

OHSU Board of Directors Meeting

Thursday January, 28, 2021 12:00-2:25pm

Live YouTube Live Link: https://youtu.be/vEqMCUDa7ts
Phone (audio only) (public callers will be muted):

1-206-207-1700 US

1-503-907-9144 Portland, OR

Meeting number (access code): 120 922 2057

Additional call-in numbers: https://ohsu.webex.com/ohsu/globalcallin.php
Mobile phone (one-touch):

206-207-1700,,1209222057##

Live caption link: https://www.streamtext.net/player?event=OHSU



OREGON HEALTH & SCIENCE UNIVERSITY BOARD OF DIRECTORS MEETING Public Agenda

Thursday, January 28, 2021

12:00-2:25pm

12:00pm	Call to Order/ Chairman's Comments President's Comments Approval of Minutes, October 29, 2020 (ACTION)	Wayne Monfries Danny Jacobs, MD Wayne Monfries
12:15pm	Financial Update	Lawrence Furnstahl
12:35pm	Annual Quality Report	Renee Edwards, MD
12:55pm	OHSU 2025 Update	Bridget Barnes
1:15pm	COVID Report Update	Joe Ness
1:35pm	Anti-Racism initiatives Update	Derick Du Vivier, MD Elena Andresen, PhD
2:05pm	Workforce Wellbeing Support Report	Renee Edwards, MD Sydney Ey, PhD Abigail, Lenhart, MD
2:25pm	Meeting adjourned	

Oregon Health & Science University Board of Directors Meeting October 29, 2020 WebEx/ECHO 360 virtual live meeting

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 9:30 am via a virtual WebEx, Echo360 live and YouTube links.

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

Attendance

Board members in virtual attendance were: Wayne Monfries, Danny Jacobs, MD, Chad Paulson, Lubna Khan, Steve Zika, Stacy Chamberlain, Amy Tykeson and Ruth Beyer, Prashant Dubey. OHSU staff presenting material on the agenda were Lawrence Furnstahl, Karen Eden, PhD, Tim Marshall, Peter Graven, PhD, Derick Du Vivier, MD, and John Hunter, MD. Andrew Corrigan of KPMG attended to present the results of OHSU's annual audit. Connie Seeley, Secretary of the Board and Alice Cuprill Comas, JD, Assistant Secretary of the Board were in virtual attendance as well as other OHSU staff members and members of the public.

Call to Order

Wayne Monfries

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 9:30 am and welcomed all those in attendance.

Chairman's Comments

Wayne Monfries

Mr. Monfries began by reviewing the meeting agenda and virtual meeting protocol. He acknowledged Dr. Jacobs' recent editorial published in the New England Journal of Medicine calling for the elimination of disparities in healthcare related to appendicitis. He mentioned the passing of former OHSU President Dr. Len Laster who was integral to the development of the OHSU Vollum Institute and sent condolences to his family and friends. He then turned the meeting over to President, Danny Jacobs.

President's Comments

Danny Jacobs, MD, OHSU President

Dr. Danny Jacobs thanked Chair Monfries and welcomed everyone in attendance. He started by mentioning the retirement announcement of Provost, Dr. Elena Andresen and discussed her many contributions to OHSU. He mentioned Dr. Eric Gouaux being elected as a member of the National Academy of Medicine and discussed Phil Knight's acceptance of the 2020 Champion of Cures Award. He also mentioned the Knight Cancer Institute's community partnership program and the award of funds to fourteen COVID-19 community-related projects. With respect to research, Dr. Jacobs spoke of two 2020 Circle of Giving Grants to support research in HR2 positive breast cancers. He then shifted to a discussion about Health Share of Oregon and the more than 40,000 Oregon Health plan members that were treated by OHSU health and its partner hospitals. He was pleased to announce OHSU scored very strong in a recent audit by Health Share, with multiple areas scoring 100%. He briefly discussed OHSU 2025 and mentioned that work groups had reviewed and reprioritized initiatives as needed during this time. He said a detailed presentation would be available at the January 2021 Board of Directors meeting. He closed by thanking everyone for their dedication to OHSU, their commitment and hard work in helping to bring OHSU closer to its timeless aspiration.

Approval of Minutes

Wayne Monfries

Mr. Monfries asked for approval of the minutes from the September 25, 2020 OHSU Public Board meeting. Upon motion duly made by Danny Jacobs, MD and seconded by Ruth Beyer, the minutes were approved by all board members in attendance.

External Audit and FY20 Financial Statements

Lawrence Furnstahl, Chief Financial Officer, Andrew Corrigan, Audit Partner, KPMG

Mr. Monfries recognized Lawrence Furnstahl, EVP and Chief Financial Officer and Andrew Corrigan and Sarah Opfer, KPMG Audit Partners.

Mr. Furnstahl gave a brief introduction to the audited financial statements. He mentioned the audit went well with a clean opinion. He then turned the meeting over to Drew Corrigan and Sarah Opfer from KPMG to give an overview of the report.

Mr. Corrigan gave an overview of the results of the 2020 financial statement audit for OHSU. Within the presentation he discussed the purpose of the examinations, the differences in GASB reporting, the auditor's responsibilities with the board of directors, Cares Act and COVID audit considerations.

Approval of External Audit

Mr. Monfries presented OHSU Board Resolution 2020-10-06 for approval of the External Audit from KPMG. Upon motion duly made by Steve Zika, and seconded by Chad Paulson, the resolution was approved by all OHSU Board members in attendance.

FY21 First Quarter Financial Results

Lawrence Furnstahl, Chief Financial Officer

Mr. Monfries recognized Lawrence Furnstahl, EVP and Chief Financial Officer.

Mr. Furnstahl gave an overview of the Q1 financial results. He covered key revenue and expense trends, net worth, investment return and CARES Act Funds. Mr. Furnstahl noted that if financial results remained strong, the University could be in a position to repay salaries that had been reduced between July and September of 2020, as had been discussed by the Board in the event of strong financial performance. He concluded by saying the University had preserved its underlying financial position, providing a platform to climb back to where revenues cover expenditures on an ongoing basis.

Board members asked Mr. Furnstahl for further information on bed capacity and hospital stay, total cash position, FICA impacts for repayment and revenue and expense trends.

Annual Report from Faculty Senate

Karen Eden, PhD

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

Dr. Eden gave an update on the Annual Report from the Faculty Senate. She discussed the Senate's role and mission and representation of 2,900 faculty members. She discussed the Faculty affairs workgroup current tasks, the senate's communication and strategies and closed by discussing their 2020-2021 priorities.

Board members asked Dr. Eden for additional information on wellbeing of the faculty monitoring, turnover rates and best practices in coping with current challenges.

Annual Integrity Report

Tim Marshall, Chief Integrity Officer

Mr. Monfries recognized Tim Marshall, Chief Integrity Officer.

Mr. Marshall gave an update on the Annual Integrity Report. He discussed the roles and responsibilities of the Chief Integrity Officer, program effectiveness, office operations, the integrity hotline, and the multiple cases by volume, area and mission. He summarized by reviewing the Integrity office initiatives.

Board members asked Mr. Marshall for additional information on dismissed and unsubstantiated cases, Tuality and Doernbecher's inclusion in the OHSU model, upward and downward trends and reports within the COVID environment.

OHSU COVID-19 Forecast

Peter Graven, PhD

Mr. Monfries recognized Peter Graven, PhD, Healthcare Data Science Lead.

Dr. Graven gave an update on the COVID Census Forecast and Trends. He covered lives saved, consequences, balance, economic and mental health effects, responses and COVID acceleration. He also discussed International and leading indicator comparisons and State policy effectiveness. He closed by discussing the State Hospital Census Forecast.

Board members asked Dr. Graven for additional information on recovery by income, deep consequences, balance, trends and economics.

Anti-Racism Initiatives Update

Derick Du Vivier, MD, John Hunter MD

Mr. Monfries recognized Derick Du Vivier, MD, Senior Vice President of Diversity, Equity and Inclusion.

Dr. Du Vivier gave an update on Transitioning to an Anti-Racist Organization. He began his discussion by reminding everyone that this process is a continuum and a commitment to continue the work of implicit bias education and the dismantling of structural racism. He covered the Unconscious Bias training dashboard and its expectations, resources and challenges, Educational programs and policies, including Code-of-Conduct, Crisis Care and Ethics. He concluded by touching on the APP designation, the ONA distribution and the OPP for physicians designation.

Board members asked Dr. Du Vivier for additional information on training for frontline workers, continuum timelines, progress metrics, training impact, educational programs and data tracking.

Mr. Monfries recognized John Hunter, MD, Executive Vice President, CEO OHSU Health Systems.

Dr. Hunter gave an update on OHSU's Healthcare Anti-racism initiatives. He covered their main initiatives including, leadership, education, culture, access to COVID testing, awareness, amplification and philanthropy and improving relations. He also discussed their newest initiative, workplace safety. He covered grassroots initiatives within OHSU and the understanding of addressing digital disparities.

Board members asked Dr. Hunter for additional information on the grassroots initiative.

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 12:05pm.

Respectfully submitted,

Alice Cuprill Comas, JD Assistant Secretary of the Board



January 20, 2021

To: Members, OHSU Board of Directors

From: Lawrence J. Furnstahl

Executive Vice President & Chief Financial Officer

Re: FY21 First Half Financial Results

From the beginning of the pandemic, OHSU has taken the approach of tightening first to loosen later, avoiding widespread layoffs by reducing salaries instead, and acting as one University even though different missions would be impacted at different times and to different extents. The original FY21 budget, developed from March – May data on the impact of COVID-19, included a sharp decline in patient activity, a major shift from private to government insurance, and the potential for mid-biennium cuts to State funding. Due to significant uncertainty, we returned in September with a revised budget based on improved trends from the summer that reduced the projected deficit and restored salary reductions taken by 4,500 faculty and managers going forward. Restoration of the July – September pay reductions was the first-dollar priority for use of further gains.

We now have results through the first half of FY21, and despite a nation-wide surge in COVID-19 cases, OHSU's finances continue to improve significantly. Aggregate patient activity is within -1.5% of prior year (with the month of December 2020 itself slightly higher than December 2019), payer mix and payment rates have held, the Legislature did not cut current State funding, and OHSU has received over \$90 million in CARES Act grant support booked as nonoperating income, plus over \$200 million in interest-free loans. Accordingly, we have accrued into December expense \$23.3 million to restore the July – September salary reductions, to be paid out to members in February.

On net, operating income through December is \$49 million, compared to \$60 million last year and a \$(7) million deficit in the revised budget. Going forward, we are also earmarking \$10 million for vaccination efforts over the next 90 days.

Why is operating income this year nearly the same as the first six months last year (pre-COVID), despite patient activity and total revenue being close to flat—when OHSU's previous financial model required 7% top-line growth in order to spread fixed costs across a larger base? There are four main drivers summing to approximately \$55 million: spending on non-medical supplies & services is down sharply; faculty and managers did not receive merit increases; there is no accrual for incentive plans; and payer mix has shifted somewhat toward commercial & other sponsored coverage—the opposite of what we usually see in a recession.

In addition to \$49 million in operating income in the first half, we recorded \$63 million of investment return on OSHU-held cash & investments and \$56 million of additional CARES Act grants as non-operating income, while Foundation net worth is up nearly \$70 million from endowment gains and gifts to the \$2 billion Onward campaign. OHSU's consolidated balance sheet continues to strengthen accordingly, with net worth up \$240 million or 6.7% in six months.

Pre-COVID, OHSU's credit strengths were 7% annual revenue growth and 4.5% operating margins, while its credit challenge was low cash relative to debt. However, the cash-to-debt gap has closed significantly, shifting credit focus to jump-starting growth and sustaining benchmarked earnings. Although many risks from COVID-19 remain, OHSU has preserved its underlying financial position, providing a firm platform to build back to where revenues cover both operations and new investments in people, programs and places on a sustainable basis.



OHSU Onward: FY21 H1 Financial Results

OHSU Board of Directors / January 28, 2021

Overview of FY21 First Half Financial Results

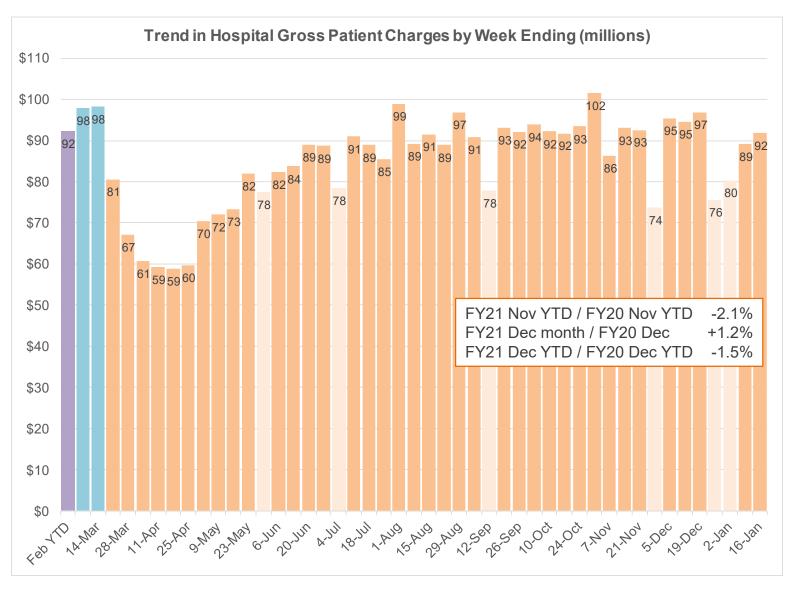
- o In June, the Board approved an original FY21 budget developed from March May data on the impact of the pandemic and recession, taking the approach of tightening first to loosen later.
- o That budget included a sharp decline in patient activity, a major shift from private to government insurance, and the potential for mid-biennium cuts to State funding; we promised to return in the fall with revisions reflecting updated information.
- In September, the Board approved a revised budget based on better trends in June August that reduced the projected deficit and restored salary reductions taken by 4,500 faculty and managers going forward, with restoration of the July – September pay cuts the first-dollar priority for use of further gains.
- We now have results through the first half of FY21, and despite a nation-wide surge in COVID-19 cases, OHSU's finances continue to improve significantly: aggregate patient activity is within -1.5% of prior year, payer mix has not moved toward government coverage, the Legislature did not cut current State funding, and OHSU has received over \$90 million in CARES Act grant support plus over \$200 million in interest-free loans.
- o Accordingly, we have accrued into December expense \$23.3 million to restore the July
 - September salary reductions, to be paid out to members in February.

Overview of FY21 H1 Results (continued)

- Coming into the December, core OHSU operating income was running \$3.6 million per month.
- This rate improved by \$7.3 million to \$10.9 million in the month of December, largely due to recovery in patient activity, higher casemix or complexity of care, continued pharmacy growth, and higher commercial payer share—the opposite of what we usually see in a recession.
- Through November, activity was running -2.1% below prior year; this flipped to an increase of +1.2% December over December, although with fewer, more complex inpatient cases and one-third of ambulatory visits now virtual.
- December also has a large periodic true-up in payment rates to actual cash received, including for Medicaid and IGT funding, where federal regulations make the calendar year-end an important date.
- o On net, operating income through six months is \$49 million, compared to \$60 million last year (pre-COVID) and a \$(7) million deficit in the revised budget.
- ➤ Going forward, we are also earmarking \$10 million for vaccination efforts over the next 90 days.



Weekly Trend in Aggregate OHSU Hospital Activity



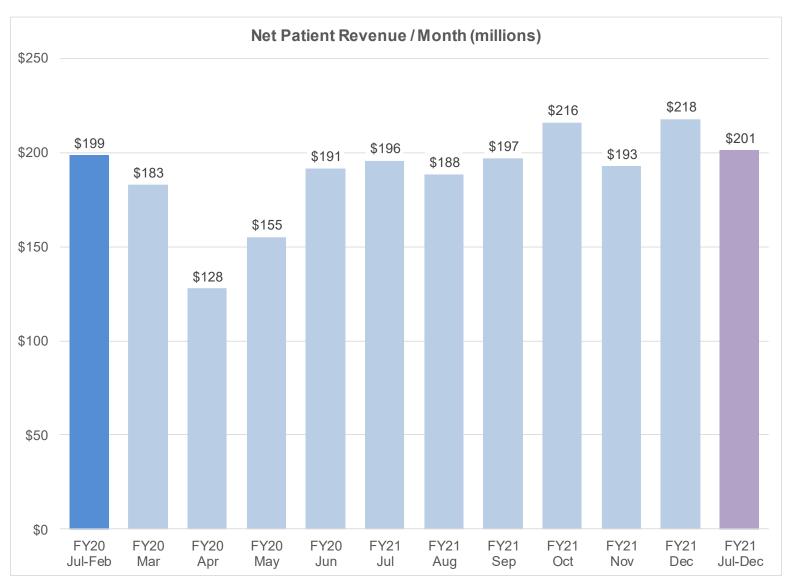


Total Patient Activity Within -1.5% of Prior Year

FY20 H1	FY21 H1	% Change
14,702	12,813	-12.8%
6.14	6.65	8.3%
478	440	-7.9%
22,181	20,298	-8.5%
24,694	20,214	-18.1%
518,747	608,799	17.4%
18,886	16,416	-13.1%
2.36	2.49	5.5%
53.7%	54.5%	1.5%
74,953	70,001	-6.6%
1,172	1,135	-3.2%
899	853	-5.1%
461	505	9.7%
2,531	2,493	-1.5%
	14,702 6.14 478 22,181 24,694 518,747 18,886 2.36 53.7% 74,953	14,702 12,813 6.14 6.65 478 440 22,181 20,298 24,694 20,214 518,747 608,799 18,886 16,416 2.36 2.49 53.7% 54.5% 74,953 70,001 1,172 1,135 899 853 461 505

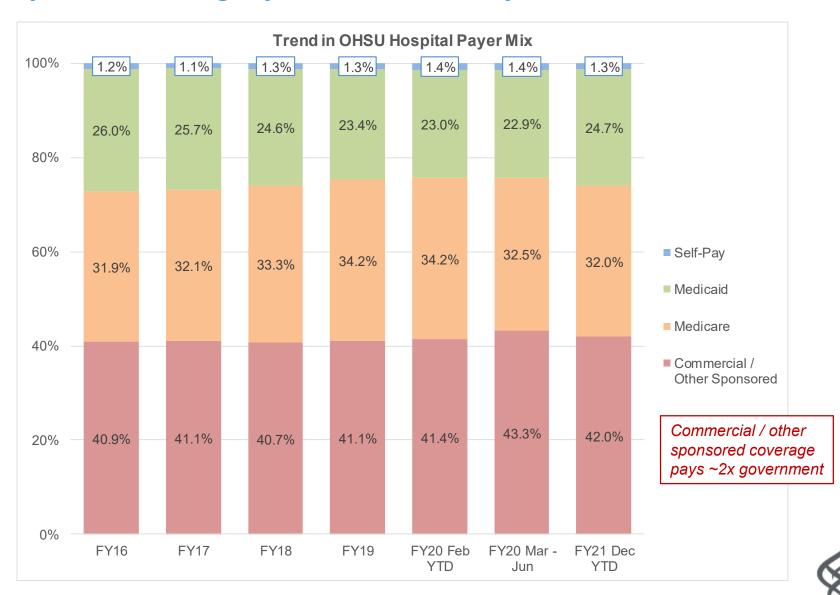


Patient Revenue Trend through December 2020





Payer Mix Largely Unaffected by COVID-19



December Results: Broader View

- With a 3% average clinical rate increase, core OHSU revenues through 6 months are now 1.7% above prior year, compared to 0.4% in November YTD—still well below the 7% annual revenue growth achieved in the 9 years pre-COVID (and 10% growth just prior to the March lock-down) but moving in the right direction.
- Note that this is adjusted for a one-time \$14 million of offsetting grant revenue and other expense due to the transition of a Washington hemophilia program that runs through OHSU's books as a sub-award to our Oregon program.
- o Taking a broader view of December YTD results compared to the same six months in the prior, pre-COVID year, why is operating income nearly the same despite activity and revenue being close to flat—when our previous financial model required 7%+ top-line growth in order to spread fixed costs across a larger base?
- There are four main drivers, scaled approximately as follows (note that hourly staff are receiving scale and step increases under negotiated contracts):
 - \$7m Payer shift toward commercial / other sponsored
 - 13m No merit increases for faculty or UAs / managers
 - 9m No variable pay / incentive plan accrual
 - 25m Other service & supply spending down (e.g. no travel)
 - \$54m 6-month impact, year over year



H1 Results Include Salary Restoration Accrual

OHSU December YTD	FY20	FY21	FY21	Actual -
(millions)	Last Year	Budget	Actual	Budget
Net patient revenue	\$1,191	\$1,159	\$1,207	\$49
Medical contracts	57	57	59	1
Grants & contracts	231	232	245	13
Gifts applied	49	41	42	1
Tuition & fees	40	40	41	1
State appropriations	20	20	20	0
IGT funding	68	65	69	4
Other revenue	104	103	120	17
Operating revenues	1,759	1,716	1,803	88
Year-over-year growth	10.6%		2.5%	
Adjusted growth*			1.7%	
Salaries & benefits	1,030	1,054	1,071	17
Rx & medical supplies	281	297	308	11
Other services & supplies	281	264	269	6
Depreciation	88	89	89	(0)
Interest	20	18	17	(1)
Total expenses	1,699	1,722	1,754	32
Year-over-year growth	12.9%		3.2%	
Adjusted growth*			2.4%	
Operating income	\$60	\$(7)	\$49	\$55
*Adjusted for \$14m passthrough	of out-of-state	hemophilia g	grant activity	



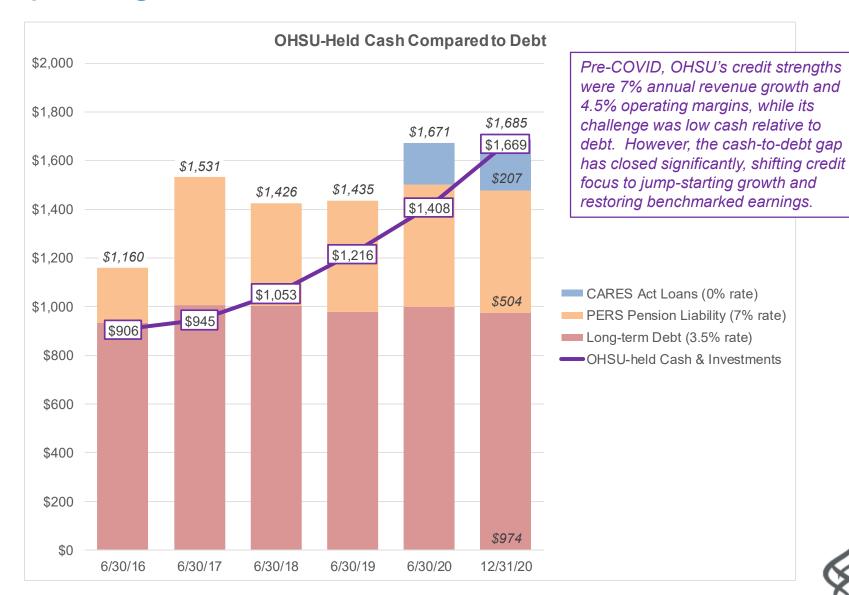
Six-Month Operating Cash Flow +\$261M

- In the first six months of FY21, OHSU-held cash & investments increased by \$261 million from positive operating earnings, strong investment returns, CARES Act grants and loans, and deferral of capital expenditures.
- As noted earlier, \$23 million accrual for salary restoration will be paid out in February.
- Last April, the Board authorized two short-term lines of credit for \$100 million and \$50 million to provide extra liquidity at a time of great economic uncertainty. Although we have not drawn on either, we plan to keep the \$100 million line of credit in place going forward.

December YTD Cash Flow	(millions)	
Operating income	\$49	
Depreciation	89	
Investment return	63	
CARES Act grants recorded	56	
CARES Act loans & deferral	52	
Salary restoration accrual	23	
Sources of cash	333	
Principal repaid	(24)	
Capital expenditures	(42)	
Working capital & other, net	(6)	
Uses of cash	(72)	
Sources less uses of cash	\$261	



Improving Ratio of OHSU-Held Cash to Debt





Net Worth & Cash to Debt Through December

- o In addition to \$49 million in operating income through 6 months, we recorded:
 - \$63 million of investment return on OSHU-held cash & investments
 - \$56 million of additional CARES Act grants as non-operating income so far in FY21 (with another \$15 million received in cash but deferred until we get greater clarity on the federal rules)
 - Foundation net worth is up nearly \$70 million with endowment gains and gifts to the \$2 billion OHSU Onward campaign.
- o OHSU's consolidated balance sheet continues to strengthen accordingly, with net worth up \$240 million or 6.7% in 6 months.
- We have continued to improve the ratio of OHSU-held cash to debt, but revenue growth is still close to flat compared to a 7% annual trend pre-COVID (with positive movement in December).
- Liabilities as of December 31st include \$974 million of long-term debt at 3.5% average interest, \$503 million of unfunded PERS pension obligations at approximately 7%, and \$207 million of interest-free CARES Act loans to be repaid in 2021 and 2022.
- Although many risks from COVID-19 remain, OHSU has preserved its underlying financial position, providing a firm platform to build back to where revenues cover both operations and new investments in people, programs and places on a sustainable basis.



Date: January 28, 2021

To: OHSU Board of Directors

From: Renee Edwards MD, MBA

SVP, Chief Medical Officer OHSU Health

RE: Annual Quality & Safety Report

Memo: This report summarizes OHSU Healthcare's FY20 performance with regard strategic initiatives and external programs as led and/or overseen by the Department of Quality & Safety.

In summary, we:

- 1) Ranked 14th nation-wide among academic medical centers in Vizient's annual quality and accountability scorecard, earning a 5-star rating for the second year in a row.
- 2) Maintained a 5-star CMS rating
- 3) Performed above average in the incentive programs for Value-based purchasing and above the 75th percentile in the incentive program for hospital-acquired conditions
- 4) Maintained quality and safety support in a virtual environment while leading new initiatives in our COVID-19 response

Acronyms:

OMS – OHSU Management System

OPEx - OHSU Performance Excellence System

SOM – School of Medicine

HMC – Hillsboro Medical Center

BPCIA – Bundled Payments for Care Improvement Advanced model

HAC – hospital acquired conditions

PSI – patient safety intelligence

AHRO – Agency for Healthcare Research and Ouality

CLABSI – central line associated blood stream infection

CAUTI – catheter associated urinary tract infection

SSI – surgical site infection

THK – total hip and knee

HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems

LOS – length of stay

O/E – observed over expected

HAI – hospital acquired infections

MRSA – methicillin-resistant staph aureus



OHSU Healthcare Annual Quality & Safety Report FY20

OHSU Quality & Safety Department

In support of:

OHSU Management System (OMS)

- National Integrated Accreditation for Healthcare Organizations (NIAHO) and Internal Organization for Standardization (ISO) 9001:2015 requirements to demonstrate that CMS Conditions of Participation are met through DNV accreditation
- Governance system for oversight & escalating issues

OPEx – OHSU Performance Excellence System

- Utilizing Lean Management in Healthcare principles
- How we improve our work and mature our systems

Quality Infrastructure

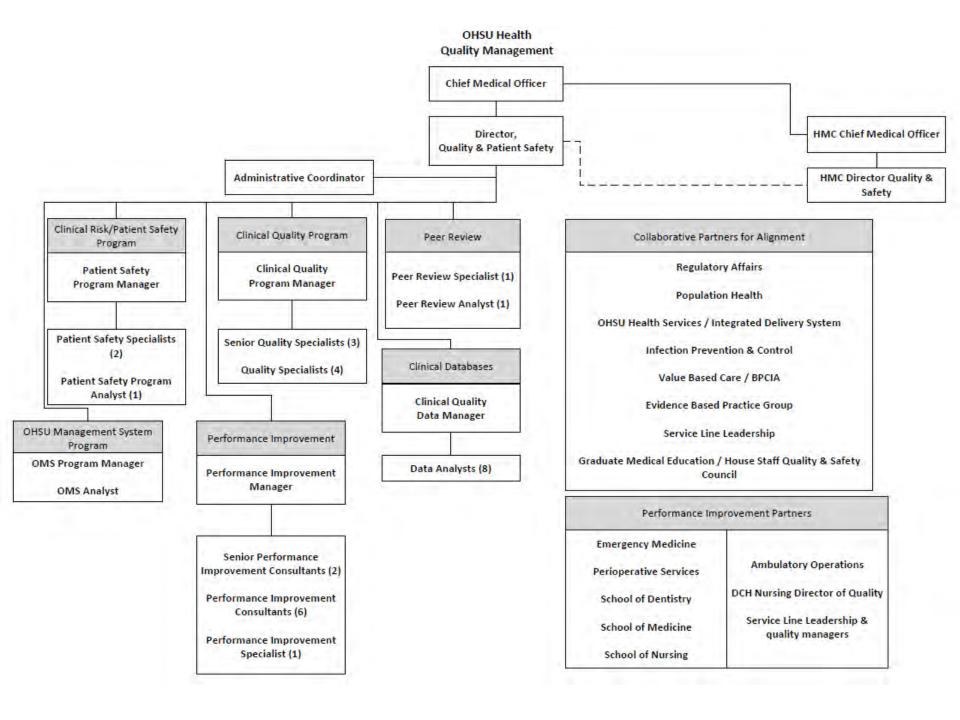
education and support to SOM and hospital departments

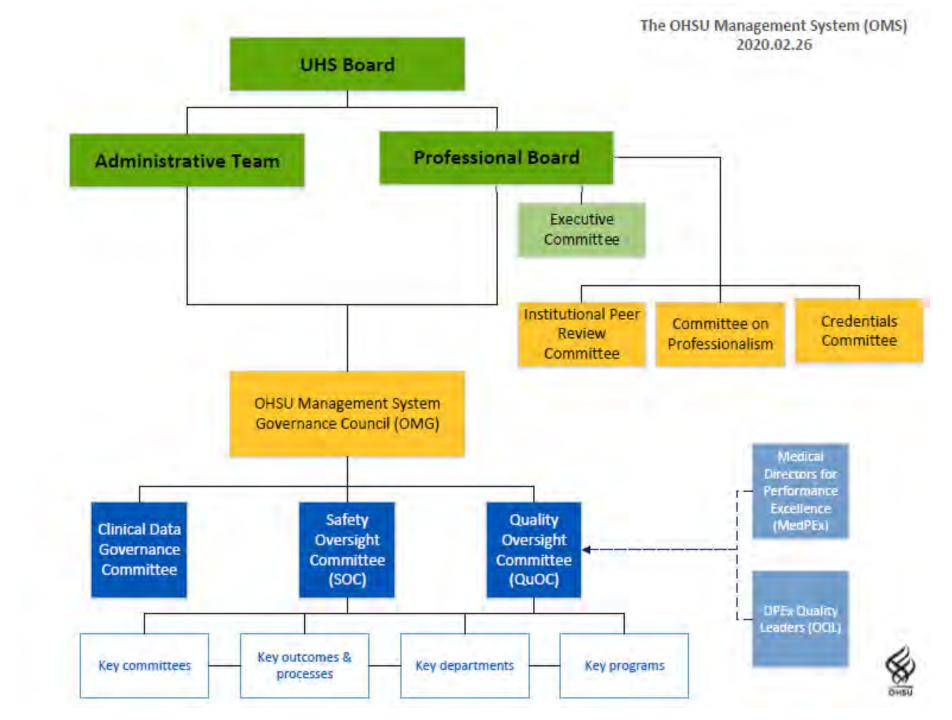
Patient safety

- Tracking through Patient Safety Intelligence
- Learning through Root Cause Analysis

Business Data Analysts

• Tracking and reporting through 12 central data registries and repositories





Quality Oversight Committee



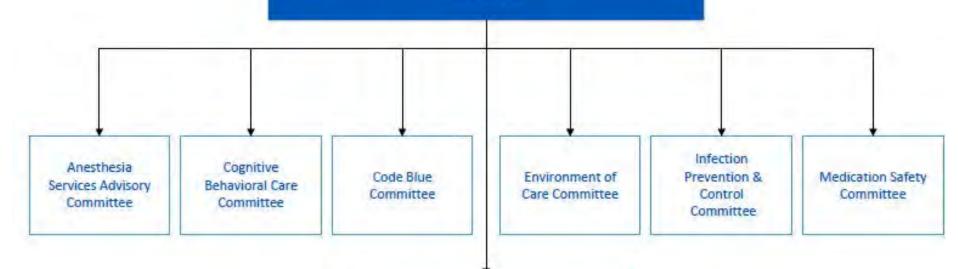
Non-Committee Data/Inputs

Mission Control
Patient Experience
Clinical and Non-Clinical Programs &
Departments' OPEx Plans
Quality Management
Human Resources
Tier 1 Priorities
Medical Record Delinquency
Contract Review



Safety Oversight Committee

2020.02.26



Non-Committee Data/Inputs

Patient Safety Department
Emergency Management
Clinical Technology Services
Public Safety
Occupational Health
Risk Management/Worker & Student
Injury Reporting System
Grievance Report
Tier 1 Priorities



FY20 Accomplishments

#14

VIZIENT ANNUAL QUALITY & ACCOUNTABILITY SCORECARD

Ranked as a Vizient 5-star Comprehensive Academic Medical Center for the second year in a row.



CMS STAR RATING

Achieved 5/5 stars in the CMS Star Rating. Only 8.9% of hospitals across the nation were awarded 5 stars.

+0.101%

VALUE-BASED PURCHASING (VBP)

Fourth year in a row performing above average and qualifying for an increase in base operating DRG payments.



HAC REDUCTION PROGRAM

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



OHSU RECOGNIZED AS FIRST DNV CARDIAC CENTER OF EXCELLENCE

DNV GL Healthcare certified OHSU for chest pain, heart failure, and heart pump care.

QM Milestone Highlights:

OMS Program Manager & Data Analyst

- 9 internal audits (to the NIAHO & ISO 9001 standards):
- 3,000 reports run in the Vizient Clinical Database

Quality Specialists

- Facilitated multiple Kaizen initiatives to improve clinical processes in stroke care
- Provided clinical quality expertise to Tier 1 priority tactics
- Developed infrastructure and managed the COVID-19 Clinical Lab/Operations Task Force
- Managed 41 OPEx plans and provided virtual coaching & training

Business Data Analysts

- National Cardiovascular Data Registry (NCDR)-Chest Pain to Get With the Guidelines (GWTG)-Coronary Artery Disease transition; Coronary Artery Disease registry implementation
- Non-opioid appendectomy study: Western Pediatric Surgery Research Consortium participation
- Bariatric Surgery Targeting Opioid Prescriptions (B-STOP) quality metric implemented

QM Milestone Highlights:

Patient Safety Team

- 28 investigations on actual and potential sentinel events, including facilitation of root cause analysis
- 144 case reviews related to patient grievances and insurance quality reviews
- Analysis of PSI aggregate data in relationship to patient safety literature, including 30 different dashboards at Admin, Adult, and Women's & Children's operations huddles
- PSI review and report training to 78 leaders through virtual classes

Performance Improvement Consultants

- 13 coachings to achieve unit capability goal
- 184 learners of OPEx Overview and Readiness Huddle virtual training
- 18 unit facilitations to achieve metrics and improve team outcomes
- Two Tier 1 Quality Priorities: COVID-19 and Mortality Reduction

COVID-19 Tier 1 Priority

- Utilizing A3 problem-solving methodology, developed strategic A3 for COVID-19 priority, with 7 tactics:
 - Patient & Staff Safety
 - PPE Task Force
 - Clinical lab Task Force
 - Perioperative / Multispecialty Procedure Unit
 - Wellness
 - Ambulatory
 - Emergency Operations & Regulatory Requirements

COVID-19 Projects supported by Quality Management

- COVID-19 Mortality Case Review
- COVID-19 Testing Supply Task Force
- Central Labor Pool Design & Stand-up
- Support Staff Rounding
- Creation of Virtual Tiered Huddles
- Outpatient Rehab Level Loading
- PPE Don & Doff Observations (PPE Buddies)
- COVID-19 Wellness Task Force



2020

Quality and Accountability Scorecards

Inpatient & Ambulatory Scorecards

Performance period

July 2019 – February 2020 due

to COVID-19

Designated for Internal Use Only



Domain	Content/Areas of Focus		
Mortality 25%	Mortality O/E for select service lines		
Effectiveness 20%	 30-Day Readmission Rate (all cause) for select services Excess Days for select service lines Outpatient Procedure Revisits (Colonoscopy, Biliary, Urological, Arthroscopy) Sepsis: Lactate level within 12 hours of admission Transfusion: RBC transfusion with Hgb >= 9 		
Safety 25%	 5 AHRQ Safety Measures (Pressure Ulcers, Respiratory Failure, Hemorrhage/Hematoma, latrogenic 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 HCAHPS Questions		
Efficiency 10%	 LOS O/E for select service lines Direct Cost O/E for select service lines 		
Equity 5%	Gender, Race, and Socio Economic Status for 8 metrics		



Safety

Equity

Effectiveness

Patient centeredness

54

3

31

67

25.00%

20.00%

15.00%

5.00%

49.79%

74.04%

65.73%

88.33%

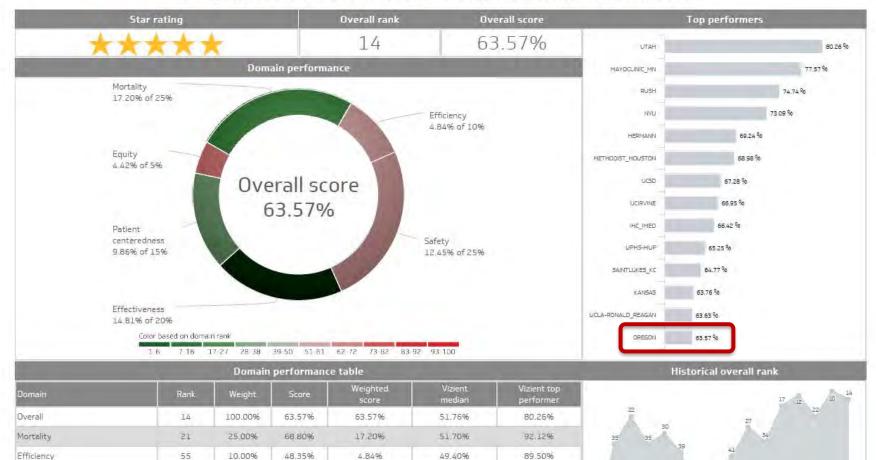
12.45%

14.81%

9.86%

4.42%

2020 Comprehensive Academic Medical Center Quality and Accountability Oregon Health & Science University Performance Scorecard



50.46%

50.82%

49.59%

92.42%

79.36%

79.68%

96.21%

100.00%

We declined in Safety, Efficiency, & Patient Centeredness Domains

Overall – Total Score (Ranking – lower is better)				
Overall	65.76 (12)	61.35 (22)	64.22 (10)	63.57 (14)
Mortality	64.28 (29)	52.88 (47)	59.05 (35)	68.80 (21)
Safety	55.19 (48)	56.22 (26)	62.27 (12)	49.79 (54)
Effectiveness	65.24 (12)	67.24 (9)	72.48 (3)	74.04 (3)
Patient Centeredness	79.10 (13)	85.14 (2)	76.03 (14)	65.73 (31)
Efficiency	60.34 (44)	34.13 (81)	47.64 (54)	48.35 (55)
Equity	93.75 (70)	88.89 (52)		88.33 (67)
RANK	12	22	10	14



Our lower ranking was due to a mix of performance decline (Safety and Patient Centeredness) and unfavorable methodology changes (Efficiency and Equity)

		Q&A Year		
	2018	2019 Score(Rank)	2020	2020 Overall and Domain Performance Distribution
		Score(Rank)		Vizient median: 51.76%
	59.61%	62.41%	63.57%	
Overall	(26)	(15)	(14)	
	Į.			Vizient median: 51.70%
	50.49%	59.66%	68.80%	Vizient median: 517/040
Mortality	(47)	(33)	(21)	
	12 0000	/F 050	48.35%	Vizient median: 49.40%
Efficiency	42.98% (67)	45.05% (64)	(55)	
	F0 F000	57 070	(0.70%	Vizient median: 50.46%
Safety	59.58% (16)	63.97% (10)	49.79% (54)	
	2.00		3.5.3.	Vizient median: 50.82%
Effectiveness	64.59% (12)	70.75% (5)	74.04% (3)	
		· · · · ·		
	1			Vizient median: 49,59%
Patient centeredness	83.91% (3)	74.51% (17)	65.73% (31)	
				Vizient median: 92.42%
Equity	45.83% (69)	33.33% (81)	88.33% (67)	

In mortality, nine of 13 service lines improved or significantly improved

	2017	2018	2019	2020
Mortality – O/E Index (assigned points 3 to -3)				
Cardiology	1.18 (1.09)	0.94 (0.04)	1.02 (0.45)	0.62 (-1.34)
Cardiothoracic Surgery	0.84 (-0.16)	0.70 (-0.74)	0.73 (-0.83)	0.73 (-0.52)
Gastroenterology	0.65 (-0.84)	0.96 (0.37)	0.30 (-1.58)	1.14 (1.11)
Medicine General	0.75 (-0.71)	0.78 (-0.58)	0.72 (-0.84)	0.70 (-0.92)
Neurology	0.88 (-0.14)	0.85 (-0.38)	0.67 (-1.01)	0.71 (-0.81)
Neurosurgery	1.15 (0.53)	0.79 (-0.39)	0.63 (-0.95)	0.49 (-1.27)
Surgery General	0.72 (-0.79)	0.79 (-0.67)	0.99 (0.48)	0.64 (-0.96)
Ortho/Spine	0.53 (-0.90)	0.74 (-0.27)	1.36 (1.27)	0.40 (-0.81)
Oncology	1.08 (-0.13)	1.23 (0.46)	0.92 (0.15)	0.82 (-0.32)
Vascular Surgery	0.87 (-0.05)	1.37 (2.07)	0.66 (-0.75)	0.56 (-0.89)
Solid Organ Transplant		1.07 (0.34)	1.10 (0.27)	1.55 (1.13)
Trauma		1.00 (0.50)	0.88 (-0.12)	0.68 (-0.95)
Pulmonary/Critical Care		0.75 (-1.15)	0.93 (-0.16)	0.86 (-0.45)
Non-Core Services	0.78 (-0.81)			
RANK	29	47	35	21



Significant decline in Respiratory Failure, CLABSI, SSI Abd Hys, & Total hip & knee complications

	2017	2018	2019	2020
Safety – rates (assigned points 3 to -3)				
PSI03 – Pressure Ulcer	0.00 (-3.00)	0.00 (-3.00)	0.36 (-1.13)	0.00 (-3.00)
PSI06 – Iatrogenic Pneumothorax	1.67 (1.83)	1.20 (1.22)	0.96 (0.16)	0.79 (0.00)
PSI09 – Hemorrhage and Hematoma	0.18 (-0.79)	0.17 (-0.21)	0.64 (-0.95)	0.79 (-0.68)
PSI11 – Respiratory Failure	0.27 (-0.97)	0.18 (-0.84)	0.40 (-0.36)	0.55 (0.33)
PSI13 – PostOp Sepsis	0.58 (0.10)	0.55 (-0.44)	0.94 (0.46)	0.74 (-0.22)
CAUTI	1.19 (0.60)	0.80 (-0.12)	0.82 (0.20)	0.67 (-0.10)
CLABSI	0.35 (-1.48)	1.15 (0.97)	0.65 (-0.48)	1.17 (1.23)
SSI – Colon	0.83 (-0.60)	0.99 (-0.15)	0.79 (-0.66)	0.64 (-0.72)
SSI – Abd Hyst	1.12 (0.03)	1.35 (0.10)	0.42 (-0.91)	3.37 (1.84)
CDI	1.46 (1.45)	0.86 (-0.14)	0.82 (0.10)	0.81 (0.42)
VTE06	2.67 (0.96)	1.85 (0.09)		
THK Complications	1.43 (-1.02)	1.57 (-0.49)	1.22 (-0.73)	2.11 (-0.01)
Warfarin – Elevated INR		1.21 (-1.54)	1.71 (-1.28)	1.95 (-1.03)
Hypoglycemia and Insulin Use		3.64 (0.46)	4.38 (0.83)	4.60 (1.14)
RANK	48	26	12	54

Green/red indicators in 2018+ based on whether this year's z-score moved us >0.5 away from last year's z-score.



FY2021 Sustainment/Improvement Recommendations

- Continue focus on reducing true observed mortality
- Monitor HCAHPS and impact of reduced surveys with switch to NRC
- Drill down of PSI-11 Respiratory Failure cases
- Revisit CLABSI sustainment plan
- Restart SSI Tier 1 A3





2020 Ambulatory Quality and Accountability Performance Scorecard Oregon Health Sciences University Medical Group



FY2021 Sustainment/Improvement Recommendations

- Continue access initiatives
- Create standard work for appointment cancellation reasons
- Recommend to Vizient change in equity methodology
 - This has been denied



External Programs:

CMS Star Rating
Value-based Purchasing
HAC Reduction Program
Hospital Readmission
Program



CMS Overall Hospital Quality Star Ratings

	Oct 2016	Oct 2017	Feb 2019	Jan 2020	Oct 2020	
Overall Star Rating	3	4	5	5	5	
Measure Group – Comparison to Na	tional Averag	e (Above is b	etter)			
Mortality	Same	Same	Same	Same	Same	
Readmission	Same	Below	Above	Above	Above	
Safety of Care	Same	Above	Above	Above	Above	
Patient Experience	Above	Above	Above	Above	Above	
Efficient Use of Medical Imaging	Below	Below	Below	Below	Below	
Timeliness of Care	Below	Below	Below	Below	Below	
Effectiveness of Care	Same	Same	Same	Same	Same	

3 Stars 4 Stars 5 Stars 5 Stars 5 Stars

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

Value-Based Purchasing

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Net Change in DRG Payment	-0.172	+0.035	+0.019	+0.624	+0.101
Overall - Weighted Domain					
Total Performance	29.8	35.2	35.5	46.7	32.7
Clinical Outcomes		13.3	18.8	21.9	12.0
Person and Community Engagement	10.3	11.5	13.0	11.5	13.25
Safety	5.7	10.4	3.75	10.8	5.0
Efficiency and Cost Reduction	0.0	0.00	0.00	2.5	2.5

Takeaways:

- Above national average for fourth year in a row
- · Second highest reimbursement payments achieved
- Decline in all HAIs, other than MRSA
- Decline in Pneumonia mortality

Metrics categories and timeframes:

30-Day Mortality: 7/2016 – 6/2019
 THA/TKA Complications: 4/2016 – 3/2019
 HCAHPS: 1/2019 – 12/2019
 HAI: 1/2019 – 12/2019
 MSPB: 1/2019 – 12/2019



Color designation indicates increase or decrease of weighted domain score.

HAC Reduction Program

	FY 2018	FY 2019	FY 2020	FY 2021
AHRQ PSI90 Composite	-1.7118	-0.8524	-1.1390	-1.5039
CLABSI	-0.3761	0.0283	0.1692	0.1224
CAUTI	0.3857	0.1510	-0.0075	0.0956
SSI	0.2894	0.2906	0.1469	0.3155
MRSA	-0.1567	0.8885	0.6538	-0.2560
CDI	1.9601	1.8937	0.5947	0.5954

Penalty: NO YES NO NO

Takeaways:

- Significant improvement in MRSA
- Significant decline in CAUTI

Performance Time Periods:

AHRQ Composite: 7/2017 – 6/2019
HAIs: 1/2018 – 12/2019

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

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

Hospital Readmission Reduction Program

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Payment Adjustment Factor	0.9999	0.9999	0.9996	0.9989	0.9993
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Excess Readmission Ratio					
AMI	0.9376	1.0074	0.9846	1.0327	0.9740
COPD	0.9295	1.0092	1.0975	1.0597	1.0333
HF	1.0095	0.9408	0.9569	0.9204	0.9509
Pneumonia	0.9929	0.9916	0.9786	1.0574	1.0699
CABG	0.8444	0.9447	1.0102	0.9238	0.8681
THA/TKA	0.8479	0.8728	0.8613	0.8545	0.7669

Takeaways:

- · Payment adjustment factor improved
- AMI excess ratio improved from above to below 1.0
- COPD and Pneumonia only diseases above 1.0

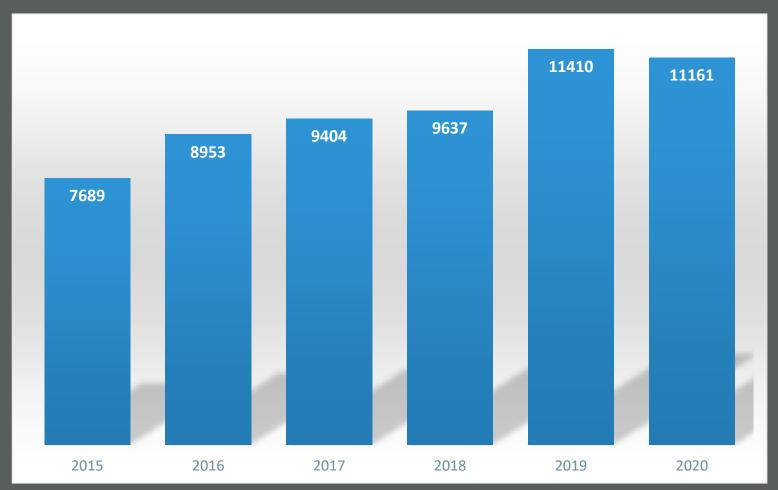
Performance Time Period: 7/2019 - 6/2019



FY20 Patient Safety Report

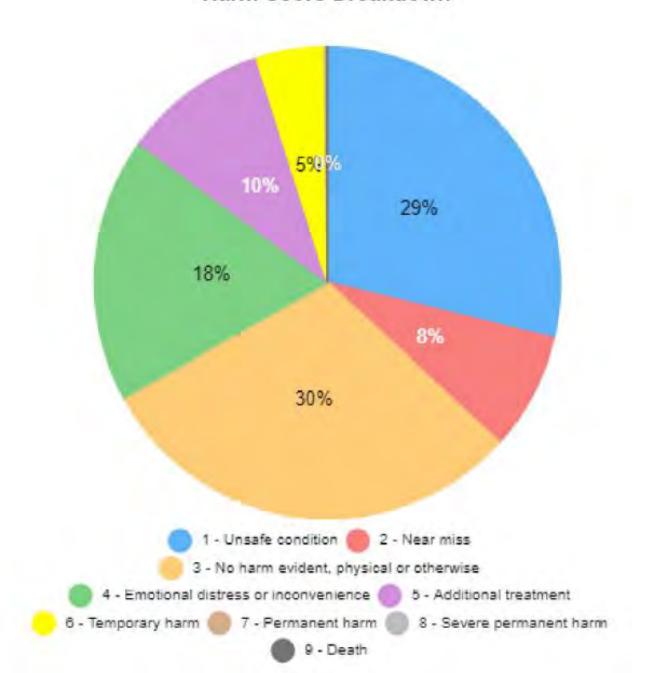


Total PSI Reports Filed



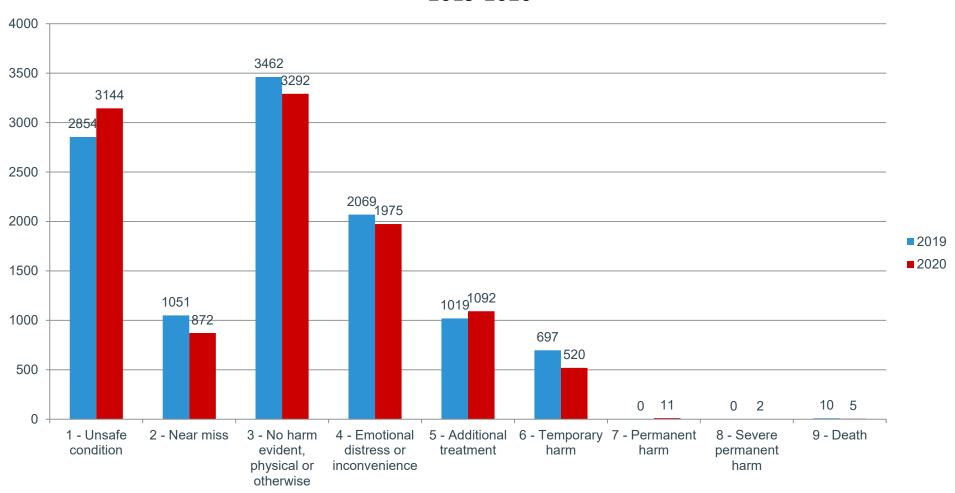


Harm Score Breakdown

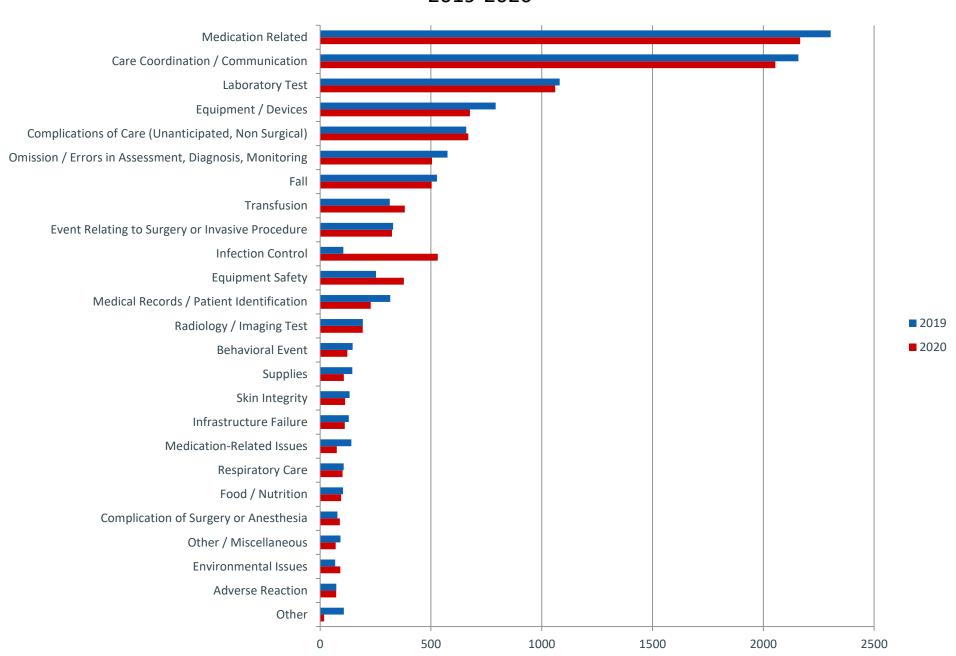




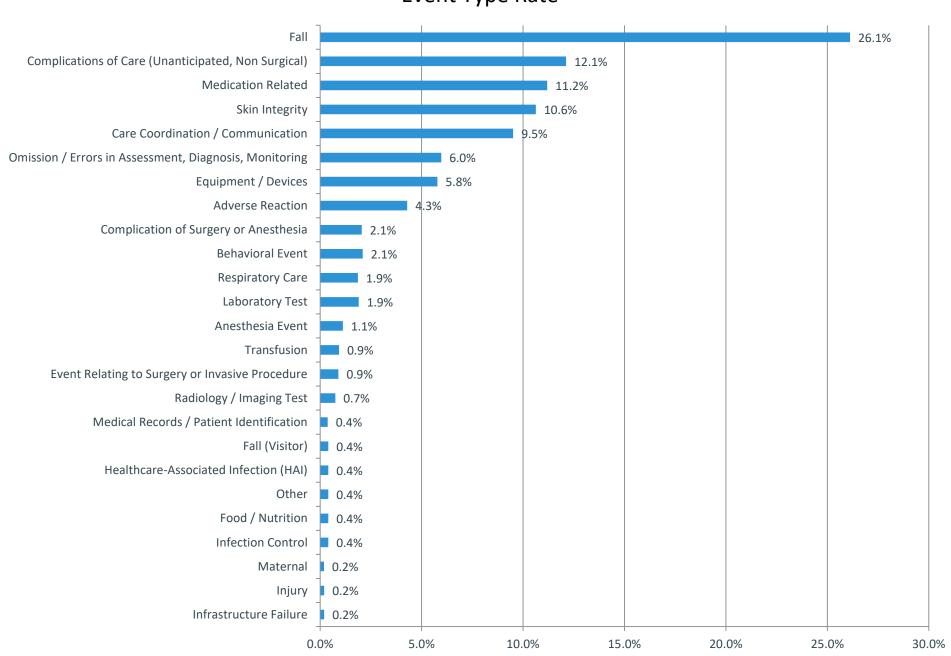
Total PSI Events by Harm Score (1-9) 2019-2020



Event Type Distribution 2019-2020



2020 Harm Events (Harm 6+) Event Type Rate



Thank You





Date: January 18, 2021

To: OHSU Board of Directors

From: Bridget Barnes, Chief Information Officer

RE: OHSU 2025 Update from University Cabinet Study Group

On behalf of the University Cabinet Study Group I appreciate the opportunity to share with the OHSU Board of Directors the result of our work to conduct an expedited and limited refresh of the OHSU 2025 plan with an eye toward:

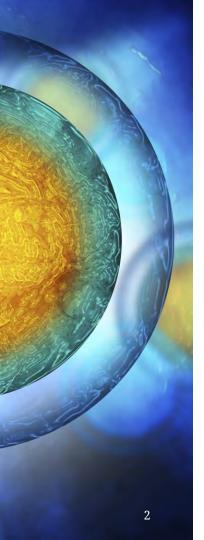
- Identifying any existing objectives which had the opportunity to quickly contribute to net operating margin;
- Identify objectives with alignment/intersection with Accelerate;
- Identify objectives with alignment/intersection with anti-racism initiatives.

The group identified four objectives that were recommended for urgent investment. One of these received approval for immediate funding, two received approval for funding beginning FY22, and the remaining objective was deferred to be reconsidered when a more comprehensive review/refresh of OHSU 2025 is conducted in the first half of calendar year 2021.

Details of the review process and prioritization will be provided during the planned presentation to the OHSU Board of Directors on January 28th, 2021.



University Cabinet Study Group



University Cabinet Study Group Activity

- Charge: Gain consensus on OHSU 2025 Prioritized Objectives (as of Jan20) under the lens of:
 - Potential contribution to net operating margin improvement
 - Alignment/intersection with Accelerate and/or Anti-racism initiatives
- Study Group members assigned to provide current status and recommend <u>potential</u> <u>contribution to net operating margin</u> by one of the following designations:
 - Revenue generation / acceleration
 - Cost reduction / resource effectiveness
 - Cost avoidance defer until at least 1Q22
 - Mitigating risks of economic losses by failure to act
- Health System (Clinical Enterprise) Objectives were excluded from evaluation:
 - Investments are driven by Clinical Operations (not IGT) and market conditions
 - Clinical Priorities are under assessment by a separate Task Force
- Comprehensive OHSU 2025 update will occur prior to end of FY21



Study Group Findings

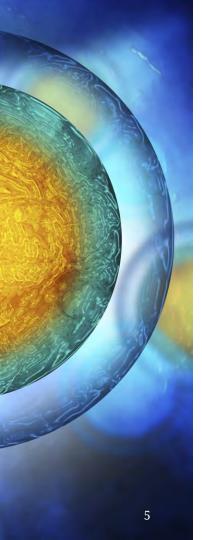
Specific Charge Outcome

- FY21 Margin Improvement: \$700k opportunity identified in already allocated / budgeted Strategic Funds by deferring / delaying certain tactics in Objective 6.1 (Candid)
- No other Prioritized Objectives will produce short-term incremental positive impact to net operating margin
- Prioritization of objectives:
 - 11 Health System (Clinical Enterprise) Objectives were not assessed
 - 4 Prioritized Objectives that may continue in a limited way without additional funding or will be paused - defers \$1.7m allocated but not released to budgets – FY21 neutral
 - 9 Prioritized Objectives currently being implemented should continue
 - 4 Prioritized Objectives that require additional funding in FY21 and beyond



4 Previously prioritized objectives that will continue in limited way or be paused without additional funding

- 1.2 Faculty Success
- 1.11 Member Well-being
- 4.1 Increase Research Funding
- 6.5 Educational Technology Tools



9 Prioritized Objectives currently being implemented should continue

- 1.12 Comprehensive Safety
- 1.4 Faculty Support & Compensation
- 1.9 Environment of Respect, Trust & Empowerment
- 1.10 Mentoring
- 4.2 Research Support
- 6.1 Enterprise-wide Information Governance & Reporting
- 6.2 Enterprise Program Management Office
- 6.3 Research Resource Allocation Process
- 6.4 Collaboration Platform



4 Currently Unfunded for Consideration

Ref	Objective	January 2020 Three Year Resource Allocation	January 2020 Year 1 Resource Allocation	CFS Cumulative Spend to 30- Sep-20	Status	Accelerate Overlap	Anti- Racism Overlap	Request	Criteria	Estimated FY21 Remaining Resources	Estimated FY22 Resources (Unfunded)
1.3	Learner Success	\$ 4,156,000	\$ 750,000	\$ -	In Progress	Moderate	Slight		Cost avoidance Mitigating risks of economic losses by failure to act	\$ 390,000	\$ 810,000
2.1	Clinical Placement	\$ 3,381,000	\$ 1,273,000	\$ -	In Progress	Moderate	None	_	Mitigating risks of economic losses by failure to act	\$ 250,000	\$ 1,125,000
2.2	Simulation	\$ 7,560,000	\$ 1,050,000	\$ 20,000	In Progress	Slight	Slight	_	Mitigating risks of economic losses by failure to act	\$ 585,000	\$ 750,000
4.3	Research Informatics	\$ 7,124,000	\$ 1,866,000	\$ 522,000	In Progress	None	None	_	Mitigating risks of economic losses by failure to act	\$ 1,141,332	\$ 2,660,000

\$ 2,366,332 *\$ 5,345,000*

Recommend: Invest \$2.4m and recognize potential FY22 budget assumption of \$5.5m





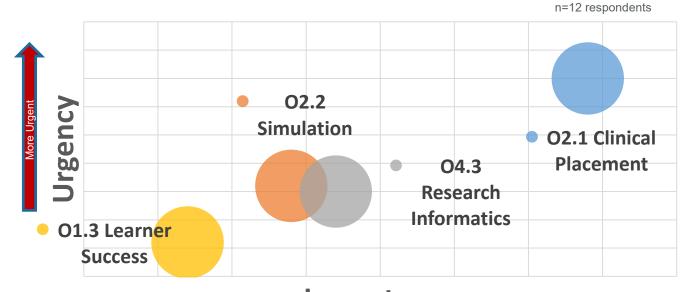
University Cabinet Requested

- Prioritize 4 Unfunded Objectives
- "Sharpen the pencil" on 4 Unfunded Objectives resource requirements





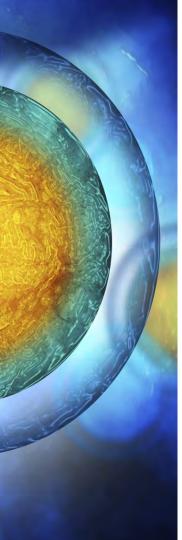
Unfunded Objectives Quick Prioritization



Importance

More Important





Revised Estimates

		Ľ	09-Dec Estimates	Fine Tuning Revisions								Fine Tuning Revisions							
Ref	Objective	١,	Estimated FY21 Remaining Resources	Resource		FY21 Minimum Resource Req: FTE	Reg. Ongoing		T F	New Estimated TOTAL FY21 Remaining Resources		Estimated FY22 Resources (Unfunded)		Revised FY22: Capital / Equipment Revised FY22: Total FY2: FTE		Revised FY22: Ongoing Operating		New Estimated TOTAL FY22 Resources	
2.1	Clinical Placement	\$	250,000	\$	-	2.30	\$	225,000	\$	225,000	\$	1,125,000	\$	-	2.30	\$	1,125,000	\$	1,125,000
4.3	Research Informatics	\$	1,141,332	\$	495,000	2.25	\$	732,111	\$	1,227,111	\$	2,660,000	\$	505,000	10.00	\$	2,242,492	\$	2,747,492
2.2	Simulation	\$	585,000	\$	185,000	1.00	\$	400,000	\$	585,000	\$	750,000	\$	490,000	3.00	\$	260,000	\$	750,000
1.3	Learner Success	\$	390,000	\$	50,000	4.00	\$	245,000	\$	295,000	\$	810,000	\$	220,000	5.00	\$	590,000	\$	810,000
		\$	2,366,332	\$	730,000	9.55	\$	1,602,111	\$	2,332,111	\$	5,345,000	\$	1,215,000	20.30	\$	4,217,492	\$	5,432,492
		L		L					\$	(34,221)	L		L					\$	87,492





Recommendation to Budget Committee

- Consider all 4 unfunded OHSU2025 Priority Objectives:
 \$2.35m FY21 and \$5.43m FY22
 - Please note that the commitment to FY22 is essential given the required continuation of the initiatives
- In descending order of priority, consider the following:
 - O2.1 Clinical Placement \$225k FY21 and \$1.125m FY22
 - **O4.3 Research Informatics** \$1.227m FY21 and \$2.75m FY22
 - O2.2 Simulation \$585k FY21 and \$750k FY22
 - **O1.3 Learner Success** \$295k FY21 and \$810k FY22





Results/Recommendation from OHSU Budget Committee

- Proceed with funding Clinical Placement objective in FY21 and FY22
- Research Informatics and Simulation were prioritized but not funded in FY21. They have been included for funding in the FY22 budget projection for 2025 initiatives.
- Learner success was recommended to defer and will be evaluated during comprehensive OHSU 2025 update planned for completion prior to end of FY21.





Next Steps for OHSU 2025

January - March 2021

Revisit/refresh OHSU 2025 objectives across <u>all</u> <u>missions</u> in preparation for FY22 budgeting

Provide results to OHSU Board of Directors prior to end of FY21





Thank You

Full OHSU 2025 plan approved January 2020 available at: https://www.ohsu.edu/sites/default/files/2019-10/OHSU2025 GoalsObjectivesKeyTacticsSummary v5Web 0.pdf

Appendix



Study Group Membership

- Bridget Barnes
- David Ellison
- Dana Director
- Derick Du Vivier
- Paul Flint
- Michael Hill
- George Mejicano

- Bonnie Nagel
- Maulin Patel
- David Robinson
- Carsten Schultz
- Connie Seeley
- Laura Stadum
- Atif Zaman



O1.3 Learner Success

OHSU must provide a safe and supportive environment in which our learners can excel.

Learner Support: FY21: \$140,000 FY22: \$245,000

 ${\it T1.3.6 Invest in expanded learning support that is equally accessible for all OHSU learners.}$

Learner Wellbeing: FY21: \$170,000 FY22: \$250,000

T1.3.2 Expand and invest in improving learners' access to sufficient and affordable nutrition and T1.3.3 Increase mental health support for learners

Student Affairs: FY21: \$80.000 FY22: \$315.000

T1.3.1 Adopt and fund a centralized model for key student services through the creation of a centralized Vice Provost of Student Affairs to oversee expansion of student services.

The \$390,000 in FY21 will contribute to the recruitment of a Vice Provost for Student Affairs to serve as an advocate for students on campus and develop the infrastructure and policy necessary for learners to thrive at OHSU. Funding would also be used to add an additional Learning Support Specialist to increase the resources available to learners in all programs. Finally, funding would be utilized to support initiatives to address food insecurity among OHSU learners including: discounted food options for all students at OHSU dining services and at remote locations; increase food preparation and storage options for students around campus; increase job-study options at OHSU to help learners qualify for SNAP benefits (food stamps); and establish a food pantry on campus to support those in need. Funding in FY22 would continue to support and expand the initiatives funded in FY21. Moreover, additional behavioral health resources, will be added in FY22.

January 2020 3 year Allocation	\$4,156,000
Jan 2020 Year 1 Allocation	\$750,000
Self Confirmed Cumulative Spend through 30-Sep	\$20,000
CFS Cumulative Spend through 30-Sep	
Notes from CFS	Prioritized NO Spend

Recommendation			
Funding	Continue Full Funding		
Designation	Cost avoidance & Mitigating risks of economic losses by failure to act		
UCSG assessment of potential contribution to net operating margin.	Yes - 92%, No – 8%		
FY 21 Remaining Resource Requirement	\$390,000		
FY 21 Source of Funding	Strategic Funds - not yet allocated		
Estimated FY22 Funding Resource Requirements	\$810,000		
FY 22 Source of Funding	Strategic Funds - not yet allocated		
Status	In Progress		
Accelerate Intersection	Moderate		
Anti-racism Overlap	Slight		
Accountable to Report	D. Robinson ¹⁶		

O2.2 Simulation

Currently OHSU Simulation is struggling to support activities deemed critical to the timely graduation of its learners due to a lack of human capacity, failed and failing equipment, and physical capacity. Funding will be used to partially address these resource limitations

Capacity Building: FY21: \$585,000 FY22: \$750,000

T2.2.1: Create a value-based business and strategic plan/model to establish simulation as a core service that targets education, quality and patient safety.

T2.2.5: Develop an infrastructure for scalability of simulation resources across the enterprise to our remote/satellite locations. Integrate collaborative tools and resources to streamline processes.

In FY21, the \$585,000 will address important physical improvements to permit continued expansion of simulation activities onto MNP 4th Floor. It will also support the replacement of simulation equipment (which recently failed) and software upgrades in La Grande and Ashland and replace the B-Line simulation infrastructure in RLSB. Finally, funding will allow the hiring of a Simulation Technician to increase learning capacity at RLSB. In FY22 the \$750,000 will support the FTE added in FY21 and permit the addition of an additional FTE to meet increased simulation demand. The majority of the remaining funding will be used to replace aging infrastructure in the RLSB which was installed in 2014. Equipment needing replacement includes the computers supporting the standardized patient simulations, manikins, and ultrasound technologies.

January 2020 3 year Allocation	\$7,560,000
Jan 2020 Year 1 Allocation	\$1,050,000
Self Confirmed Cumulative Spend through 30-Sep	\$20,000
CFS Cumulative Spend through 30-Sep	\$20,000
Notes from CFS	Operating expenses may be included in FY21 Operating budget base

Recommendation		
Funding	Continue Full Funding	
Designation	Mitigating risks of economic losses by failure to act	
UCSG assessment of potential contribution to net operating margin.	Yes - 100%, No – 0%	
FY 21 Remaining Resource Requirement	\$585,000.00	
FY 21 Source of Funding	Strategic Funds - not yet allocated	
Estimated FY22 Funding Resource Requirements	\$750,000	
FY 22 Source of Funding	Strategic Funds - not yet allocated	
Status	In Progress	
Accelerate Intersection	Slight	
Anti-racism Overlap	Slight	
Accountable to Report	D. Robinson 17	

O4.3 Research Informatics

Stabilization of Research Data Warehouse (RDW) critical to success of CTSA renewal grant in Summer of 2021 (expected direct costs of \$7M, total cost \$10M/year). Concierge services directly related to ability of researchers to utilize key informatics resources which leads to successful grant applications.

This work also sets the stage to support antiracism work at OHSU by enhancing the RDW to allow for integration of more social determinants of health data.

In addition to RDW stabilization this initiatives provides support for ExaCloud high performance computing. Hardware has begun to age out from initial Intel gift and replacement nodes are required. In addition, ExaCloud lost its grant subsidy at the end of FY20 and a portion of the requested funds would fill that gap.

This is a critical research objective and if we don't continue to invest in this now, the risk of long-term setbacks is real.

Reduced Research Informatics funding in FY21 by \$1M due to planned hires onboarding by April 1, 2021 instead of October 20, 2020 as originally input.

January 2020 3 year Allocation	\$7,124,000
Jan 2020 Year 1 Allocation	\$1,866,000
Self Confirmed Cumulative Spend through 30-Sep	\$521,614
CFS Cumulative Spend through 30-Sep	\$522,000
Notes from CFS	Funds reported are not OHSU 2025

Recommendation	
Recommendation	
Funding	Continue Full Funding
Designation	Mitigating risks of economic losses by failure to act
UCSG assessment of potential contribution to net operating margin.	Yes - 73%, No – 27%
FY 21 Remaining Resource Requirement	\$1,141,332
FY 21 Source of Funding	Strategic Funds - not yet allocated
Estimated FY22 Funding Resource Requirements	\$2,660,000
FY 22 Source of Funding	Strategic Funds - not yet allocated
Status	In Progress
Accelerate Intersection	None
Anti-racism Overlap	None
Accountable to Report	B. Barnes 18

O2.1 Clinical Placements

Clinical placement is critical to the education mission. The FY21 budget ask of \$250K includes support for dedicated personnel who will focus on centralizing efforts to recruit new sites, determining our own system's true capacity, and securing additional housing at distant sites. Additional dollars in FY22 will expand these efforts and also include the acquisition of software to systematically place learners.

Learner Placement Administration: FY21: \$250.000 FY22: \$625.000

T2.1.3 Develop a combined Office of Learner Placement and Housing that is responsible for managing clinical learner placement in a systematic, centralized, coordinated and equitable manner.

Learner Placement Software Application: FY21: \$0 FY22: \$500,000

S2.1.3.1 Select and implement a centralized electronic platform/software to improve efficiency of placing learners and to equitably distribute learners at clinical sites.

Funds will be used to support dedicated, centralized staff who have the skill and ability to recruit and onboard new sites for clinical learners. At present, persons assigned to do this are scattered across programs and departments, perpetuating an inefficient and poorly coordinated system. Tasks that need to be centralized include recruiting new sites and preceptors; coordinating academic affiliation agreements; harmonizing different facility requirements (e.g., COVID vaccination); standardizing the onboarding process; training clinical supervisors in a manner that best fits their needs; working with academic programs to develop a site assessment instrument to ensure educational objectives and accreditation standards are met; and working to optimize utilization of each new and current site. A related task is securing additional housing at distant sites. The new staff will endeavor to accurately determine OHSU Health's capacity to host learners and place them in newly identified opportunities.

January 2020 3 year Allocation	\$3,381,000
Jan 2020 Year 1 Allocation	\$1,273,000
Self Confirmed Cumulative Spend through 30-Sep	
CFS Cumulative Spend through 30-Sep	
Notes from CFS	Prioritized NO Spend

Recommendation	
Funding	Continue Full Funding
Designation	Mitigating risks of economic losses by failure to act
UCSG assessment of potential contribution to net operating margin.	Yes - 100%, No – 0%
FY 21 Remaining Resource Requirement	\$250,000
FY 21 Source of Funding	Strategic Funds - not yet allocated
Estimated FY22 Funding Resource Requirements	\$1,125,000
FY 22 Source of Funding	Strategic Funds - not yet allocated

Status	In Progress
Accelerate Intersection	Moderate
Anti-racism Overlap	None
Accountable to Report	G. Mejicano ¹⁹



Date: January 28, 2021

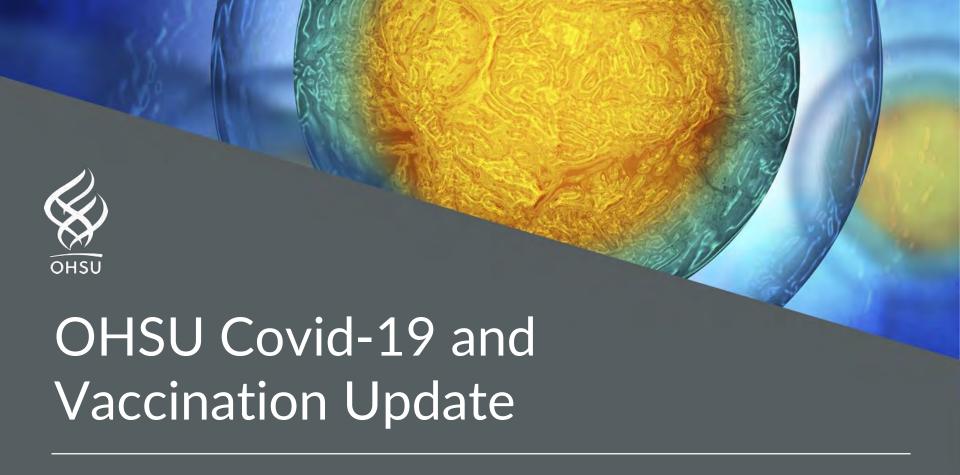
To: OHSU Board

From: Joe E. Ness, SVP & COO, OHSU Healthcare

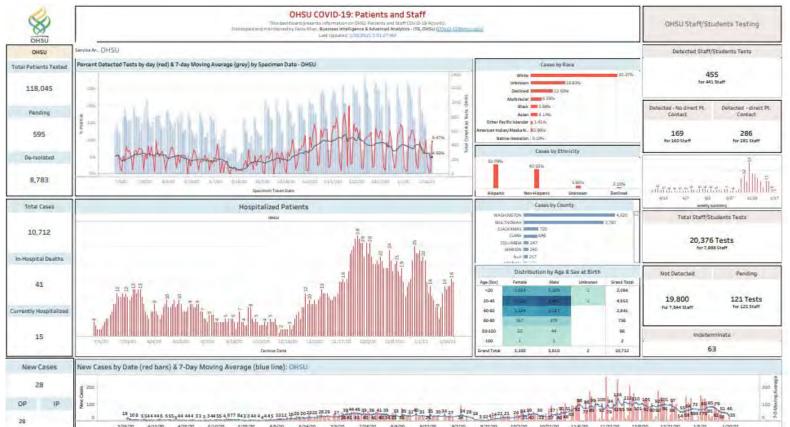
RE: OHSU COVID-19 and Vaccination Update

This update will cover current OHSU Covid-19 patient statistics, forecasting data on what trends we are expecting to experience. Additionally, it will address current vaccination efforts, forecasting, and inventory management, as well as, employee vaccine administration numbers.

OHSU continues to closely monitor the number of cases of COVID-19 in the State, so as to anticipate capacity constraints with respect to ICU beds and ventilators. Thus far, we have managed well in these areas, but understand and are working to plan for additional waves. Our vaccine efforts within the institution, as a Phase 1A employer continue apace and we have begun to aggressively turn our attention to community vaccination efforts

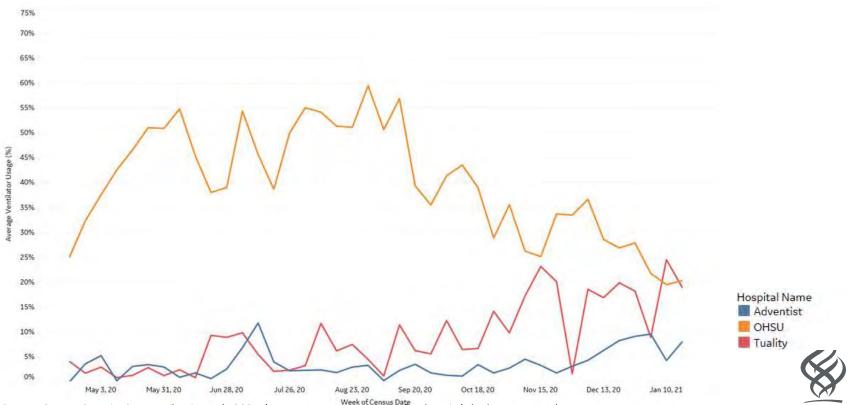


OHSU COVID-19 Patients and Staff





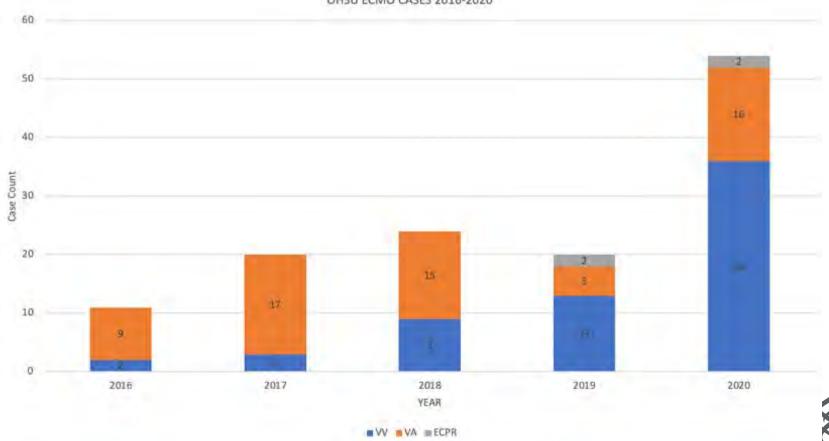
Ventilators in use to treat COVID-19 patients as a percentage of all ventilated patients



Data Source: Oregon Capacity System Tile History (HOSCAP's Vent Inventory and OHSU & Adventist's bed status report)

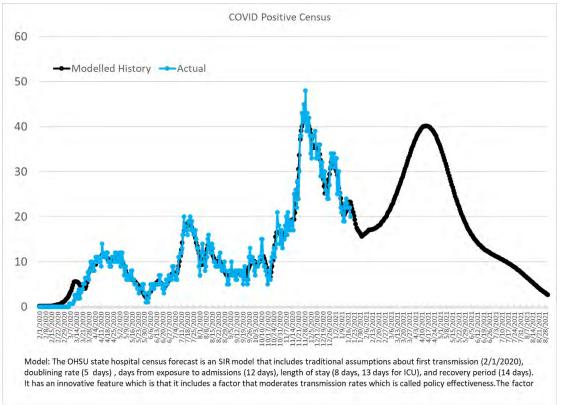
Date Range: 4/24/2020 - 1/20/2021

OHSU ECMO CASES 2016-2020



OHSU Census Forecast

OHSU forecast includes Marquam Hill and Tuality campuses.



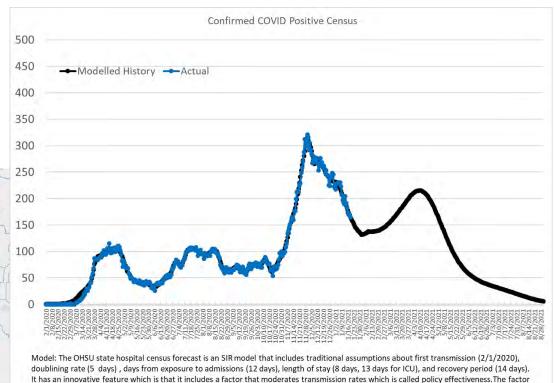


Region 1 Census Forecast

Census shows distinct peak on 11/30 at 316 COVID patients.

Second winter wave expected to start around beginning of new year







COVID-19 Vaccine Inventory (1/19/2021)

Pfizer			
Current as of 1/20/21 at 8:00am	Vials	Doses (5 doses per vial)	Doses (6 doses per vial)
Frozen	1560	7800	9360
Refrigerated*	199	995	1194
Total Quantity On Hand	1759	8795	10554
(Total Received to Date)	5655	28275	33930

Moderna			
Current as of 1/20/21 at 8:00am	I Vials I		
Total Quantity On Hand	934	9340	
(Total Received to Date)	1490	14900	



Employee Vaccine Administration (1/19/2021)

Employee Vaccine Administration Update			
Current as of 1/20/21 at 8:00am	Total Dose Administered on 1/19/2021	Total Dose Administered	
1st Dose	49	16655	
2nd Dose	850	6607	
Total Dose	899	23262	



OHSU HS COVID-19 Vaccination Administration





Vaccine Dose Planning (1/19/2021)

Pf M													
Balance Primary doses (est) as of 1/16/21 400 6080	Week of 1/18					Week of 1/25				Week of 2/1			
Balance Bolus doses (est) as of 1/16/21 6645 800													
total: 7045 6880	Pfizer Mo		Moder	Moderna		Pfizer		Moderna		Pfizer		Moderna	
Balance on hand (at beginning of week) Total:		See Red Box		See Red Box		7338	5260		10188	2830			
	Primary	Bolus	Primary			Primary	Bolus	Primary		Primary		Primary	
Balance on hand (at beginning of week)	400	6645	6080	800		-50			2500	3300	6888		
Estimated allocation Received from State	0	3900	4000	1700		3750	3900	3000	0	0	3900	3000	3000
Employees													
Remote site Students/clinics			-800										
Marquam Hill	-100	-3157				-50	-4400			-50	-4400		
OHSU Patients in 1A and 80+ (starting 2/8) at MPV	-300					-300				-800			
<u>Inpatients</u>	-50					-50				-50			
OHSU Wknd Mobile Vaccine Sites	lel												
Hillsborough Stadium 1/16-17 and bolus			-1563										
Convention Center 1/16-17 and bolus			-1707										
Community Events													
Convention Center													
initial estimated: Wed - Sun at 500-900/day (OHSU)			0					-3000				-1500	
PDX													
initial estimated: Thurs - Sun at 600-900/day			-3000					-2400				-1500	
Site Volunteers			-250					-30				-30	
Balance Remaining at End of Week:	-50	7388	2760	2500		3300	6888	330	2500	2400	6388	300	5500

*Primary dose: 1st dose of vaccine **Bolus does: 2nd dose of vaccine



Thank You



Date: January 19, 2021

To: OHSU Board of Directors

From: Derick Du Vivier, Senior Vice President Diversity, Equity and Inclusion; and Director, Center for Diversity & Inclusion (CDI); Elena Andresen, Executive Vice President & Provost

RE: Education Mission in Making OHSU an Anti-Racist Organization

Memo: The Education Mission contribution to the OHSU 2025 goals toward making OHSU an antiracist organization includes tactics for better data to assess institutional progress; new policies, monitoring, and compliance; investing in BIPOC future and current students, faculty, and education quality; and member training and education to improve OHSU culture goals.

Improving data: The CDI is developing a curriculum uniquely suited for those on admissions committees. We will work to use the data infrastructure developed to track hiring manager participation to also track training participation and use on admission committees.

Recent new policy practices changes include enhanced academic program reviews and reporting that includes tactics toward the OHSU anti-racism goal, a process that is overseen by the OHSU Faculty Senate Academic Program Review (APR) Committee. Secondly, we worked with program representatives to compose a new policy (02-90-055 Composition & Training of Admissions Committees). The Policy mandates member education for unconscious bias and antiracism; improving the representation balance of committee membership; attention to conflict of interest; standing up a pool of trained observers to attend admission committee meetings; and report to OHSU Deans, the CDI, and audit by the Office of the Provost for diversity goals and compliance.

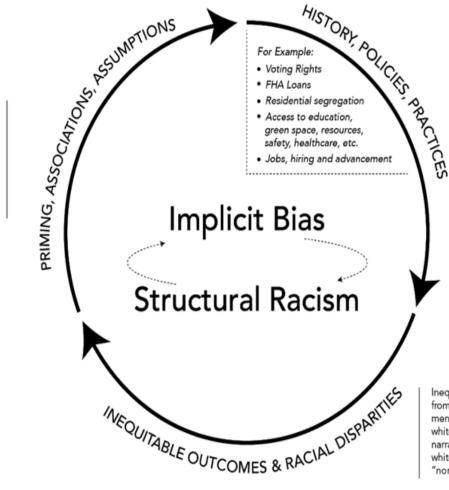
Investments toward improved support for BIPOC students and faculty include increasing the faculty recruitment packages from \$50,000 to \$75,000; collaboration across central Provost Office functions, the Schools, and the OHSU Foundation to launch SPRINT for OHSU students, including building our resources for student food insecurity; and the CDI mini-grant program, in partnership with the Office of Educational Improvement and Innovation, for projects that impact the diversity goals and stimulate and sustain anti-racist behavior at OHSU.

Other accomplishments include:

- CDI partnered with Behavioral & Systems Neuroscience &Biomedical Engineering to develop and implement an admissions process grounded in equity and OHSU anti-racism position.
- CDI continues to maintain and expand support for students as we transition to an anti-racist institution. Most recently, the CDI partnered with the *Latino Unidos Employee Resource Group* and the Office of the Provost to design and implement a virtual bilingual college night. The program was supported by *On Track OHSU!* and featured break-out rooms in Spanish. The CDI continues supporting students, most recently with their support for the establishment of the *Physician Assistant Diversity in Medicine* student interest group as well as the *Society for Advancement of Chicanos/Hispanics and Native Americans in Science (SACNAS)*.
- The Office of the Provost/CDI partnered with the School of Medicine, Employee Resource Groups, and other stakeholders and published an inclusive language guide.



Dominant narratives about race (family, media, society) coupled with racialized structural arrangements and differential outcomes by race all prime us to believe that people of color are inferior to white people, create and maintain harmful associations, and lead us to make harmful assumptions, consciously and unconsciously, about people of color



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



Implicit Bias and Anti-racism Education

- Foundations and Hiring Manager
- Search Advocate Program
- "Stepping In"
- Health Equity Series
- New Curriculum offerings
 - "Anti-racism in the Research Environment"
 - "The Problem with Race-Based Medicine"
 - "Professionalism and Structural Racism"
 - Neurosurgery Grand Rounds
 - "Caring for the Whole Person with Physical Disabilities" https://www.youtube.com/watch?v=5LYElMPluuU



Feedback

- Revealing, and helpful in identifying specific cues that lead to my internal biases.
- I want to say thank you for this excellent meeting and all of your efforts to make it so interactional.
- Thank you very much for this class. This was great, You guys are awesome and doing really important work.
- That is a great way to remember how to address bias. Thank you so much for your time in being here.
- *Awesome presentation, thanks!*
- Very helpful! 5 out of 5 star rating for the training.



Structural Review

State

- Oregon Health Equity Committee
 - Racism is a public health crisis
- Crisis care guidelines
- Covid-19 Vaccine Advisory Committee
- Racial Justice Council
 - Health Equity Subcommittee

Institutional

- Crisis care guidelines
- Campus Safety Review Task Force
- Requests for or Refusal of Healthcare Professionals or Other Personnel with Specific Characteristics
- Health Disparities Data Hub
- REALD (Race, Ethnicity, Language, Disability) data collection



CDI

- Ongoing SIG and ERG support
- Diversity Advisory Council (DAC) expansion
- Anti-racism news update
- Black History Month planning





Path Towards Anti-Racism: Education

Our work is linked to OHSU 2025 goals

- Diversity, Equity, & Inclusion Task Force
- Center for Diversity & Inclusion (CDI)

New Policies & Practice

- Academic Program Reviews (OHSU Faculty Senate)
- New Policy 02-90-055 Composition & Training of Admissions Committees. Requires member training, balance of members, COI oversight, trained observer pool, reporting, & audit

Improving Data

CDI developing curricula & compliance data system



Path Towards Anti-Racism: Education

Strategic Investments in Cautious Economic Times

- Increase in Office of the Provost URM Faculty recruitment package to \$75,000
- Across Campus, OHSU Foundation Sprint for Students Campaign
- Student Food Insecurity funds
- CDI mini-grants with the Office of Educational Improvement & Innovation. Projects that impact the diversity goals, stimulate & sustain anti-racist behavior at OHSU



Path Towards Anti-Racism: Education

Other Recent Accomplishments

- CDI support of admissions processes with Behavioral Neuroscience & Biomedical Engineering
- CDI & Latino Unidos Employee Resource Group & On Track OHSU! conducted a virtual College Night
- New remote-mentoring training for faculty
- New student interest group Physician Assistant Diversity Medicine
- Support for Society for Advancement of Chicanos/Hispanics
 & Native Americans in Science
- Inclusive language guide for members (December 2020)





Date: 1.28.21

To: OHSU Board of Directors

From: Dr. Renee Edwards, Human Resources and the COVID-19 Wellness Task Force

RE: OHSU Member COVID-19 Wellness

Memo: This presentation will focus on capturing wellness efforts featuring the work of the OHSU Human Resources Department and the COVID-19 Wellness Task Force. Our objectives are to feature major accomplishments and programs starting in January 2018 along with newly created and magnified efforts from March 2020 until the present to address community wellness needs during COVID-19.

In Summary, we:

- 1) Highlight the Spark Employee Wellness Program launched by Human Resources in January 2018 and the benefits expanded throughout COVID-19 to address member needs
- 2) Created a COVID-19 Wellness Taskforce to address the acute and long-term needs of OHSU members during the pandemic
- 3) Developed a website dedicated to wellness resources, psychological support, and essential needs for all OHSU members
- 4) Identified basic needs in the acute phases of COVID-19 such as the need for respite spaces, nutrition, wellness communication and Q&A
- 5) Created a Pulse survey to be administered intermittently to understand the present and evolving wellness status of our OHSU community
- 6) Secured funding for COVID-19 wellness resources from SAIF Corporation
- 7) Created the Psychological Resilience for Team Leaders Consult Service
- 8) Are looking ahead to the on-going wellness needs of the OHSU community

Acronyms:

BIPOC – Black, Indigenous, and People of Color LGBTQ – lesbian, gay, bisexual, transgender, queer CWTF – COVID Wellness Task Force EOC – Emergency Operations Center NAM – National Academy of Medicine



DATE: January 28, 2021 Present by: Renee Edwards, Chief Wellness Officer, OHSU Health,
Human Resources and the COVID-19 Wellness Taskforce



Employee Wellness at OHSU

Spark:

- Launched through Human Resources Department in January 2018 for all benefit eligible employees
- Curated services and programs to support employee needs

Student Health & Wellness Center

Resident and Faculty Wellness Program



SPARK: Employee Wellness at OHSU

Employee Assistance Program

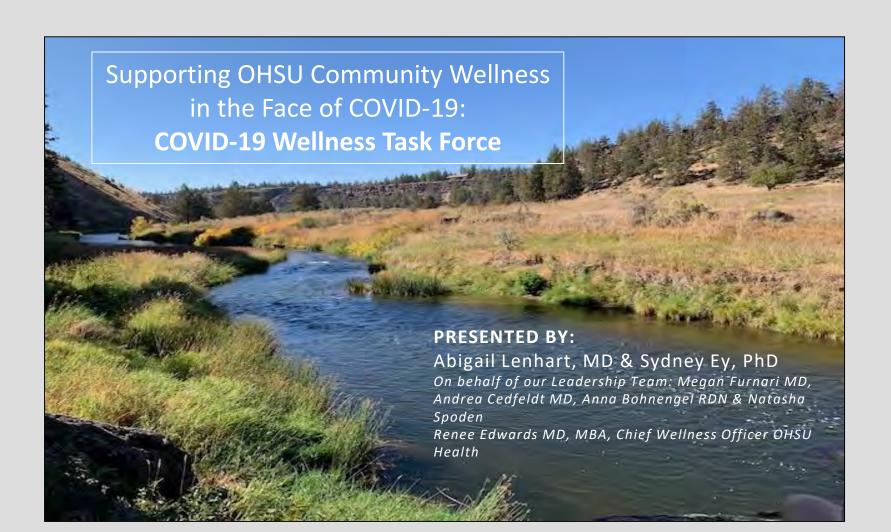
- ~20% participation rate compared to ~5% national benchmark
- Services curated for unique needs of various groups: faculty & clinicians, animal-caregivers, BIPOC, LGBTQ+
 - Counseling
 - Financial counseling
 - Legal consultation
 - Home ownership program

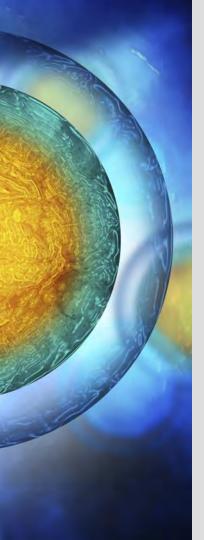


Spark: Employee Wellness at OHSU

• Salad Program: ~3,000 employees claim their free salads each month

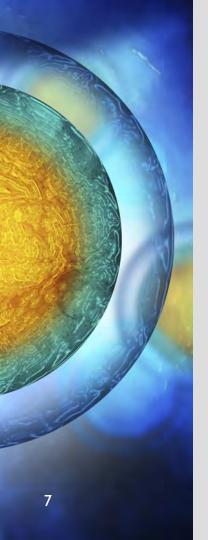
- Free enrollment in Health Enhancement Programs:
 - Mindfulness-Based Stress Reduction
 - Behavior Change for Weight-Loss
 - Diabetes Prevention Program
 - Health Coaching
 - Medical Exercise Program
- ~100 Wellness Champions





HR: Member <u>Flexibility</u> support in response to COVID-19

- Provided additional <u>schedule flexibility</u> to allow employees to provide childcare and maintain income
- Allowance for employees to take a <u>temporary layoff or</u> <u>FTE reduction</u>, while maintaining health benefits
- Waiver of vacation <u>accrual limitations</u>, so no employee would stop accruing time off

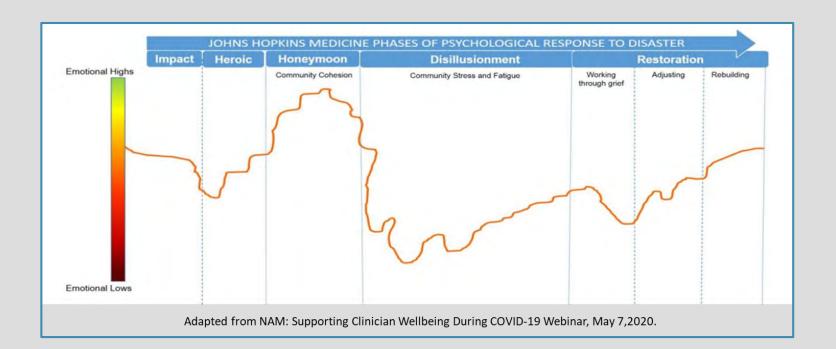


HR: Member <u>Financial</u> Support in response to COVID-19

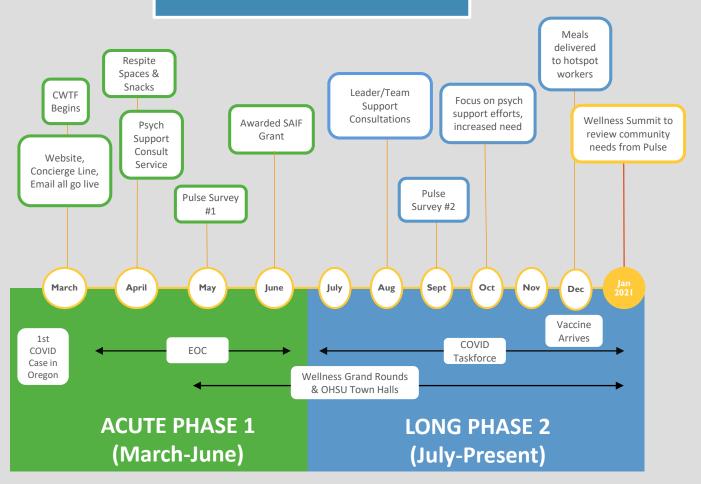
- <u>Paid leave</u> March 16 June 30 for all employees who could not work due to Modified Operations
- Additional 112 hours of sick leave available to all employees, 80 of which can be used before an employee's own leave
- \$1M COVID <u>Hardship Fund</u> based on need
- \$7.5M <u>Childcare Stipend</u>, to allow parents to the ability to work based on household income/work status

COVID
WELLNESS
TASK FORCE
MISSION:

 To provide expertise and resources to support the well-being of the OHSU community during all phases of the COVID-19 pandemic



HIGHLIGHTS:



PULSE SURVEY: THE WHY

Purpose: Measure OHSU members' psychological health, wellbeing and work experiences during COVID response. Inform and evaluate the resources offered to the OHSU community.

The Why?

- Best Practice as outlined by national burnout and wellbeing experts (Shanafelt et al, 2020)
- COVID is a unique crisis/trauma unlike any we have faced in our lifetime
- Impact is different across communities/the nation
- Allowed for rapid roll out of support for our community

SUMMARY OF FINDINGS:

- 68% of our community is at higher risk for poor quality of life, burnout and suicidal ideation
- Working parents, women, BIPOC members report higher levels of psychological distress
- In general, respondents felt OHSU and units have been responsive to safety concerns
- Work to Family conflict/ Family to Work
 Conflict was higher in Sept than in May
- Higher proportion of respondents are accessing OHSU Wellbeing resource (counseling, website, peer support)

THE WHY:



"There isn't a manual at OHSU on how to lead in the midst of a pandemic!"

"Having the Psych Resilience Consult team work with our leaders was the calm in the storm"

PSYCHOLOGICAL RESILIENCE FOR TEAM LEADERS CONSULT SERVICE

Objective: Support unit/dept leaders in promoting the psychological resilience of their employees and to be a source of support/consultation for leaders

Services:

- Individual, confidential consultation with leaders
- Facilitation of virtual supportive listening sessions with small groups of leaders (6-8 participants)
- Interactive workshops on evidence-based resilience strategies and wellness resources (larger groups)

Utilization: 39 teams/leaders & 77 total (consults, listening sessions & workshops)

Outcomes: 86% of participants *somewhat to strongly agree* that they felt emotionally supported as 13 a leader and 84% would be *likely or very likely* to recommend this consult service to other leaders.

THEMES FROM LISTENING SESSIONS

- Difficulty staying connected in teams (remote and in person)
- Exhaustion from change and "rollercoaster" of challenging events
- Need for flexibility to address changes in nature of work, staff shortages, fewer community resources, greater need by patients
- Noticing signs of hope (vaccine), posttraumatic growth, strengths emerging
- Shifting to a more sustainable pace, leaders' attention to wellbeing of self and others



Wellness at OHSU: From COVID through on-going need

January Wellness Summit: Discussion with key stake holders on major current themes -

- Support for parents/care givers
- Support for teams
- Burnout-out and stress

Continued focus on the psychological health of our community

- Psychological Resilience Consult Service
- COVID-19 Wellness Website
- Suicide prevention
- Employee Assistance Program
- Student, Faculty and Resident Wellness Programs

Supports required for the recovery phase and beyond COVID-19
Coordination of wellness and employee engagement programming





Date: January 28, 2021

To: OHSU Board of Directors

From: OHSU Campus Safety Review Task Force co-chairs Dana Bjarnason, Ph.D., R.N., NE-BC and Alisha Moreland-Capuia, M.D.

RE: OHSU Campus Safety Review Task Force Update

Memo: The following update includes information on the OHSU Campus Safety Review Task Force processes, including with respect to community input, decision-making, confirmation of a timeline and other relevant materials

INTRODUCTION

In November 2020, OHSU President Danny Jacobs charged a task force to conduct a review of the OHSU Department of Public Safety. The language of the charge preamble, excerpted below, established the context:

"The nation has risen to demand changes in the way law enforcement services are delivered to our communities. The OHSU Department of Public Safety is a leader in best practices, but periodic input, review and oversight of the department is essential to maintaining that advantage and to ensure that these practices reflect and advance evolving models for anti-racist policing and safety.

The OHSU Campus Safety Review Task Force (OCSRTF), created by OHSU President Jacobs, will evaluate OHSU Department of Public Safety operations, procedures, use of force, services and structure to ensure they align with OHSU's missions and values, and follow procedurally just and equitable practices in public safety."

In the charge, the task force was asked to complete work on two items, reporting to the OHSU President and the OHSU Board of Directors, giving equal consideration to each item:

1. An evaluation of the current "state" of the Department of Public Safety with the metrics for that evaluation identified and defined.

Is the department doing well against these defined metrics? How could the department be improved?

2. What, if any, changes to the structure of the Department of Public Safety or legal status and authority of the police officers, or to the functions, procedures, policies or practices of the department, would ensure just and equitable practices within the Department of Public Safety and best ensure safety at OHSU?

What are the functional benefits and functional challenges of each identified option?

The task force was additionally charged with two deliverables, described below:

 A final report from the task force to be provided to the President and the Board by April 21, 2021. The final report will include "recommendations responsive to the charge as well potential plans for implementation of the recommendations." An update, submitted on or before January 28, to provide "information on the OCSRTF processes, including for community input, decision-making, confirmation of a timeline and other materials the task force deems relevant."

This document fulfills the January 28 "update" deliverable cited above.

The complete text of the charge to the OHSU Campus Safety Review Task Force is provided in the attachments.

ALIGNMENT WITH OHSU ANTI-RACISM GOALS

"I'm pleased to see that this task force is undertaking its charge, training and its responsibilities in a deliberate fashion that embraces anti-racism as a core tenet." President Danny Jacobs

Policing in the United States and systemic racism are historically intertwined. Today's growing national mandate for a re-evaluation and re-imagining of policing practices, along with the assumptions underlying policies, training and funding models, is a complex but potentially transformational moment.

However, the promise of this moment also requires an acknowledgement of the need to build and re-build trust among all stakeholders. Consequently, the task force is committed to centering its work in full transparency.

Further, as part of OHSU's continued movement toward becoming an anti-racist institution, the methods underlying the task force work must themselves be aligned with and reflect OHSU's goal to become an anti-racist institution.

The effort undertaken to populate the task force, articulate the charge, develop processes and establish a common foundation of theory and facts among task force members has been—and will continue to be—guided by and grounded in this twin commitment to transparency and anti-racism. This commitment is demonstrated in every aspect of the work, as described in subsequent sections.

TASK FORCE MEMBER NOMINATIONS PROCESS AND FINAL ROSTER

"We're grateful that people from within OHSU and external to the organization have agreed to serve on this task force. And because we've placed transparency at the heart of this review, we also want OHSU members to understand the process by which nominations were made." Dana Bjarnason, Ph.D., R.N., NE-BC, task force co-chair

Task force recruitment was overseen by Connie Seeley, OHSU Executive Vice President, Chief Administrative Officer and Chief of Staff to the President, relying on input and guidance from representatives of the Center for Diversity and Inclusion; Human Resources; Legal Affairs; Public Affairs; Campus Operations; and Government Relations.

The overarching goal of the selection group was to ensure that the task force was populated with individuals who collectively would have the requisite expertise, lived experience and perspective to fulfill its charge.

Recognizing the value of guidance on anti-racism methods, the selection group consulted with Alisha Moreland-Capuia, M.D., an expert in trauma-informed systems change, the former Director of the OHSU Avel Gordly Center for Healing, and a member of the psychiatry faculty of both Harvard Medical School and OHSU. The selection group also sought input from the OHSU Anti-Racism Task Force led by Derick Du Vivier, M.D., MBA, OHSU Senior Vice President of Diversity, Equity and Inclusion.

The first task of the selection group was to nominate co-chairs, so that they in turn could be part of the process of identifying members for the full task force. Nominations for the co-chair roles were sought from leaders and stakeholders across the university.

Based on this input, the selection committee invited Dana Bjarnason, Ph.D., R.N., NE-BC, OHSU Vice President and Chief Nursing Executive, to serve as co-chair. Bjarnason is a nationally recognized nursing leader with deep experience in collaborative leadership.

Dr. Alisha Moreland-Capuia was invited to continue to provide expertise and leadership to the task force by also serving as co-chair.

Biographical information for Drs. Bjarnason and Moreland-Capuia is provided in the attachments.

The selection group and the co-chairs developed and relied on twelve guidelines to inform the nomination process for the full task force. The task force should:

- 1. Be composed largely of OHSU members—to the extent the needed expertise and experience are present institutionally—given the internal focus of the charge.
- 2. Include at least one external community member and one Oregon legislator.
- 3. Reserve two positions for OHSU members who self-nominate to be ultimately selected by President Jacobs.
- 4. Provide some degree of continuity with the 2008 Critical Incident Readiness Task Force.
- 5. Include one or more OHSU member with significant institutional knowledge.
- 6. Be representative of all mission areas and most, if not all, OHSU member categories—students, faculty, staff, and others—representing an array of perspectives, skills and lived experience.
- 7. Include representatives from employee resource groups that represent people of color.

- 8. Include members who bring experience or expertise in anti-racist, equity and inclusion activism.
- 9. Include representatives from OHSU constituencies whose professional roles bring them into contact with OHSU police such as psychiatry, social work, patient relations and emergency medicine.
- 10. Include people who have experience with or knowledge of police, law enforcement and/or the criminal justice system.
- 11. Represent people and/or include an OHSU member whose lived experience includes negative interactions with the police (at OHSU or elsewhere).
- 12. Be racially, ethnically, economically and age-diverse.

In some instances, the selection group delegated the task force member nomination to individual OHSU units. For example, task force nominations from ten employee resource groups, the Faculty Senate, the Student Council and the Anti-Racism Task Force were made internally by those groups.

In other cases, invitations were extended to OHSU leaders who represented specific constituencies or those with particular expertise or experience that would be beneficial, as articulated in the twelve guidelines.

The selection process also included an open-call for self-nominations across OHSU. Sixty-seven applications from many different OHSU units were submitted for the two self-nominated positions. After a review of the applications, the two at-large members were chosen by the co-chairs and selection group with the twelve guidelines in mind, and a desire to enrich the perspectives considered by the task force.

The OHSU Campus Safety Review Task Force is comprised of 33 people—31 are OHSU members. The two members external to OHSU are: Michael Alexander, past president and CEO of the Urban League of Portland, and Lisa Reynolds, M.D., an Oregon legislator representing House District 36 in Portland.

The full roster including affiliations is provided in the attachments.

"Not only is this public safety review vitally important work, this task force membership is one of the most diverse and multi-disciplinary groups I've ever been part of at OHSU. And I've been part of OHSU for almost four decades." Jonathan Jui, M.D., professor of emergency medicine and at-large task force member

MEETINGS, PUBLIC TESTIMONY AND WEBSITE

"We are pleased with the task force membership and eager now to make progress on the charge from President Jacobs. This is vitally important work and I know everyone on the task force is ready to contribute." Alisha Moreland-Capuia. M.D., task force cochair The OCSRTF began its work with an inaugural meeting on January 11, 2021. The meetings are held every other Monday in January and February. Beginning in March, the task force will meet once a month until the work is complete. The task force meetings are from 11 a.m. to 12:30 p.m.

The task force meetings are held via Webex, OHSU's online video platform. In keeping with the commitment to transparency, task force meetings are livestreamed and open for all OHSU members to attend in real-time. The meetings are also recorded and archived for individuals to view who are unable to participate in real-time.

While OHSU members are muted during task force meetings, there will be future opportunities to provide public testimony to the task force. The timing and structure of that public testimony will be determined by the task force at a later date.

A dedicated website on the OHSU intranet O2 platform was developed and regularly updated. This website serves as a centralized repository for information about the task force work, including the charge, background information, roster, recordings, meeting agendas and more. For ease of communications, the task force also has established a dedicated email: OCSRTF@ohsu.edu.

ESTABLISHING A COMMON FOUNDATION

"To be effective, our department must be unique, we know that, because we serve a unique community. I want to assure this task force that our department is engaged in this review process without reservation. We want the people of OHSU to always trust us and be proud to work with us." OHSU Chief of Police Heath Kula in opening remarks to the task force

Key to devising the recommendations stipulated in the charge is establishing a common knowledge base and vocabulary among task force members about aligning the review with the institution's anti-racism goals and about the OHSU Department of Public Safety—its history, structure, policies and more.

The first undertaking of the task force was to address the effort to align with OHSU's anti-racism agenda. To support this, the task force members participated in a four-hour interactive workshop facilitated by Dr. Moreland-Capuia.

Completed on December 14, 2020, the first part of the workshop explored the neurobiology of fear and racism as a form of trauma. This helped establish the groundwork for a unified working definition of what it means to be trauma-informed. The second half of the workshop explored fear-on-fear interactions, trauma exposure responses and how a trauma-informed approach can be applied to support people and systems healing. The overarching goal of this workshop was to

set a firm foundation for the work of this task force because anti-racism work must be built on a trauma-informed foundation.

Task force members completed pre- and post-training surveys to measure the impact of the workshop. An evaluation of this data showed there was statistically significant post- versus pre-training increases in knowledge of trauma, trauma-informed practices and confidence in employing trauma-informed systems change methods.

With this training complete, the co-chairs opened the task force work with the inaugural meeting on January 11, 2021, with an agenda focused on learning about the OHSU Department of Public Safety.

OHSU Department of Public Safety Lieutenant Sam Habibi, an officer in the department since 2005, presented an overview to the task force. His presentation first set the context of OHSU's unique public safety and security setting, summarized below:

OHSU is among the largest employers in Oregon, with about 18,200 people working in geographically-dispersed locations, including Marquam Hill, the South Waterfront, the West Campus and others. Altogether, OHSU occupies more than 7.9 million square feet on about 400 acres.

Last year, OHSU provided health care to approximately 71,000 children and 230,000 adults in its hospitals and clinics, across a breadth of disciplines including trauma, emergency, mental illness, and seriously ill children and adults. At any given moment, patients and visitors at OHSU facilities may be facing acute health crises or other highly stressful situations.

Nearly 5,000 students are enrolled in OHSU education programs. The university is home to hundreds of research labs and programs—including the Oregon National Primate Research Center, one of only seven such facilities in the U.S.

More recently, with the arrival of COVID-19, the means by which OHSU meets its missions of health care, education, research and community outreach are evolving. To an unknown degree, this will impact the future safety and security needs of the university.

Lieutenant Habibi noted that a security presence on the OHSU campus has existed for decades and was first called the Security and Parking Division when OHSU, previously known as the University of Oregon Medical School, was created around 1970. However, it wasn't until the 1990s that the Department of Public Safety was formally recognized as an OHSU organizational entity.

The presentation then provided a historical chronology of the department, sharing information on the evolving security needs of the campus, in part associated with OHSU's significant growth in size and expansion to the South Waterfront. He described the formation of the 2008 Critical Incident Readiness Task Force charged by then-President Joe Robertson to evaluate the campus's ability to respond to an active shooter event.

This 2008 Task Force recommended that OHSU develop a state-certified armed campus police force. Lieutenant Habibi shared information about the multi-year process to develop hiring, training and best practices for this police force that would meet the unique needs of OHSU's health care, research and education setting. This process included the involvement of experts in mental health, patient care, community advocates and others.

The presentation concluded with information on current department staffing levels, frequency and type of dispatch calls, types of threats, officer use of force and other pertinent data. The lieutenant also provided information about the OHSU Threat Assessment Team overseen by the department and the OHSU Critical Incident Committee, which provides department oversight.

The task force was highly engaged in the presentation and during the subsequent discussion developed a list of additional data needed to inform next steps. Among other requests, this included data describing the circumstances under which OHSU departments and units request assistance from Department of Public Safety officers, a categorizing of calls to the department made for patient concerns specifically, and what training is involved in determining how/when staff make calls to Public Safety.

The 2008 Critical Incident Readiness Task Force report and Lieutenant Habibi's presentation are provided in the attachments.

TASK FORCE DECISION-MAKING PROCESS

A key tenet of trauma-informed systems evaluation is collaboration and a commitment to ensuring that all voices are heard. Translating this into a process for decision-making that leads to the recommendations stipulated in the charge will require, thus, the input of the task force itself. This topic of decision-making will be an upcoming agenda item.

NEXT STEPS

Next steps will focus on a broadening of foundational knowledge, including a review and discussion of existing policies of the Department of Public Safety. Co-chair Dr. Moreland-Capuia has completed a preliminary review of the department's policies as the first step in developing a strategy to complete this policy review work within the task force.

From this, the task force will consider the department's policies relative to information about best and novel practices that re-imagine public safety and policing from multiple sources and expertise, both within and external to OHSU. From this cumulative information and discussion, the task force will develop recommendations responsive to the charge and supportive of Department of Public Safety's ongoing stated commitment to be a national leader in best practices.

In addition, the co-chairs will seek opportunities to coordinate and highlight points of convergence between recommendations emerging from the OHSU Anti-Racism Task Force and the OCSRTF.

ATTACHMENTS

- 1. OHSU Public Safety Review Task Force charge
- 2. <u>Biographical overview of OCSRTF co-chairs</u>
- 3. OHSU Public Safety Review Task Force roster with affiliations
- 4. Report from the 2008 Critical Incident Readiness Task Force
- 5. January 11, 2021 Presentation to the OCSRTF from Department of Public Safety Lieutenant Sam Habibi



OHSU Campus Safety Review Task Force

Charter

November 2020

Introduction

The singular objective of the OHSU Department of Public Safety is to support OHSU's mission of enhancing the health and well-being of all Oregonians by providing a safe and secure environment for OHSU patients, visitors, employees and students through the delivery of law enforcement and public safety services in our unique academic health setting.

The nation has risen to demand changes in the way law enforcement services are delivered to our communities. The OHSU Department of Public Safety is a leader in best practices, but periodic input, review and oversight of the department is essential to maintaining that advantage and to ensure that these practices reflect and advance evolving models for anti-racist policing and safety.

The OHSU Campus Safety Review Task Force (OCSRTF), created by OHSU President Jacobs, will evaluate OHSU Department of Public Safety operations, procedures, use of force, services and structure to ensure they align with OHSU's missions and values, and follow procedurally just and equitable practices in public safety.

The OCSRTF is part of OHSU's continued movement towards becoming an anti-racist institution. The methods of this task force itself will be aligned with and reflect OHSU's goal in this regard. To this end, in addition to relying on the expertise and lived experience of key task force members, the OCSRTF will be guided by Alisha Moreland-Capuia, M.D., an expert in trauma-informed systems change, who will serve as co-chair. Further, the OCSRTF will seek input from a diverse cross-section of the OHSU community, welcoming meaningful and significant representation of perspectives from members of color.

Task Force Charge

The OCSRTF will report to the OHSU President and the OHSU Board of Directors on the following two items, giving equal consideration to each:

1. An evaluation of the current "state" of the Department of Public Safety with the metrics for that evaluation identified and defined.

Is the department doing well against these defined metrics? How could the department be improved?

2. What, if any, changes to the structure of the Department of Public Safety or legal status and authority of the police officers, or to the functions, procedures, policies or practices of the department, would ensure just and equitable practices within the Department of Public Safety and best ensure safety at OHSU?

What are the functional benefits and functional challenges of each identified option?

In considering these items, the task force will have access to any and all information it deems pertinent, including data describing arrests, use of force and other information, disaggregated by race.

Timeline and Deliverables

The OCSRTF will provide an update to the OHSU President and the OHSU Board of Directors no later than the January 28, 2021 meeting of the board of directors. The update will provide information on the OCSRTF processes, including for community input, decision-making, confirmation of a timeline and other materials the task force deems relevant.

A final report will be issued to the OHSU President and the OHSU Board of Directors no later than the April 16, 2021 meeting of the board of directors. The final report will include recommendations responsive to the charge as well potential plans for implementation of the recommendations.

Meetings

Meetings will be scheduled by the task force co-chairs as necessary to complete the objectives outlined in the charge. The task force will also develop a process for OHSU member involvement in these meetings, both as observers and to provide feedback. As determined and charged by the task force, committees may be formed to meet specific objectives. In order to complete their work, these committees may meet more frequently or at different times than the full task force.

More Information

Information about the membership of the OCSRTF, the process for member selection, background information on the Department of Public Safety, avenues for OHSU members to learn more about this initiative, how to keep informed and how and to participate are available on the internal O2 OHSU Campus Safety Review Task Force website.

Alisha Moreland-Capuia, M.D.



A member of the faculty of psychiatry at Harvard Medical School and the OHSU School of Medicine, Dr. Moreland-Capuia is an expert in trauma-informed systems change, and has interacted with numerous and varied aspects of the criminal justice system.

Dr. Moreland-Capuia is currently establishing an institute for trauma-informed systems change at McLean Hospital-Harvard Medical School.

An Oregon native, Dr. Moreland-Capuia has deep roots in and knowledge of Portland and

OHSU. Dr. Moreland-Capuia was formerly the executive director of the OHSU Avel Gordly Center for Healing, a Portland-based practice focused on culturally responsive and trauma-informed care for the Black community.

Dr. Moreland-Capuia served on the Portland Community Oversight Advisory Board, charged with monitoring the implementation of the City of Portland's settlement agreement with the U.S. Department of Justice to enact reform to Portland Police Bureau (PPB) policies and training. She has partnered with the Federal Judicial Center and the National Judicial College to provide training for federal judges and probation officers and state supreme court judges. Dr. Moreland-Capuia has also assisted with policy and training with the Multnomah County District Attorney's office over the span of three elected district attorneys as well as extensively with Portland's judiciary. She has trained the Multnomah County Probation Office and other Oregon law enforcement agencies and personnel, and U.S. senators and staffers in applying a trauma-informed lens to policies and legislation. She is currently training U.S. Probation and Pretrial Service District Offices to facilitate trauma-informed change in presentencing and sentencing guidelines and post-prison supervision.

While in residency training at OHSU, Dr. Moreland-Capuia built Healing Hurt People-Portland (HHP), a trauma-informed, hospital-based, community-focused youth violence prevention program. Her trauma-informed efforts have a global reach; she works in Angola, Africa at her family clinic Centro Medico Bom Samaritano and is the co-founder of The Capuia Foundation. Additionally, she is partnering with EPIONE in Scotland for global trauma-informed change.

Education & Training:

Degrees:

2002 B.S. in Biological Sciences, Stanford University 2007 M.D., George Washington University School of Medicine and Health Sciences

Residency:

2009-2013 Residency in General Psychiatry, Oregon Health & Science University

Fellowship:

2013-2014 Addiction Psychiatry Fellowship, Oregon Health & Science University and Portland VA Hospital

Board Certifications:

2013 Psychiatry, American Board of Psychiatry and Neurology 2016 Addiction Psychiatry, American Board of Psychiatry and Neurology 2020 Medical License, Board of Registration in Medicine, Commonwealth of Massachusetts





Dana Bjarnason, PhD, RN, NE-BCVice President & Chief Nursing Executive, OHSU Health
Associate Dean, Clinical Affairs, OHSU School of Nursing

Dr. Bjarnason has served as the chief nursing executive for OHSU Health and as the associate dean for clinical affairs at the OHSU school of nursing since 2014. An ongoing commitment throughout her career has been to work with nurses and other members of the healthcare team to create environments that enhance the safety and quality of patient care. She is active in a number of professional organizations including

the American Organization for Nursing Leadership, the Northwest Organization of Nursing Leaders and the Oregon Association of Hospitals and Health Systems where she serves as chair of the quality committee.

In a volunteer capacity, she serves as president of Southwest Washington and Portland branch of the American Heart Association, as a board member of Nordic Northwest and as an advisor to the University of Portland School of Nursing. She was recently elected to the executive committee of the UTMB Graduate School of Biomedical Sciences Alumni and last year a named award was established in her honor by the Beta Psi chapter of Sigma, a nursing honor society. For many years she has served as the ethics advisor for the data safety management board of STRONG STAR, reviewing research about post-traumatic stress disorder in the armed services. Dr. Bjarnason regularly presents at the local, state and national level and has authored and edited peer-reviewed articles for professional journals. Her scholarly interests include courage, moral leadership, professional practice, and resilience.



OHSU Campus Safety Review Task Force Membership List

Mambau Nama	Denverented Denoutree at au Custin
Member Name	Represented Department or Group
Alisha Moreland-Capuia, MD Affiliate Associate Professor, Psychiatry and	Facilitator and Co-Chair
Consultant	
Dana Bjarnason, PhD, RN, NE-BC	Co-Chair
VP/Chief Nursing Executive	Co Chair
Michael Alexander, MSS	Community Member
President of the Urban League of Portland (Retired)	
Elena Andresen, PhD	Office of the Provost
EVP & Provost	
Peter Barr-Gillespie, PhD	Research Department
EVP & Chief Research Officer	·
Amela Blekic, MD	Member-At-Large
Associate Professor, SM.PSYCH Inpatient	
Pam Brown, RN, PhD	Healthcare Quality Management
Manager, Patient Safety	
Alice Cuprill-Comas, JD	Legal Department
EVP and General Council	
Derick Du Vivier, MD, MBA	Center for Diversity, Equity and
SVP, Diversity, Equity & Inclusion	Inclusion
Dana Ghazi	Anti-Racism Task Force and Middle
Bicultural Qualified Mental Health Professional	Eastern Employee Resource Group
Phil Gordon	Latinos Unidos Organization Employee
Sr. Project Manager, Hospital Administration	Resource Group
Sam Habibi	Public Safety
Operations Lieutenant	leteresticas I Francisco December Comm
Raphaela Haessler	International Employee Resource Group
Executive Specialist, Knight Leukemia Center	West Compus
Nancy Haigwood, PhD Director, Oregon National Primate Research Center	West Campus
Daniel Haupt, MD	Department of Psychiatry
Volunteer	Department of Psychiatry
Anne Horgan	Social Work - Healthcare Management
Social Work Supervisor	Jocial Work - Healthcare Management
lan Jaquiss	Veterans Employee Resource Group
Interim ADA Coordinator, AAEO	Veterans Employee Resource Group
Megan Jones	Black Employee Resource Group
Program Technician, School of Nursing	Diagn Employee Resource Group
Jonathan Jui, MD, MPH, FACEP	Member-At-Large
Professor, SM.EMED Emergency Medicine	1 101111201 7 10 241 80
Adreana Kusaba	Women's Employee Resource Group
Administrative Coordinator, Department of Surgery	p,
Amanda Macy MBA, CHESP, CMIP	OHSU Pride Employee Resource Group
Director, Environmental Services	

Revised: 1/11/21



OHSU Campus Safety Review Task Force Membership List

Member Name	Represented Department or Group
Greg Moawad, JD, MBA	Human Resources
Interim VP for HR	
Sarah Owens	OHSU Student Council
MD Candidate 2020	
Scott Page	Campus Services Department
Chief OHSU Operations	
Lisa Reynolds, MD	State Legislator
Representative-elect, House District 36	
Jane Russell, MSN, NE-BC, BA	Doernbechers Children's Hospital
Chief Nursing Officer	Nursing Admin
Holden Sanders	Ability Resource Employee Resource
Research Audiologist	Group
Helen Schuckers, MPH	Asian Pacific Islander Employee
Research Associate, OIOHS	Resource Group
Violet Trammel	Public Safety
Police Officer	
Lawrence Williams	OHSU Faculty Senate
Educational Technology Specialist	
Judi Workman	Emergency Department
Associate Chief Nursing Officer, ICU/IMC Services	
Susan Yoder RN, BSN	Patient Relations Department
Director, Patient Relations	

Staff Name	Role
Ellie Boggs	Government Relations
Susanne Bolotow	Administrative Support
Heath Kula	Director of Public Safety
Krista Klinkhammer	Communications
Kathleen McFall	Communications
Michelle Schleich	Project Management Support

Revised: 1/11/21

GINNY BURDICK
State Senator
DISTRICT 18
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OREGON STATE SENATE

December 3, 2008

Dr. Robertson,

I am pleased to share with you the final report and recommendations of the Critical Incident Readiness Task Force. You charged the members of the task force to answer a pair of challenging questions: Is the existing police response to an active shooting incident at an OHSU facility adequate? If not, what changes should be made to improve that response? After three months of work and four productive meetings of the task force, we feel we have answers to your questions.

This report gives you a full explanation of the process we went through to reach these recommendations, the feedback we received and the reasoning behind our decisions. It also includes several attachments providing more in-depth information about certain topics of interest, including information about the involvement of the mental health community.

I respect your dedication to continuing to provide a safe environment for your employees, students, patients and visitors. The task force members and I realize this is a difficult issue for any organization to consider and that these recommendations do not represent a final decision for OHSU's future. Regardless of the decision you make, strong leadership and communication skills will be required to make the OHSU campus as safe as possible.

I speak on behalf of all the task force members when I say thank you for asking us to be a part of this process. We appreciate your acknowledgement that this is a sensitive issue affecting many individuals and groups beyond the confines of OHSU. Your decision to convene a public task force shows your commitment to making OHSU a transparent institution and a good community partner. We wish you the best of luck as you move forward with this process.

Sincerely,

Senator Ginny Burdick

Chair, Critical Incident Readiness Task Force

Critical Incident Readiness Task Force Recommendations Executive Summary

Situation

Like most universities across the country, Oregon Health & Science University began reviewing its critical incident readiness following the campus shootings at Virginia Tech and Northern Illinois University. After a thorough internal analysis of OHSU public safety officers' authorities, training and equipment, OHSU president Joe Robertson, M.D., M.B.A., decided to form a public task force to consider whether additional steps were necessary to ensure the continued safety of the OHSU community. The Critical Incident Readiness Task Force was specifically asked to review the readiness to respond to a critical incident, including an active shooter, at OHSU facilities on Marquam Hill, South Waterfront and West Campus in Hillsboro.

Task Force Organization

The task force includes local law enforcement and government representatives, Portland-area residents, OHSU employees and other stakeholders. The task force met four times during fall 2008. These meetings included:

- August 26: organizational meeting.
- September 26: meeting to receive testimony from technical experts.
- October 23: meeting to receive testimony from the public.
- November 6: work session.

Recommendations

It is the majority opinion of the task force that the following recommendations be implemented by OHSU to improve the safety of patients, visitors, faculty, staff and students.

Recommendation 1

OHSU should seek a change to the state statute governing OHSU Public Safety Officers to clarify their roles and authorities regardless of whether it moves forward with the recommendation to establish an armed presence. (20 voted for; 1 against).

Recommendation 2

A full-time armed law enforcement presence should be established at OHSU in order to provide a faster response to an active shooter incident, provided that all the conditions listed below are met. (17 voted for; 1 against; 3 abstained)

- All armed officers have completed the 16-week DPSST academy.
- All armed officers complete supplemental OHSU campus public safety training.
- All armed officers complete 40-hour Critical Incident Training developed and conducted by the Portland Police Bureau.
- All armed officers complete Cultural Awareness Training.
- An official OHSU review process is established to review any use of a firearm by an OHSU officer.
- A commitment to on-going training in firearms proficiency, proper use of force, and joint critical incident training with Portland Police Bureau and other law enforcement agencies.

Critical Incident Readiness Task Force Recommendations Executive Summary

The majority of task force members recommended OHSU seek a change in state statute that would allow it to employ its own armed law enforcement officers. The task force would also support OHSU contracting with a local police department to establish an armed presence.

These rejected options include maintaining the status quo; encouraging the Portland Police Bureau to modify its existing tactical doctrine to speed up response; and hiring armed security guards who are not sworn law enforcement officers. These options were either unworkable, did not guarantee sufficient training, would be unacceptable to a majority of stakeholders at OHSU, or would not provide an adequate decrease in the response time to an active shooter incident.

Conclusion

The task force feels the current response to an active shooter on an OHSU campus is unacceptably slow. The group believes the safety of the OHSU campus could be enhanced by establishing a permanent presence of certified and armed law enforcement officers with additional specialized training to deal with vulnerable populations, including the mentally ill.

The Task Force also encourages OHSU to enhance communication with the residential neighborhoods that surround Marquam Hill. In particular, systems should be explored with Portland Police Bureau that could facilitate timely communication with the neighborhoods during a critical incident.

Introduction

Like many universities across the country, Oregon Health & Science University conducted an extensive review of its public safety capabilities, training and equipment following the tragic campus shootings at Virginia Tech and Northern Illinois University.

Following this review OHSU President Joe Robertson, M.D., M.B.A., decided it was in the best interest of the university to establish a public task force to consider OHSU's readiness to respond to a similar critical incident. The task force was specifically asked to consider whether additional steps were necessary to ensure the continued safety of the OHSU community, including whether OHSU should have armed police officers on campus.

Dr. Robertson sought to establish a diverse task force representative of the wide audiences OHSU serves. The task force members include:

	Name	Representative Group
	_ 1000	
•	Sen. Ginny Burdick	State Legislator
•	Sen. Bruce Starr	State Legislator
•	Margie Lowe	Governor's Office
•	Tim Moore	Multnomah County Sheriff's Department
•	Jane Ames	Portland Mayor's Office
•	Carmen Merlo	Portland Office of Emergency Management
•	Olga Acuña	City of Hillsboro
•	Susan Egnor	Homestead Neighborhood Association
•	Ken Love	South Portland Neighborhood Association
•	Mike Reese	Portland Police Bureau
•	Allen Zaugg	Hillsboro Police Department
•	Barbara Glidewell	Patient Relations Representative
•	Marcus Mundy	Urban League
•	Sandra McDonough	Portland Business Alliance
•	Susan Cox	Veterans Administration
•	Carol Howe	OHSU Faculty
•	Nina Katovic	OHSU Student Council
•	Mike Bandy	AFSCME
•	Harold Fleshman	ONA
•	Steven Scott	OHSU Health System
•	Nancy Haigwood	OHSU West Campus
•	Román Hernández	OHSU Board of Directors
•	Martha McMurry	Community Advocate

Note: The Executive Director of National Alliance on Mental Illness Multnomah was offered a seat on the task force but did not participate. Additional information about the involvement from the mental health community is included as attachment 10.

Communications and Outreach

OHSU developed a communications plan to support the work of the task force. The plan called for engaging the Portland community, the OHSU community, and specific groups within OHSU through a variety of communication methods.

Internally, OHSU communicated with its employees and students through several emails, postings on the Intranet, a town hall hosted by Dr. Robertson that was later available online, and presentations at regular meetings for clinical, research, student and administrative leaders.

A news release was sent to Portland-area media in August announcing the creation of the task force. The first three task force meetings were publicized through public meeting notices, and the public input meeting was also publicized through an ad in *The Oregonian*.

A second news release issued the week before the public input meeting drew a great amount of media interest from print, TV, radio and Internet media outlets.

A survey and Q&A were also posted to the OHSU Web site and highlighted in internal and external messages. Dr. Robertson received more than 20 emails about the task force from internal audiences and more than 200 responses to the survey were collected and analyzed. These results are included as Attachments 6 and 7. A list of all the primary communications activities is included as Attachment 4.

Background

OHSU reviewed the four official reports on the shootings at Virginia Tech: "Mass Shootings at Virginia Tech, April 16, 2007"; "Virginia Tech Overview of the findings and recommendations of the April 16 Tragedy internal review committees"; Report To The President On Issues Raised By The Virginia Tech Tragedy"; "National Association of Attorneys General Task Force On School And Campus Safety". From these reports OHSU identified four key findings relevant to OHSU:

- There was widespread confusion at Virginia Tech about what information could be shared across departments and with outside agencies.
- The lack of a formal system for assessing troubling student behavior meant that several warning signs that could have prompted action on the part of the university went unnoticed by agencies and departments that could have taken action.
- Once the shooting started, campus police could not immediately communicate emergency messages without prior approval, which slowed the sharing of information with the campus community.
- Joint training that had taken place before the incident between campus officers and local city police meant that the tactical response to the incident was well-coordinated and saved lives.

These four findings led the OHSU Department of Public Safety to make four recommendations to the OHSU Executive Leadership Team:

- OHSU must have clear, documented information sharing guidelines.
- OHSU must have an interdisciplinary threat assessment team.

- OHSU must upgrade its critical incident communications capability.
- OHSU Public Safety Officers must be professionalized and be able to train with local, state, and federal law enforcement agencies to respond to active shooters.

OHSU understands the best way to ensure an active shooter incident does not happen at OHSU is to do everything possible to identify problem situations before they evolve into a crisis. Over the past 18 months, much work has been done on the first three recommendations. The ability of OHSU departments to share information with each other has been clarified. A threat assessment team has been formed and is completing its policy development and training. Upgrades have been made to the communication system and additions to that system are under review.

The efforts made by OHSU to address these preventive measures will make a real difference in the way potentially violent incidents are detected and addressed before they cause any harm. However, even the best preventive measures can fall short.

Current Response to an Active Shooter at OHSU

Studies have shown that an active shooter injures or kills four people per minute. These incidents continue until the shooter is engaged by an armed law enforcement officer. As soon as the active shooter is engaged by armed law enforcement officers the shooting of innocent bystanders stops for one of three reasons: the shooter begins to target the law enforcement officers instead of innocent bystanders; the shooter is injured or killed by the law enforcement officers; or the shooter commits suicide.

The Portland Police Bureau (PPB) serves as the current armed response to an active shooter on the Marquam Hill Campus or South Waterfront. The Portland Police Bureau utilizes a tactical doctrine for engaging an active shooter that calls for a five-officer contact team. Because all PPB officers are trained to a certain minimum standard, any five officers can form this contact team.

Discussions with PPB command and analysis of response times to actual emergency calls for service have produced a timeline that show it would take at least 15 minutes to assemble a five-person contact team and engage an active shooter on the Marquam Hill Campus. While the first arriving unit from PPB could be on-scene in less than seven minutes, an additional eight minutes would elapse before the entire team of five officers could be assembled.

The Hillsboro Police Department serves as the current armed response to an active shooter on the OHSU West Campus. The Hillsboro Police Department employs a tactical doctrine that utilizes a five-officer contact team. This doctrine has been adopted by all Washington County law enforcement agencies, and all of these agencies train together for critical incident response. As a result, any five officers from any Washington County agency can form the five-person contact team. In most cases, a five-person contact team can be assembled in about 5 minutes and engage an active shooter shortly thereafter.

The OHSU Department of Public Safety would participate in this response by meeting the police officers at a designated location on campus, guiding the contact team to the location of the active shooter, and providing any additional support from outside the line of fire. Only armed officers

that have received training in the tactical doctrine of the responding police agency may participate as members of the contact team. Because they are prohibited by state statute from attending the full police academy training program offered by the State of Oregon and because they are prohibited by state statute from carrying firearms, the OHSU Public Safety Officers may not participate as members of the five-person team.

Although they would not engage the active shooter directly, OHSU officers have a variety of other critical incident tasks that they have planned and trained for during this type of critical incident, including notification to the campus about the critical incident, crowd and traffic control, establishment of a perimeter, and liaison with emergency medical services and other first responders. These tasks are also vital to the successful management of a critical incident, and would be outside the scope of the other responding police agency.

Attachment 1 shows an active shooter timeline analysis. This timeline includes the projected response times for the Portland Police Bureau, the OHSU Department of Public Safety, compared against the timeline of events from the Virginia Tech and Northern Illinois University shootings.

Likelihood of an Incident

OHSU is a large and complex institution with multiple missions. Because it is not possible to know in advance when or where a critical incident or active shooter event may take place, an analysis of "attractors" helped OHSU asses its exposure to potential threats. The OHSU Department of Public Safety reviewed types of activities and locations that have the potential to increase the risk of a critical incident. They then compared OHSU against other universities and hospitals. The analysis shows OHSU has more attractors than any organization against which it was compared. The analysis also shows OHSU is unique in Oregon, combining many of the attractors associated with large universities with those of community hospitals, and adding a few of its own. This chart is included as Attachment 2.

Task Force Process

The task force met four times during fall 2008. These meetings included an organizational meeting on August 26, a meeting to receive testimony from technical experts on September 26, a meeting to receive testimony from the public on October 23 and a work session on November 6. Below is a summary of those meetings. A complete set of minutes and attendance sheets from those meetings is included in this report as Attachment 3.

Organizational Meeting, 8/26/2008

At the organizational meeting, Dr. Robertson welcomed the task force and explained that it had been formed to help him evaluate the complex issue of responding to an active shooter incident at an OHSU facility. Gary Granger, the OHSU Director of Public Safety, provided a background briefing for the task force, including information about the capability of the OHSU Department of Public Safety and the anticipated response time of the Portland Police Bureau.

Director Granger presented information about the work that OHSU has done to address non-response activities that make a critical incident less likely, including improved information sharing and communication, elimination of radio communication, dead zones", and the creation

of a threat assessment team. Granger also discussed two remaining gaps in critical incident preparedness: armed response to an active shooter and the inability of OHSU Public Safety Officers to attend the full 16-week police officer training program at the Department of Public Safety Standards and Training (state police academy).

The task force members asked a variety of questions about the existing response plan and procedures. These questions included inquiring about the existence and role of the Portland Police Bureau Special Emergency Reaction Team (SERT) in a critical incident response; the use of text messages to communicate with the OHSU community; identifying which agency is responsible for communicating with the neighborhood around OHSU during a critical incident; the current response plan for OHSU West Campus; statistics on the use of tasers by OHSU Public Safety Officers; and how often and by what means the Portland Police Bureau is contacted today by OHSU Public Safety.

The task force selected dates and topics for the remainder of the meetings, and the due date of the final report was set.

Technical Experts Meeting 9/26/08

The task force met to hear testimony from emergency communications experts and law enforcement professionals, from both Portland and outside Oregon.

<u>Captain Paul Berlin</u> from the University of California San Francisco spoke about the "hybrid" nature of the UCSF Police Department - that it employs both armed police officers and unarmed security officers. He discussed the training that officers receive, the different roles and responsibilities of the two types of officers, relationships with the San Francisco Police Department, the challenges of dispatching SFPD officers to a complex location like the UCSF campus, the challenges of recruiting police officers in the San Francisco area, and the use of memoranda of understanding to clarify roles and responsibilities between the UCSF and SFPD officers when responding to various types of calls for service.

<u>Public Safety Director Charles Green</u> of the University of Iowa spoke about his organization's transition from unarmed security officers to a hybrid department with both armed police officers and unarmed public safety officers in October of 2007. The department had been authorized under state law to carry firearms since 2004, but had not done so as a matter of university policy. Director Green explained that the armed police officers carry both firearms and tasers, but the security officers carry neither. The University of Iowa has a memorandum of understanding with the local police department that outlines how the two departments work together. Director Green said the relationship has been a positive and productive one.

During the question and answer session, Director Green described how activities of the campus police are coordinated with the city police department. He also discussed the extensive training that campus police receive in using various techniques to defuse situations without the use of force. Director Green discussed the period of provisional arming that his department experienced. Under this system, the officers were trained in the use of firearms, but were not permitted to carry them. Instead, the firearms were kept in a secure location on campus and would be issued to the officers only when necessary. It quickly became clear that this was not a

good option, and it was discontinued. Instead, trained officers are now permitted to carry firearms at all times while on duty.

In response to a question about whether there was a specific incident that caused the University of Iowa to consider arming its police officers, Director Green responded that there had been an on-going discussion about arming officers for years. He stated that in his opinion, if an institution asks employees to perform law enforcement functions then those employees need to be trained and equipped to perform those functions, including the use of firearms.

<u>Patrick Jones</u> from the Portland Bureau of Emergency Communications (BOEC) discussed the role that his agency plays in dispatching and coordinating first responders across the region. This includes not just Portland Police Bureau, but Portland Fire, EMS and other emergency responders. Jones spoke at length about the complexities of 911 dispatch, the role of global positioning systems (GPS), and the challenges of dispatching to a complex location like OHSU.

In response to questions from the task force, Jones stated that there was no technical reason that BOEC could not coordinate dispatch of resources to OHSU. He also stated that the use of two different radio systems by OHSU and Portland Police Bureau should not create an impediment to joint operations and training.

<u>Chief Rosie Sizer</u> from the Portland Police Bureau stated her support for OHSU having armed officers, but stated PPB is currently understaffed and would not be able to contract with OHSU to provide police officers on campus. She spoke highly of the work Gary Granger and OHSU Public Safety Officers have done building a positive relationship with the Portland Police Bureau.

Chief Sizer explained that if OHSU were to employ its own armed police officers, they would be eligible and required to attend the full 16-week DPSST academy. She also talked about the 40-hour crisis intervention training recently implemented by PPB and required of all officers. Chief Sizer also spoke about staffing levels for the Central Precinct, which is the precinct in which OHSU Marquam Hill campus is located, saying it is the largest precinct geographically, but has the lowest level of staffing because of the relatively low number of calls.

Chief Sizer said most PPB officers have a limited knowledge of the OHSU Marquam Hill campus. She noted the challenging topography, the frequent new construction, and the relatively low volume of calls for service as contributing to this situation. She stated that even with GPS her officers would require the assistance of an OHSU Public Safety Officer to get to most locations on campus quickly. Chief Sizer recognized that her officers can get to most locations in the city in about 5 minutes, but the deployment patterns of her officers and the challenging nature of the geography at OHSU mean the response times to that location are greater than she would desire.

Chief Sizer ended by saying she believes this conversation is overdue, and that she agrees with the comments of Director Green with respect to giving the proper training and equipment, including firearms, to employees that are expected to perform law enforcement functions. She

also noted the need for clear policies relating to the use of force and accountability measures to ensure that the policies are followed.

In response to questions from the task force about the possibility of a Portland Police Bureau substation located on Marquam Hill, Chief Sizer noted that the Portland Police Bureau does not use substations to house officers. They do have several contact offices, but officers are not stationed there. They are used to complete and file reports.

Public Input Meeting 10/23/08

The public input meeting opened with a presentation of background information for members of the public in attendance and a discussion of the task force's charge. Director Granger shared information about the analysis undertaken by OHSU following the Virginia Tech incident, the number of potential ,attractors" at OHSU, and supplied current statistics about armed officers at universities nationwide.

Approximately 20 people were in attendance, including several OHSU employees. Three members of the public provided testimony. All three were opposed to OHSU having armed officers on campus. One person providing testimony was from the neighborhood surrounding OHSU and expressed specific concerns about how the many individuals suffering from a mental illness would react to armed officers, and how our officers would be trained to intervene in these situations. The other two individuals who provided testimony had both had encounters with OHSU Public Safety Officers they felt were handled inappropriately and expressed concerns things could have been worse had the officers been armed.

Work Session Meeting, 11/6/2008

The task force established that the current armed response time was too slow. They then considered and rejected a number of options for reducing the response time.

Recommendations

After much careful consideration, the task force crafted two recommendations. It is the opinion of the task force that these two options represent the best avenues to move toward a safer campus for patients, visitors, faculty, students and staff by providing better, more complete training for existing OHSU Public Safety Officers and by allowing faster engagement of an active shooter by armed law enforcement officers.

The task force understands that these are only recommendations. Dr. Robertson will discuss these recommendations with the OHSU Board of Directors and executive leadership team before a final decision is made. The task force members recognize that they have limited knowledge of the financial and other resources of OHSU and leave the specific means of implementing these recommendations to the discretion of Dr. Robertson. The task force is relying on Dr. Robertson to balance the decision to implement these recommendations in full or in part within the broader goals and objectives of the university.

The votes for and against these recommendations are included as Attachment 8.

Recommendation 1

OHSU should seek a change to the state statute governing OHSU Public Safety Officers to clarify their roles and authorities regardless of whether it moves forward with the recommendation to establish an armed presence.

Recommendation 2

A full-time armed law enforcement presence should be established at OHSU in order to provide a faster response to an active shooter incident, provided that all the conditions listed below are met:

- All armed officers have completed the 16-week DPSST academy.
- All armed officers complete supplemental OHSU campus public safety training.
- All armed officers complete 40-hour Critical Incident Training developed and conducted by the Portland Police Bureau.
- All armed officers complete Cultural Awareness Training.
- An official OHSU review process is established to review any use of a firearm by an OHSU officer.
- A commitment to on-going training in firearms proficiency, proper use of force, and joint critical incident training with Portland Police Bureau and other law enforcement agencies.

Options for Implementing Recommendation 2

The task force considered two options for providing armed law enforcement officers at OHSU facilities. The first option would be for OHSU to seek a change in state statute that would allow it to employ armed law enforcement officers. The second option would be to enter into a contractual arrangement with an existing law enforcement agency to provide armed law enforcement officers at OHSU facilities. While the task force would support either option, the majority of members present at the work session expressed a preference for Option 1.

Option 1: OHSU seeks the authority to employ armed law enforcement officers

The task force identified several advantages to a legislative change that would allow OHSU to employ armed law enforcement officers.

Advantages

 Because any armed law enforcement officers must interact with the unarmed public safety officers currently employed by OHSU, it is important that clear lines of authority be established and maintained between these two groups. Having both types of officers within one department would provide these clear lines of authority. Armed law enforcement officers from another agency could introduce unnecessary complexities into training and response operations.

- OHSU is a complex community both socially and geographically and it takes time for an
 officer to develop a thorough understanding of the environment. Officers employed by
 OHSU would have the time to develop this understanding over a period of years. An
 officer provided to OHSU under contract may only be stationed at OHSU for a short
 period of time and would find it difficult to develop the same level of knowledge about
 the community.
- The task force heard that the type of individual who is interested in campus law
 enforcement is different from an individual who might be interested in a municipal law
 enforcement career. The ability to employ fully-trained and certified armed law
 enforcement officers would allow OHSU to be more effective in targeting those
 individuals who have the special skills necessary to succeed in a complex community like
 OHSU.

Disadvantages

- This option would require a change in state statute. The task force understands many individuals and groups are not comfortable with armed law enforcement officers at OHSU. Firearms are controversial, and any discussion about creating the authority for OHSU to employ armed law enforcement officers may generate passionate debate in the state legislature.
- Significant administrative and policy changes would be required within the OHSU Department of Public Safety, including an enhanced plan for recruiting, hiring, training, and retaining individuals with the right skills and disposition to be effective armed law enforcement officers at an academic medical center. The administrative challenges of this task far exceed those that would be required to manage even a complex contract for providing armed law enforcement officers from another agency.

Option 2: OHSU contracts with an existing law enforcement agency to provide armed law enforcement officers

Advantages

- This is a tested method for stationing armed law enforcement officers at institutions of higher education in Oregon. At least two Oregon University System institutions use this method to provide an armed law enforcement presence on campus. This provides a base of experience that OHSU could draw upon as it created a contract with an existing police agency.
- This option would not require a change in state statute and so would take less time and energy to accomplish.

Disadvantages

The task force identified several disadvantages associated with contracting for armed law enforcement services from an existing agency. While many of the disadvantages are the reverse of the advantages listed for Option 1 (difficulty in maintaining clear lines of authority; campus

law enforcement requires a different outlook and skill set than municipal law enforcement; officers require long periods of time to thoroughly understand the OHSU environment), the task force identified several additional disadvantages to this option.

- The cost of contracting for armed law enforcement officers is significantly greater than the cost to employ them within OHSU. The OHSU Department of Public Safety estimates that the incremental cost of employing armed law enforcement officers without adding additional staff to the department would be about \$350,000 dollars annually for twelve armed officers. The existing contract between Oregon State University and the Oregon State Police to provide law enforcement services is about \$1 Million annually for ten officers.
- It would take longer to implement a contract providing for armed law enforcement officers than it would for OHSU to hire and deploy those officers internally. The agencies most likely to be approached to provide armed law enforcement officers to OHSU under contract would have to make new hires to meet the terms of the contract. Those officers would be required to complete the full pipeline of training required by that agency before they would be available to OHSU. Those officers would then need to complete additional training that is specific to their role under the contract with OHSU, adding additional months to the training process. A timeline that illustrates the training for both options is included as Attachment 9.

Conclusion

The task force recommends that the state statute controlling the authorities of Special Campus Safety Officers be clarified. Specifically, some OHSU Department of Public Safety officers should be permitted to attend the full 16-week DPSST academy and be commissioned as peace officers. The task force recommends that this change be pursued regardless of a decision to allow these officers to carry firearms.

A majority of the members of the task force support having fully trained and certified law enforcement officers armed with firearms present at OHSU at all times to ensure a prompt response to an active shooter incident, provided certain specific training standards are met. Some of the task force members support contracting with an existing law enforcement agency to provide this service, although the majority of the task force members support the OHSU Department of Public Safety being able to employ its own armed officers.

The task force encourages OHSU to enhance communication with the residential neighborhood that surrounds Marquam Hill. In particular, it is recommended the university work with the Portland Police Bureau to explore systems that would facilitate communication with the neighborhood during a critical incident. OHSU should also assess whether there are additional measures that could be taken by OHSU to ensure that information about a critical incident is communicated to the neighborhood in a timely manner.



A history and overview of the Department of Public Safety

A presentation to the OHSU Campus Safety Review Task Force

Presented by: LIEUTENANT SAM HABIBI, OHSU DEPT OF PUBLIC SAFETY

Date: JANUARY 11, 2021

The purpose of the OHSU Department of Public Safety is to support OHSU's mission by providing a safe and secure environment for patients, visitors, employees and students through the delivery of law enforcement and public safety services.



What we'll cover today

- OHSU's unique setting for security and safety
- The department's history
- Hiring and training requirements
- Current staffing and duties
- Use of force, stop and arrest data
- Oversight
- Outside activities and cooperation



A unique and complex setting

- One of the largest employers in Oregon (18,200 employees)
- Home to about 5,000 students, hundreds of labs and research facilities
- Geographically dispersed over multiple campuses and clinics
- About 300,000 individual annual patients (~1.1 million patient-visits)
- High-stress services including trauma, emergency, acute health crises
- Covid-19 environment has introduced new security challenges



The department's early history

- First historical mention of security in OHSU archives is in the 1970s
- Known then as the Security and Parking Division
- In mid-1990s, the Department of Public Safety was formally established
- Charged to keep OHSU community safe and, as needed, intervene in disputes
- Comprised of unarmed "public safety" officers with no state-certified policing authority



Evolving campus security needs

- OHSU began to experience rapid growth and expansion; from 1995 to 2005:
 - \$500 million to \$1.2 billion growth in operating budget
 - o 6,000 to 11,000 growth in employees
 - O Patient-visits more than doubled from 340,000 to 750,000
 - The South Waterfront Campus was developed
- In light of this evolving context, the need to reconsider the department's authority, skills, tools and best practices-training was clear



The transformative years

- In the early 2000s, OHSU began the process to transform its public safety department to meet the needs of the rapidly growing institution
- OHSU was simultaneously experiencing more security calls with potential for violence
- Nationwide, campus active shootings were also rising
- In 2004, OHSU administration authorized use of Tasers with appropriate training
- OHSU public safety officers did not have legal policing authority (stop, search, place a hold or carry firearms)



The 2008 Critical Incident Task Force

- After the 2007 Virginia Tech and 2008 Northern Illinois campus shootings, Pres.
 Robertson initiated a review of OHSU's "critical incident readiness"
- Chaired by State Senator Ginny Burdick with members from OHSU, community, law enforcement and others, the task force was charged with answering two questions:
 - Is the existing police response to an active shooting incident at an OHSU facility adequate?
 - o If not, what changes should be made to improve that response?



Task force findings and recommendations

• Findings:

- Public Safety lacks sufficient legal authority to protect the campus
- Portland Police cannot provide adequate armed response (up to 15 minute response time/lack of familiarity with campus)

Recommendations:

- OHSU should seek legislation to provide Public Safety with police officer authority/training
- OHSU should arm Public Safety officers or contract with a police agency for an armed presence on campus



Meeting the recommendations

- President Robertson and the Board, after consultation with OHSU stakeholders, accepted the recommendations.
- In 2009, OHSU received legislative approval to certify its officers with police authority, thereby meeting the first recommendation of the task force
- OHSU officers could perform the duties of police—except carry firearms—after Basic Police
 Academy training
- OHSU turned its attention to the task force's second recommendation (armed presence)
- Four years of discussion, debate and critical incident review—key principles:
 - OHSU is not a traditional municipality when it comes to law enforcement services, and the state standards are not sufficient for our officers
 - OHSU should strive to be a national leader in best practices—we need to be different



Meeting the second recommendation

- OHSU evaluated the potential of local police to provide an armed campus presence
- Consulted extensively—internally and with other universities
- Conclusion: A contracted armed presence would not accommodate OHSU's unique setting and could not ensure OHSU would be a national leader in best practices
- OHSU made the decision to arm its own officers
- Prior to seeking legislative approval, OHSU initiated a collaborative process to develop new departmental policy, hiring and training best practices



Policy development process

- OHSU worked with community members, mental health, law enforcement and many other experts to develop hiring and training protocols
- Customized to OHSU's unique and complex setting
- A commitment to de-escalation and trauma-informed/cultural responsiveness was/is the philosophical core of officer hiring, training and continuous improvement
- Approved in 2014, Senate Bill 565:
 - authorized officers to carry firearms
 - o stipulated that OHSU is in the best position to set training and service levels/policy



Four-part training

- 1. Oregon Basic Police Academy training
- 2. Customized OHSU training emphasizing strategic disengagement, deescalation, trauma-informed and cultural responsiveness
- 3. Field-training at OHSU campus under guidance/mentorship of existing officers
- 4. Continuous improvement annual training



Current staffing and duties

- 41 employees of which 27 are armed sworn police officers (now includes 56 FTEs for Access Checkpoints)
- Up to 6 police officers are on-duty across OHSU properties at all times
- 24/7 dispatch center overseeing all emergency and non-emergency calls
- 26,000 calls in 2019; majority from healthcare
- First responders for emergencies, crimes and oversees background checks, workplace violence/safety programs, security assessments, escorts, life flight/helipad safety, special events/VIP security and Threat Assessment Team



Threat Assessment Team (TAT)

- A multi-disciplinary multi-mission internal team overseen and coordinated by the Department of Public Safety
- Combines efforts, staff, knowledge and resources of multiple departments for early intervention and assessments
- Provide safety planning specific to the situation and needs of those affected with the goal of helping them continue to be functional members at OHSU



Use of force, stop and arrest data

- Since the 2014 decision to arm OHSU police, a firearm has never been discharged by an OHSU officer
- 21 incidents involving a firearm have occurred
 - o pointed at an individual 9 times
 - unholstered without pointing 9 times
 - unlocked a holstered firearm 3 times
- During the same six years, 7 Taser, 0 baton and 0 OC (pepper spray) incidents have occurred



Actions involving a firearm 21 incidents | Fall, 2014 - June 2020

3 OF 21 PERSON OF COLOR

17 OF 21 MALE

Reason for interaction with a firearm 21 incidents | Fall, 2014 - June 2020

8 OF 21 PERSONS ARMED WITH A WEAPON

3 OF 21 PERSONS REPORTED OR BELIEVED TO BE ARMED WITH A WEAPON

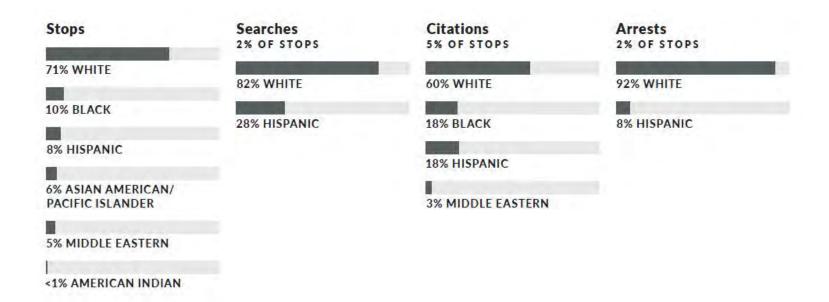
5 OF 21 CHALLENGING PERSON AT END OF PURSUIT OR DURING HIGH-RISK STOP

5 OF 21 CLEARING SPACE FOR PERSON POTENTIALLY COMMITTING FELONY CRIME

Actions involving a Taser 7 incidents | 2014 - June 2020 3 OF 7 PERSON OF COLOR 7 OF 7 MALE Reason for interaction with a Taser 7 incidents | 2014 - June 2020 2 OF 7 PERSON ATTACKED OFFICER 2 OF 7 PERSON POSSESSED KNIFE AND ASSAULTED OFFICER 1 OF 7 PERSON ATTEMPTED TO ASSAULT OFFICER AND GRABBED OFFICER'S HOLSTERED FIREARM

2 OF 7 PERSON ARMED AND THREATENING WITH KNIFE

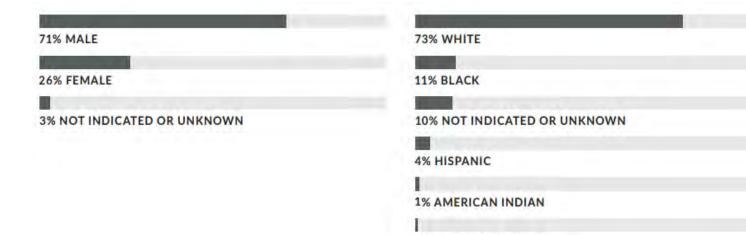
Over the past year, OHSU police officers have made 702 stops not associated with a call for service





Over the past year, OHSU police officers have made 241 arrests

<1% PACIFIC ISLANDER





Department of Public Safety oversight

- Reports to the OHSU Chief of Operations (Scott Page)
- Overseen by the OHSU Critical Incident Committee (CIC), a guidance and review panel
- CIC is comprised of 15 representatives from across OHSU missions, emphasizing units with a high number of police interactions, such as emergency medicine and psychiatry
- CIC meets monthly or as needed



CIC supports transparency and continuous improvement

- CIC reviews use of force cases
- CIC reviews Criminal Trespass cases
- Recommends policy changes, practices and training
- CIC's oversight allows the community to provide insight and guidance that often results in policy and training adjustments



Outside activities and cooperation

- OHSU officers are hired to perform their duties on OHSU property; however, they are legally authorized to perform duties anywhere in Oregon.
- OHSU contracts with Allied Security for unarmed security presence as-needed
- OHSU cooperates with local jurisdictions for recordkeeping, storage, training and other functions, and may request/provide additional resources for serious incidents
- OHSU police officers are part of an independent union open to OHSU officers only





Discussion

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

BIPOC - Black, Indigenous, and People of Color

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.

CWTF - COVID Wellness Task Force

CY - Current Year.

DAC- Diversity Advisory Council

DEI - Diversity, Equity, & Inclusion

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.

EOC – Emergency Operations Center

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.

NAM - National Academy of Medicine

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.

SoD - School of Dentistry

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.