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, 3rd Floor
Or virtually via YouTube

YouTube: https://www.youtube.com/watch?v=CrL0hm1OpJ0
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS MEETING
Public Agenda
Friday, April 22, 2022
1:45-4:00pm
In Person: Robertson Life Sciences Building
2730 S Moody Ave, Portland, OR 97201
Room 3A001, 3rd Floor
Or virtually via YouTube

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

1:45pm
Call to Order/ Chairman's Comments
Wayne Monfries
President's Comments
Danny Jacobs, MD
Approval of Minutes from January 28, 2022 (ACTION)
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 (ACTION)
Wayne Monfries

3:55pm
Appointment of Committee Member (ACTION)
Wayne Monfries

4:00pm
Meeting adjourned
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\textsuperscript{nd} Board Meeting

Enclosed are finance materials for the April 22\textsuperscript{nd} 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:

\begin{itemize}
  \item 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.
\end{itemize}
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.
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.

<table>
<thead>
<tr>
<th>Pre-COVID to Today (millions)</th>
<th>Revenue</th>
<th>Expense</th>
<th>Gain (Loss)</th>
<th>Op Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY19 Mar YTD</td>
<td>$2,392</td>
<td>$2,268</td>
<td>$124</td>
<td>5.2%</td>
</tr>
<tr>
<td>FY22 Mar YTD</td>
<td>2,940</td>
<td>3,004</td>
<td>(64)</td>
<td>-2.2%</td>
</tr>
<tr>
<td>3-Year Increase</td>
<td>23%</td>
<td>32%</td>
<td>-10%</td>
<td></td>
</tr>
</tbody>
</table>

- 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

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

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

<table>
<thead>
<tr>
<th>Components of FY22 YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month YTD (9 months)</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>OHSU Health</td>
</tr>
<tr>
<td>School of Medicine</td>
</tr>
<tr>
<td>All Other University Areas</td>
</tr>
<tr>
<td>Higher IGT Funding</td>
</tr>
<tr>
<td>$1k One-Time Payment</td>
</tr>
<tr>
<td>Bond Cost of Issuance</td>
</tr>
<tr>
<td>Total Budget Variance</td>
</tr>
</tbody>
</table>

- 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)
Oregon’s Omicron Surge Peaked in February

Out of 50 states, Oregon is the 2nd lowest in cumulative reported cases per capita and 7th lowest in deaths (New York Times 4/13/22)

Notes: Incidental cases are estimated by using the population prevalence of the virus in relation to the number of beds in the state. The share is calibrated to match estimates from states and countries.
Monthly Gain (Loss) Follows Delta/Omicron Surges

Two one-time items ($1k bonuses for front-line workers and cost of issuance for December’s bond issue, shown in orange) cost $(17.5)m.
Delta / Omicron Impact on Census & OR Cases

Staffed beds, ORs and drug infusions are key drivers of any large hospital’s earnings. This year’s surges have limited OR services most severely and bed capacity next. Non-hospital pharmacy activity has offset part of these impacts.
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

<table>
<thead>
<tr>
<th>Year</th>
<th>FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>2,014</td>
</tr>
<tr>
<td>2019</td>
<td>2,095</td>
</tr>
<tr>
<td>2020</td>
<td>2,205</td>
</tr>
<tr>
<td>2021</td>
<td>2,240</td>
</tr>
<tr>
<td>2022</td>
<td>2,239</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY22 Jul</td>
<td>$0.0</td>
</tr>
<tr>
<td>FY22 Aug</td>
<td>$0.5</td>
</tr>
<tr>
<td>FY22 Sep</td>
<td>$2.7</td>
</tr>
<tr>
<td>FY22 Oct</td>
<td>$3.6</td>
</tr>
<tr>
<td>FY22 Nov</td>
<td>$4.9</td>
</tr>
<tr>
<td>FY22 Dec</td>
<td>$8.0</td>
</tr>
<tr>
<td>FY22 Jan</td>
<td>$9.4</td>
</tr>
<tr>
<td>FY22 Feb</td>
<td>$9.5</td>
</tr>
<tr>
<td>FY22 Mar</td>
<td>$10.7</td>
</tr>
</tbody>
</table>

In March, OHSU Health had 437 contract FTEs compared to 58 budgeted.
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.

<table>
<thead>
<tr>
<th>FY22 Mar YTD Cash Flow</th>
<th>(millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating income</td>
<td>$(64)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>148</td>
</tr>
<tr>
<td>Investment return</td>
<td>(15)</td>
</tr>
<tr>
<td>Capital grants &amp; gifts</td>
<td>11</td>
</tr>
<tr>
<td>CARES Act / FEMA grants</td>
<td>18</td>
</tr>
<tr>
<td>New debt applied</td>
<td>80</td>
</tr>
<tr>
<td><strong>Sources of cash</strong></td>
<td>179</td>
</tr>
<tr>
<td>Principal repaid</td>
<td>(26)</td>
</tr>
<tr>
<td>Capital spending</td>
<td>(150)</td>
</tr>
<tr>
<td><strong>CARES Act loans repaid</strong></td>
<td>(89)</td>
</tr>
<tr>
<td>All other changes, net</td>
<td>(16)</td>
</tr>
<tr>
<td><strong>Uses of cash</strong></td>
<td>(281)</td>
</tr>
<tr>
<td><strong>Sources less uses of cash</strong></td>
<td>$(102)</td>
</tr>
</tbody>
</table>
## Change in Net Worth 25 Months into Pandemic

<table>
<thead>
<tr>
<th>25 Months COVID-to-Date</th>
<th>2/29/20 to 3/31/22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating loss</strong></td>
<td>$(111)</td>
</tr>
<tr>
<td>CARES Act / FEMA grants</td>
<td>128</td>
</tr>
<tr>
<td><strong>Adjusted operating income</strong></td>
<td>17 $(312)m off trend</td>
</tr>
<tr>
<td>OHSU investment return</td>
<td>163</td>
</tr>
<tr>
<td>PERS pension accruals</td>
<td>(126)</td>
</tr>
<tr>
<td>Capital grants &amp; gifts</td>
<td>19</td>
</tr>
<tr>
<td>Other changes, net</td>
<td>(5)</td>
</tr>
<tr>
<td><strong>University balance sheet</strong></td>
<td>52 $(75)m off trend</td>
</tr>
<tr>
<td>Foundation endowment &amp; gifts</td>
<td>274 +$41m above trend</td>
</tr>
<tr>
<td><strong>25 month change in net worth</strong></td>
<td>343 $(346)m off trend</td>
</tr>
</tbody>
</table>

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.

| 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% |
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

Impact of COVID on OHSU Patient Care Growth Trajectory (CMI/OP Adjusted Admissions)

9,600 case gap x $17.5k / case = ~$170m

OHSU’s financial model relies on sustained growth to offset the annual gap between 2% payment increases and 3.5% cost inflation.
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.

Source: New York Times, 4/13/22
Trend in Operating Margin to Fund Future Growth

COVID-19 Impact on Operating Margin to Fund Capital

- FY20 earnings fell $(174)m short of budget, of which federal grants to date have offset $128m or 74%.

- EBITDA margin (before interest & depreciation) runs 6% - 7% higher than operating margin but follows the same trend.
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 7th.
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

FY23 – FY27 projection assumes that patient care activity (blue line) resumes the 6% slope of the pre-COVID trend (dotted red line) but does not close the pandemic-caused gap until after the hospital expansion is fully open in FY28.
## What Keeping Variable FTEs to 47% Means

<table>
<thead>
<tr>
<th>Old Model (70% Variable)</th>
<th>New Model (47% Variable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,000 current FTEs</td>
<td>17,000 current FTEs</td>
</tr>
<tr>
<td>30% volume growth over 5 years</td>
<td>30% volume growth over 5 years</td>
</tr>
<tr>
<td>x 70% variable share of FTEs</td>
<td>x 47% variable share of FTEs</td>
</tr>
<tr>
<td>= 21% growth in FTEs</td>
<td>= 14% growth in FTEs</td>
</tr>
<tr>
<td>+ 3,570 incremental FTEs</td>
<td>+ 2,400 incremental FTEs</td>
</tr>
<tr>
<td>20,570 FTEs in FY27</td>
<td>19,400 FTEs in FY27</td>
</tr>
</tbody>
</table>

**-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.
Five-Year Planned Spending on People & Capital

Projected Five-Year Spending by Type
FY23 - FY27 (millions)

- Salaries & benefits $15,023
- Rx & medical supplies $4,546
- Other services & supplies $3,310
- Annual capital $950
- Hospital expansion $920

Planned spending on salaries & benefits is 8x spending on capital.
Projected EBITDA Margin vs. Pre-COVID Average

Sustained activity growth with lower share of FTEs variable with volume (47% vs. 70% pre-pandemic) gradually restores earnings.
FY23 – FY27 Sources & Uses of Cash

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

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

Recent strong investment returns increased OHSU’s days cash on hand and shifted the S&P medians upward. Since 2021 is the starting point for the out-year projection, the current medians provide an apples-to-apples comparison.

Investment returns on OHSU-held cash fund $349m or more than one-third of annual capital spending.
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 7th 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

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

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)
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

The two Committees piloted the process with the position description for the Executive Vice President of People.
Covington Response – Implementation Committee Status Update
Collaboration with the Oversight Committee – SBAR

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

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

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

**R**
- 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
  - Drive Vision, Culture, and Change

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

- Serilda Summers-McGee
  - Improve the Effectiveness of the People Function
  - Realign the office of Affirmative Action and Equal Opportunity

- Alice Cuprill Comas and Tim Marshall
  - Re-Engineer Incident Processes

- Emily Shults
  - Increase Workforce Diversity

- Serilda Summers – McGee
  - Develop Objectives for Managers

- Serilda Summers – McGee
  - Report on Metrics
Covington Response – Implementation Committee Status Update

Next Steps

- Define Scope for Workstreams
- Define Timelines
- Develop Budget Estimates
- Start Framework and OHSU Performance Management Platform Reporting
Covington Response – Implementation Committee Status Update
Sample Reports

Covington Framework

<table>
<thead>
<tr>
<th>RECOMMENDATIONS_COVINGTON</th>
<th>RECOMMENDATION - RESOURCE AND STAFFING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>START DATE</td>
</tr>
<tr>
<td>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</td>
<td>Date</td>
</tr>
<tr>
<td>B) Centralize HR functions so that all HR professionals across the institution ultimately report up to the VP (or SVP) of HR.</td>
<td>Date</td>
</tr>
</tbody>
</table>

OHSU Performance Management Platform (OPMP)

Plan Detail

<table>
<thead>
<tr>
<th>FY19 OHSU Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>1.1.</td>
</tr>
<tr>
<td>1.1.1.</td>
</tr>
<tr>
<td>1.1.2.</td>
</tr>
<tr>
<td>1.1.3.</td>
</tr>
<tr>
<td>1.1.4.</td>
</tr>
<tr>
<td>1.1.5.</td>
</tr>
</tbody>
</table>
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
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
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

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Goals</th>
<th>Leaders</th>
<th>Target Date</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Build a diverse, equitable environment where all can thrive and excel.</td>
<td>Greg Moawad</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.</td>
<td>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]</td>
<td>David Robinson; George Mejicano; Kirstin Moreno</td>
<td>6/30/22</td>
<td></td>
</tr>
<tr>
<td>1.3.</td>
<td>Ensure OHSU learners have access to efficient, effective, and innovative programs that promote their success [ED Council]</td>
<td>Amy Miller Juve; George Mejicano; David Robinson</td>
<td>6/30/25</td>
<td></td>
</tr>
<tr>
<td>1.4.</td>
<td>Develop principles for faculty support and compensation that apply across OHSU, support equity and excellence, and support for all missions [RE Council]</td>
<td>Peter Barr-Gillespie; Daniel Marks; Bonnie Nagel</td>
<td>6/30/22</td>
<td></td>
</tr>
<tr>
<td>1.5.</td>
<td>Clinician Alignment [CE Council]</td>
<td>Atif Zaman; Anthony Masciotra</td>
<td>12/31/22</td>
<td></td>
</tr>
<tr>
<td>1.6.</td>
<td>Clinician Wellness [CE Council]</td>
<td>Atif Zaman; Renee Edwards; Dana Bjarnason; Joe Hardman</td>
<td>12/31/22</td>
<td></td>
</tr>
<tr>
<td>1.9.</td>
<td>Cultivate an environment of respect, trust, and empowerment [IN Council]</td>
<td>Derick DuVivier; Bridget Barnes; Greg Moawad; Joni Elsenpeter</td>
<td>6/30/22</td>
<td></td>
</tr>
<tr>
<td>1.10.</td>
<td>Develop multi-faceted DEI, leadership, and mentoring curricula for university-wide use [IN Council]</td>
<td>Derick DuVivier; Bridget Barnes; Greg Moawad</td>
<td>6/30/22</td>
<td></td>
</tr>
<tr>
<td>1.11.</td>
<td>Develop programs in support of member well-being [IN Council]</td>
<td>Joni Elsenpeter; Jodi Demunter; Megan Furnari; Greg Moawad; Bridget Barnes</td>
<td>6/30/22</td>
<td></td>
</tr>
<tr>
<td>1.15.</td>
<td>Implement a comprehensive suicide safety program [IN Council]</td>
<td>TBD; Bridget Barnes; Greg Moawad</td>
<td>6/30/25</td>
<td></td>
</tr>
<tr>
<td>1.17.</td>
<td>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]</td>
<td>Marie Hallquist</td>
<td>6/30/23</td>
<td></td>
</tr>
</tbody>
</table>
### Objective Summary

**Oregon Health & Science University**

#### OHSU 2025

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Goals</th>
<th>Leaders</th>
<th>Target Date</th>
<th>Complete</th>
<th>Tactics Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.</strong></td>
<td>Be the destination for transformational learning.</td>
<td>David Robinson</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td><strong>2.1.</strong></td>
<td>Implement an integrated system to manage placement of clinical learners in all required settings [ED Council]</td>
<td>George Mejicano; David Robinson; Michelle Schleich</td>
<td>6/30/21</td>
<td>2/1/1</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>2.2.</strong></td>
<td>Develop a model of simulation that serves the needs of all university stakeholders [ED Council]</td>
<td>Donn Spight; George Mejicano; David Robinson</td>
<td>6/30/22</td>
<td>2/2/3</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>Enhance health and healthcare in every community.</td>
<td>John Hunter</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td><strong>3.1.</strong></td>
<td>Ambulatory Expansion [CE Council]</td>
<td>Anthony Masciotta; Kevin O'Boyle; Atif Zaman</td>
<td>6/30/25</td>
<td>1/3/2</td>
<td></td>
</tr>
<tr>
<td><strong>3.2.</strong></td>
<td>Cancer Service Line [CE Council]</td>
<td>Patrick McCormick; Mayumi Fukui</td>
<td>6/30/25</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>3.3.</strong></td>
<td>Women's &amp; Children's Service Line [CE Council]</td>
<td>Mary Beth Martin; Dana Briner; Aaron Caughhey; Kenneth Azarow; Johanna Warren</td>
<td>6/30/25</td>
<td>4/3</td>
<td></td>
</tr>
<tr>
<td><strong>3.4.</strong></td>
<td>Payor Partnerships [CE Council]</td>
<td>Jeff Conklin</td>
<td>6/30/25</td>
<td>1/2/5/1</td>
<td></td>
</tr>
<tr>
<td><strong>3.5.</strong></td>
<td>Heart &amp; Vascular Service Line [CE Council]</td>
<td>Anthony Mulholland; Firas Zahr; Howard Song; Jim Pelch; Kyle King; Nandita Gupta; Nate McConnell</td>
<td>6/30/25</td>
<td>2/3/1</td>
<td></td>
</tr>
<tr>
<td><strong>3.6.</strong></td>
<td>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]</td>
<td>David Robinson; George Mejicano</td>
<td>6/30/25</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.8.</strong></td>
<td>Neuroscience Service Line [CE Council]</td>
<td>Nathan Selden; Erika Schouten; Helm Lutsep</td>
<td>6/30/25</td>
<td>4/1</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>Discover and innovate to advance science and optimize health worldwide.</td>
<td>Peter Barr-Gillespie</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td><strong>4.1.</strong></td>
<td>Increase research funding by 20% [RE Council]</td>
<td>TBD</td>
<td>6/30/25</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.2.</strong></td>
<td>Integrate and optimize central and local research support systems [RE Council]</td>
<td>Peter Barr-Gillespie; Daniel Marks; Dana Director; Maggie Jameson</td>
<td>6/30/24</td>
<td>1/1/2</td>
<td></td>
</tr>
</tbody>
</table>
### Objective Summary
Oregon Health & Science University

#### OHSU 2025

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Goals</th>
<th>Leaders</th>
<th>Target Date</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.</td>
<td>Stabilize and extend capacity of critical research Informatics Infrastructure [RE Council]</td>
<td>Peter Barr-Gillespie; Shannon McWeeney; David Dorr; Daniel Marks; Natasha Farvan</td>
<td>6/30/24</td>
<td>6 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Goals</th>
<th>Leaders</th>
<th>Target Date</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Partner with communities for a better world.</td>
<td>Connie Seeley</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Goals</th>
<th>Leaders</th>
<th>Target Date</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.</td>
<td>Population Health and Value Based Care [CE Council]</td>
<td>Anthony Masciotta; Jennifer DeVoe; Eric Herman; Emily Barclay</td>
<td>6/30/25</td>
<td>2 6 4 2</td>
</tr>
<tr>
<td>5.3.</td>
<td>Establish an OHSU Supplier Diversity Program. [IN Council]</td>
<td>Maulin Patel</td>
<td>6/30/25</td>
<td>1 6 7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Goals</th>
<th>Leaders</th>
<th>Target Date</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Ensure a sustainable foundational infrastructure.</td>
<td>Bridget Barnes</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Objectives</th>
<th>Strategies</th>
<th>Leaders</th>
<th>Target Date</th>
<th>Complete</th>
<th>Tactics Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.</td>
<td>Institute a consistent, transparent, and sustainable Enterprise-wide information governance and reporting program [IN Council]</td>
<td>Paul Allen; Bridget Barnes; Greg Moawad</td>
<td>6/30/23</td>
<td>2 6 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2.</td>
<td>Deploy an Enterprise Project Management Office (EPMO) [IN Council]</td>
<td>Wayne Shields; Bridget Barnes; Greg Moawad</td>
<td>6/30/20</td>
<td>6/30/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3.</td>
<td>Implement a principled and transparent decision-making process for institutional research resource allocation [RE Council]</td>
<td>Susan Hayflick; Deb Cohen; Peter Barr-Gillespie; Daniel Marks</td>
<td>3/31/20</td>
<td>5 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4.</td>
<td>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]</td>
<td>Marie Hallquist; Abhijit Pandit; Bridget Barnes; Greg Moawad</td>
<td>6/30/21</td>
<td>6 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.6.</td>
<td>Optimize Clinical Operations [CE Council]</td>
<td>Joe Ness; Renee Edwards; Lori James-Nielsen; Kyle King</td>
<td>6/30/23</td>
<td>3 5 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## OHSU 2025
### Key Performance Indicators

Most OHSU 2025 KPIs are annual measures, aligned with the end of the fiscal year. The July report will review progress against metrics for FY22.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Key Performance Indicator(KPI)</th>
<th>Period</th>
<th>Target Value</th>
<th>Actual Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1.3 - Learner Success</td>
<td>Learner Satisfaction Survey</td>
<td>Academic Year 2021</td>
<td>88%</td>
<td>85%</td>
</tr>
<tr>
<td>O1.3 - Learner Success</td>
<td>Students Passing Senior-Level Credentialing Examinations on the First Attempt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dentistry - DMD Students - National Board Dental Part II Exam</td>
<td>Calendar Year 2020</td>
<td>92%</td>
<td>98%</td>
</tr>
<tr>
<td></td>
<td>Medicine - MD Students - USMLE Step II Clinical Knowledge Exam</td>
<td>Academic Year 2020</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td></td>
<td>Nursing - BS Nursing Students - National Council Licensure Exam (NCLEX)</td>
<td>Calendar Year 2020</td>
<td>87%</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td>Pharmacy - PharmD Students - North American Pharmacist Licensure Examination (NAPLEX)</td>
<td>Academic Year 2020</td>
<td>88%</td>
<td>95%</td>
</tr>
<tr>
<td>O2.2 - Simulation</td>
<td>Percentage of Statewide Critical Activity Requests Fulfilled</td>
<td>Fiscal Year 2022 - Q3</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
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
### Building a diverse, equitable environment where all can thrive and excel

<table>
<thead>
<tr>
<th>Obj. #</th>
<th>Objective Name</th>
<th>OHSU</th>
<th>Anti-Racism</th>
<th>Covington</th>
<th>ACGME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.17</td>
<td>Flexible Workplace</td>
<td>NEW</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>1.18</td>
<td>HR Metrics</td>
<td>O1.9</td>
<td>AR 1.1</td>
<td>Workstream #9</td>
<td>N</td>
</tr>
<tr>
<td>1.19</td>
<td>De-bias Hiring Process</td>
<td>O1.9</td>
<td>AR 1.2</td>
<td>Workstream #7</td>
<td>(Program) I.C; (Institutional) III.B.8.</td>
</tr>
<tr>
<td>1.20</td>
<td>Cultivate Diverse Leaders</td>
<td>O1.9</td>
<td>AR 1.3</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>1.21</td>
<td>Accountability for Diversity</td>
<td>O1.9; O1.10</td>
<td>AR 1.6</td>
<td>Workstream #8</td>
<td>N</td>
</tr>
</tbody>
</table>

The EPMO is working with objective and program owners to understand and manage the overlaps and dependencies in our strategic programs of work.
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 – 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

<table>
<thead>
<tr>
<th>7</th>
<th>37</th>
<th>60</th>
<th>118</th>
<th>2,100+</th>
<th>85+</th>
<th>$88M</th>
</tr>
</thead>
<tbody>
<tr>
<td>clinical trials</td>
<td>papers published</td>
<td>medical, scientific and industry partners</td>
<td>patients enrolled</td>
<td>assays enrolled</td>
<td>drugs used in novel combination therapies</td>
<td>in sustainable funding leveraged from initial seed money ($43M from NCI)</td>
</tr>
</tbody>
</table>
Grail Pathfinder Study: Overall Study Accrual

**PATHFINDER TOTAL STUDY ENROLLMENT**

- OHSU: 1743
- SUTTER: 1563
- MAYO: 1027
- CLEVELAND CLINIC: 902
- DFCI: 500
- INTERMOUNTAIN: 446
- USOR: 400
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
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

Community Partnership Program
Leveraging Our Impact to the National Stage

Cancer Moonshot Involvement
Knight 3.0
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 22nd 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 22nd day of April, 2022.

_____ Yea

_____ 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.
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 occupant or specific use.
AVS – After visit summary
A&S – 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.
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.
MBC - 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 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.
CBA - Oregon Commission on Black Affairs
CCNE - Oregon Consortium for Nursing Education: A partnership of Oregon nursing programs.
CCT - Optical Coherence Tomography is a non-invasive imaging test.
CCTRI - 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: 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 - 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.
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
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.
Program - 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 flow 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
TTBD – Technology Transfer and 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.