



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

**Friday, April 22, 2022**

**1:45-4:00pm**

**In Person: Robertson Life Sciences Building**

**2730 S Moody Ave, Portland, OR 97201**

**Room 3A001, 3<sup>rd</sup> Floor**

**Or virtually via YouTube**

**YouTube:** <https://www.youtube.com/watch?v=CrL0hm1OpJ0>



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**Public Agenda**

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1:45pm	Call to Order/ Chairman's Comments President's Comments Approval of Minutes from January 28, 2022 <b>(ACTION)</b>	Wayne Monfries Danny Jacobs, MD Wayne Monfries
2:00pm	OHSU Onward: March Financial Results & Path to Improved FY23-FY27 Performance	Lawrence Furnstahl
2:30pm	Report from Covington Report Implementation Committee	Alice Cuprill Comas Susan Bakewell-Sachs, PhD, RN
2:50pm	Report from Covington Report Oversight Committee	Michael Alexander, MSS Alisha Moreland-Capuia, MD
3:10pm	OHSU 2025 Update	Bridget Barnes
3:30pm	Update from the Knight Cancer Institute	Brian Druker, MD
3:50pm	Appointment of OHSU Auditor KPMG <b>(ACTION)</b>	Wayne Monfries
3:55pm	Appointment of Committee Member <b>(ACTION)</b>	Wayne Monfries
4:00pm	Meeting adjourned	

**Oregon Health & Science University**  
**Board of Directors Meeting**  
**January 28, 2022**  
**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 11:15am via a virtual WebEx 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: James Carlson, Stacy Chamberlain, Danny Jacobs, Wayne Monfries, Chad Paulson, Ruth Beyer, Sue Steward and Steve Zika. OHSU staff presenting material on the agenda were Lawrence Furnstahl, Julie Hanna, Derick Du Vivier, MD, David Jacoby, MD, Alice Cuprill Comas, Susan Bakewell-Sachs, PhD, RN, Alisha Moreland-Capuia, MD, Dana Bjarnason, PhD, RN, Renee Edwards, MD and Tim Marshall. Connie Seeley, Secretary of the Board, and Alice Cuprill Comas, Assistant Secretary of the Board, were also 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 11:15 am and welcomed all those in attendance.

**Chairman's Comments**

*Wayne Monfries, Board Chair*

Mr. Monfries thanked all in attendance and reviewed the meeting protocol and the topics on the agenda.

Mr. Monfries also welcomed two new board members, Sue Steward and Mahtab Brar.

Mr. Monfries spoke about the Covington Report and how they are moving forward to implement Covington's recommendations beginning with today's meeting. He also acknowledged front line workers dealing with another surge of COVID 19.

Mr. Monfries acknowledged this would be Stacy Chamberlain's final board meeting before her term as a board member expires. He thanked her for her time and dedication to OHSU. He then turned the meeting over to President Jacobs for his opening remarks.

### **President's Comments**

*Danny Jacobs, MD, OHSU President*

Dr. Jacobs welcomed everyone to the first board meeting of the new year. He acknowledged OHSU's efforts, accomplishments, opportunities and challenges while still being hopeful and excited about OHSU's future.

Dr. Jacobs spoke about COVID 19's forecasts regarding the Delta and Omicron surges. He also mentioned the deployment of National Guard support for frontline Healthcare workers by Governor Kate Brown.

He thanked the board members for their dedication and commitment in helping OHSU realize its full potential, acknowledging Chair Monfries's guidance and oversight in regard to the Covington investigation of OHSU's culture. He said they are all deeply committed to helping OHSU do better and be better.

Dr. Jacobs announced the appointment of OHSU's next Executive Vice President and Provost, Marie Chisholm-Burns, PhD. He said Dr. Chisholm-Burns is coming to OHSU from the University of Tennessee Health Sciences Center where she has served as a distinguished professor and dean of their college of pharmacy for 10 years.

He acknowledged OHSU educators and scientists, their support staff and others for their outstanding work.

In closing, Dr. Jacobs thanked board member, Stacy Chamberlain for her service on the board of directors as her term was ending. He also acknowledged the appointment of new board members, Sue Steward and Mahtab Brar.

### **Approval of Minutes**

*Wayne Monfries*

Mr. Monfries asked for approval of the minutes from the October 29, 2021 OHSU Public Board meeting. Upon motion duly made by Chad Paulson and seconded by Wayne Monfries, the minutes were approved by all board members in attendance.

## **Financial Update**

*Lawrence Furnstahl*

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

Mr. Furnstahl presented the financial results for the first half of fiscal year 22.

He covered operating income and operating revenues. He discussed OHSU's operating margin which averaged 4.9% of revenues. He discussed OR and procedural revenues at a cost of \$12 million. The projections of the Omicron COVID 19 census across Oregon Hospitals were also discussed.

Mr. Furnstahl covered the balance sheet's positive view of the first half results, growth rate and OHSU's core financial challenges.

Board members asked Mr. Furnstahl for further information on investments of excess cash, staffing vacancy rates, investing in workforce, percentages of workforce contract labor and temporary labor.

## **Legislative Update**

*Julie Hanna*

Mr. Monfries recognized Julie Hanna, Director of State Relations.

Ms. Hanna reported on the 2022 State Legislative Session. She covered the legislative environment and the main issues for the legislative session, including ongoing pandemic responses, workforce shortages and projected revenue increases.

Ms. Hanna discussed Oregon's health care workforce shortage and OHSU's 30-30-30 legislative Funding Request and how this proposal is expected to affect OHSU.

Board members asked Ms. Hanna for further information on criteria and geographic specifics on applicants, opportunities for certified nursing assistants including career advancement, scholarships, and how the funding request was received in Salem.

## **OHSU DEI Update on Anti-Racism**

*Derick Du Vivier, MD*

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

Dr. Du Vivier gave an update on Diversity Equity and Inclusion. He covered Lerner Support, Training and Education and Black History Month.

Dr. Du Vivier spoke about enhancing health and healthcare in every community. He also covered OHSU Community vaccination events and OHSU VEC Community partners.

He discussed Healthcare Disparities Reduction Core and closed the discussion covering DEI's future updates.

Board members commented on the work of the vaccination clinics and OHSU volunteers and had no further questions for Dr. Du Vivier.

### **Anti-Racism Update, OHSU School of Medicine**

*David Jacoby, MD*

Mr. Monfries recognized David Jacoby, MD.

Dr. Jacoby gave an update on anti-racism in OHSU's School of Medicine. He covered their overall approach and gave examples of specific projects and programs. He also spoke about their action plan, Belong, Include, Empower.

Dr. Jacoby discussed the implementation process including specific examples of high impact programs. Also covered were healthcare disparities in telemedicine during the COVID pandemic.

He discussed the Northwest Native American Center of Excellence and their many anti-racist activities held under Dr. Erik Brodt's leadership.

Dr. Jacoby concluded discussing several examples of anti-racist efforts and programs that the School of medicine are engaged in and said he is inspired by OHSU and President Jacobs commitment to this difficult work.

Mr. Monfries thanked Dr. Jacoby and Dr. Du Vivier for the work they and CDI are doing saying CDI is an umbrella for the institution. Board members had no further questions for Dr. Jacoby.

### **Covington Report Next Steps**

*Alice Cuprill Comas, and Susan Bakewell-Sachs, PhD, RN*

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

Dr. Bakewell-Sachs and Ms. Cuprill Comas began by providing an update on the implementation framework that they are proposing with respect to the recommendations made in the Covington

investigation. It was discussed that any proposed changes to the scope of work would be brought forward for board considerations.

Dr. Bakewell-Sachs stated they are committed to applying trauma informed principals and approaches to the governance, management and communication of the work. This includes seeking engagement, promoting relationships, earning trust and adhering to transparency.

Ms. Cuprill Comas discussed the creation of the oversight and implementation committees. They expect the oversight committee will present to the board on a regular basis its own conclusions about how the work is proceeding or not. The chairs of the oversight committee are Dr. Alesha Moreland-Capuia and Mr. Michael Alexander and have been appointed by Dr. Jacobs.

Ms. Cuprill Comas said they will engage in the process through a trauma informed system changed approach giving themselves deadlines and timelines for moving the work forward and delivering reports to the oversight committee and Dr. Jacobs.

The board asked for further information on union worker input, better communications with union workers, immediate opportunities, accountability with regard to previous conduct and trust in the process.

### **Public Safety Task Force Report**

*Alisha Moreland-Capuia, MD and Dana Bjarnason, PhD, RN*

Mr. Monfries recognized Alisha Moreland-Capuia, MD and Dana Bjarnason, PhD, RN.

Dr. Moreland-Capuia and Dr. Dana Bjarnason provided an update on Phase II of the Campus Safety Review Task Force which represented work to review, evaluate and transform OHSU's Public Safety Department.

She spoke about the foundation of Phase II and the operationalization of the Phase I recommendations. She spoke about the Phase II subcommittees and their processes.

Dr. Dana Bjarnason discussed the results, deliverables and their overarching goals of the survey which she stated can be benchmarkable back to 2014.

Heath Kula, spoke in summary to the policy component of the work stating they believe they can implement almost all of the policy changes and the associated workload in a very short period of time.

Also addressed were the senate priorities including faculty compensation, communication, faculty wellness and retention and shared governance and the goals and progress on each.

Board members had no further questions for Dr. Moreland-Capuia or Dr. Bjarnason.

## **Annual Quality Report**

*Renee Edwards, MD*

Mr. Monfries recognized Renee Edwards, MD.

Dr. Edwards provided a summary of the Annual Quality and Safety Report and the team that has performed in an outstanding way.

Dr. Edwards discussed the Vizient scorecard and ranking, stating OHSU's improvement in the ranking from #14 to #13. Also discussed was the CMS ranking performance system.

She covered OHSU's mortality domain rank, the ambulatory dashboard and healthcare acquired infections from the National Healthcare Safety Network. She spoke of the COVID-19 priority work during FY21 and the accomplishments of the COVID-19 task force.

Dr. Edwards discussed the mortality tier 1 priority and the quality of the performance improvement foundation team and their engagement with OHSU's DEI work. She highlighted the teams who have made their incredible work happen.

Board members commended frontline workers and asked Dr. Edwards for further information regarding the Vizient calculations, a dashboard to evaluate progress on the highest priority areas and unconscious bias training for frontline workers.

## **Annual Integrity Report**

*Tim Marshall*

Mr. Monfries recognized Tim Marshall.

Mr. Marshall gave an update on the Annual Integrity report beginning with the roles and responsibilities of the Chief Integrity Officer, the Board of Directors, the President and Executive Vice Presidents.

He also addressed program effectiveness including due diligence and promoting an organizational culture that encourages ethical conduct and compliance.

Mr. Marshall spoke about the Integrity office's operations and the volume of cases. He summarized discussing the FY22 Integrity Office Initiatives including a Code of Conduct review and update.

Board members asked Mr. Marshall for further information on information privacy, and unsubstantiated cases.



### **Approval of Committee Appointments**

Mr. Monfries presented OHSU Board Resolution 2022-01-01, Approval of Committee Appointments.

#### **OHSU Board Resolution 2022-01-01**

Mr. Monfries asked for a motion to adopt Resolution 2022-01-01. Ruth Beyer moved to approve the motion. Chad Paulson seconded the motion and it was approved by all OHSU Board members in attendance.

### **Recognition of Service for Stacy Chamberlain**

Mr. Monfries presented OHSU Board Resolution 2022-01-02, Recognition of Service for Stacy Chamberlain.

#### **OHSU Board Resolution 2022-01-02**

Mr. Monfries asked for a motion to adopt Resolution 2022-01-02. Ruth Beyer moved to approve the motion. Steve Zika seconded the motion and it was approved by all OHSU Board members in attendance.

### **Recognition of Service for Stacy Chamberlain**

Mr. Monfries opened the floor for comments.

Board members thanked Ms. Chamberlain for her perspective and passion she brought to the board day in and day out and for always putting people first. They appreciated her thoughtful consideration on the issues from various perspectives and always asking the tough questions to ensure the board was always improving.

Ms. Chamberlain said it was a pleasure serving with all of the board members. She thanked first and foremost the frontline staff at OHSU, AFSCME and ONA members, faculty, doctors, researchers and all those who served the institution and the state over the past two years. She also commented on how OHSU had affected her family personally. She said her time serving was humbling and an honor and a privilege. She commented that the board was responsible for ensuring that the institution was a safe and equitable place for patients, staff and students and suggested they create a space at board meetings for leaders elected by the workers to comment on how they are affected by board decisions. She closed by thanking everyone for her opportunity to serve on the board.

## **Adjournment**

*Wayne Monfries*

Hearing no further comments or business for discussion, Mr. Monfries thanked all of the Board members and presenters for their participation. The meeting was adjourned at 2:12 pm.

Respectfully submitted,

Connie Seeley  
Secretary of the Board



April 13, 2022

To: Members, OHSU Board of Directors

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

Re: Finance Materials for April 22<sup>nd</sup> Board Meeting

Enclosed are finance materials for the April 22<sup>nd</sup> meeting of the Board of Directors. They present FY22 results through March together with opportunities and plans that improve performance to ensure greater financial stability during the hospital expansion and beyond.

OHSU financial results have continued to decline with the impact of Omicron combined with longer-term staffing challenges. The month of March had a loss of \$(3) million—better than February’s \$(20) million deficit due to higher revenues—but bringing the year-to-date operating loss to \$(64) million, \$(77) million below the seasonally adjusted budget and \$(110) million worse than prior year.

The largest single factor in this shortfall is \$49 million in higher contract labor costs (such as traveler nurses) at OHSU Health. There are currently over 400 contract FTEs on site, compared with fewer than 60 budgeted. Lower revenues from bed closures, the shift of admissions from surgical to medical cases, and fewer outpatient procedures cost another \$22 million. Units across OHSU recently forecast ending FY22 with a loss of \$(19) million, which will require a gain of \$45 million in the last three months. Although the fourth quarter is usually strong, this improvement would be a very “heavy lift.”

We assume with “endemic COVID” that this year’s negative impact on clinical volume and hospital staffing costs will lessen next year. The preliminary FY23 budget assumes 6.8% operating revenue growth but only 4.5% total expense growth (with a significant reduction in contract labor costs) to improve operating income to a gain of \$75 million—compared with the last pre-COVID gain of \$176 million in FY19, and equal to a 7.5% EBITDA margin (before interest & depreciation).

Plans for FY23 through FY27—developed by OHSU executive leadership over the past three months—address four interlocking challenges:

- Payment rate growth that is historically less than wage & cost inflation, which requires either constant cutting or constant growth (spreading fixed costs over a larger and larger base) to offset.

- The need both for major capital investments and for competitive wages in order to support the constant growth approach, and these compete for resources.
- A pandemic that has knocked OHSU off its prior trajectory of growth and earnings, while recent inflation increases have made the gap between payment rate growth and cost inflation even wider.
- The fact that OHSU has become more reliant on a narrow set of funding sources (IGT funding and non-hospital pharmacy sales) that are themselves subject to significant market and public policy risk.

The target plan presented here provides a path for funding the full hospital expansion if the external environment is reasonably stable and our management quite tight, drawing down days cash on hand (the industry-standard measure of liquidity relative to size) from 239 days at its FY21 peak to 195 days or the current BBB+ median by FY27. Put another way, the following six essential goals in the plan are not without risk and we will need to align the financial forecast with OHSU's actual strategy and operations.

- 1) Patient care volume increase: Target is 5.7% for FY23 then 6% per year to FY27, measured by case-mix and outpatient adjusted admissions.
- 2) Patient care payment rates: Target is 2.5% increase for FY23 and then 3% per year.
- 3) Labor cost inflation: Historically 3.5% per year, with 3% average wage growth nudged up to 3.5% due to higher increases for pension and health care costs. The FY23 – FY27 plan targets market-competitive wage & benefit growth in a rising inflation environment to fill critical positions.
- 4) Sustaining IGT funding: Over time, should grow as a function of net patient revenue, 6% volume + 3% rate = 9% total growth.
- 5) Share of FTEs that are variable with volume growth: Historically, this has been about 70%, meaning a 30% increase in volume over 5 years led to a 21% increase in FTEs. Going forward this needs to be 47%, with a 30% increase in volume over 5 years leading to a 14% increase in FTEs, focused on jobs that most directly provide OHSU's clinical, research and educational services.
- 6) FY23 budget base: Current revenue & expense targets add up to a 7.5% EBITDA margin, one-third lower than the pre-pandemic performance. Achieving an 8% margin instead would be \$21 million better, with a significant compounding over 5 years. Annual capital spending is targeted at no more than \$180 million. We should lower or raise capital spending in line with earnings as they occur.

To be clear, the plan continues to support the hospital expansion project. The best path to secure the longer-term sustainability of OHSU is to create a national-scale academic health center with robust tertiary/quaternary programs for FY28 and beyond. Otherwise, the challenge of payment rate growth chronically below cost inflation—a gap of -1.5% on a \$4 billion budget—means cutting \$60 million per year, then another \$60 million cut, and then another \$60 million, etc.

By June, we will develop the complete portfolio of action plans to reach the six essential goals, with alternatives to be taken if performance is unsatisfactory. We are also implementing a communications and engagement plan to enlist the support and best ideas of OHSU's members.



# OHSU Onward: March Financial Results & Path to Improved FY23 – FY27 Performance

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OHSU Board of Directors / April 22, 2022

# Some Thoughts on First Two Years of COVID-19

- Path of the pandemic has been unexpected, non-linear and hard to predict:
  - We thought FY21 would be the down year but FY22 has turned out worse.
  - We thought last summer's vaccinations would mark a turning point, then the Delta and Omicron variant waves hit.
  - We thought the major economic impact would be unemployment, but it has turned out to be inflation.
  - Turnover has not increased sharply at OHSU, at least not yet, but contract labor costs required in the health system are much higher.
  - We thought State revenues would be decimated, but instead are up strongly.
  - After an initial plunge, stock & bond markets soared with \$10 trillion+ of fiscal & monetary stimulus but are now highly volatile and generally falling from inflation fears, Fed tightening and war in Ukraine.
- Future remains uncertain with risks both known and unknown.
- This document presents financial results through March 2022 and OHSU's path to financial recovery.

# FY22 March YTD Financial Results

- OHSU financial results have continued to decline with the impact of COVID variants on volume combined with longer-term staffing challenges.
- In FY22, March itself had a loss of \$(3) million, an improvement from February's \$(20) million deficit with better revenues. It brings the year-to-date operating loss to \$(64) million, \$(77) million below the seasonally adjusted budget.
- The magnitude of deterioration is far greater than pre-pandemic budget challenges.
- It is not just that revenues are below expenses; it is also that the rate of growth in revenues is below the rate of growth in expense.

Pre-COVID to Today (millions)	Revenue	Expense	Gain (Loss)	Op Margin
FY19 Mar YTD	\$2,392	\$2,268	\$124	5.2%
FY22 Mar YTD	2,940	3,004	(64)	-2.2%
3-Year Increase	23%	32%	-10%	

- OHSU-held cash & investments are down \$(102) million through 9 months, largely reflecting repayment of \$89 million of short-term CARES Act loans, as well as operating and investment losses offset by slower capital spending and draws from December's bond issue.

# Higher Staffing Costs Outpacing Revenue Growth

March YTD (9 Months) (millions)	FY21 Last Year	FY22 Budget	FY22 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$1,801	\$1,958	\$1,970	\$11	9.4%
Medical contracts	92	124	117	(7)	27.0%
Grants & contracts	370	372	393	21	6.2%
Gifts applied	56	71	59	(12)	5.4%
Tuition & fees	63	64	62	(1)	-1.9%
State appropriations	30	30	31	1	4.2%
IGT funding	101	102	123	21	21.9%
Other revenue	166	166	186	20	12.0%
Operating revenues	2,679	2,886	2,940	54	9.8%
Salaries & benefits	1,610	1,775	1,848	73	14.8%
Rx & medical supplies	461	489	533	44	15.6%
Other services & supplies	402	436	441	5	9.7%
Depreciation	134	148	148	1	10.4%
Interest	25	26	34	7	36.5%
Operating expenses	2,632	2,873	3,004	131	14.1%
Operating income (loss)	\$46	\$13	\$(64)	\$(77)	-236.9%
Operating margin	1.7%	0.4%	-2.2%	-2.6%	
EBITDA margin	7.7%	6.5%	4.0%	-2.5%	



# Surgical Cases & Census Off Budget, OP Share Up

March YTD (9 Months)	FY21	FY22	FY22	Actual /	Actual /
Patient Activity	Last Year	Budget	Actual	Budget	Last Year
Inpatient admissions	18,879	19,839	19,541	-1.5%	3.5%
Average length of stay	6.74	6.70	6.80	1.5%	0.9%
Average daily census	444.4	468.0	461.0	-1.5%	3.7%
Casemix index	2.49	2.50	2.48	-0.8%	-0.4%
Day / observation patients	30,088	33,148	30,568	-7.8%	1.6%
Surgical cases	24,367	26,104	23,678	-9.3%	-2.8%
Emergency visits	29,961	29,958	36,655	22.4%	22.3%
Ambulatory visits	814,623	839,124	821,493	-2.1%	0.8%
Outpatient share of activity	54.8%	56.2%	57.1%	1.6%	4.2%
CMI/OP adjusted admissions	103,915	113,314	112,724	-0.5%	8.5%
Gross charges (rate adjusted)	\$3,930	\$4,197	\$4,256	1.4%	8.3%

# Budget Shortfall Centered in Patient Care Areas

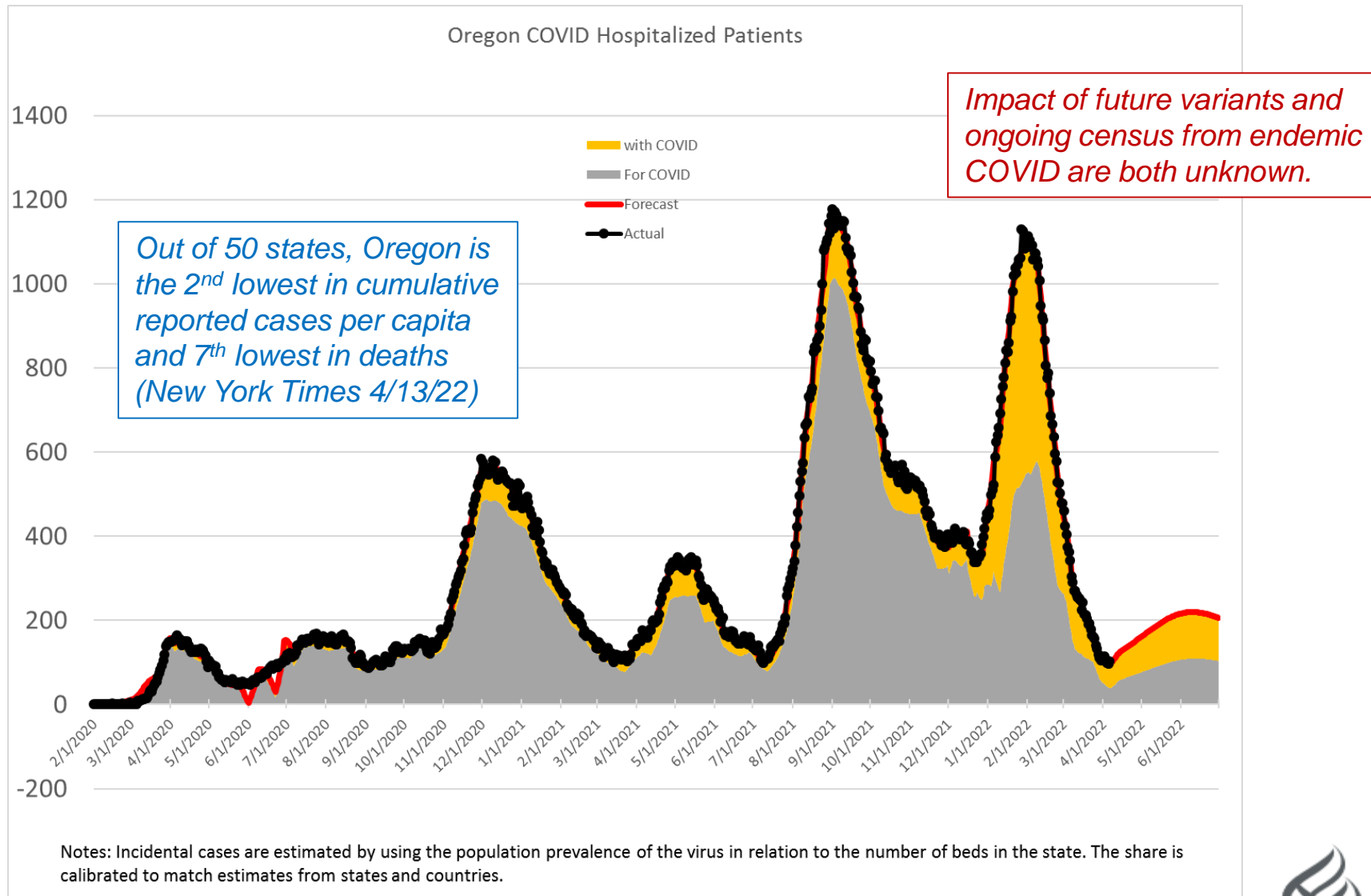
- FY22 budget shortfall through 9 months largely reflects labor costs in OHSU Health + School of Medicine, where nearly all of OHSU's net patient revenue is generated.
- All other University areas, including contingency, are \$15 million ahead of budget.
- Outside of operating units, IGT funding for research & education is \$21 million ahead of plan, while two one-time items (\$1k bonuses for front-line workers and cost of issuance for December's bond issue) cost \$(17.5) million.

*Bed closures (millions)* \$(5.9)  
*IP shift from surgical to medical* (4.8)  
*Lower OP surgical volume* (8.4)  
*Lower procedural revenue* (2.7)  
*Higher contract labor* (49.3)  
*Nursing incentives* (12.0)  
*OHSU Health COVID impacts* \$(83.1)

*OHSU Health \$1k payments* \$(8.0)  
*All other OHSU \$1k payments* \$(6.0)

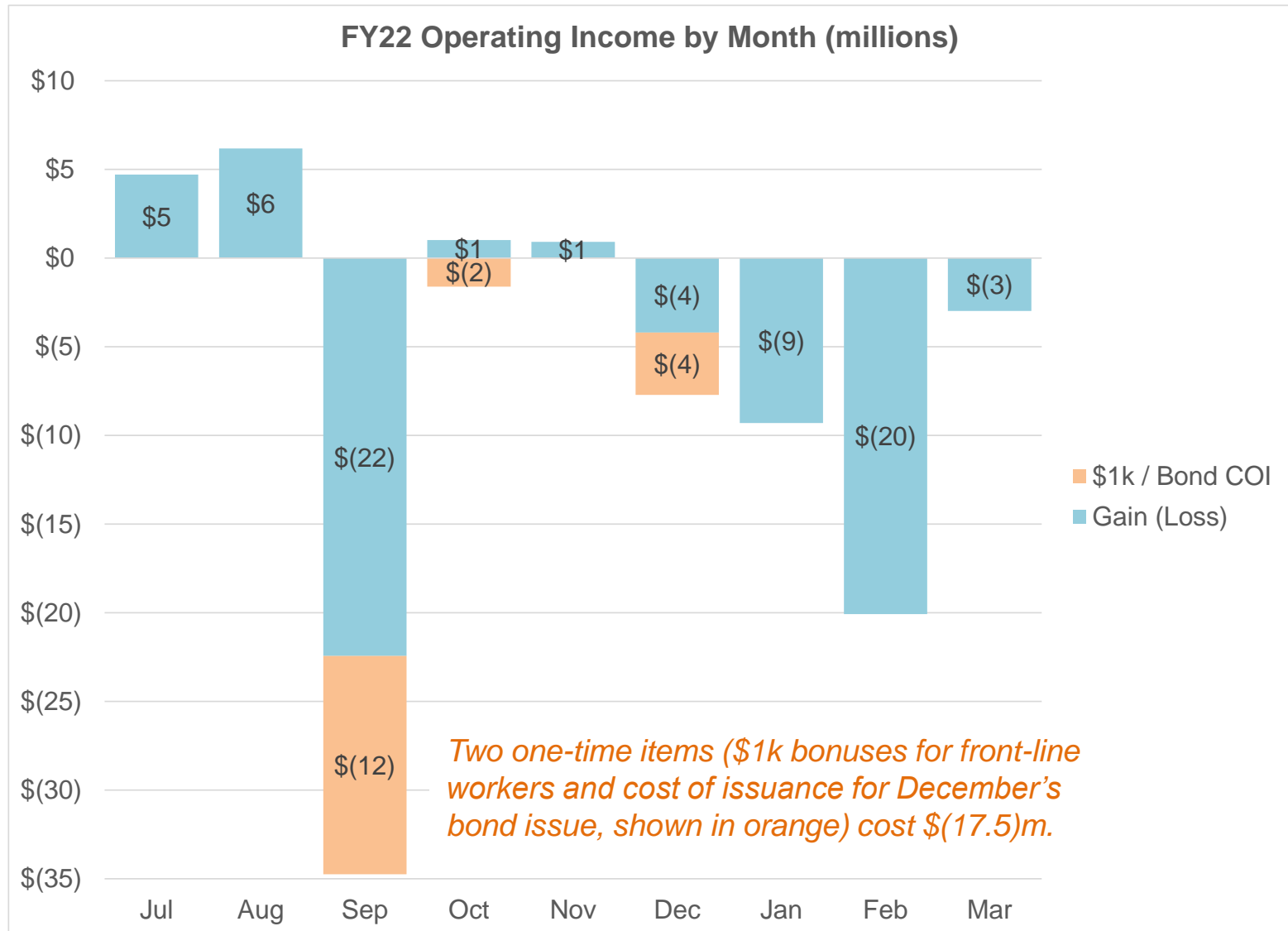
Components of FY22 YTD Budget Variance		
March YTD (9 months) (millions)	Actual - Budget	% of Total Patient Care
OHSU Health	\$(79.2)	82.0%
School of Medicine	(16.0)	17.6%
All Other University Areas	15.2	0.4%
Higher IGT Funding	21.0	
<b>\$1k One-Time Payment</b>	<b>(14.0)</b>	
Bond Cost of Issuance	(3.5)	
Total Budget Variance	\$(76.5)	100.0%

# Oregon's Omicron Surge Peaked in February

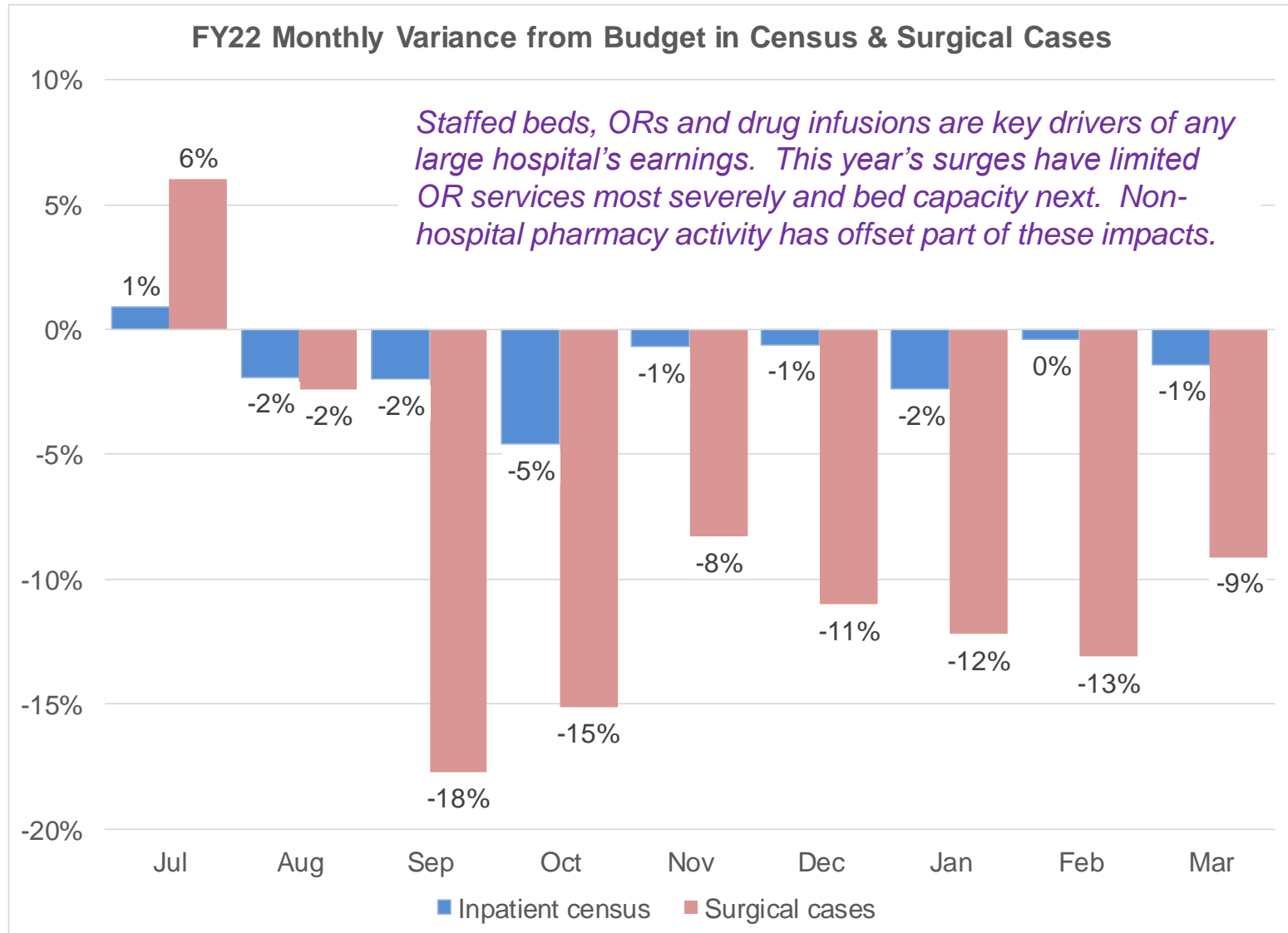


Source: Dr. Peter Graven / April 8, 2022 OHSU COVID Forecast / Statewide Census

# Monthly Gain (Loss) Follows Delta/Omicron Surges



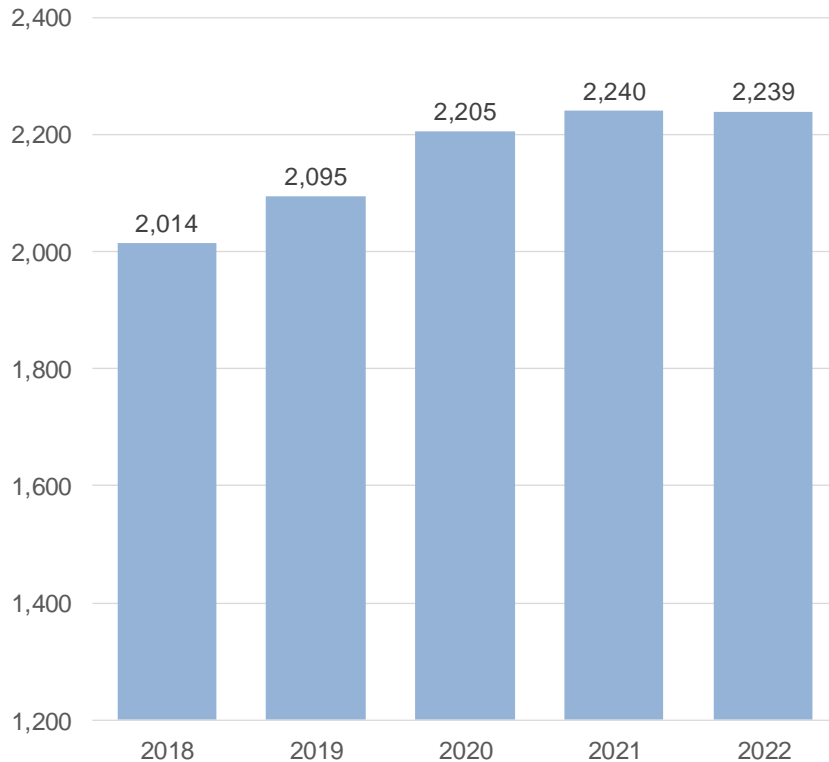
# Delta / Omicron Impact on Census & OR Cases



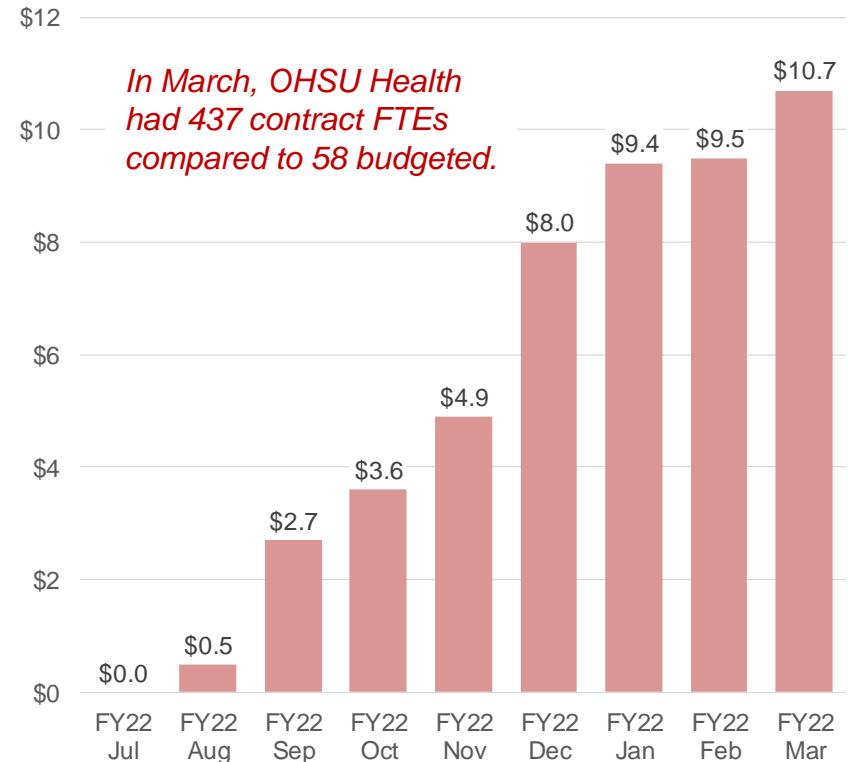
# Trend in Nurses on Payroll & Contract Labor Costs

Growth in nursing FTEs on OHSU's payroll has flattened (blue graph) while monthly costs for contract labor (traveler nurses + other staff) have increased sharply (red graph).

Total ONA (Nursing) FTEs on OHSU Payroll  
During First 12 Weeks of Each Calendar Year



Excess Spending on Healthcare Contract Labor  
By Month (FY22 Mar YTD = \$49.3 million)



# Decline in Cash Reflects CARES Loan Repayment

- OHSU-held cash & investments are down \$(102) million through 9 months, largely the result of repaying \$89 million of short-term interest free CARES Act loans.
- Operating and investment losses are largely offset by slower than anticipated capital spending, some of which has been funded by debt issued in December for the hospital expansion project and acquisition of a formerly-leased clinic property.

FY22 Mar YTD Cash Flow	(millions)
Operating income	\$(64)
Depreciation	148
Investment return	(15)
Capital grants & gifts	11
CARES Act / FEMA grants	18
New debt applied	80
<b>Sources of cash</b>	<b>179</b>
Principal repaid	(26)
Capital spending	(150)
<b>CARES Act loans repaid</b>	<b>(89)</b>
All other changes, net	(16)
<b>Uses of cash</b>	<b>(281)</b>
<b>Sources less uses of cash</b>	<b>\$(102)</b>

# Change in Net Worth 25 Months into Pandemic

25 Months COVID-to-Date (millions)	2/29/20 to 3/31/22		
Operating loss	\$(111)		
CARES Act / FEMA grants	128		
Adjusted operating income	17	<i>\$(312)m off trend</i>	
OHSU investment return	163		
PERS pension accruals	(126)		
Capital grants & gifts	19		
Other changes, net	(5)		
University balance sheet	52	<i>\$(75)m off trend</i>	
Foundation endowment & gifts	274	<i>+\$41m above trend</i>	
25 month change in net worth	343	<i>\$(346)m off trend</i>	
2/29/20 net worth	3,727		
3/31/22 net worth	\$4,070		
25 month % increase	9.2%		
25 months at prior ROE	18.5%		

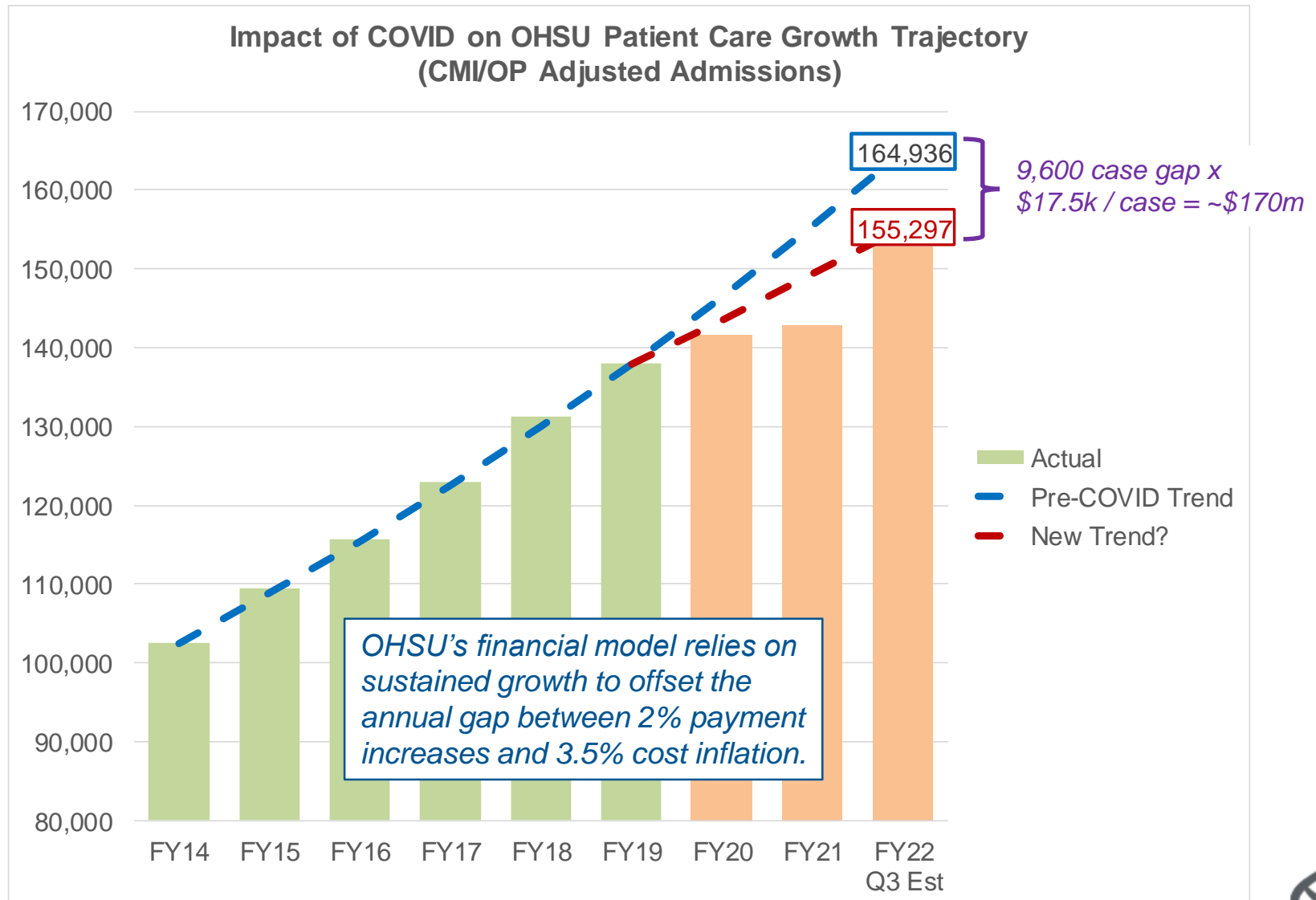
*Consolidated net worth during the first 25 months of COVID-19 is still up \$343m, about half the pre-pandemic trend, due to CARES Act / FEMA grants and strong 2021 investment returns.*



# Funding OHSU before COVID-19

- For nearly a decade pre-pandemic:
  - Activity at OHSU across missions grew by 5% per year, the weighted average of 6% growth in patient care and somewhat slower growth in research & education.
  - Average payment rates grew by 2% per year across missions.
  - Total revenues thus grew by 7% per year on average (5% volume + 2% rate).
  - On 5% aggregate volume growth, number of employees grew by 3.5% per year, reflecting a 70% variable / 30% fixed staffing pattern (70% variable x 5% volume growth = 3.5% FTE growth).
  - With 3.5% growth in FTEs plus 3.5% growth in average salaries + benefits, total compensation grew by 7% per year on average, matching the growth in revenues.
  - Balanced revenue & expense growth sustained operating margins between 4.5% and 5% to fund programs and capital (like simulation, RLSB and CHH-2) that in turn supported continued growth.
- The pandemic knocked OHSU's clinical enterprise off this path, with below-trend patient activity combined with above-trend costs, including higher wage & supply inflation and contract labor.

# What Changed with COVID: Growth Trajectory



# Recent Surge in US Wage & Cost Inflation

- Both wage growth (left chart) and overall inflation (center chart) have spiked, but of all major components of the Consumer Price Index, hospital services (which are highly regulated) have increased the least (bottom of right chart).

➤ *Although the spike in inflation is widely expected to moderate, the gap between OHSU's payment rate growth and wage & cost inflation is widening.*

## Wage Growth Tracker

three-month moving average of median wage growth, hourly data



Sources: Current Population Survey, Bureau of Labor Statistics and author's calculations



## Consumer Price Index



Chart shows year-over-year percent change. | Source: Bureau of Labor Statistics

Source: *New York Times*, 4/13/22

## Annual price changes in March

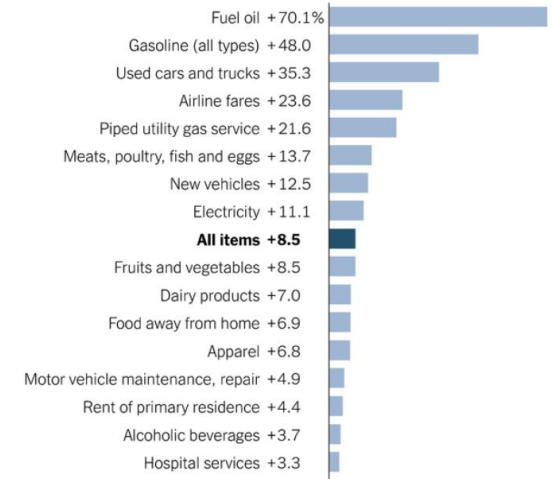
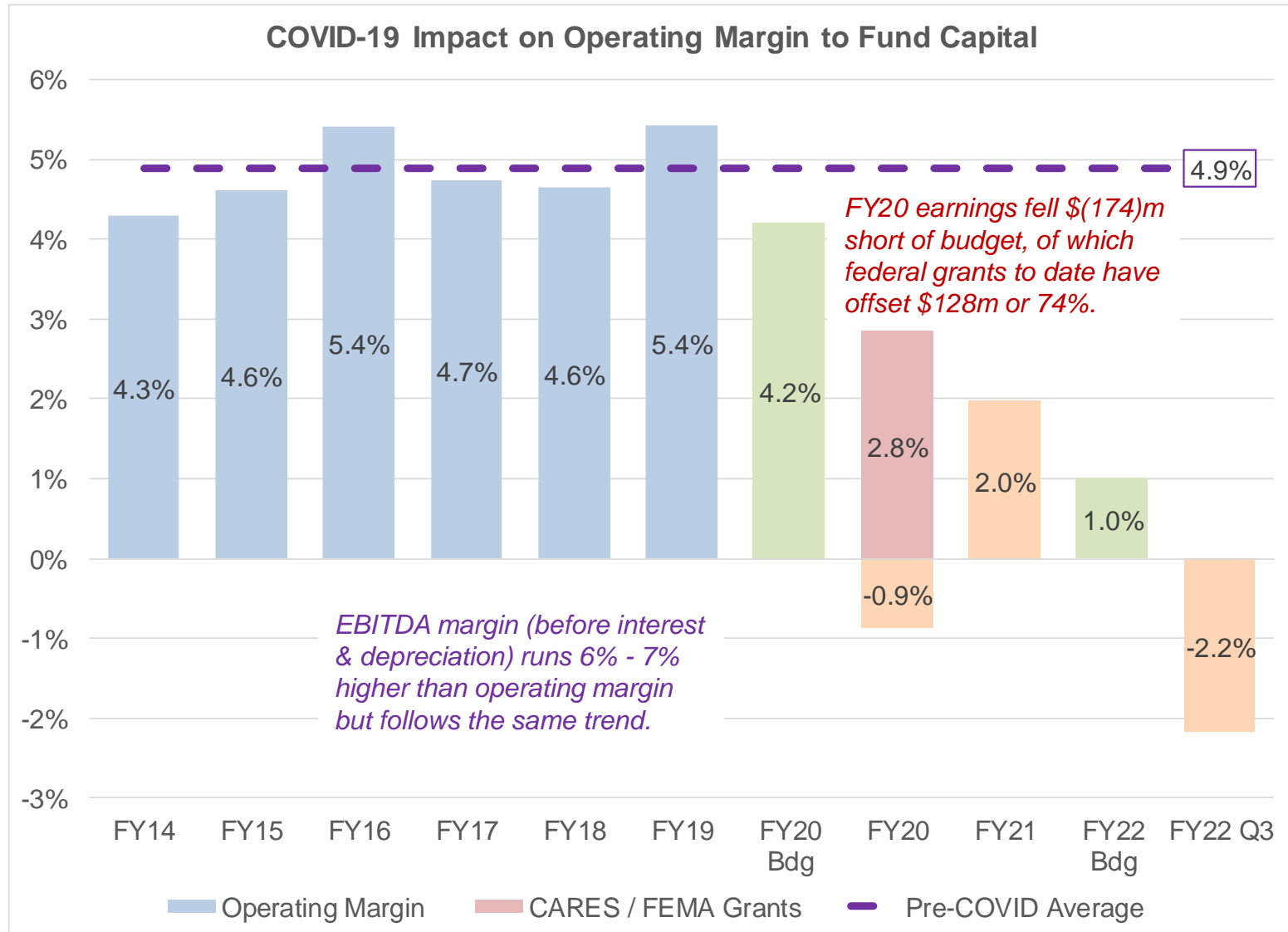


Chart shows year-over-year changes in select categories of the Consumer Price Index. | Source: Bureau of Labor Statistics

Source: *New York Times*, 4/13/22

# Trend in Operating Margin to Fund Future Growth



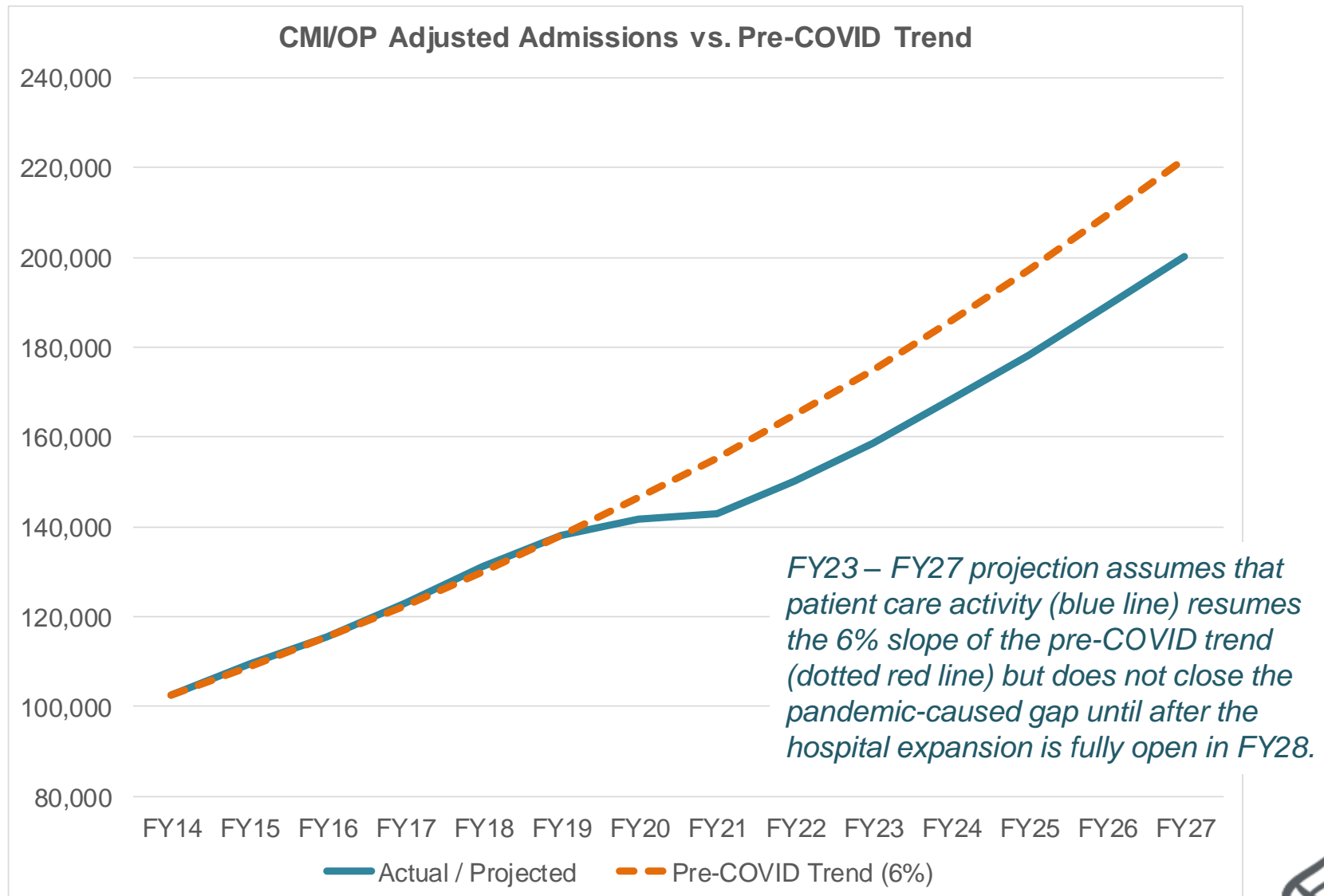
# Financial Challenges for FY23 – FY27

- Over the past three months, OHSU executive leadership has developed plans for FY23 through FY27 to address four interlocking challenges:
  - Payment rate growth that is chronically less than wage & cost inflation, which requires either constant cutting or constant growth (spreading fixed costs over a larger and larger base) to offset.
  - The need both for major capital investments and for competitive wages in order to support the constant growth approach, and these compete for resources.
  - A pandemic that has knocked OHSU off its prior trajectory of growth and earnings, while recent inflation increases have made the gap between payment rate growth and cost inflation even wider.
  - The fact that OHSU has become more reliant on a narrow set of funding sources (IGT funding and non-hospital pharmacy sales) that are themselves subject to significant public policy and market risk.
- *We shared our response with the OHSU Leadership Team (OLT) group of 100+ on Thursday, April 7<sup>th</sup>.*

# Six Essential Goals in Target Plan

- 1) Patient care volume increase: Target is 5.7% for FY23 then **6% per year** to FY27, measured by case-mix and outpatient adjusted admissions.
- 2) Patient care payment rates: Target is 2.5% increase for FY23 and then **3% per year**.
- 3) Labor cost inflation: Historically 3.5% per year, with 3% average wage growth nudged up to 3.5% due to higher increases for pension and health care costs. The FY23 – FY27 plan targets **market-competitive wage & benefit growth** in a rising inflation environment to fill critical positions.
- 4) Sustaining IGT funding: Over time, should grow as a function of net patient revenue, **6% volume + 3% rate = 9% total growth**.
- 5) Share of FTEs that are variable with volume growth: Historically, this has been about 70%, meaning a 30% increase in volume over 5 years led to a 21% increase in FTEs. Going forward this needs to be **47%**, with a 30% increase in volume over 5 years leading to a **14% increase in FTEs**.
- 6) FY23 budget base: Current revenue & expense targets add up to a 7.5% EBITDA margin, one-third lower than the pre-pandemic performance. Achieving an **8% margin** instead would be **\$21 million better**, with a significant compounding over 5 years. Annual capital spending is targeted at no more than **\$180 million**. We should lower or raise capital spending in line with actual earnings as they occur.

# Projected Patient Activity vs. Pre-COVID Trend



# What Keeping Variable FTEs to 47% Means

## Old Model (70% Variable)

17,000 current FTEs

30% volume growth over 5 years  
x 70% variable share of FTEs  
= 21% growth in FTEs

+ 3,570 incremental FTEs

20,570 FTEs in FY27

## New Model (47% Variable)

17,000 current FTEs

30% volume growth over 5 years  
x 47% variable share of FTEs  
= 14% growth in FTEs

+ 2,400 incremental FTEs

19,400 FTEs in FY27

*-5.7% fewer FTEs after 5 years  
compared to old 70% model*

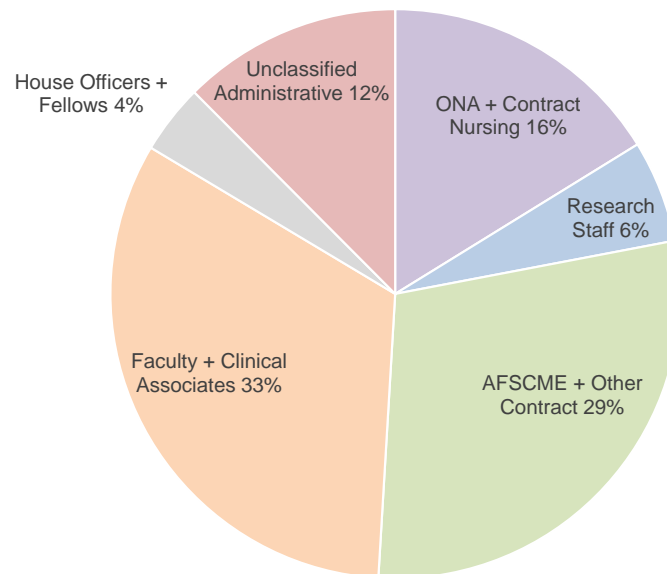
*Without achieving this target, volume growth doesn't help, and we can't climb back from a historic low margin to generate funds required for capital and continued growth.*



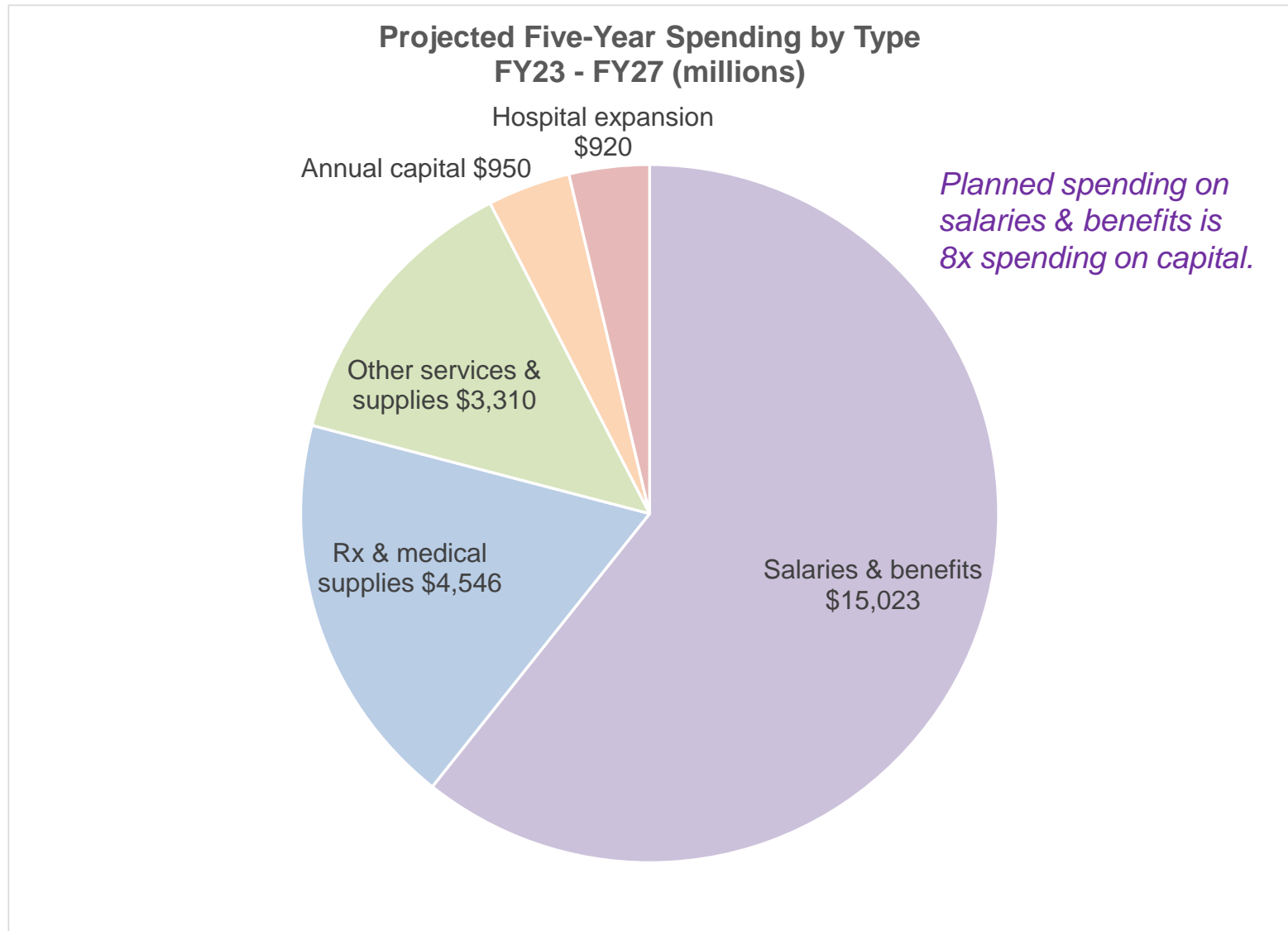
# Reaching Aggregate 47% Variable FTE Goal

- The 47% variable goal for adding FTEs when activity increases is an aggregate weighted average, but the variable share of labor costs will vary greatly by area and type of employee. For example, a 10% increase in medical ICU census may result in a 10% increase in ICU nurses, but little or no increase in administrative staff.
- Since 2017, overall patient activity grew by 26% with a shift toward outpatient and Rx services, while nursing FTEs grew by 22%. However, Unclassified Administrative FTEs (managers & supervisors) also increased by 22%. Going forward, we will need to temper such growth to keep to the 47% goal, by redesigning and refocusing work.

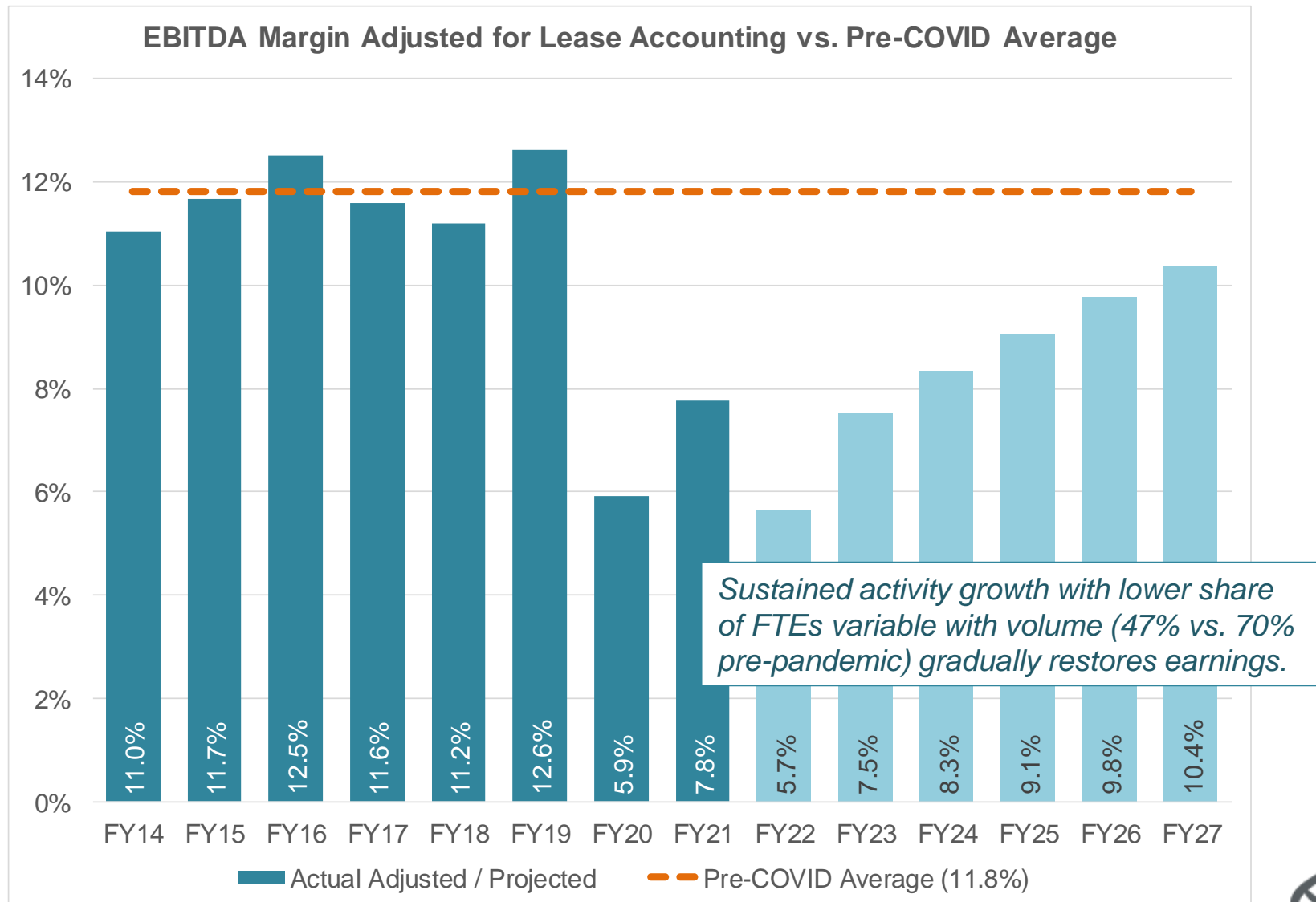
Distribution of OHSU Labor Costs by Representation Group



# Five-Year Planned Spending on People & Capital

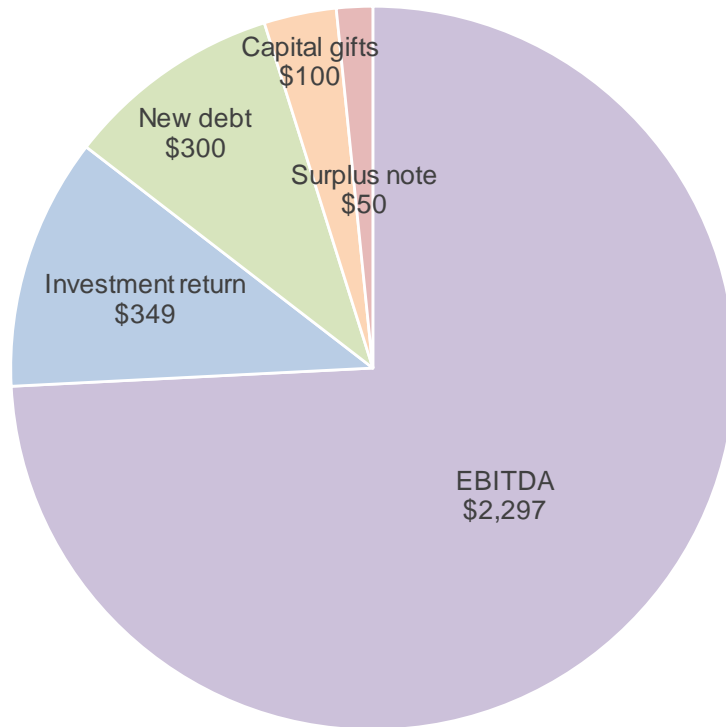


# Projected EBITDA Margin vs. Pre-COVID Average



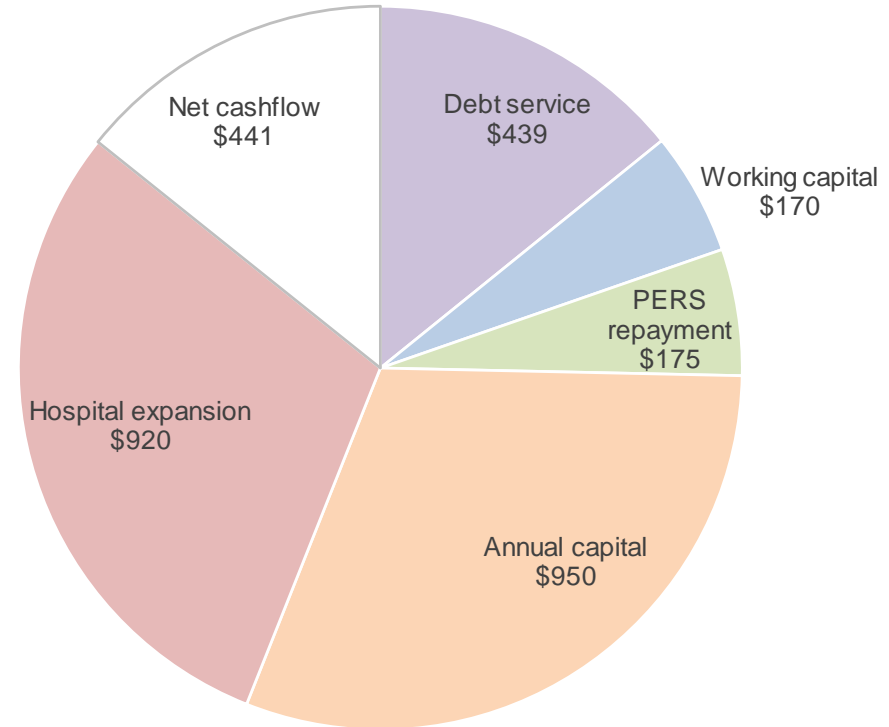
# FY23 – FY27 Sources & Uses of Cash

Five-Year Sources of Cash (millions)



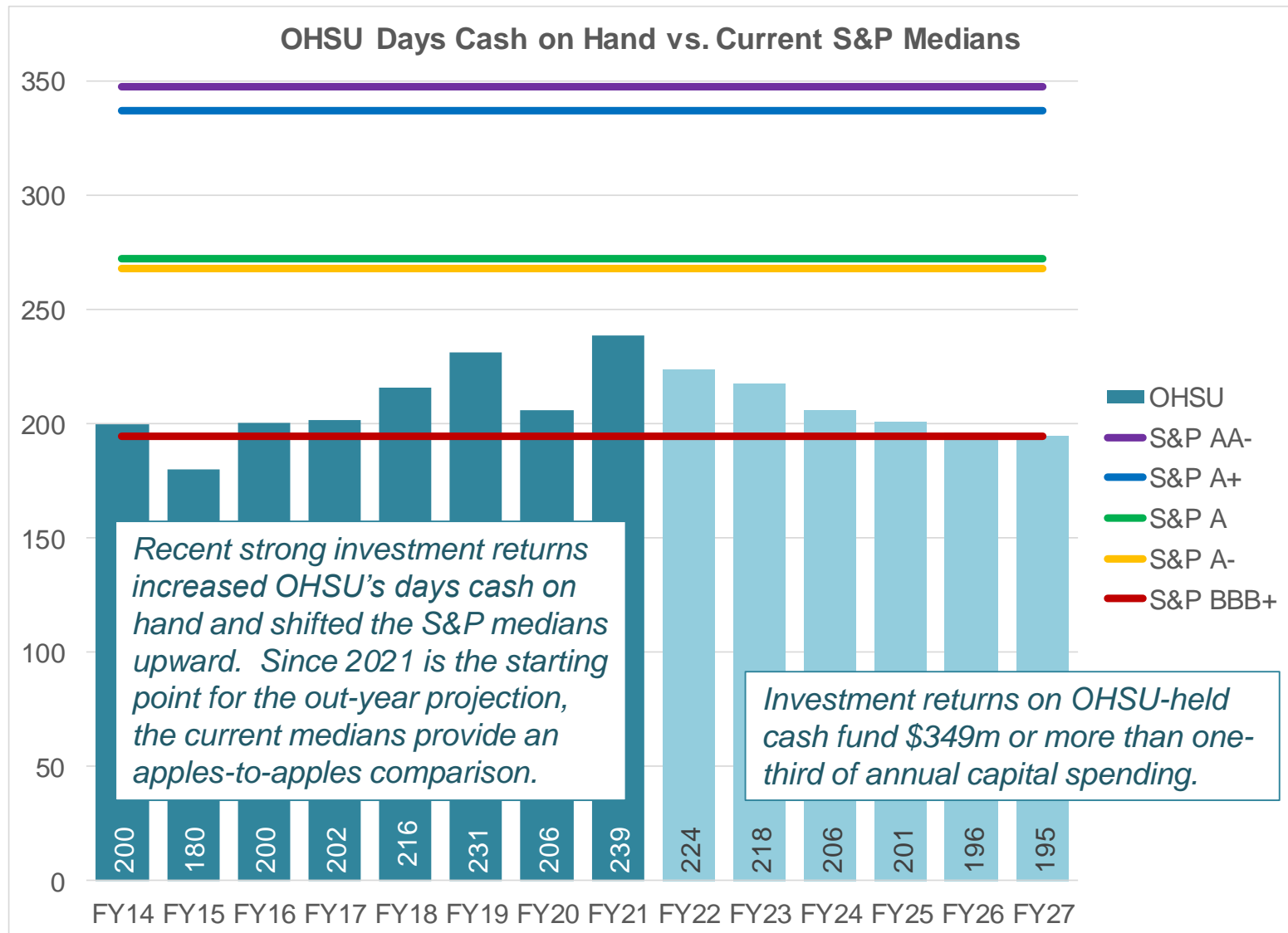
*EBITDA is a standard metric of earnings, equal to operating revenues minus salaries, benefits, supplies & services, but before interest & depreciation.*

Five-Year Uses of Cash (millions)



*Although positive, net cashflow does not keep pace with expenditure growth, resulting in a decline in days cash on hand to 195 days by 6/30/27.*

# Actual / Projected Days Cash vs. S&P Medians



# Conclusion

- None of the six essential goals are easy or certain to secure:
  - 6% patient activity growth
  - 3% patient care payment rate growth
  - 9% IGT funding growth with downside risk plan
  - 47% FTEs variable with volume
  - Market-competitive wage & benefit growth
  - FY23 operating budget (7.5% → 8% EBITDA margin) + \$180m capital budget.
- There are risks to the downside, but we have a strong track record pre-COVID.
- On April 7<sup>th</sup> with the OHSU Leadership Team (OLT), we worked to model “leading with the truth” about OHSU’s financial situation and path going forward.
- Various components of the OLT have asked to be more involved in addressing the organization’s challenges.
- We took up this offer because we can only achieve these goals—and leave the University in at least as strong a position as we found it—is through our collective efforts to reimagine, redesign and refocus our work.



Date: April 12, 2022

To: OHSU Board of Directors

From: Susan Bakewell-Sachs, Dean of the School of Nursing  
Alice Cuprill Comas, EVP & General Counsel

RE: Covington Response Status Update from the Implementation Committee

On behalf of the Covington Implementation Committee, we appreciate the opportunity to share with the OHSU Board of Directors an update on the status of the work that the Committee completed during February and March of 2022. The initial focus of the work was on:

- Establishing Implementation Committee trauma-informed principles and processes for defining, reviewing, and implementing solutions that address the Covington recommendations;
- Working with the Oversight Committee to establish collaborative and iterative processes for review and feedback of Implementation Committee deliverables and proposed solutions;
- Working collaboratively with the Oversight Committee to deploy communication channels to keep the OHSU community and the general public informed with regard to the Covington response work;
- Defining implementation workstreams and leaders to organize the work moving forward.

Additional details will be provided during the planned presentation to the OHSU Board of Directors on April 22, 2022.



# Covington Response – Implementation Committee Status Update

OHSU Board Presentation

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DATE: April 22, 2022

By: Susan Bakewell-Sachs and Alice Cuprill Comas



# Covington Response – Implementation Committee Status Update

## Agenda

- Implementation Committee Charter and Membership
- Trauma-Informed Systems Change and the Diversity, Equity, Inclusion, and Belonging (DEIB) Lens
- Collaboration with Oversight Committee
  - Iterative Process
  - Situation, Background, Assessment, Recommendation (SBAR)
- Workstreams and Leaders
- Next Steps
- Sample Reports

# Covington Response – Implementation Committee

## Status Update

### Charter and Membership

Committee Members	School/ Department	Title
Susan Bakewell-Sachs (Co-Chair)	SoN (School of Nursing)	Dean, School of Nursing
Alice Cuprill Comas (Co-Chair)	LC.Legal	EVP & General Counsel
Jessica Asai	EO.Affirmative Action & Equal Opportunity	Interim Manager, AAEO
Bridget Barnes	ITG (Information Technology Group)	SVP and CIO
Travis Brown	HR.Human Resources Admin	Assc VP, Employee & Labor Relations
Shaniqua Crawford	HR.Human Resources Admin	Director, Employee Relations
Dana Director	RS.VP Research Administration	VP, Research Admin/Sr Staff Officer
Derick Du Vivier	CS.Center for Diversity & Inclusion	SVP, Diversity, Equity & Inclusion
Renee Edwards	HC.Hospital Administration	SVP/CMO, OHSU Health
Tim Marshall	CI.Core Services	Chief Integrity Officer
Maulin Patel	FA.VP Finance & Treasurer	VP, Finance & Treasurer
Megan Pugmire	CS.Marketing	Director, Brand & Design
David Robinson	AA.Provost Office	Interim Provost
Emily Shults	LC.Legal	Deputy General Counsel
Serilda Summers-McGee	HR.Human Resources Admin	Interim Head of HR

*The Committee is tasked with implementing the Recommendations found in Covington's December 9, 2021, "Report to the Board of Directors of Oregon Health and Science University". (Covington Implementation Committee Charter)*



# Covington Response – Implementation Committee Status Update

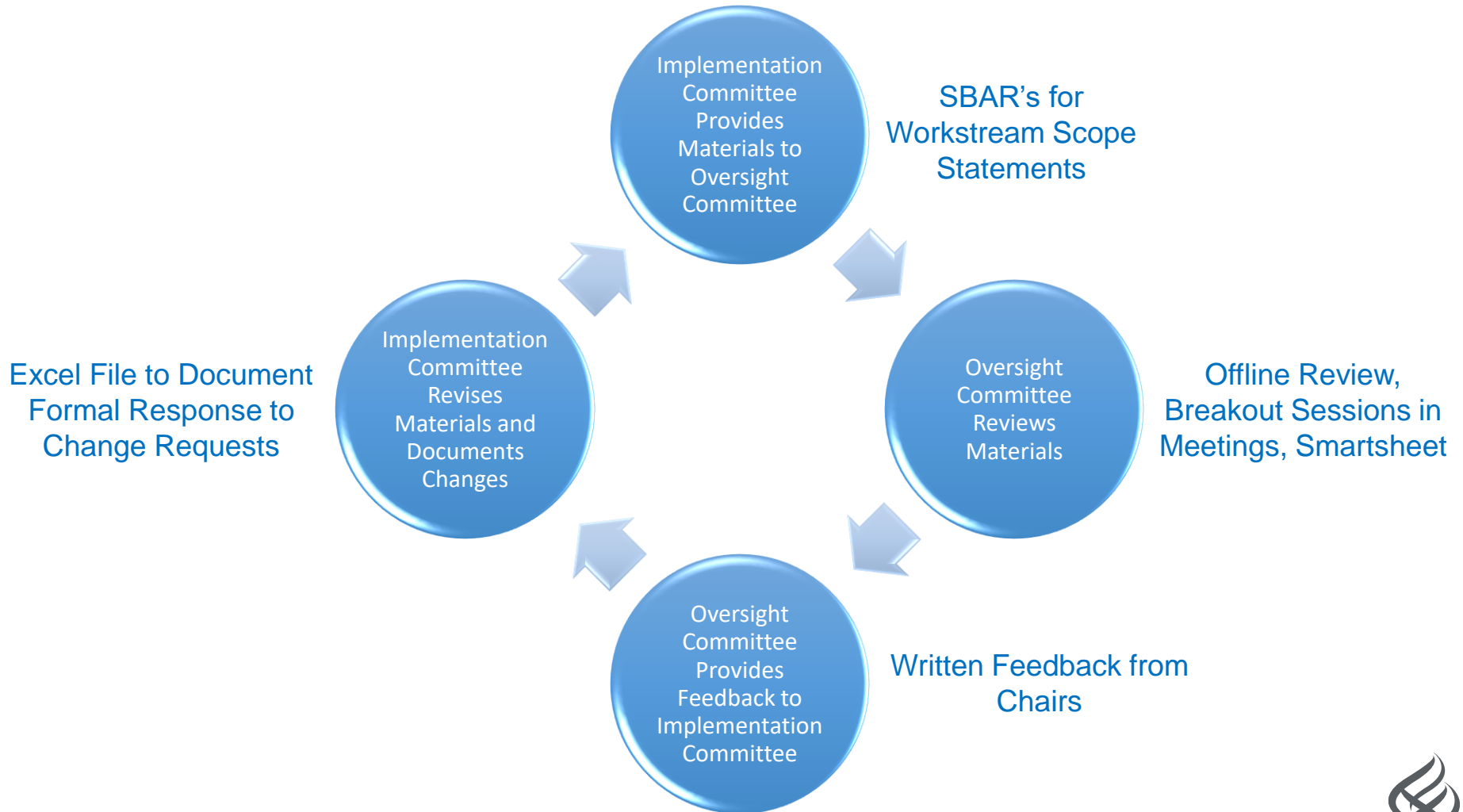
## Trauma-Informed Systems Change and the DEIB Lens

*The Covington Implementation Committee is using a trauma-informed systems change approach and applying a Diversity, Equity, Inclusion, and Belonging Lens to the work by considering the four questions below as we define the scope of the implementation activities.*

1. How will this action/activity/effort better help us understand the experiences of those that have experienced overt discrimination, implicit bias, racism and historical trauma and account for cultural, historical and gender factors?
2. How will this action/activity/effort help improve the experiences for those that have experienced overt discrimination, implicit bias, racism and historical trauma and account for cultural, historical and gender factors?
3. How will this action/activity/effort help ensure leadership's accountability for changing organizational behaviors and patterns that disproportionately negatively impact those that have experienced overt discrimination, implicit bias, racism and historical trauma and account for cultural, historical and gender factors?
4. How will we ensure evaluation and continuous improvement?

# Covington Response – Implementation Committee Status Update

Collaboration with the Oversight Committee – Iterative Process



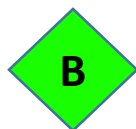
# Covington Response – Implementation Committee Status Update

Collaboration with the Oversight Committee – SBAR



## Situation

- Describe the problem or issue
- Apply the DEIB Lens to identify affected populations



## Background

- Provide the historical context for the problem or issue
- How did we get here?



## Assessment

- Describe the analytical / assessment process
- What alternatives were considered?



## Recommendation

- Describe the recommended approach for addressing the issue
- Apply the DEIB Lens to ensure the actions will improve the OHSU experience for affected populations

# Covington Response – Implementation Committee Status Update

## Workstreams and Leaders

Alice Cuprill Comas, Derick Du  
Vivier, Serilda Summers-  
McGee

**Derick Du Vivier**

Serilda Summers-  
McGee

Alice Cuprill Comas  
and Tim Marshall

Emily Shults

Serilda Summers –  
McGee

Serilda Summers –  
McGee

Serilda Summers –  
McGee

- Drive Vision, Culture, and Change

- Clarify / Elevate the Role of the Center for Diversity & Inclusion

- Improve the Effectiveness of the People Function

- Realign the office of Affirmative Action and Equal Opportunity

- Re-Engineer Incident Processes

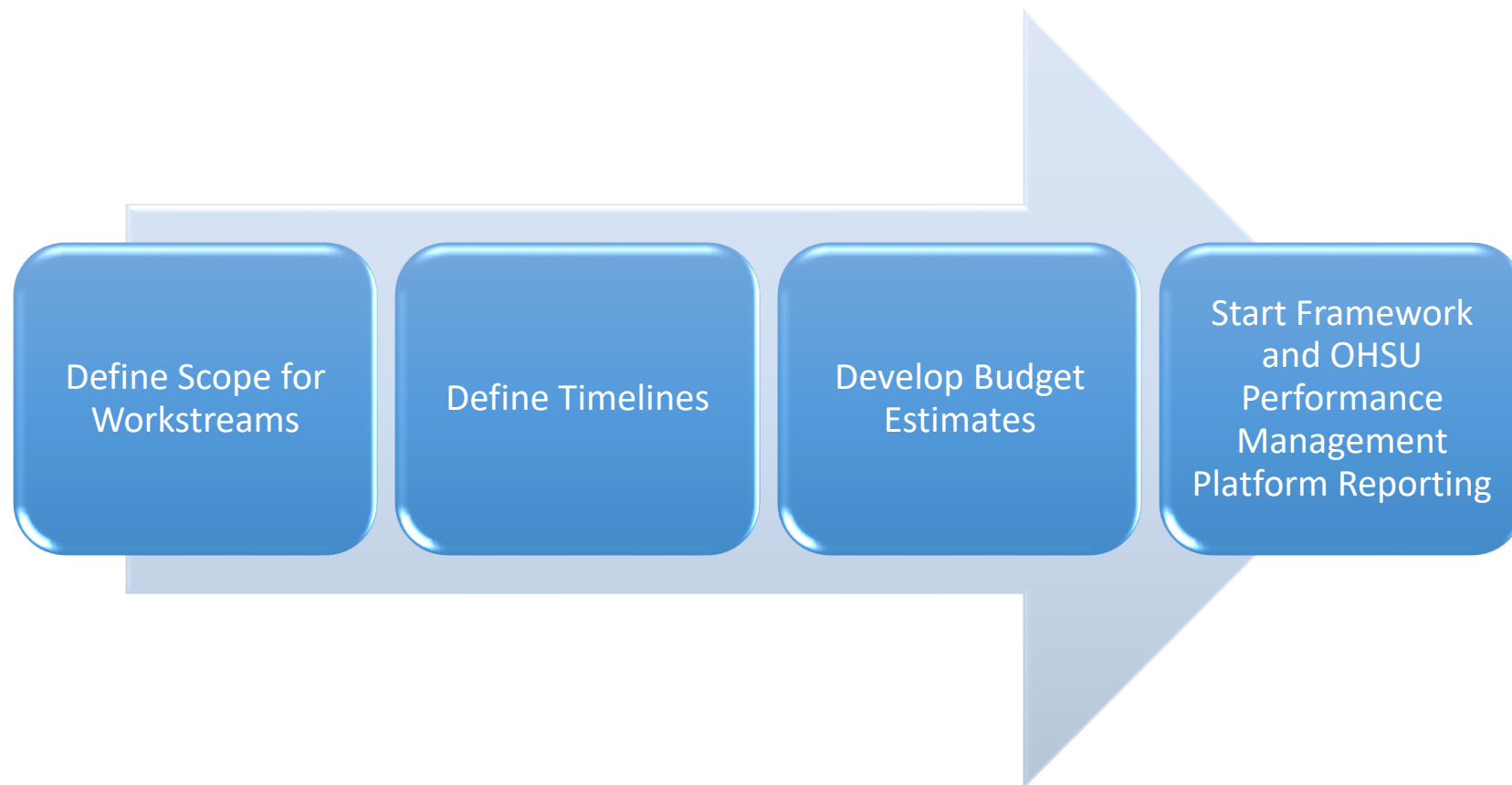
- Increase Workforce Diversity

- Develop Objectives for Managers

- Report on Metrics

# Covington Response – Implementation Committee Status Update

## Next Steps



# Covington Response – Implementation Committee

## Status Update

### Sample Reports

## Covington Framework

### RECOMMENDATIONS\_COVINGTON

#### RECOMMENDATION - RESOURCE AND STAFFING

A) Conduct a rigorous, competitive, and nationwide search for a highly qualified candidate for a VP or SVP of HR; must be strong partner with executive leadership and center DEI efforts

B) Centralize HR functions so that all HR professionals across the institution ultimately report up to the VP (or SVP) of HR.

START DATE	DUE DATE	% COMPLETE	NOTES
Date	Date	0%	
Date	Date	0%	

## OHSU Performance Management Platform (OPMP)

### Plan Detail

Oregon Health & Science University

● Completed
 ● On Schedule
 ● Behind Schedule
 ● At Risk
 ● Discontinued
 ○ Not Started

FY19 OHSU Performance Indicators								
Status	Ref #	Goals	Area of Focus	Functional Area		Leaders	Target Date	Complete
●	1.	Being a great organization, diverse in people and ideas, plus developing and retaining a faculty that will collaborate to drive excellence and innovation across OHSU.	People	Administration		Elena Andresen; Connie Seeley	6/30/19	
Status	Ref #	Objectives	KPI	Actual	Target	Leaders	Target Date	Complete
●	1.1.	Promote and improve the flexible work environment	Number of telecommute hours - YTD (06/30/19)	16,500	16,000	Greg Moawad	6/30/19	
Status	Ref #	Tactics	Achievement Indicator	Start Date	As Of	Leaders	Target Date	Complete
●	1.1.1.	Prepare toolkit and best practices for units to assess practicality and readiness for change in work hours and/or schedules	Toolkits created and ready for distribution	7/1/18	11/1/18	Greg Moawad	11/1/18	11/1/18
●	1.1.2.	5 pilot/early adopter work units identified and flexible work changes implemented	5 work units identified and changes implemented	7/1/18	12/1/18	Greg Moawad	12/1/18	12/1/18
○	1.1.3.	HR Business Partners identify at least 10 work units they support to discuss flexible work changes	Meetings held and discussions occurred	1/1/19		Greg Moawad	3/30/19	
○	1.1.4.	HR Business Partners identify at least 3 work units they support to implement flexible work changes	Implementation has begun	1/1/19		Greg Moawad	5/1/19	
○	1.1.5.	HR Business Partners report on hours impacted in units which have implemented flexible work changes	Reporting has commenced	1/1/19		Greg Moawad	5/1/19	







Thank You



Date: 4/22/2022

To: President Jacobs and OHSU Board of Directors

From: Michael Alexander, M.S.S. and Alisha Moreland-Capuia, MD

RE: Oversight Committee Update

Will cover the last three months of progress of the Oversight Committee with specific focus on trauma informed processes.

# Oversight Committee Board Update

Michael Alexander, M.S.S.

Alisha Moreland-Capuia, MD

# Application of trauma informed lens and framework

Application of a trauma informed framework to decision making, focusing on six key principles as outlined by Substance Abuse Mental Health Services Administration (SAMHSA):

- Ensuring physical and psychological safety
- Commitment to consistently being transparent in decision making process as a way to build trust
- Offering mutual support in healing and recovery
- Acknowledging and managing power dynamics in the space
- Making room for and augmenting voices in the community and highlighting individual and collective strengths
- Recognizing and addressing overt discrimination, implicit bias, racism and historical trauma; accounting for cultural, historical, and gender factors

Trauma-informed principles (TIP) reflected in the entire process - the 'how' matters just as much as the 'what and why'

Meeting structure

- Every second Thursday of the month from 9AM-10:30AM
- Each meeting starts with a 60 second mindful moment/reflection to ground us in our work
- Community agreements defined
- Shared decision making
- Active and continuous feedback
- Collaboration – small group work
- Group feedback

# Community Agreements

In this space, we will:

- Come as we are and feel what we feel
- Be curious
- Avoid making assumptions and ask for clarification when needed
- Not avoid conflict, but lean into it and find a way forward
- Listen to understand versus listening to respond
- Prioritize physical and psychological safety
- Appreciate the concept of shared expertise and be willing to learn from and with one another
- Agree that dissent is welcome
- Agree that breakdown leads to breakthroughs
- Assume we have the best intent
- Extend grace
- Be willing to learn as much as we might be eager to teach
- Create space for all voices to be heard – be aware of when to pull back and when to speak up

# Oversight Charter

- Clarity around purpose and mission – monitor, review and provide input
- Revised and revisited the Oversight Charter to better reflect the expectation for accountability
- The importance of the 6-month re-evaluation window as indicated in the Charter

# Tracking and monitoring progress toward recommendations

- Developed a tool that outlines the full of the recommendations as stated in the Covington Report allowing us to track progress and communicate with Implementation Committee.
- Mindful of pertinent and powerful transformational initiatives that preceded the Covington report – Black Employee Resource Group (BERG) 14 points, OHSU Vision 2025. Appreciated the points of convergence in this strong work and the folks that have dedicated themselves to it and the operationalization of the Covington Report.



# Communication and keeping the OHSU community informed

- Communication and collaboration are foundational to transparency and trauma informed transformation
- Webpages are up and we are broadcasting widely and consistently for folks to visit the sites – there you can find:
  - Trauma informed resources and tools
  - Copies of the mini-lectures on trauma-informed practice/organizational trauma and healing
  - Meeting notes/minutes, all handouts

The entire OHSU is given window into our process, able to provide active and real-time feedback, serving as a parallel Oversight Committee

- We are encouraging the OHSU community to utilize the Oversight and Implementation Committee webpages as a hub for all the work being done to acquiesce to the recommendations and for resources
- Monthly reports and structure established for consistency in monthly reports (Board received its first report and various attachments)
- Weekly meetings with President Jacobs and the Implementation Committee co-chairs

# Key trauma informed elements/Takeaways

- Trauma informed mini lectures on organizational trauma – shared language and understanding, more likely to move toward a shared destiny
- Consistency in educating on the trauma informed framework is critical in the work toward becoming a trauma informed organization
- Modeling trauma informed principles in practice (like meeting structures and communication) is critical
- Continuous feedback/responsiveness to feedback – willingness to make adjustments as new information emerges

# Questions/Challenges/Reservations/Reflections



Date: April 12, 2022

To: OHSU Board of Directors

From: Bridget Barnes, SVP and Chief Information Officer

RE: OHSU 2025 Status Update

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

- Recent work completed by Objective owners to provide a status update, including Objective Summary slides, Red / Amber / Green status ratings for Tactics, and a summary of performance against the limited number of Key Performance Indicators (KPI's) that are not aligned with the end of the fiscal year;
- The important and impactful work delivered by Objective owners during the COVID-19 pandemic, including a brief video about the student food pantry;
- A summary of next steps for the OHSU 2025 program;
- An overview of the work that the Enterprise Program Management Office is doing to rationalize the various OHSU strategic programs of work.

Additional details will be provided during the planned presentation to the OHSU Board of Directors on April 22, 2022.

# OHSU 2025 Update

4/13/2022

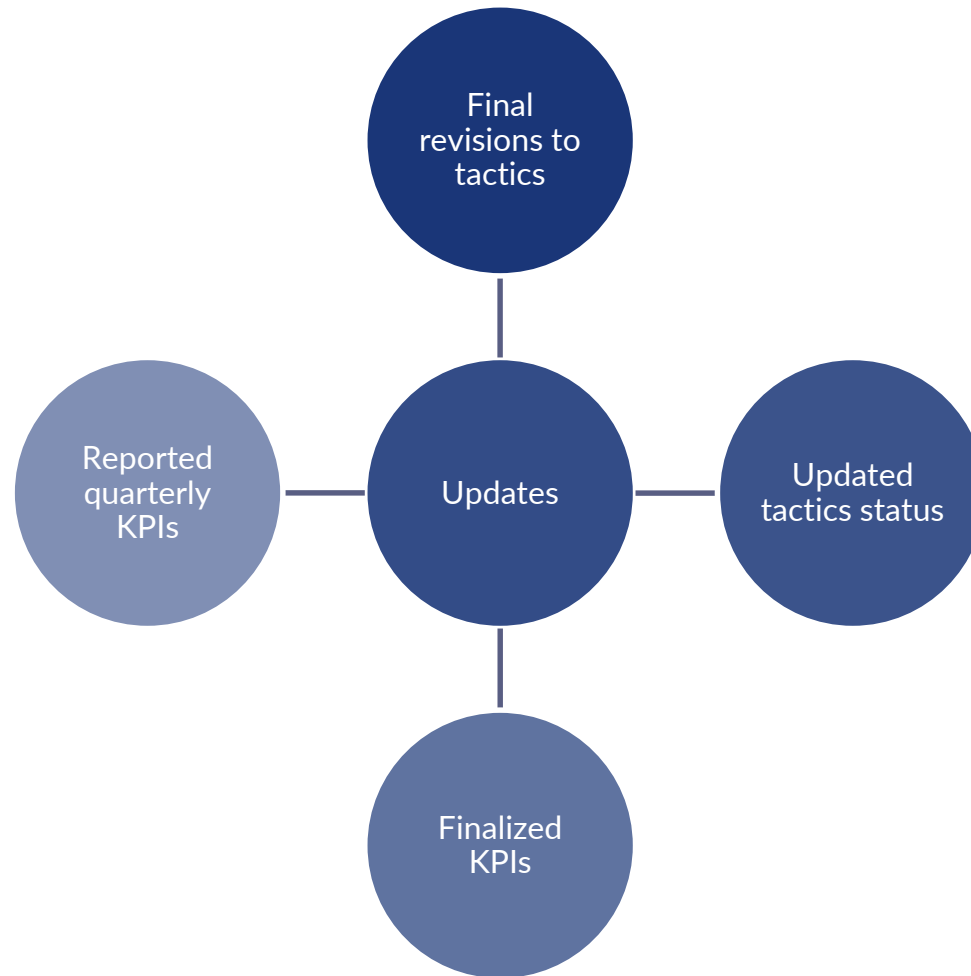
BRIDGET BARNES



## Agenda

- Update
  - Program Status
  - Objective Summary
  - Key Performance Indicators
  - Success Story
  - Next Steps
- Meeting OHSU's Timeless Aspirations
- Enterprise Program Management Office (EPMO)
  - Strategic Program Alignment

## OHSU 2025 Program Status



Objective owners were asked to update the status of tactics as of March 31, 2022 and to provide actual and target values for quarterly KPIs.

Objective Summary

Oregon Health & Science University

Completed On Schedule Behind Schedule  
At Risk Discontinued Not Started

OHSU 2025						
Ref #	Goals	Leaders		Target Date	Complete	
1.	Build a diverse, equitable environment where all can thrive and excel.	Greg Moawad		Ongoing		
Ref #	Objectives	Strategies	Leaders	Target Date	Complete	Tactics Status
1.2.	Invest in resources to promote the success of faculty and staff engaged in the education mission and ensure their equitable treatment across OHSU [ED Council]		David Robinson; George Mejicano; Kirstin Moreno	6/30/22		1 3
1.3.	Ensure OHSU learners have access to efficient, effective, and innovative programs that promote their success [ED Council]		Amy Miller Juve; George Mejicano; David Robinson	6/30/25		1 1 3 1
1.4.	Develop principles for faculty support and compensation that apply across OHSU, support equity and excellence, and support for all missions [RE Council]		Peter Barr-Gillespie; Daniel Marks; Bonnie Nagel	6/30/22		5 5
1.5.	Clinician Alignment [CE Council]		Atif Zaman; Anthony Masciotra	12/31/22		3 2 1
1.6.	Clinician Wellness [CE Council]		Atif Zaman; Renee Edwards; Dana Bjarnason; Joe Hardman	12/31/22		1
1.9.	Cultivate an environment of respect, trust, and empowerment [IN Council] ON HOLD - PENDING ALIGNMENT WITH COVINGTON REPORT RECOMMENDATIONS		Derick DuVivier; Bridget Barnes; Greg Moawad; Joni Elsenpeter	6/30/22		
1.10.	Develop multi-faceted DEI, leadership, and mentoring curricula for university-wide use [IN Council] ON HOLD - PENDING ALIGNMENT WITH COVINGTON REPORT RECOMMENDATIONS		Derick DuVivier; Bridget Barnes; Greg Moawad	6/30/22		
1.11.	Develop programs in support of member well-being [IN Council]		Joni Elsenpeter; Jodi Demunter; Megan Fumari; Greg Moawad; Bridget Barnes	6/30/22		2 6 7
1.14.	Implement a Confidential Advocacy Anti-Violence and Discrimination Program [IN Council] ON HOLD - PENDING IDENTIFICATION OF NEW OBJECTIVE OWNER		Bridget Barnes; Greg Moawad; TBD	6/30/23		11
1.15.	Implement a comprehensive suicide safety program. [IN Council] ON HOLD - PENDING IDENTIFICATION OF NEW OBJECTIVE OWNER		TBD; Bridget Barnes; Greg Moawad	6/30/25		
1.17.	Create a culture and environment that enables individuals and work units to thrive while increasing flexibility in schedules, work location, and flex office space. [IN Council]		Marie Hallquist	6/30/23		2 1 8 4



Objective Summary

Oregon Health & Science University

Completed On Schedule Behind Schedule  
At Risk Discontinued Not Started

OHSU 2025						
Ref #	Goals		Leaders		Target Date	Complete
2.	Be the destination for transformational learning.		David Robinson		Ongoing	
Ref #	Objectives	Strategies	Leaders	Target Date	Complete	Tactics Status
2.1.	Implement an integrated system to manage placement of clinical learners in all required settings [ED Council]		George Mejicano; David Robinson; Michelle Schleich	6/30/21		<div><div>2</div><div>1</div></div>
2.2.	Develop a model of simulation that serves the needs of all university stakeholders [ED Council]		Donn Spight; George Mejicano; David Robinson	6/30/22		<div><div>2</div><div>2</div><div>3</div></div>
Ref #	Goals		Leaders		Target Date	Complete
3.	Enhance health and healthcare in every community.		John Hunter		Ongoing	
Ref #	Objectives	Strategies	Leaders	Target Date	Complete	Tactics Status
3.1.	Ambulatory Expansion [CE Council]		Anthony Masciotra; Kevin O'Boyle; Atif Zaman	6/30/25		<div><div>1</div><div>3</div><div>2</div></div>
3.2.	Cancer Service Line [CE Council]		Patrick McCormick; Mayumi Fukui	6/30/25		<div><div>6</div></div>
3.3.	Women's & Children's Service Line [CE Council]		Mary Beth Martin; Dana Braner; Aaron Caughey; Kenneth Azarow; Johanna Warren	6/30/25		<div><div>4</div><div>3</div></div>
3.4.	Payor Partnerships [CE Council]		Jeff Conklin	6/30/25		<div><div>1</div><div>2</div><div>5</div><div>1</div></div>
3.5.	Heart & Vascular Service Line [CE Council]		Anthony Mulholland; Firas Zahr; Howard Song; Jim Pelch; Kyle King; Nandita Gupta; Nate McConkie	6/30/25		<div><div>2</div><div>3</div><div>1</div></div>
3.6.	Establish processes that position us as a national leader in GME, that enable residents to thrive and excel, and that optimally align GME with our health system [ED Council]		David Robinson; George Mejicano	6/30/25		
3.8.	Neuroscience Service Line [CE Council]		Nathan Selden; Erika Schouten; Helmi Lutsep	6/30/25		<div><div>4</div><div>1</div></div>
Ref #	Goals		Leaders		Target Date	Complete
4.	Discover and innovate to advance science and optimize health worldwide.		Peter Barr-Gillespie		Ongoing	
Ref #	Objectives	Strategies	Leaders	Target Date	Complete	Tactics Status
4.1.	Increase research funding by 20% [RE Council]		TBD	6/30/25		
4.2.	Integrate and optimize central and local research support systems [RE Council]		Peter Barr-Gillespie; Daniel Marks; Dana Director; Maggie Jameson	6/30/24		<div><div>1</div><div>1</div><div>2</div></div>

## Objective Summary

### Oregon Health & Science University

● Completed
 ● On Schedule
 ● Behind Schedule
 ● At Risk
 ● Discontinued
 ● Not Started

OHSU 2025						
Ref #	Goals		Leaders		Target Date	Complete
Ref #	Objectives	Strategies	Leaders	Target Date	Complete	Tactics Status
4.3.	Stabilize and extend capacity of critical research Informatics Infrastructure [RE Council]		Peter Barr-Gillespie; Shannon McWeeney; David Dorr; Daniel Marks; Natasha Farvan	6/30/24		<div> <div style="width: 60px; height: 10px; background-color: green;"></div> <div style="width: 10px; height: 10px; background-color: blue;"></div> <div style="display: flex; justify-content: space-between; width: 70px;"> <span>6</span> <span>1</span> </div> </div>
Ref #	Goals		Leaders		Target Date	Complete
5.	Partner with communities for a better world.		Connie Seeley		Ongoing	
Ref #	Objectives	Strategies	Leaders	Target Date	Complete	Tactics Status
5.1.	Population Health and Value Based Care [CE Council]		Anthony Masciotra; Jennifer DeVoe; Eric Herman; Emily Barclay	6/30/25		<div> <div style="width: 20px; height: 10px; background-color: red;"></div> <div style="width: 20px; height: 10px; background-color: yellow;"></div> <div style="width: 20px; height: 10px; background-color: green;"></div> <div style="width: 20px; height: 10px; background-color: blue;"></div> <div style="display: flex; justify-content: space-between; width: 80px;"> <span>2</span> <span>6</span> <span>4</span> <span>2</span> </div> </div>
5.3.	Establish an OHSU Supplier Diversity Program. [IN Council]		Maulin Patel	6/30/25		<div> <div style="width: 10px; height: 10px; background-color: red;"></div> <div style="width: 40px; height: 10px; background-color: green;"></div> <div style="width: 20px; height: 10px; background-color: blue;"></div> <div style="display: flex; justify-content: space-between; width: 70px;"> <span>11</span> <span>6</span> <span>7</span> </div> </div>
Ref #	Goals		Leaders		Target Date	Complete
6.	Ensure a sustainable foundational infrastructure.		Bridget Barnes		Ongoing	
Ref #	Objectives	Strategies	Leaders	Target Date	Complete	Tactics Status
6.1.	Institute a consistent, transparent, and sustainable Enterprise-wide information governance and reporting program [IN Council]		Paul Allen; Bridget Barnes; Greg Moawad	6/30/23		<div> <div style="width: 20px; height: 10px; background-color: grey;"></div> <div style="width: 40px; height: 10px; background-color: green;"></div> <div style="width: 20px; height: 10px; background-color: blue;"></div> <div style="display: flex; justify-content: space-between; width: 80px;"> <span>2</span> <span>6</span> <span>3</span> </div> </div>
6.2.	Deploy an Enterprise Project Management Office (EPMO) [IN Council]		Wayne Shields; Bridget Barnes; Greg Moawad	6/30/20	6/30/21	
6.3.	Implement a principled and transparent decision-making process for institutional research resource allocation [RE Council]		Susan Hayflick; Deb Cohen; Peter Barr-Gillespie; Daniel Marks	3/31/20		<div> <div style="width: 50px; height: 10px; background-color: green;"></div> <div style="width: 20px; height: 10px; background-color: blue;"></div> <div style="display: flex; justify-content: space-between; width: 70px;"> <span>5</span> <span>3</span> </div> </div>
6.4.	Provide a remote collaboration system to enable effective communication, teaching, healing, and work performance with our partners, students, patients, and employees regardless of location [IN Council]		Marie Hallquist; Abhijit Pandit; Bridget Barnes; Greg Moawad	6/30/21		<div> <div style="width: 60px; height: 10px; background-color: grey;"></div> <div style="width: 10px; height: 10px; background-color: yellow;"></div> <div style="width: 10px; height: 10px; background-color: green;"></div> <div style="display: flex; justify-content: space-between; width: 80px;"> <span>6</span> <span>1</span> <span>2</span> </div> </div>
6.6.	Optimize Clinical Operations [CE Council]		Joe Ness; Renee Edwards; Lori James-Nielsen; Kyle King	6/30/23		<div> <div style="width: 10px; height: 10px; background-color: red;"></div> <div style="width: 20px; height: 10px; background-color: yellow;"></div> <div style="width: 20px; height: 10px; background-color: green;"></div> <div style="width: 30px; height: 10px; background-color: green;"></div> <div style="display: flex; justify-content: space-between; width: 90px;"> <span>3</span> <span>5</span> <span>10</span> </div> </div>

## OHSU 2025

# Key Performance Indicators

Objective	Key Performance Indicator(KPI)	Period	Target Value	Actual Vaue
O1.3 - Learner Success	Learner Satisfaction Survey	Academic Year 2021	88%	85%
O1.3 - Learner Success	Students Passing Senior-Level Credentialing Examinations on the First Attempt			
	Dentistry - DMD Students - National Board Dental Part II Exam	Calendar Year 2020	92%	98%
	Medicine - MD Students - USMLE Step II Clinical Knowledge Exam	Academic Year 2020	99%	98%
	Nursing - BS Nursing Students - National Council Licensure Exam (NCLEX)	Calendar Year 2020	87%	92%
	Pharmacy - PharmD Students - North American Pharmacist Licensure Examination (NAPLEX)	Academic Year 2020	88%	95%
O2.2 - Simulation	Percentage of Statewide Critical Activity Requests Fulfilled	Fiscal Year 2022 - Q3	100%	100%

**OHSU 2025**

## **Success Story**

Objective 1.3 Learner Success: OHSU Food Resource Center

## OHSU 2025 Next Steps

Check-in w/  
objective project  
managers

Finalize FY23  
budgets

Communicate new  
success stories

Update status as of  
June 30, 2022

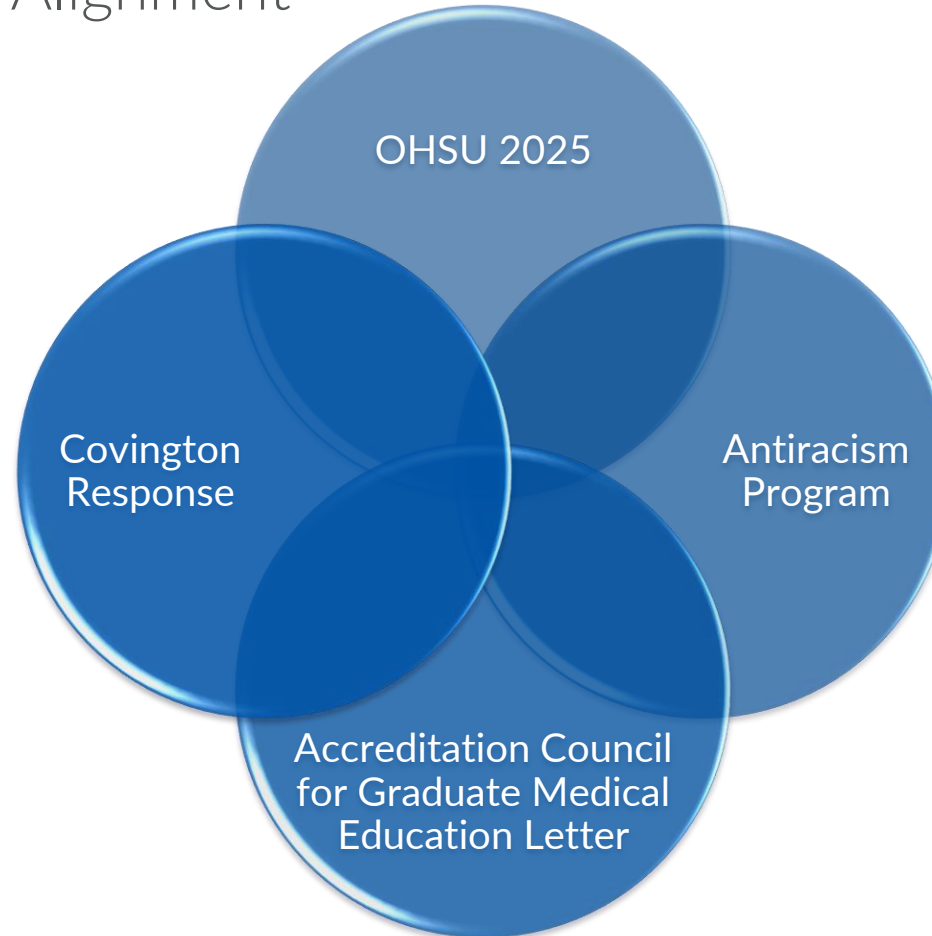
Report on annual  
and quarterly KPIs

## Meeting OHSU's timeless aspirations

1. Building a diverse, equitable environment where all can thrive and excel.
2. Being the destination for transformational learning.
3. Enhancing health and health care in every community.
4. Discovering and innovating to advance science and optimize health worldwide.
5. Partnering with communities for a better world.
6. Ensuring a sustainable foundational infrastructure.

# Enterprise Program Management Office (EPMO)

## Strategic Program Alignment



		OHSU	Anti-Racism	Covington	ACGME
Obj. #	Objective Name	2025?	Program?	Program?	Letter?
Building a diverse, equitable environment where all can thrive and excel					
1.17	Flexible Workplace	NEW	N	N	N
1.18	HR Metrics	O1.9	AR 1.1	Workstream #9	N
1.19	De-bias Hiring Process	O1.9	AR 1.2	Workstream #7	(Program) I.C; (Institutional) III.B.8.
1.20	Cultivate Diverse Leaders	O1.9	AR 1.3	N	N
1.21	Accountability for Diversity	O1.9; O1.10	AR 1.6	Workstream #8	N



Thank You





Date: April 11, 2022

To: OHSU Board of Directors

From: Brian Druker, MD, Director, OHSU Knight Cancer Institute

RE: Knight Cancer Institute update

Dear OHSU Board Members:

It is a pleasure to provide you with an update on progress at the Knight Cancer Institute.

Since the completion of the Knight Challenge in 2015, we have hired 1148 employees at the Knight Cancer Institute, completed the Knight Cancer Research Building, moved into new outpatient clinical space in CHH2, renewed our designation as a National Cancer Institute Comprehensive Cancer Center, and brought in over \$1 billion in external grant funding. But, we are most proud of our accomplishments in improving outcomes for patients with cancer through groundbreaking clinical trials, becoming a world leader in the early detection of cancer, and providing input into the reinvigorated President Biden Cancer Moonshot. We look forward to continuing to lead the efforts to end cancer as we know it.

# Leveraging Philanthropy

Over  
**\$400 million**  
received in  
donations  
for cancer



**\$200 million**  
in bonding  
authority from the  
state of Oregon



Over **\$1 billion**  
invested by  
OHSU in people,  
buildings, and  
programs



**1,148** new employees  
at the Knight Cancer Institute  
since 2014



More than **\$1 billion**  
in external research funding

# Accomplishments

National leadership in cancer early detection



Achieved Comprehensive Cancer Center status in 2016



KNIGHT  
CANCER  
Institute

# Knight Cancer Institute – Impact

- Establishing the paradigm of targeting molecular pathogenetic events in cancer
- Innovative clinical trials – SMMART, Beat AML
- Leading groundbreaking trials in multi-cancer early detection and identification of high-risk populations
- Paradigm shift in understanding breast cancer in young women
- Practice guidelines for breast, lung and colon cancer screening
- Established practice-based guidelines of exercise for cancer treatment-related side effects
- Pioneering single-cell sequencing, imaging, and computational tools for the international research community
- Identification of immune micro-environmental targets that have led to clinical trials
- Leadership in major NCI consortia



# By the Numbers: SMMART Trials

**7**

clinical  
trials

**37**

papers  
published

**60**

medical,  
scientific  
and  
industry  
partners

**118**

patients  
enrolled

**2,100+**

assays enrolled

**85+**

drugs used  
in novel  
combination  
therapies

**\$88M**

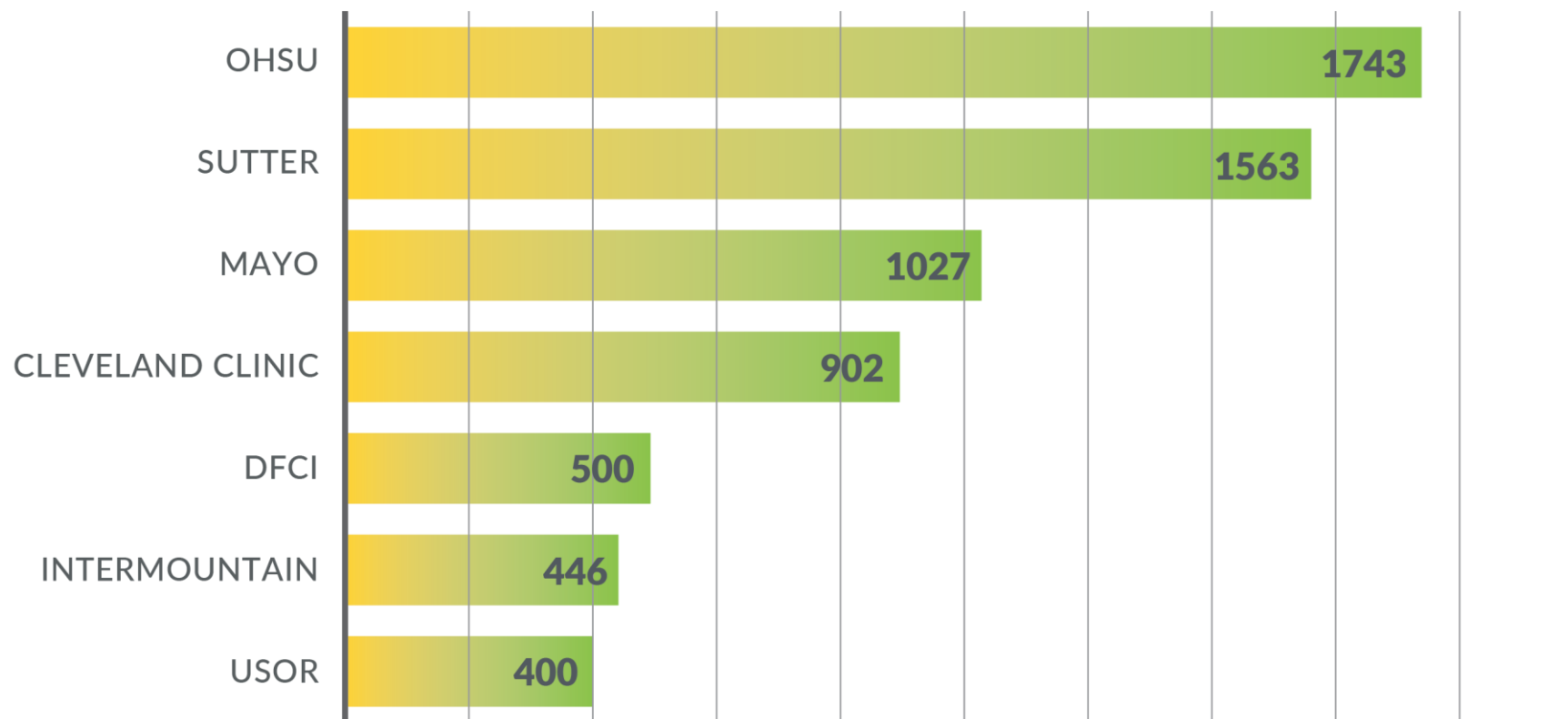
in sustainable  
funding  
leveraged  
from initial  
seed money  
**(\$43M**  
from NCI)



KNIGHT  
CANCER  
Institute

# Grail Pathfinder Study: Overall Study Accrual

## PATHFINDER TOTAL STUDY ENROLLMENT



# Knight Scholars

- We have trained 60 Oregon high school students in cancer research
- The summer 2021 virtual programs engaged a total of 153 scientists, health professionals, and community partners across the state of Oregon
- We have included 11 near-peer mentors (undergraduate trainees in biomedical research) in the training of high school students in cancer research

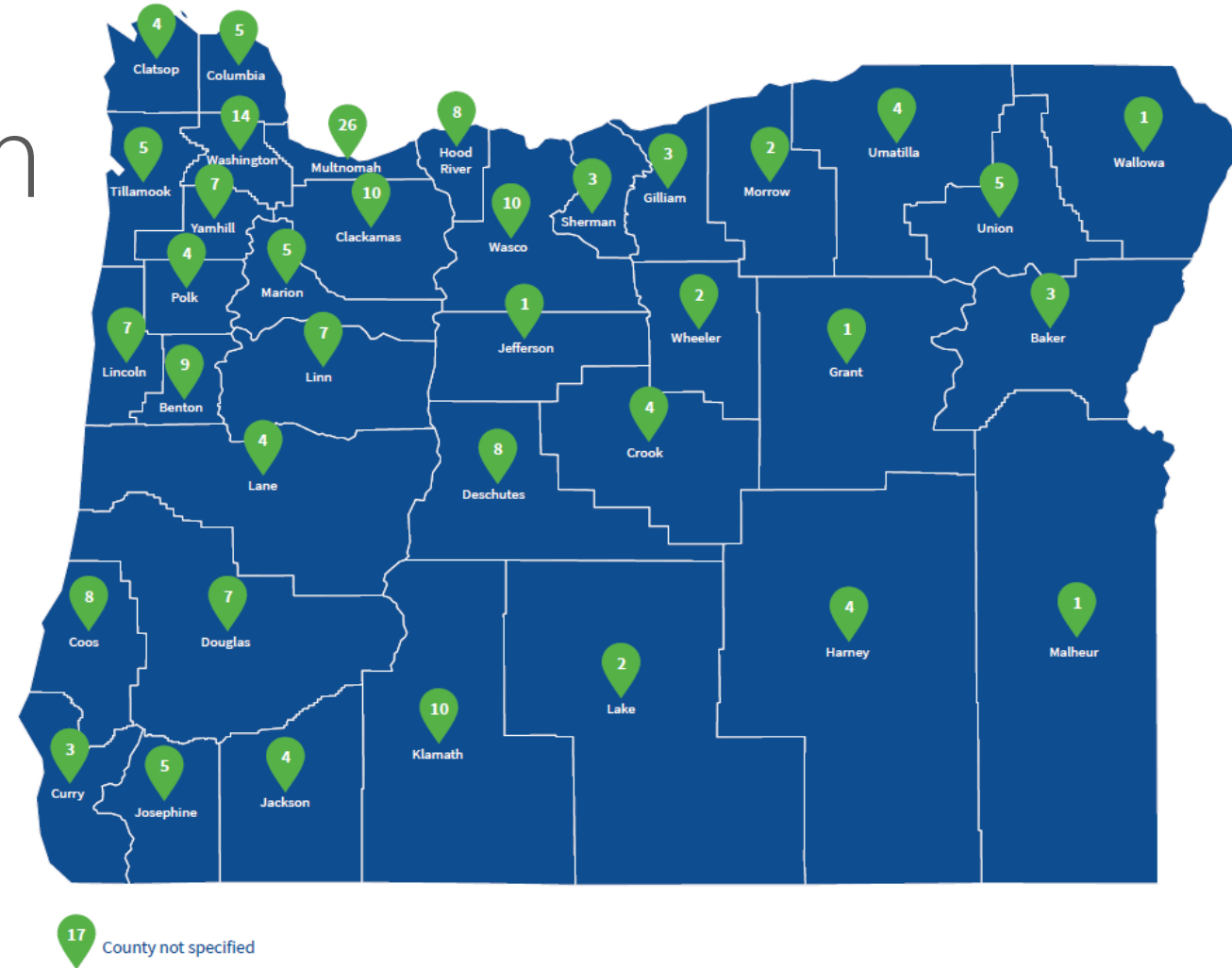




# Community Partnership Program

## Impact

- >160 funded projects
- 4.3 M distributed
- All 36 counties in Oregon
- 86% of projects target rural areas
- 27% focus on under-represented groups
- >80% focus on priority cancers and behaviors

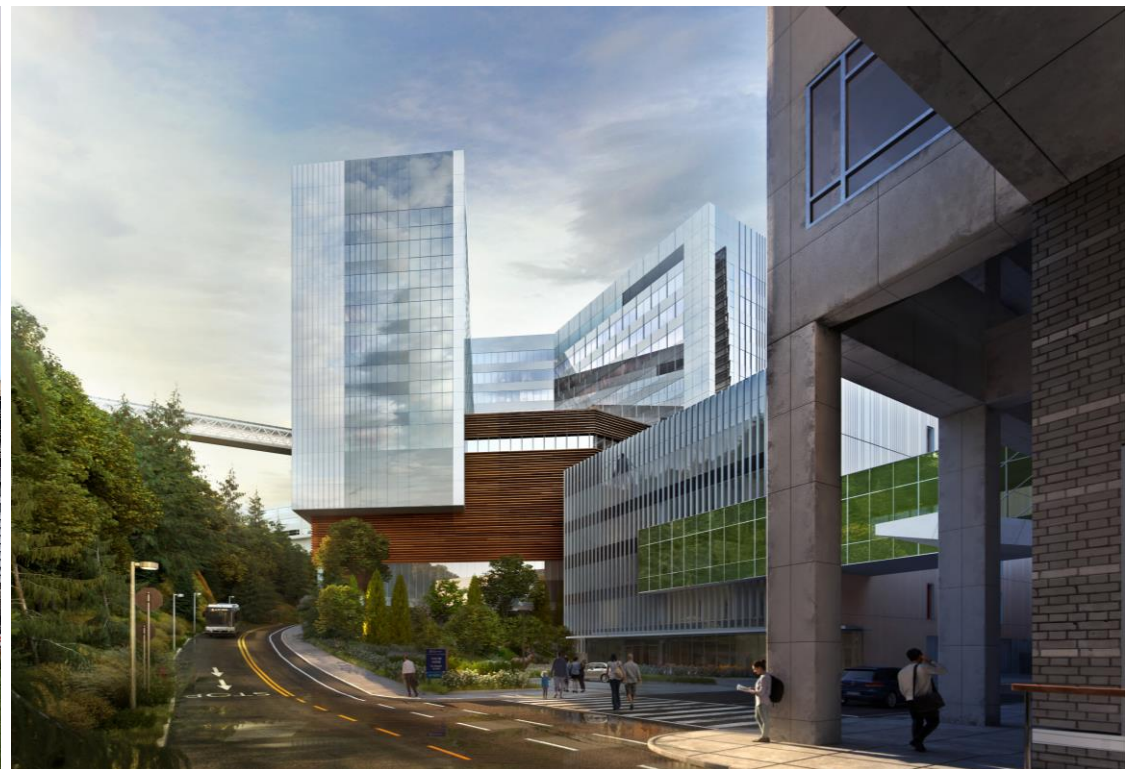


# Leveraging Our Impact to the National Stage

Cancer Moonshot Involvement



# Knight 3.0







**RESOLUTION NO. 2022-04-03  
OREGON HEALTH AND SCIENCE UNIVERSITY  
BOARD OF DIRECTORS**

**(Selection of Public Accounting Firm for Audit Services)**

**WHEREAS**, pursuant to Resolution 2013-06-02, the Board of Directors of Oregon Health & Science University approved the selection of KPMG, LLP as the OHSU auditor for fiscal years 2013 through 2014 and thereafter submit the engagement of the OHSU auditor for competitive bids on a seven year cycle.

**WHEREAS**, pursuant to Resolution 2021-06-05, that engagement was extended for an additional year so that KPMG, LLP served as the OHSU auditor for fiscal year 2021.

**WHEREAS**, OHSU issued a request for proposal to obtain the services of a public accounting firm to perform an audit of the financial statements for OHSU, OHSU Foundation, and OHSU Insurance Company for fiscal years 2022 through 2026, with the option to renew for an additional three years at OHSU's discretion.

**WHEREAS**, the selected firm will determine whether the financial statements of OHSU fairly present its financial position and the results of its financial operations are in accordance with auditing standards generally accepted in the United States of America.

**WHEREAS**, the accounting firm selected for the engagement will have prior experience auditing programs funded by the federal government as well as auditing healthcare organizations and public universities.

**WHEREAS**, based on individual interviews, documented references, and pricing quotations, OHSU staff and management recommended to the members of the Finance and Audit Committee of the Board of Directors ("F&A Committee") approval of KPMG LLP to serve as the external auditors for OHSU.

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

**WHEREAS**, the members of the F&A Committee have recommended the selection of KPMG LLP as the OHSU auditor for fiscal years 2022 through 2026, with possible annual renewal for the following three years.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Oregon Health & Science University as follows:

1. The Board of Directors approves the selection of KPMG LLP as the OHSU auditor for the fiscal years 2022 through 2026, with a renewal option for three additional years, provided that the agreement whereby OHSU engages the services of KPMG LLP ("KPMG Audit Engagement") meet the requirements as set out in the F&A Charter, including review by the F&A Committee members of the engagement.
2. The President of OHSU or his designee is authorized on behalf of OHSU to negotiate, execute and deliver the KPMG Audit Engagement consistent with the terms of this Resolution.

This Resolution is adopted this 22<sup>nd</sup> day of April, 2022.

\_\_\_\_\_ Yeas  
\_\_\_\_\_ Nays  
\_\_\_\_\_ Abstentions

Signed by the Secretary of the Board on April 22, 2022.

\_\_\_\_\_  
Connie Seeley  
Board Secretary



**RESOLUTION 2022-04-04  
OREGON HEALTH & SCIENCE UNIVERSITY  
BOARD OF DIRECTORS**

**(Approval of Committee Appointment)**

**WHEREAS**, Susan King has been appointed by the Governor of the State of Oregon to serve as a new member of the OHSU Board of Directors; and

**WHEREAS**, the Board wishes to identify and appoint a Board member to serve on the Governance Committee and the Integrity Program Oversight Committee (IPOC);

**NOW, THEREFORE, BE IT RESOLVED:**

Susan King is appointed to the Governance Committee and IPOC and shall serve at the pleasure of the OHSU Board of Directors.

This Resolution is adopted this 22<sup>nd</sup> day of April, 2022.

\_\_\_\_\_ Yeas

\_\_\_\_\_ Nays

\_\_\_\_\_ Abstentions

Signed by the Secretary of the Board on April 22, 2022.

\_\_\_\_\_  
Connie Seeley  
Board Secretary

## Glossary of Terms

A3 – Single page strategy

AAEO – Affirmative Action and Equal Opportunity

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

ACGME – Accreditation Council for Graduate Medical Education

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

AH - Adventist Health.

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

AHRQ – Agency for Healthcare Research and Quality

AI/AN - American Indian/Alaska Native

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

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, a n occupant or specific use.

AVS – After visit summary

A&AS – Audit and Advisory Services

Beat AML - collaborative clinical trial for acute myeloid leukemia

BERG – Black Employee Resource Group

BRB - Biomedical Research Building. A building at OHSU.

BS – Bachelor of Science

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

CAO - Chief Administrative Officer.

Capex - Capital expense

CAUTI – catheter associated urinary tract infections

CDI – Center for Diversity & Inclusion

C Diff – Clostridium Difficile

CEI - Casey Eye Institute. An institute with OHSU.

CFO - Chief Financial Officer.

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

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

CHIO – Chief Health Information Officer

CLABSI – Central line associated bloodstream infections

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

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

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

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

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

CY - Current Year.

DAC- Diversity Advisory Council

DEI – Diversity, Equity, & Inclusion

DEIB – Diversity, Equity Inclusion and Belonging

Downstream referral activity - specialty referrals that generate a higher margin and result from the primary care activity.

Days Cash on Hand - The number of days that OHSU can continue to pay its operating expenses with the unrestricted operating cash and investments.

DCH - Doernbecher Children's Hospital. A building at OHSU.

DMD - Doctor of Dental Medicine.

DNP - Doctor of Nursing.

DNV – Det Norske Veritas

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

FTE - Full-time equivalent is the hours worked by an employee on a full-time basis.  
 FY - Fiscal Year. OHSU's fiscal year is July 1 – June 30.

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  
 KPI – Key Performance Indicator  
 KPV - Kohler Pavilion. A building at OHSU.

L – Floor Level  
 L&D - Labor and Delivery.  
 LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer  
 LOI - Letter of Intent. Generally used before a definitive agreement to start a period of due diligence before an enduring contract is created.  
 LOS – Length of stay

M - Million  
 MA – Medicare Advantage  
 M and A - Merger and acquisition.



MBU - Mother-Baby Unit. A unit in a hospital for postpartum women and their newborn.  
MCMC - Mid-Columbia Medical Center. A medical center in The Dalles, OR.  
MD - Doctor of Medicine.  
MOU—Memorandum of Understanding  
MPH - Master of Public Health.

NAPLEX – North American Pharmacist Licensure Examination  
NCLEX – National Council Licensure Exam  
NCI – National Cancer Institute  
NFP - Not For Profit.  
NICU - Neonatal Intensive Care Unit specializes in the care of ill or premature newborn infants.  
NIH - National Institutes of Health. A part of the U.S. Department of Health and Human Services, NIH is the largest biomedical research agency in the world.  
NOL - Net Operating Loss. A loss taken in a period where a company's allowable tax deductions are greater than its taxable income. When more expenses than revenues are incurred during the period, the net operating loss for the company can generally be used to recover past tax payments.  
NPS: Net Promoter 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.  
OCBA – Oregon Commission on Black Affairs  
OCNE - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.  
OCT - Optical Coherence Tomography is a non-invasive imaging test.  
OCTRI - Oregon Clinical & Translational Research Institute. An institute within OHSU.  
OHA - Oregon Health Authority. A government agency in the state of Oregon.  
O/E – observed/expected ratio  
OHSU—Oregon Health & Science University  
OHSUF - Oregon Health & Science University Foundation.  
ONA - Oregon Nurses Association. Professional association for nurses in Oregon.  
ONPRC - Oregon National Primate Research Center. One of seven federally funded National Primate Research Centers in the United States and a part of OHSU.  
OP – Outpatient. If your doctor sends you to the hospital for x-rays or other diagnostic tests, or if you have same-day surgery or visit the emergency department, you are considered an outpatient, even if you spend the night in the course of getting those services. You only become an inpatient if your doctor writes orders to have you formally admitted.  
OPP – OHSU Practice Plan  
OPAM - Office of Proposal and Award Management is an OHSU department that supports the research community by providing pre-award and post-award services of sponsored projects and awards.  
OPE - Other Payroll Expense. Employment-related expenses for benefits which the university incurs in addition to an employee's actual salary.  
Opex: Operating expense  
OR- Oregon  
OR - Operating Room. A room in a hospital specially equipped for surgical operations.  
OSU - Oregon State University.

P – Parking Floor Level  
PAMC - Portland Adventist Medical Center.  
PaWS – Parking and Workplace Strategy  
PDT - Photodynamic Therapy is a treatment that uses special drugs and light to kill cancer cells.  
Perinatal Services – Before and after birth care  
PERI-OP – Perioperative. The time period describing the duration of a patient's surgical procedure; this commonly includes ward admission, anesthesia, surgery, and recovery  
PERS - Public Employees Retirement System. The State of Oregon's defined benefit plan.  
PET/MRI - Positron Emission Tomography and Magnetic Resonance Imaging. A hybrid imaging technology that incorporates MRI soft tissue morphological imaging and positron emission tomography PET functional imaging.  
PharmD – Doctor of Pharmacy  
PHB – Portland Housing Bureau  
PPI – physician preference items  
PPO - Preferred Provider Organization. A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network.  
Prgorm – 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

RJC – Racial Justice Council

RLSB: Robertson Life Sciences Building

RN - Registered Nurse.

ROI – return on investment

RPA - Robotic Process Automation. Refers to software that can be easily programmed to do basic tasks across applications just as human workers do

RPV – revenue per visit

SAMHSA – Substance Abuse Mental Health

SBAR – Situation, Background, Assessment, Recommendation

SCB – Schnitzer Campus Block

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

SLM – Senior Leadership Meeting

SLO - Student Learning Outcomes Assessment: The process of establishing learning goals, providing learning opportunities, measuring student learning and using the results to inform curricular change. The assessment process examines whether students achieved the learning goals established for them.

SMMART - Serial Measurements of Molecular and Architectural Responses to Therapy

SoD – School of Dentistry

SoM - School of Medicine. A school within OHSU.

SoN – School of Nursing

SOPs – Standard Operating Procedures

SPH - School of Public Health. A school within OHSU.

SPD - Sterile Processing Department. An integrated place in hospitals and other health care facilities that performs sterilization and other actions on medical devices, equipment and consumables.

SSI – surgical site infection

TBD – to be decided

Tertiary - Highly specialized medical care over extended period of time involving advanced and complex procedures and treatments.

THK – Total hip and knees

TIC – Trauma Informed Care

TTBD - Technology Transfer & Business Development supports advancement of OHSU research, innovation, commercialization and entrepreneurship for the benefit of society.

UBCI – Unconscious Bias Campus – wide initiative

Unfunded Actuarial Liability - Difference between actuarial values of assets and actuarial accrued liabilities of a pension plan.

Represents amount owed to an employee in future years that exceed current assets and projected growth.

UO – University of Oregon

UPP - University Pension Plan. OHSU's defined benefit plan.

URM – underrepresented minority

USMLE – United States Medical Licensing Examination

VBP – Value-based purchasing

VEC – Vaccine Equity Committee

VGTI - Vaccine and Gene Therapy Institute. An institute within OHSU.

VTE – venous thromboembolism

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

WMG – Wednesday Morning Group

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

YoY - Year over year.

YTD - Year to date.