COVID-19 testing available to members of underrepresented communities through our vans and tents in community locations.

5. Amplify, support and accelerate faculty- and staff-created programs designed to promote health equity and the mitigation of social determinants of health.

6. Better tie to public health and health care efforts to community interests and needs, starting by listening to communities about what they need.
Initiative #1 - Leadership

- Recruited Dr. Derick Du Vivier, OHSU SVP of Diversity, Equity and Inclusion, to serve on the Health System Management Team and guide diversity, equity, inclusion (DEI) and anti-racism efforts across OHSU Health.
Initiative #2- Education

• Develop professional development programs to understand and interrupt anti-racist behaviors including the diversity tax, invalidation and social isolation, and expand bystander training.

• Bystander training course

• Two anti-racism modules as follow on to unconscious bias training

• Tracking tool for OHSU member participation in unconscious bias and anti-racism training
Initiative #3 – Culture

• Support OHSU members who feel hyper-visible and hyper-isolated as single members of an underrepresented group in any of our units.

• Guidance shared by Dr. Charles Thomas, professor and chair of radiation medicine, OHSU School of Medicine, in a *New England Journal of Medicine* perspective piece, among other sources, will help inform our efforts.

• Add senior, high-profile role in human resources (HR) to better support DEI and URM recruitment/retention/representation in our workforce

• Increase the diversity of the workforce

• Focused reviews of the workplace, particularly in “hotspots”

• Provide additional training and accountability for managers in current hiring and HR practices
Initiative #4 – Access to OHSU (Covid testing)

• Continue our commitment to making COVID-19 testing available to members of underrepresented communities through our vans and tents in community locations.

• Community testing – Hillsboro, Portland
• Salud! (with Hillsboro Medical Center)
• Wastewater study with SEI
• Evaluating further testing outreach with OHA
Initiative #5- Awareness, amplification and philanthropy (in partnership with OHSUF)

- Amplify, accelerate, and support OHSU-community partnerships designed to promote health equity, anti-racism, and the mitigation of social determinants of health.

- Symposium series launched to highlight existing community partnerships, first symposium October 28, 12pm with OHSUF “What is Health Equity and Why is it Important?”

- Followed by monthly noontime symposia reflecting current OHSU-community partner programs focused on health equity and anti-racism
Initiative #6- Improve relations and service to community groups supporting disadvantaged populations (with OHSUF)

• Better tie public health and health care efforts to community interests and needs, starting by listening to communities about what they need.

• Conversations of OHSU and OHSUF leadership initiated with the goal to build a platform and network of community partnerships and relationships based on power sharing, alignment with community needs and interests, and trust.
Initiative #7 (new) – Workplace safety

- Efforts to create policy to protect staff and promote a safe and equitable workplace for patients and providers

- Code of conduct revision

- Re-examination of policy requiring staff to care for abusive patients
Grass roots initiatives and activities within OHSU Health
Recruiting for diverse candidates in all opportunities and trying to make sure these teams are being represented in discussions within the institution

Hiring managers reaching out to people on LinkedIn (Novel Intervention & Children’s Healthcare)

Requiring all leadership and hiring managers to take the Unconscious Bias Training or a refresher

Formed an Anti-racism collective: meets weekly to expand upon Unconscious Bias training & recruitment

Asked team to share 5 things about their culture with the group

Engaged with High School Pipeline program through career fair & developed a close relationship with universities

Intercultural communications and digital training for EVS techs

OHSU Health Professional and Support Services

Anti-Racism Work
Intra-departmental sharing:  Juneteenth Message Board

I'm celebrating Juneteenth in a lot of little ways that I hope will add up. Attending a protest, spending time with a local filmmaker to discuss ways to support local movements, and researching and donating to organizations that are working on policy change.

I also took some self-care time and biked the Springwater to Boring and back with new friends who work for PPS and IRCQ. Nothing better to feed the mind with so many important experiences and stories from people of children and immigrants while also getting exercise!

From Isale Manczogian

The changes I see starting to happen is a good start. I hope this change in policy will continue on so that future generations will learn from this and not continue the ignorance and shameful attitudes that have I experienced in the past.

From Laine M.

June 19th is such an important day for our Black friends, colleagues, allies, and acquaintances. While they should always be celebrated, I just wanted to take a moment to express infinite gratitude for all that you do for our department.

I also wanted to share some great books about allyship and anti-racism I've come across, which include but are not limited to:
- Many are available as e-books or audiobooks at your local library.
- My and White Supremacy by Layla F. Saad
- How to be an Anti-Racist by Ibram X. Kendi
- White Fragility by Robin DiAngelo
- The New Jim Crow by Michelle Alexander
- The Color of Law by Richard Rothstein

Here's to continued hope, progression and allyship.

From Nicole Shaw

Jelani Memory

Jelani Memory is an African American entrepreneur, writer, and co-founder of 9016, a site that shares Black history and culture. He lives in Portland, Oregon, with his wife and two kids. He’s a board member of the Portland Business Alliance.

From Jelani Memory
Other examples

• Quality and Performance Improvement
  • Incorporating anti-racism into daily work – meetings and huddles
    • Sharing origin stories and personal experiences
    • Sharing learnings from implicit bias training as well as outside resources

• Emergency Department
  • Anti-racism book club
  • Implicit bias training required & used as team building exercise
Understanding and addressing digital disparities
Disparities in Digital Health

- National data demonstrate less engagement with digital patient portals (e.g. MyChart) in Blacks, Latinx, Elderly and Non-Private Insurance
  - These have remained constant or increased over last 8 years
- Lack of broadband, technology, education, and health insurance are barriers to virtual visits
  - Those not enrolled in digital patient portals are already excluded
  - Early data suggest similar trends post-COVID
REAL D data collection

• Oregon health care providers are required to collect the following information for all COVID-19 encounters:
  • Race
  • Ethnicity
  • Preferred language
  • English proficiency
  • Interpreter needs
  • Disability status

• We are collecting REAL D from ALL patients at registration

• Data is expected to be useful in support of better understanding health inequities across the state (not only COVID-19).
### OHSU MyChart Activation if Visit in last 18 months

<table>
<thead>
<tr>
<th>Group</th>
<th>% MyChart Activation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>54.4%</td>
</tr>
<tr>
<td>White</td>
<td>55.7%</td>
</tr>
<tr>
<td>Black</td>
<td>47.6%</td>
</tr>
<tr>
<td>Latinx</td>
<td>35.8%</td>
</tr>
<tr>
<td>Spanish Language Only</td>
<td>14.6%</td>
</tr>
<tr>
<td>Age&gt;70</td>
<td>45%</td>
</tr>
<tr>
<td>White &gt;50</td>
<td>53%</td>
</tr>
<tr>
<td>Black&gt;50</td>
<td>40%</td>
</tr>
<tr>
<td>Medicaid-OHP</td>
<td>28.8%</td>
</tr>
<tr>
<td>Medicare</td>
<td>49.4%</td>
</tr>
</tbody>
</table>
Distribution of Visit Type by Language

Group 1: All
- Video: 25.33% (80,385)
- Telephone: 22.80% (72,356)
- In-Person: 51.87% (164,596)
- Total Visits: 317,337

Group 2: Spanish Preferred
- Video: 7.68% (592)
- Telephone: 28.96% (2,233)
- In-Person: 63.36% (4,886)
- Total Visits: 7,711
Expansion of Digital Health

• Create a Disparity Core with both a Data Repository and Quality Improvement expertise to allow all for assessment and reduction of disparities across units

• Note: would also mitigate disparities in care by adding languages on digital health platforms –Spanish is under way