



OHSU Board of Directors Meeting

Monday, September 19, 2022

Robertson Life Sciences Building, Room 3A002, 3rd floor

2730 S Moody Ave, Portland, OR 97201

2:00-4:00pm

Or

YouTube: <https://youtu.be/MLfbHiVMEBA>

Phone (audio only)

1-503-388-9555 Portland, OR

1-206-207-1700 Seattle, WA

Meeting number (access code): 2624 840 3261



**OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS MEETING
Public Agenda
Monday, September 19, 2022
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2730 S Moody Ave, Portland, OR 97201
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2:00pm	Call to Order/ Chairman's Comments President's Comments Approval of Minutes June 24, 2022 (ACTION)	Wayne Monfries Danny Jacobs, MD Wayne Monfries
2:15pm	Report from Covington Implementation Committee	Alice Cuprill Comas Susan Bakewell-Sachs, PhD, RN
2:35pm	Report from Covington Oversight Committee	Michael Alexander, MSS Alisha Moreland-Capuia, MD
2:55pm	NWCCU Self-Study and Annual Assessment Update Marie Chisholm-Burns, PharmD, PhD, MPH, MBA, FCCP, FASHP, FAST	Constance Tucker, PhD
3:15pm	OHSU Onward: FY22 Financial Results	Lawrence Furnstahl
4:00pm	Meeting Adjourned	

Oregon Health & Science University
Board of Directors Meeting
June 24, 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 1:45pm at the Robertson Life Sciences Building in room 3A001 and also via 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 attendance were James Carlson, Danny Jacobs, Wayne Monfries, Ruth Beyer, Susan King, and in virtual attendance was Chad Paulson. OHSU staff presenting material on the agenda were Lawrence Furnstahl, David Robinson, PhD, Martina Ralle, PhD, Alice Cuprill Comas, Susan Bakewell-Sachs, PhD, RN, Alisha Moreland-Capua, MD, Michael Alexander, Maulin Patel, MBA, Ozzie Gonzales, M.Arch I, Dana Hill, BS, CSP, Octaviano Merecias-Cuevas, MA HETC MBT, and Andrea Cedfeldt, MD. Connie Seeley, Secretary of the Board, and Alice Cuprill Comas, Assistant Secretary of the Board, were also in attendance as well as other OHSU staff members and members of the public.

Call to Order

Wayne Monfries, Board Chair

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 1:15pm and welcomed all those that were in-person and virtual attendance.

Chairman's Comments

Wayne Monfries, Board Chair

Mr. Wayne Monfries thanked everyone for their attendance and opened the meeting by mentioning that supreme court ruling overturning Roe v. Wade. He reaffirmed OHSU's commitment to reproductive healthcare.

Mr. Monfries spoke of the recent acts of gun violence and all that was happening in healthcare. He offered gratitude and support for the OHSU community from the board members.

He reviewed the meeting protocol and agenda topics and then proceeded to turn the meeting over to President Jacobs.

President's Comments

Danny Jacobs, MD, OHSU President

Dr. Danny Jacobs welcomed everyone to the last board meeting of the academic year. He seconded Chair Monfries comments regarding OHSU's support for reproductive healthcare.

Dr. Jacobs spoke about OHSU's first in-person convocation since 2019 that was held on June 5th at the Oregon Convention Center and included 1162 degrees conferred.

He said OHSU has worked to endure a challenging global health crisis stating his admiration for his colleagues, saying together they can create a better future. He also mentioned the supply chain issues and how they often add to stress and uncertainty.

Dr. Jacobs spoke about OHSU working hard to meet next year's budget targets and the contingency plans they have in place. He said they will do everything they can to avoid widespread layoffs.

In closing, Dr. Jacobs thanked OHSU members for all they are continuing to do and thanked the board for their continued support. He turned the meeting back over to Chair Monfries.

Approval of Minutes

Wayne Monfries, Board Chair

Mr. Monfries asked for approval of the minutes from the April 22, 2022 OHSU Public Board meeting. Upon motion duly made by Ruth Beyer and seconded by Susan King, the minutes were approved by all board members in attendance.

Financial Update FY23 Budget

Lawrence Furnstahl

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

Mr. Furnstahl and the OHSU Executives presented OHSU's proposed FY23 budget.

President Danny Jacobs began by referencing the preliminary budget plan presented at the April board meeting. He mentioned the deterioration in the outlook for clinical earnings and discussed the proposal and top management priorities for the FY23 budget.

Lawrence Furnstahl covered gains and losses followed by the Delta and Omicron surges and presented an overview of the proposed FY23 budget including revenue and growth. He also spoke about Compensation, Capital spending and EBTIDA Margins.

Alice Cuprill Comas discussed a budget increase in FTE's.

John Hunter covered a surge in US Wage & Cost Inflation, Labor Assumptions and Healthcare Budget risks including revenue and expense risks.

Connie Seeley and David Robinson covered OHSU 30-30-30 for building a healthier future.

Peter Barr-Gillespie discussed FY23 Funds for Research and Education and a new Faculty Compensation Framework.

David Robinson provided a summary of the Proposed FY23 Annual Capital Budget.

President Jacobs provided a conclusion regarding OHSU's long-term capacity to finance its missions of patient care, research, education and outreach for Oregon.

Board members asked Mr. Furnstahl and the OHSU Executives for further information on FTE's, state contributions, healthcare programs, projections and stakeholder engagement.

Presentation of the Academic Tuition and Fee Book 2022-2023

David Robinson, PhD, EVP, Interim Provost

Mr. Monfries recognized David Robinson, PhD, EVP, Interim Provost.

Dr. Robinson provided a proposal of the Academic Tuition and Fee Book for 2022-2023.

Dr. Robinson discussed the enrollment and tuition rates which included a tuition increase of no more than 2% and an enrollment level similar to FY22.

He covered the 2022-2023 proposed entering class increases for programs that included Medicine, Dentistry and Nursing.

Dr. Robinson closed his presentation by discussing the proposed 2022-2023 percentage change in full-time tuition.

Board members asked Dr. Robinson for further information on benchmark tuition comparisons, and 30-30-30 goals.

Faculty Senate Response to the Budget

Martina Ralle, PhD, Faculty Senate President, Professor, School of Medicine

Mr. Monfries recognized Martina Ralle, PhD, Faculty Senate President, Professor, School of Medicine.

Dr. Ralle presented a Faculty Senate response to the OHSU Budget. She covered the senate's mission to represent and serve the faculty of OHSU. She explained the role of the senate with the President of OHSU, the Provost and the OHSU Board of Directors.

Dr. Ralle spoke about the voice of the faculty and discussed their current asks which included extending the cost of living increases, engaging the senate in re-evaluating the centralized decision-making process and continuing to engage the senate in budget decisions.

She closed her presentation by thanking the departing senate members and also welcomed new members of the Senate Executive Committee.

Board members asked Dr. Ralle for further information regarding the senate asks and thanked them for their engagement and willingness to be part of the solutions.

Approval of Budget and Academic Fee Book

OHSU Board Resolution 2022-06-05

Mr. Monfries asked for a motion to adopt Resolution 2022-06-05. James Carlson moved to approve the motion. Ruth Beyer seconded the motion and it was approved by all OHSU Board members in attendance.

Report from Covington Implementation Committee

Alice Cuprill Comas, 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 provided an Implementation Committee Status Update on the Covington Response.

Dr. Bakewell-Sachs and Ms. Cuprill Comas discussed their collaboration with the Oversight committee including Pre-Covington work, the SBAR process, Schedule, Lessons Learned, Recommendations Tracking Template and the Feedback Template.

They covered the SBAR Inventory including Workstream and Sub-Workstream details and closed their presentation by discussing next steps.

Board members asked Ms. Cuprill Comas and Dr. Bakewell-Sachs for further information on progress of implementation of recommendations and call center input.

Report from Covington Oversight Committee

Alisha Moreland-Capuia, MD, Michael Alexander

Mr. Monfries recognized Alisha Moreland-Capuia, MD and Mr. Michael Alexander.

Dr. Moreland-Capuia and Michael Alexander provided an update from the Oversight Committee.

They spoke about the Oversight Committee processes and the change in action by doing things differently is a way to obtain different results.

Dr. Moreland-Capuia and Mr. Alexander discussed their collaboration with the Implementation Committee and also spoke about a shift toward a trauma informed culture and its principles.

They covered the sharing and access process of information and how it equals access to power. They also provided how information is shared on the O2 website Covington Response webpage and encouraged every member of the OHSU community to visit their webpages.

Board members asked Dr. Moreland-Capuia and Mr. Alexander for further information on feedback from other committee members, the pace of progress and the employee engagement survey.

Anti-Racism Update – Supplier Diversity Program

Maulin Patel, MBA, Ozzie Gonzales, M.Arch I, Dana Hill, BS, CSP

Mr. Monfries recognized Maulin Patel, MBA, Vice President, Finance & Treasurer, Ozzie Gonzales, M.Arch I and Dana Hill, BS, CSP, Supplier Diversity Program Director.

Mr. Patel, Mr. Gonzales and Ms. Hill provided an overview of the Supplier Diversity Program's Anti-Racism Update.

They discussed the “What and Why’s” of the Supplier Diversity Program including the community benefit model, performance metrics and community benefits. They spoke of the programs vision and provided a timeline of Phase I and Phase II. They also covered the Supplier Diversity Program Resource plan.

Mr. Patel, Mr. Gonzales and Ms. Hill closed their presentation by discussing their FY21/22 achievements in staffing, community engagement, policies, reporting systems and design & construction and facilities.

Board members asked for further information on smaller diverse supplier contracts, enforcement of supplier diversity principles and key measures and defining success.

Stepping in For Respect – Acting Against Disrespect: An Evidence-Based Model for Responding to Discriminatory Behavior

Octaviano Merecias-Cuevas, MA HETC MBT, Andrea Cedfeldt, MD

Mr. Monfries recognized Octaviano Merecias-Cuevas, MA HETC MBT, Program Manager for Organizational Training and Education on DEI and Andrea Cedfeldt, MD, Associate Dean for Faculty Development, School of Medicine.

Ms. Merecias-Cuevas and Dr. Cedfeldt presented an overview on Acting Against Disrespect, an Evidence-Based Model for Responding to Discriminatory Behavior.

They spoke about creating a culture of respect and inclusion that included a 90-minute interactive training that includes video scenarios and role-playing exercises. Also discussed was a National Collaborative Project and data collection and evaluations.

They provided information on OHSU Missions, Policies and Protocol, Code-of-Conduct and Timelines. They also covered the collaboration between OHSU's School of Medicine and OHSU's Center for Diversity and Inclusion.

Ms. Merecias-Cuevas and Dr. Cedfeldt concluded their presentation with statistics regarding numbers of employees trained, total numbers of hybrid and in-person sessions offered and numbers of participants involved in the training.

Board members asked Ms. Merecias-Cuevas and Dr. Cedfeldt for further information on feedback and commented on the great work they are doing.

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 4:04 pm.

Respectfully submitted,

Connie Seeley
Secretary of the Board



Date: September 19, 2022

To: OHSU Board of Directors

From: Susan Bakewell-Sachs, Dean of the School of Nursing
Alice Cuprill Comas, EVP for Institutional Affairs & 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 June, July, and August of 2022. The focus of this presentation is on:

- Work Completed to Date;
- Work in Progress;
- Post-SBAR Collaboration with the Oversight Committee; and
- Lessons Learned.

Additional details will be provided during the planned presentation to the OHSU Board of Directors on September 19, 2022.



Covington Response – Implementation Committee Status Update

OHSU Board Presentation

Date: September 19, 2022

By: Susan Bakewell-Sachs and Alice Cuprill Comas

Agenda

- SBARs in Process
- Remaining SBARs
- Complexity of Implementation Work
- Ongoing Collaboration with the Oversight Committee
- Lessons Learned

Implementation Committee Status Update

SBARs in Process



- Develop Goals to Support the DEIB and Anti-racism Vision and Strategy (Part 2 of 4)
 - Reduce the Complexity of Reporting Channels
 - Develop and Communicate a Standardized, Comprehensive Investigations Policy
 - Provide Clear, Robust Communications Highlighting Prohibitions against Retaliation
- Almost 2/3 of the expected SBARs have been drafted and are moving through the review process.*
- Respond to Nationwide and Internal Events
 - Provide Sophisticated Training to HR Investigators
 - Transfer Responsibility for Accommodations from AAEO to HR
 - Update the Bullying Policy
- Continue to Conduct Regular Employee Engagement Surveys
 - Clearly Define and Communicate the Roles and Responsibilities for CDI at OHSU
 - Update the Discrimination, Harassment and Retaliation Policy
 - Communicate the Proposed Disciplinary Guidelines
 - Develop and Communicate a Strategic DEIB and Anti-racism Vision for the Organization (Part 1 of 4)
 - OHSU Center for Diversity & Inclusion (CDI) Collaboration with DEI-Focused Functions
 - Centralize HR Staff and Functions (consistent with best practice)
 - Increase the Number and Diversity of AAEO Investigators
- Realign the AAEO
 - Develop a Consolidated Data Repository and Centralized Incident Reporting System
 - Hire a New EVP of Human Resources, Chief People Officer

Implementation Committee Status Update

Remaining SBARs

October

- Develop and Conduct Additional DEIB-Related Trainings
- Increase the Number and Diversity of HR Business Partners
- Provide Sophisticated Training to AAEO Investigators
- Develop and Communicate a Standardized Approach to Investigations

November

- Develop Strategies to Support the DEIB and Anti-Racism Vision and Goals (Part 3 of 4)
- Increase the Diversity of Candidate Pools for Leadership Positions
- Report on HR Metrics
- Update the Reporting Policy

December

- Develop Diversity, Equity, Inclusion and Belonging Objectives for Managers
- Update the Code of Conduct
- Clarify and Communicate Mandatory Reporting Requirements
- Implement Procedures to Monitor for Potential Retaliation

There will be one final SBAR - Operationalize Commitments to DEIB and Anti-Racism – that will be developed in January. The intent of this SBAR is to develop a sustainable process for defining an ongoing program of work to drive cultural change at OHSU.

Implementation Committee

Complexity of Implementation Work

Key

- Complete
- In Process
- Not Started

Less

More

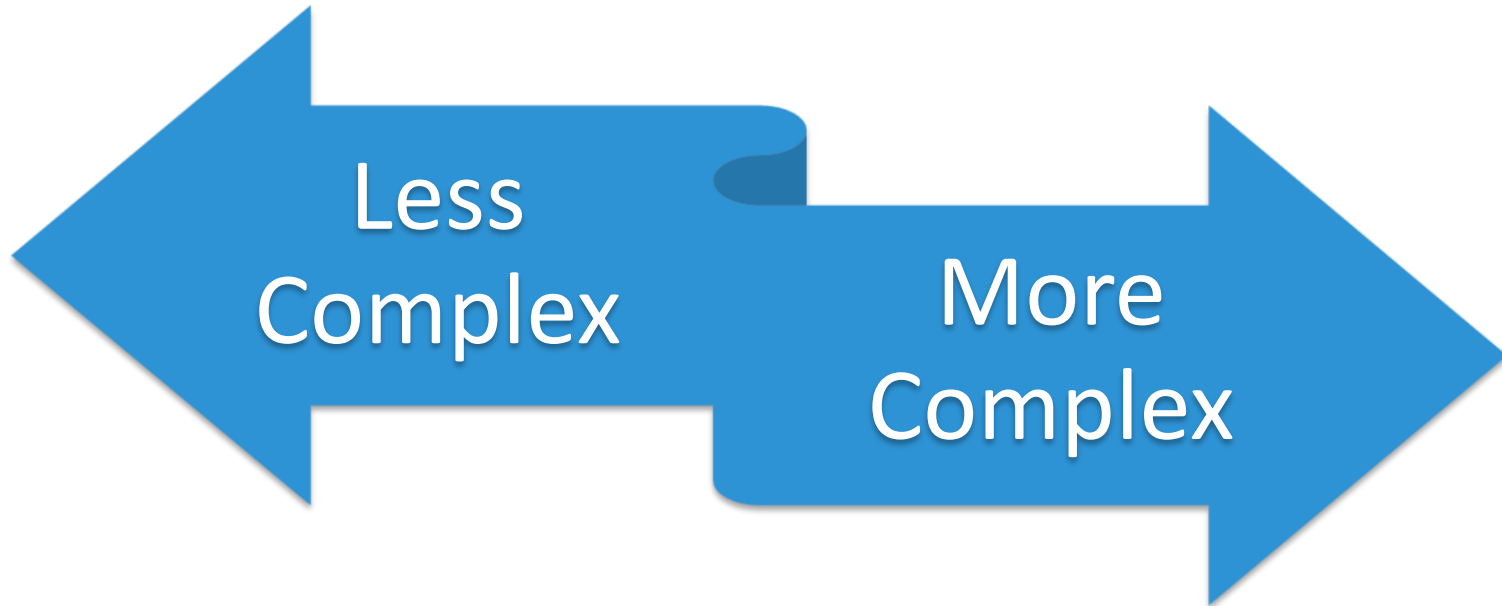
- Re-enable External Hires
- Realign the AAEO
- Clearly Define and Communicate the Roles and Responsibilities for CDI at OHSU
- Update the Discrimination, Harassment and Retaliation Policy
- Communicate the Proposed Disciplinary Matrix
- OHSU Center for Diversity & Inclusion (CDI) Collaboration with DEI-Focused Functions
- Respond to Nationwide and Internal Events
- Provide Sophisticated Training to HR Investigators
- Transfer Responsibility for Accommodations from AAEO to HR
- Update the Bullying Policy
- Provide Clear, Robust Communications Highlighting Prohibitions against Retaliation
- Provide Sophisticated Training to AAEO Investigators
- Develop and Communicate a Standardized, Comprehensive Investigations Policy
- Update the Reporting Policy
- Update the Code of Conduct
- Clarify and Communicate Mandatory Reporting Requirements

- Hire a New EVP of Human Resources, Chief People Officer
- Continue to Conduct Regular Employee Engagement Surveys
- Increase the Number and Diversity of AAEO Investigators
- Reduce the Complexity of Reporting Channels
- Increase the Number and Diversity of HR Business Partners
- Increase the Diversity of Candidate Pools for Leadership Positions
- Develop Diversity, Equity, Inclusion and Belonging Objectives for Managers

- Consolidated Data Repository and Centralized Reporting System
- Develop and Communicate a Strategic DEIB and Anti-racism Vision for the Organization (Parts 1 – 4)
- Centralize HR Staff and Functions
- Develop and Communicate a Standardized Approach to Investigations
- Develop and Conduct Additional DEIB-Related Trainings
- Report on HR Metrics
- Implement Procedures to Monitor for Potential Retaliation

Implementation Committee Status Update

Ongoing Collaboration with the Oversight Committee



- Announcements
- Communications Plans

Sample Work Product for the Consolidated Data Repository project includes (i) Types of Misconduct (with Definitions) to be included in Reports, (ii) Orgs / Depts that Manage the Types of Misconduct, (iii) Metrics to be included in Reports, (iv) Draft / Mock-up Reports, (v) Initial Reports, (vi) Process for Developing Response Plan if Reports Highlight Issues

- Project Collateral (Scope, Schedule, Budget)
- Work Product
- Announcements
- Communications Plans

Implementation Committee Status Update

Lessons Learned

#1 – Co-constructing a thoughtful, collaborative, trauma-informed process takes time

#2 – Ensuring that all voices are heard takes time

#3 – Allowing members the time and space to do the work results in better outcomes

#4 – Transparency leads to trust

#5 – Effective communications is the key to success

#6 – Changing culture is a journey, not a race



Thank You





Date: 9/19/2022

To: OHSU Board of Directors

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

RE: Oversight Committee Update from the Oversight Committee Co-chairs

Memo: September Oversight Committee Update

We plan to review the principal elements of the committee's activities during the first 6 months of its work. Key focus centered on identification and adoption of trauma informed principles and policies that should direct the work process and product of the Oversight and Implementation Committees as it relates to operationalizing Covington report recommendations.

We will offer a qualitative assessment of the collaboration between the Implementation and Oversight Committees regarding input and feedback on 10 SBARS (Status of Situation, Background, Assessment, Recommendation proposals received to date.

OHSU Board Presentation Oversight Committee Status Update 9/19/2022

Michael Alexander, M.S.S.
Alisha Moreland-Capua, MD

**Oversight Committee
reflections on guiding OHSU's
path to transformation, growth
and healing.**

Consolidated six-month evaluation/feedback session from Oversight Committee members

Five key areas

1. Meeting structure

- ***What is working?*** Members appreciate how structured meetings are with an agenda, community standards, regular updates from the co-chairs of the Implementation committee, time set aside for small group work to review of proposed policy and structure changes as established by the Implementation Committee (SBAR process), opportunities to learn about, discuss, and employ trauma-informed practices.
- ***What can be improved?*** Support for protected time for members to do this work, more trauma informed training, more time in small group breakouts and large group discussions.

2. Meeting logistics

- ***What is working?*** Current process is working well, "I seriously really like the focused attention and structure of time and frequency "
- ***What can be improved?*** We might consider adding a second meeting every month, keep once per month meetings, but lengthen meeting time from 90 minutes to 120 minutes, perhaps "office hours" can be held between meetings so people can work together at a specific time/day to go through SBARs.

3. Oversight Charter

- ***What is working?*** Members appreciate that the Oversight committee was able to provide multiple rounds of feedback, providing further clarity. Members appreciate that the ground rules created a safe environment for varying opinions and experiences to be shared.
- ***What can be improved?*** Clarify the timeline for the existence of the Oversight Committee. Add how will progress be assessed? By whom? Will there be a hard stop for the length of time an individual can serve?"

Consolidated six-month evaluation/feedback session from Oversight Committee members

4. Co-Chair Facilitation

- ***What is working?*** Appreciate the selection of co-chairs who each individually bring the expertise and experience that is vital for the work we're doing. Additionally, I appreciate how they lead meetings, making sure voices and differences are heard and acknowledged. The selected Co-Chairs work well together.
- I think the chairs are going a very good job managing the meetings and the work that we have been given to do.
- The chairs do a good job of keeping us on time and moving us through the agendas
- I don't think I can comment on this yet as July's meeting will be my first.
- Drs. AMC & Mr. Alexander are effective in their role as leaders of the committee, they both make everyone feel heard and seen.
- Seems like having co-chairs is a good model to split up the time and to have more than one perspective.
- "I appreciate the capture of the insights, reflections, and discussion from our groups in meeting notes."
- "TIC training is appreciated."
- ***What can be improved?*** Possibly hear from both chairs in an alternating fashion. Request for the entire committee to meet regularly with IC co-chairs.

5. Oversight Membership

- ***What is working?*** Appreciate that we truly have a representative membership on the committee, making sure that every employee voice is truly heard. For example, often our night shift colleagues feel forgotten and not heard and this committee has more than one night shift employee on it, which is so important. I also appreciate that every member has varying experience with committee work, lending itself to varying perspectives, ideas, etc. and making for richer discussion and work we're doing
- ***What can be improved?*** Protected time for frontline staff to engaged in outside of meeting activities (outreach to constituents, reading over SBARs, synthesizing feedback of ERG members, etc.), it really takes a significant amount of time to do this work.
- Workload with SBARs will increase considerably.

Community concerns.... a sense of urgency

- While the process is working to move toward change, the change isn't flowing to people and programs that need it the most.
- Harm continues to happen as we are amid change, and this can compromise 'hope' and the good work that is being done.
- We must prioritize re-structuring and changing the reporting structures.

Doing the work: 31 SBARS identified to address 44 recommendations.

10 SBAR reviews underway

Situation, Background, Assessment, Recommendation (SBAR)	Status of SBAR (Approved, in process, submitted for review)
<ol style="list-style-type: none"> 1. SBAR Restructuring AAEO (May) 2. SBAR Centralized Reporting System (May) 	<ul style="list-style-type: none"> • o SBAR has been subject to two rounds of feedback from Oversight Committee and stakeholder groups. • o Feedback has been integrated by the Implementation Committee • o Finalized SBAR (and tangible steps toward implementation) will be reviewed by the Oversight Committee in the next two weeks for one last round of input/review • o Implementation phase to commence <p>As of July 15th - SBAR reviewed by Oversight Committee and voted to be moved to ‘finalize’/‘approve’ phase – which will inspire an itemized action list outlining specific actionable steps toward implementation of SBAR</p>
<ol style="list-style-type: none"> 3. SBAR Discrimination, Harassment and Retaliation Policy (June) 4. SBAR Communicate the Discipline Guidelines and Process (June) 5. SBAR Continue to Conduct Regular Employee Engagement Surveys (June) 6. SBAR Clearly define and communicate the roles and responsibilities for CDI at OHSU including their ownership of the OHSU DEI vision (June) 	<ul style="list-style-type: none"> • o On June 21, 2022, submitted by the Implementation Committee to the Oversight Committee + their respective stakeholder groups for review and feedback+ all feedback received by or on August 4th has also been forward to the Implementation Committee too • o Oversight Committee + stakeholder group will have given first round of feedback to Implementation Committee July 14th • o Implementation Committee will review and integrate Oversight Committee member and stakeholder feedback in revising the SBAR when and where they can
<ol style="list-style-type: none"> 7. Develop and Communicate a DEIB and Anti-racism Vision and Strategy for the Organization (July) 8. OHSU Center for Diversity & Inclusion (CDI) Collaboration with DEIB-Focused Functions – <i>The current Diversity Advisory Council Bylaws are a supporting document for this SBAR</i> (July) 9. Centralize HR Staff and Functions – <i>Please note that this SBAR includes a first attempt at developing an “Elevator Speech”</i> (July) 10. Increase the Number and Diversity of AAEO Investigators (July) 	<ul style="list-style-type: none"> • July SBARs was submitted by the Implementation Committee to Oversight Committee for member and stakeholder review. Anticipated that first round of feedback will be returned to Implementation Committee by Thursday, September 8th, 5PM

Being mindful of multiple dynamics

- Addressing the emotional triggers that emerge from this work (important in creating psychological safety)
 - Validating historical trauma and reconciling that in this process
 - “Change is not an event, its a process” – Cheryl James

Trauma-Informed lens at every stage of the process AND should be applied at every level of leadership

Trauma-informed principles - toward helping people and an organization heal:

- **Safety (psychological and physical)** (an organization and people create the conditions where everyone feels safe enough to exist, engage, work, and grow. Safety is not only a requirement to thrive, but a right)
- **Empowerment/voice/choice** (a natural benefit of an organization creating the conditions for safety is greater empowerment and elevation of voice and choice of its members. In other words, individuals who may have been harmed by the system feel safe enough to engage with and in the system to influence the change if they want to/are able and can)
- **Peer support** (persons with diverse experiences/expertise in an organization link up, build trust amongst themselves, and share in their unique perspectives and personal power toward the healing and development of themselves and the collective and the organization)
- **Transparency and trustworthiness** (the organization establishes open and continuous channels for feedback and act on the feedback where and when they can; members of the organization have access to and can engage with as much information as possible; there is clarity in 'how' and 'why' decisions are being made; what data is being used to drive decisions/how the data is collected etcetera. When this level of transparency is consistent, it lays the foundation for members of an organization to trust the organization)
- **Collaboration and mutuality** (everyone at every level of the organization is approachable, there is opportunity for greater connection and bi-directional exchange, a welcoming of feedback and sharing of information. It is the recognition that healing is more likely in the context of connection). If this principle is executed with intentionality, it buoys inclusion and belonging rather powerfully.
- **Cultural/historical/gender considerations** (the organization and its members acknowledge and prevent further traumatization caused by discrimination, racism, gender bias and all bias; is gender and culturally responsive and acknowledges and prevents historical trauma in any form. The organization and its members are intentional in changing narrative to change behavior/culture.)

**We welcome your
thoughts and questions**



Date: September 19, 2022

To: OHSU Board of Directors

From: Office of the Provost

RE: Educational Update: NWCCU Site Visit and Annual Assessment Update

OHSU will be hosting an institutional site visit by the Northwest Commission on Colleges and Universities (NWCCU – www.nwccu.org) on October 24-26, 2022. This is a comprehensive evaluation of OHSU's Institutional Effectiveness, and an opportunity for reflection and continuous improvement.

PURPOSE:

This presentation is to make the OHSU Board aware of an upcoming Fall 2022 institutional accreditation site visit and to facilitate the annual review of institutional assessment activities by the OHSU Board which is an expectation of our regional accreditors.

WHAT:

Assessment for Student Learning is essentially “what do we want our students to know and be able to do and how do we know they got it?” This presentation is to make the OHSU Board aware of our institutional assessment activities over the past year.

NWCCU Update and Annual Assessment Update

Constance Tucker, M.A., Ph.D.
OHSU Board Meeting
September 19, 2022



FALL 2022

Year Seven Evaluation of Institutional Effectiveness

Prepared for the Northwest Commission on Colleges and Universities

August 26, 2022



NWCCU

NORTHWEST COMMISSION ON
COLLEGES AND UNIVERSITIES

A banner image featuring a tall, light-colored clock tower with two visible clock faces on the right side. The tower is partially obscured by a dense line of trees with green and yellow foliage in the foreground. The sky is a clear, pale blue.

NWCCU 2020 Standards

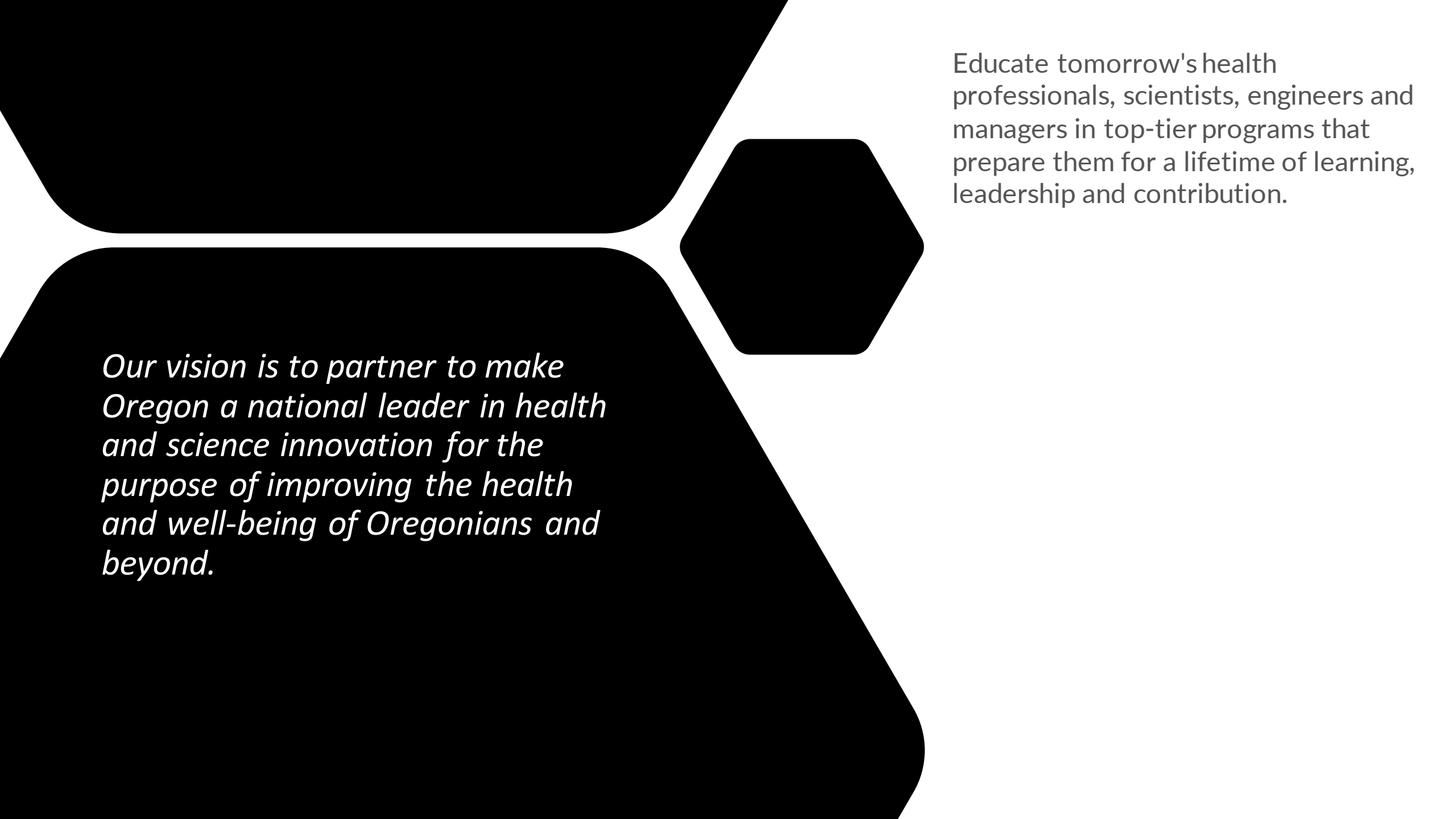
[Home](#) > [Accreditation](#) > [Standards & Policies](#) > **NWCCU 2020 Standards**

NWCCU 2020 STANDARDS

Standard One – Student Success, and Institutional Mission and Effectiveness

Institutional Mission

1.A.1 The institution's mission statement defines its broad educational purposes and its commitment to student learning and achievement.

The background features a minimalist design with several black geometric shapes. In the top left, there is a large, irregular black shape. Below it, on the left side, is a large black shape with a rounded top-left corner. To the right of this, there is a smaller, regular black hexagon. The text is placed on the white background to the right of the hexagon and within the large shape on the left.

Educate tomorrow's health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.

Our vision is to partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of Oregonians and beyond.

The background of the top section is a photograph of a tall, grey stone clock tower with two visible clock faces. The tower is partially obscured by a dense line of trees in the foreground, including several evergreens and some deciduous trees with yellowing leaves. The sky is a clear, pale blue.

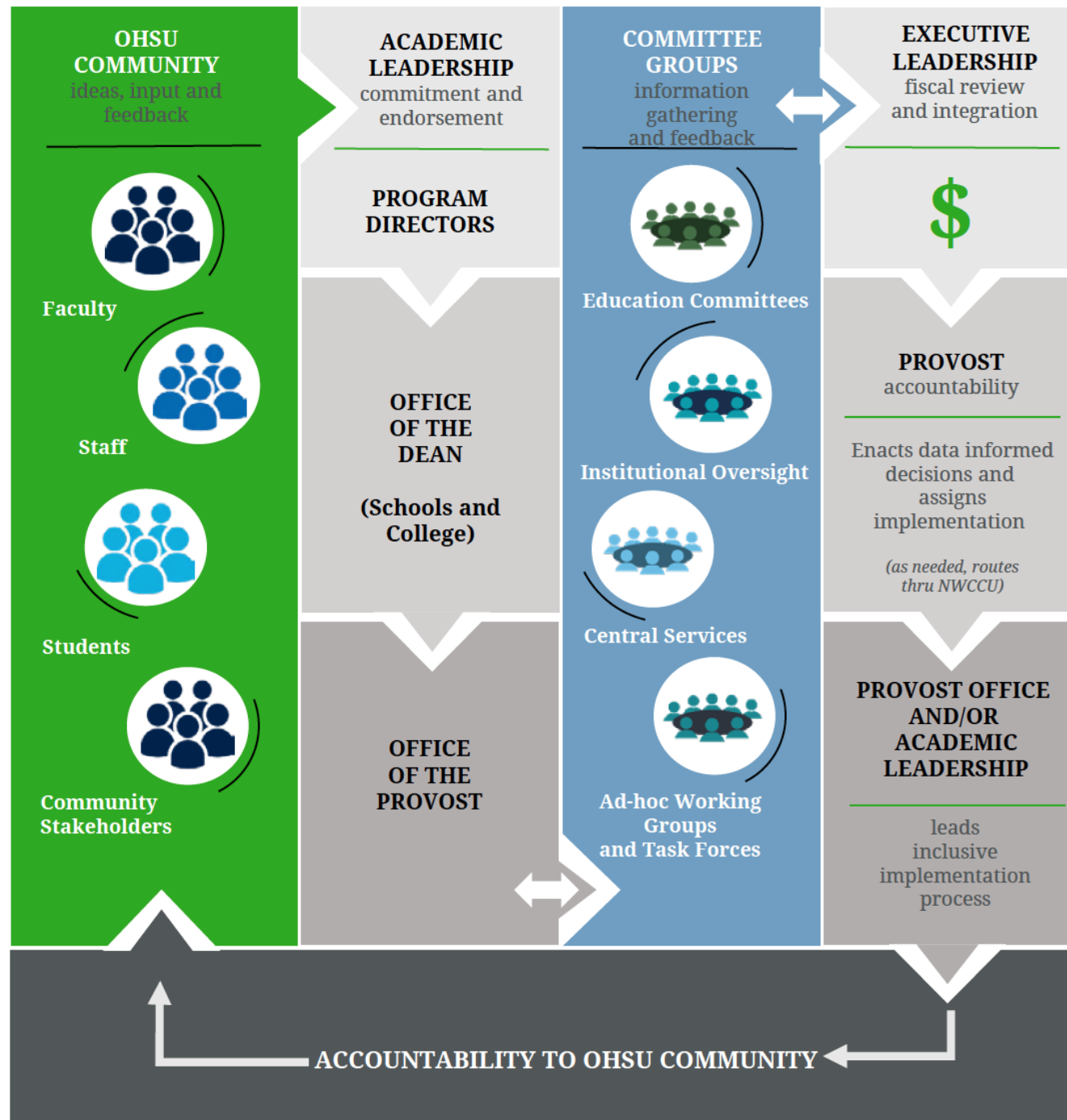
NWCCU 2020 Standards

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NWCCU 2020 STANDARDS

Standard One – Student Success, and Institutional Mission and Effectiveness

Improving Institutional Effectiveness



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

1.2	Academic Career Success ¹	2.1	Learner Placement	3.1	Ambulatory Expansion	4.2	Research Support Services	5.1	Population Health and Value-Based Care
1.3	Learner Success	2.2	Simulation	3.2	Cancer Service Line	4.3	Research Informatics	NEW	Supplier Diversity
1.4	Faculty Support Principles			3.3	Women's and Children's Service Line	6.3	Principled and Transparent Decision Making		
1.5	Clinician Alignment			3.4	Payor Partnerships				
1.6	Clinician Wellness			3.5	Heart and Vascular Service Line				
1.9	Environment of Trust, Respect and Empowerment			3.6	GME Strategic Alignment and Integration				
1.10	Diversity, Equity and Inclusion Training			3.8	Neurosciences Service Line				
1.11	OHSU Member Well-Being								
1.12	Comprehensive Safety								

NEW Flexible Workplace

6

Ensuring a sustainable foundational infrastructure

6.1	Data Governance and CANDID
6.2	Enterprise Program Management Office
6.4	Modern Collaboration Platform
6.6	Optimize Clinical Operations

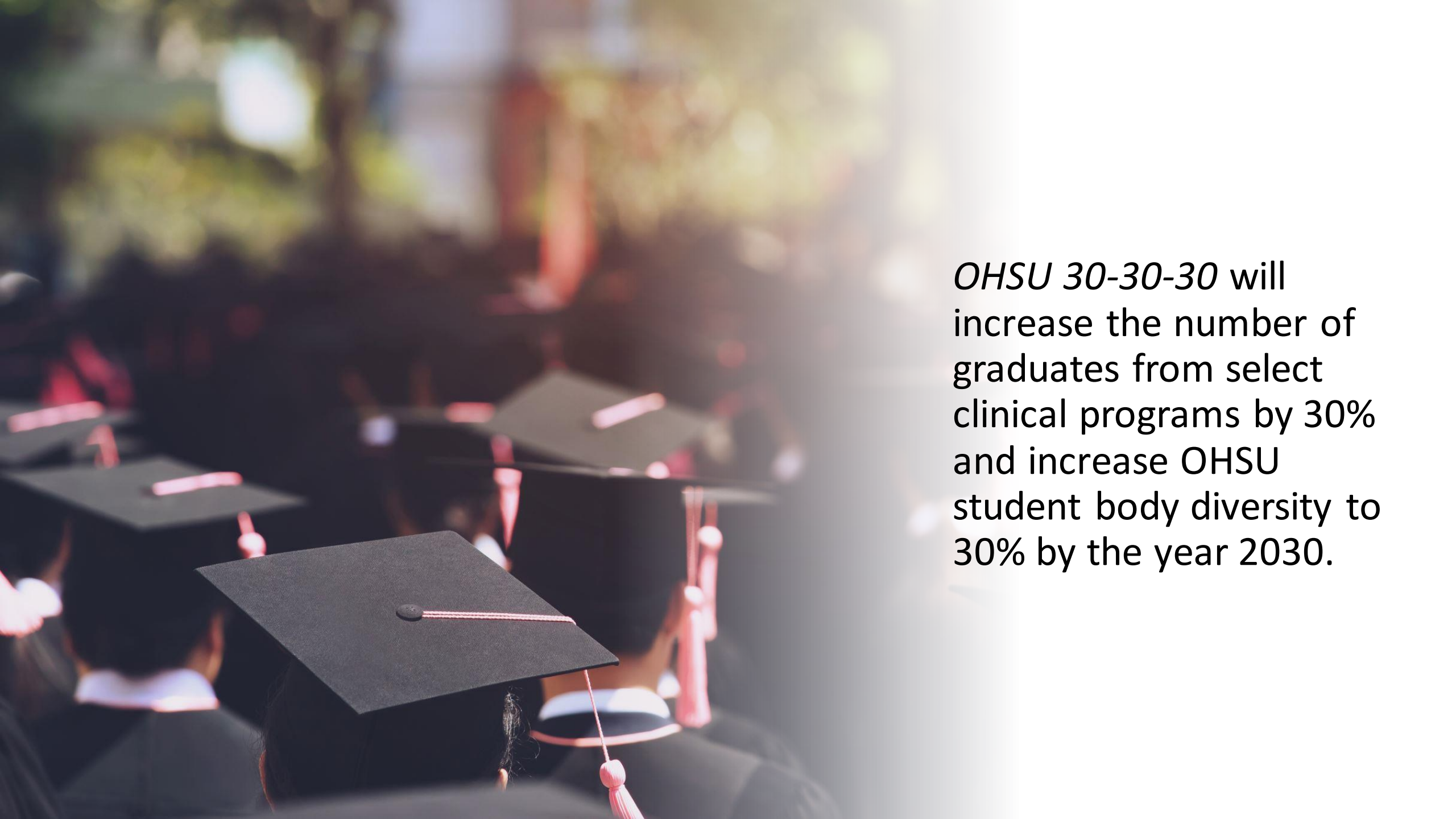
NEW Public Safety

- Education
- Healthcare
- Infrastructure
- Research



Objectives

¹ Formerly "Faculty/Staff Development"



OHSU 30-30-30 will increase the number of graduates from select clinical programs by 30% and increase OHSU student body diversity to 30% by the year 2030.

A banner image featuring a clear blue sky, a line of green and yellow trees, and a tall, grey clock tower with two clock faces on the right side. The text "NWCCU 2020 Standards" is centered in white.

NWCCU 2020 Standards

[Home](#) > [Accreditation](#) > [Standards & Policies](#) > [NWCCU 2020 Standards](#)

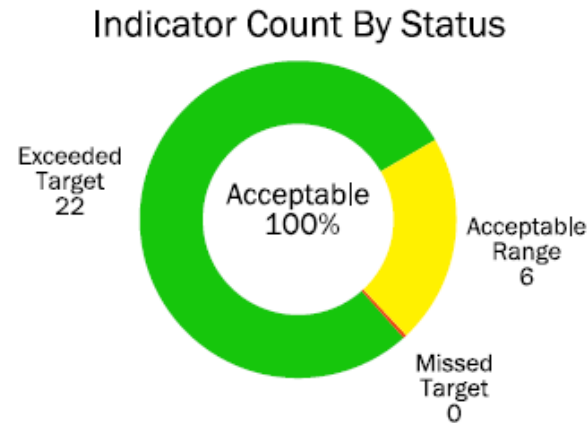
NWCCU 2020 STANDARDS

Standard One – Student Success, and Institutional Mission and Effectiveness

Student Achievement

Mission Fulfillment

Indicators of Effectiveness - Mission Fulfillment



Score	Description
✓	Meets or exceeds target; continuous effort needed to maintain acceptable performance or improve further. Results are at 100% or above target.
⚠	Difference between the target and the result is $\leq 20\%$; continued monitoring and effort needed to reach target. Results are within 80-99% of target and are considered to be within an acceptable range.
✗	Difference between the target and the result is $> 20\%$ and immediate action is required. Results are $< 80\%$ of the target and are not considered to be within an acceptable range.

As part of the ongoing cycle of continuous improvement, OHSU defines its mission fulfillment as achieving the expectation of its indicators for institutional effectiveness, student learning, and student achievement.

Mission fulfillment for OHSU is then determined by whether the combined total of the indicators that have exceeded or are within an acceptable range of the target is $\geq 90\%$. OHSU is meeting its definition of mission fulfillment as all of its indicators of effectiveness are being achieved or are within the acceptable threshold.



STUDENT ACHIEVEMENT

- Institutional Effectiveness Public Webpage
- Standard 1.D.2 – Disaggregated details by NWCCU
 - *Persistence*
 - *Retention*
 - *Completion*
 - *Post-graduation Success*
- Monitor for barriers to academic excellence or success
 - *Race/Ethnicity*
 - *Age*
 - *Degree type*

A banner image featuring a clear blue sky, a line of green and yellow trees, and a tall clock tower on the right side. The text "NWCCU 2020 Standards" is centered in white.

NWCCU 2020 Standards

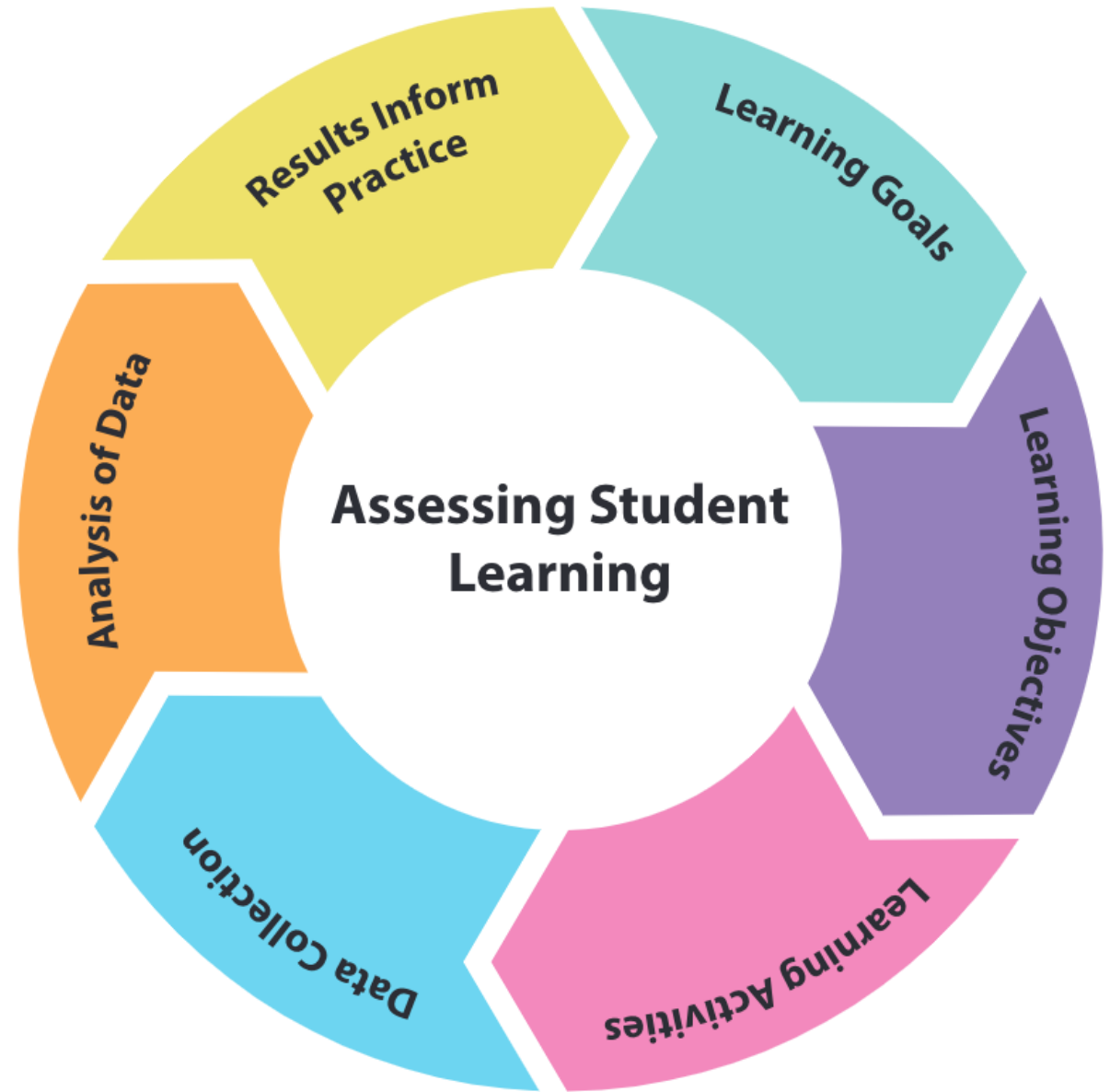
[Home](#) > [Accreditation](#) > [Standards & Policies](#) > **NWCCU 2020 Standards**

NWCCU 2020 STANDARDS

Standard One – Student Success, and Institutional Mission and Effectiveness





Student Learning


What do we want our students to know and be able to do and how do we know they got it?



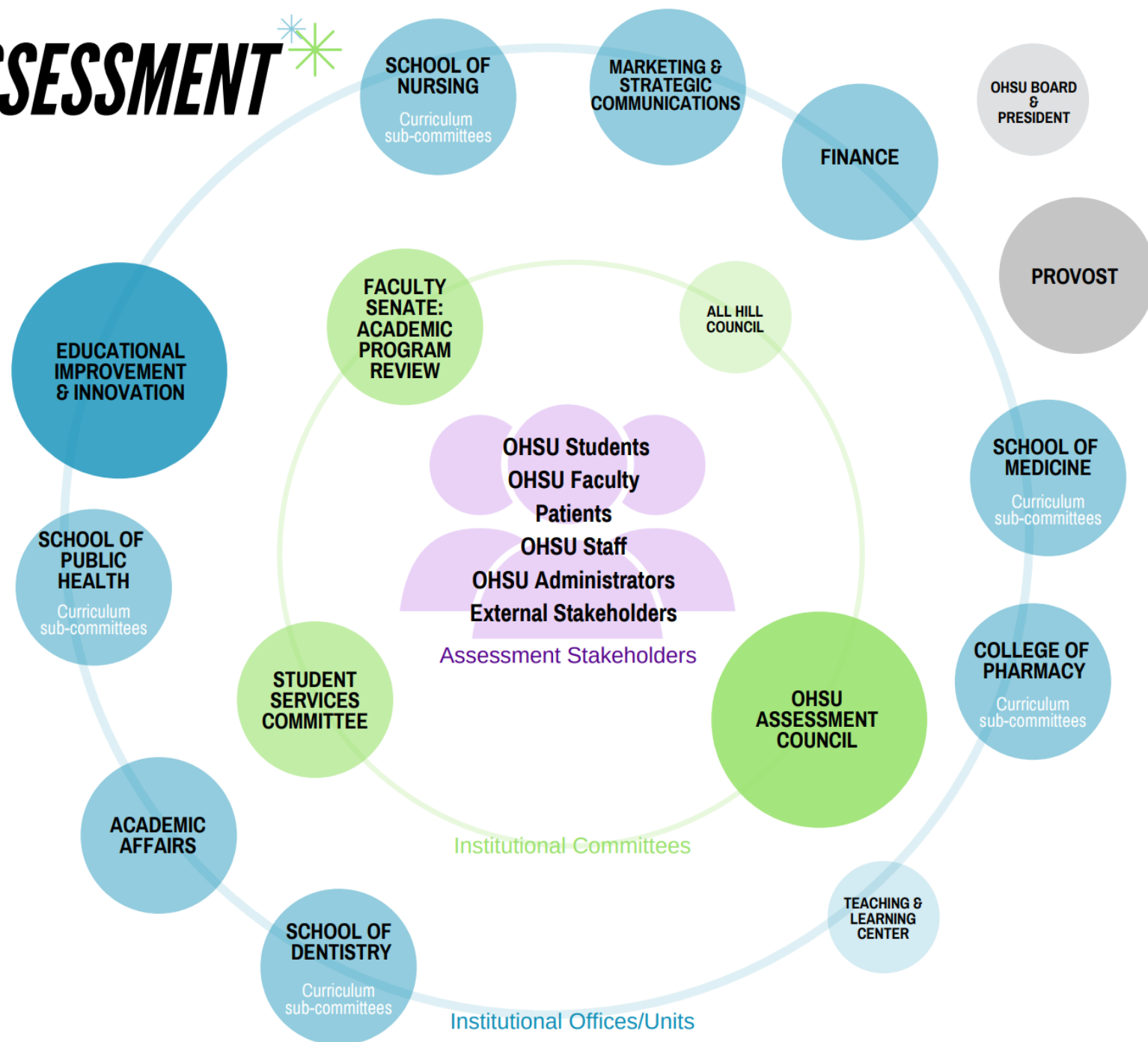
Student Learning Indicators of Effectiveness (SLI)

Objective: Engage in student learning outcomes assessment to evaluate quality and use results for improvement of academic programs and student services.

Indicator		Target	Actual	Result
SLI 1.1	Percentage of academic programs that demonstrate alignment of the OHSU Graduation Core Competencies to their student learning objectives, activities, and assessments.	90%	82%	
SLI 1.2	Percentage of academic programs that use available OHSU Assessment Council feedback and/or other assessment data to improve assessment activities.	60%	71%	
SLI 1.3	Percentage of academic programs that use assessment data to improve the achievement of student learning outcomes.	60%	71%	
SLI 1.4	Percentage of central student support services that map their assessments to an OHSU Graduation Core Competency.	70%	92%	

 = Exceeded target  = 80-99% of target  = 0-79% of target

OHSU ASSESSMENT







September 12, 2022

To: Members, OHSU Board of Directors

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

Re: Finance Materials for September 19th Meeting

The enclosed materials present OHSU's financial results and outline management's plans to reverse continuing losses. FY22's unaudited operating loss of \$(90)m represents a shortfall of \$(129)m from the approved budget and \$(162)m less than FY21's gain. The month of June itself had a loss of \$(12)m. June is usually a strong month; for example, the budget spread assumed \$14m of the total FY22 budgeted operating income of \$39m would occur in June. This year, however, annual actuarial reports for self-insured professional liability and employee health benefit costs came in less favorable than expected while other expenditures continued to rise.

KPMG will report on their audit of FY22 financial statements at the October meeting.

All areas of OHSU have been affected by the pandemic, with the greatest operational and financial impact in Healthcare and the School of Medicine, where over 99% of patient revenues are generated. These two areas ended the year with a budget shortfall of \$(148)m, including \$(40)m from the higher cost of contract labor compared to wages & benefits for the same staff on OHSU's payroll. Revenues were strong, up 10% year over year and \$33m above budget, but more than offset by 15%+ increases in labor costs and pharmacy & medical supplies. Mitigating somewhat these challenges were higher Intergovernmental Transfer (IGT) funding, unallocated general contingency, and savings in Central Administrative & Support Services.

The monthly variance from the seasonally-spread budget showed a general downward trend of increasing shortfalls from budget as the year went on, with larger variances in September with the Delta surge and February with Omicron. FY23 July results show a loss of \$(6.9)m or \$(3.6)m off the seasonally-spread budget, prior to incremental wage costs from a new AFSCME contract that is still under negotiation. We are closing August books now and will have those results for the meeting.

Excluding \$124m to repay CARES Act interest-free loans, OHSU-held cash & investments fell \$(178)m in FY22, roughly half from operating losses and half from investment losses. Days cash on hand declined from 239 at 6/30/21 to 195 at 6/30/22; this is below the path of drawn-down in days cash set forth in June's financial improvement plan.

We recognize the seriousness of the financial situation. Performance improvement strategies include:

- Identifying programs and positions to improve operations and efficiency in FY23.
- Strictly controlling hiring with focus on high-return areas and safety.
- Recruiting and retaining full-time employees to diminish reliance on contract labor.
- Fully deploying the operating rooms and procedural areas.
- Focusing on capacity and length of stay.
- Growing pharmacy, imaging and complex services with rapid return on investment.
- Optimizing operations and performance of partner sites that share risk with OHSU.
- Identifying and executing on opportunities for growth or consolidation in education, research and patient care.
- Working with private, public and philanthropic partners to support strategic priorities and relieve budget pressures wherever possible.

Improving financial performance in Healthcare + School of Medicine is the responsibility of a new Steering Committee reporting directly to President Jacobs, chaired by Drs. Hunter and Jacoby. The Steering Committee and President Jacobs are advised by a team of expert administrators who have led at major institutions. Two hiring committees, one for Healthcare + School of Medicine and one for Academic, Research & Central Services, are eliminating vacancies wherever possible and strictly controlling hiring of new and replacement positions.

To ensure that our corrective actions have impact quickly, we have implemented the following immediate institution-wide actions:

- Reduce services & supplies by 15% from FY22 levels, on top of absorbing inflation, plus additional scrutiny of consulting contracts.
- Eliminate vacant positions, whether they are in the FY23 budget or not.
- Continue pause on OHSU incentive program. While a component of compensation for administrative & faculty leaders, the program is always dependent on financial performance and was first paused in FY20.
- In addition to these cost-saving measures, we are actively seeking additional revenues to support OHSU's missions.

The executive team will provide further detail on these efforts at the Board meeting. Please let me know if you have questions before then.



OHSU Onward: FY22 Financial Results

OHSU Board of Directors / September 19, 2022

Unaudited FY22 Financial Results

- OHSU financial results have continued to decline with the impact of COVID variants on volume combined with longer-term staffing issues and inflation pressures.
- The magnitude of deterioration is far greater than pre-pandemic budget challenges.
- FY22 unaudited operating loss is \$(90) million on \$4 billion of revenue, which is worse than previously forecast; KPMG will report on their audit of FY22 financial statements in October.
- It is not just that revenues are below expenses, it is also that the rate of growth in revenue is below the rate of growth in expense.
- Over 3 years, revenues are up 23% but expenses are up 32%. In FY22 alone, revenues rose 9% but expenses 13%, including 15%+ growth in both compensation and Rx & medical supply costs in Healthcare and the School of Medicine.

Pre-COVID to Today (millions)	Revenue	Expense	Gain (Loss)	Op Margin
FY19 (last pre-pandemic year)	\$3,254	\$3,078	\$176	5.4%
FY22	3,987	4,076	(90)	-2.3%
3-Year Increase	23%	32%	-10%	

FY22 Costs Up 13.5% on 8.8% Revenue Growth

June YTD (12 Months) (millions)	FY21 Last Year	FY22 Budget	FY22 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$2,451	\$2,634	\$2,679	\$46	9.3%
Medical contracts	128	165	156	(9)	22.2%
Grants & contracts	513	496	533	37	3.9%
Gifts applied	75	98	86	(12)	14.8%
Tuition & fees	83	84	81	(3)	-2.3%
State appropriations	44	40	41	2	-6.8%
IGT funding	144	136	166	30	15.1%
Other revenue	226	224	244	20	7.9%
Operating revenues	3,664	3,876	3,987	110	8.8%
Salaries & benefits	2,198	2,374	2,494	120	13.5%
Rx & medical supplies	623	654	722	68	15.7%
Other services & supplies	542	577	616	39	13.6%
Depreciation	193	197	199	2	3.1%
Interest	35	35	45	10	28.9%
Operating expenses	3,591	3,838	4,076	239	13.5%
Operating income (loss)	\$72	\$39	\$(90)	\$(129)	-223.9%
<i>Operating margin</i>	<i>2.0%</i>	<i>1.0%</i>	<i>-2.3%</i>	<i>-3.3%</i>	
<i>EBITDA margin</i>	<i>8.2%</i>	<i>7.0%</i>	<i>3.9%</i>	<i>-3.1%</i>	

FY22 Loss is \$129M Short of Budget

- FY22's operating loss of \$(90)m represents a shortfall of \$(129)m from the approved budget and \$(162)m less than FY21's gain.
- All areas of OHSU have been affected by the pandemic, with the greatest operational and financial impact in Healthcare and the School of Medicine, where over 99% of patient revenues are generated.
- HC+SoM ended the year with a budget shortfall of \$(148)m, including \$(40)m from the higher cost of contract labor compared to wages & benefits for the same staff on OHSU's payroll. Revenues were strong, up 10% year over year and \$33m above budget, but more than offset by 15%+ increases in labor costs and pharmacy & medical supplies.
- Other, smaller shortfalls from budget occurred in Provost and Chief Research Officer areas, institutional accounts such as self-insurance and health benefit accruals, plus the cost of \$1k payments to front-line staff and December's bond issuance for OHEP.
- Mitigating somewhat these challenges were higher Intergovernmental Transfer (IGT) funding, unallocated general contingency, savings in Central Administrative & Support Services, and restricted funds (largely capital bought from grants).

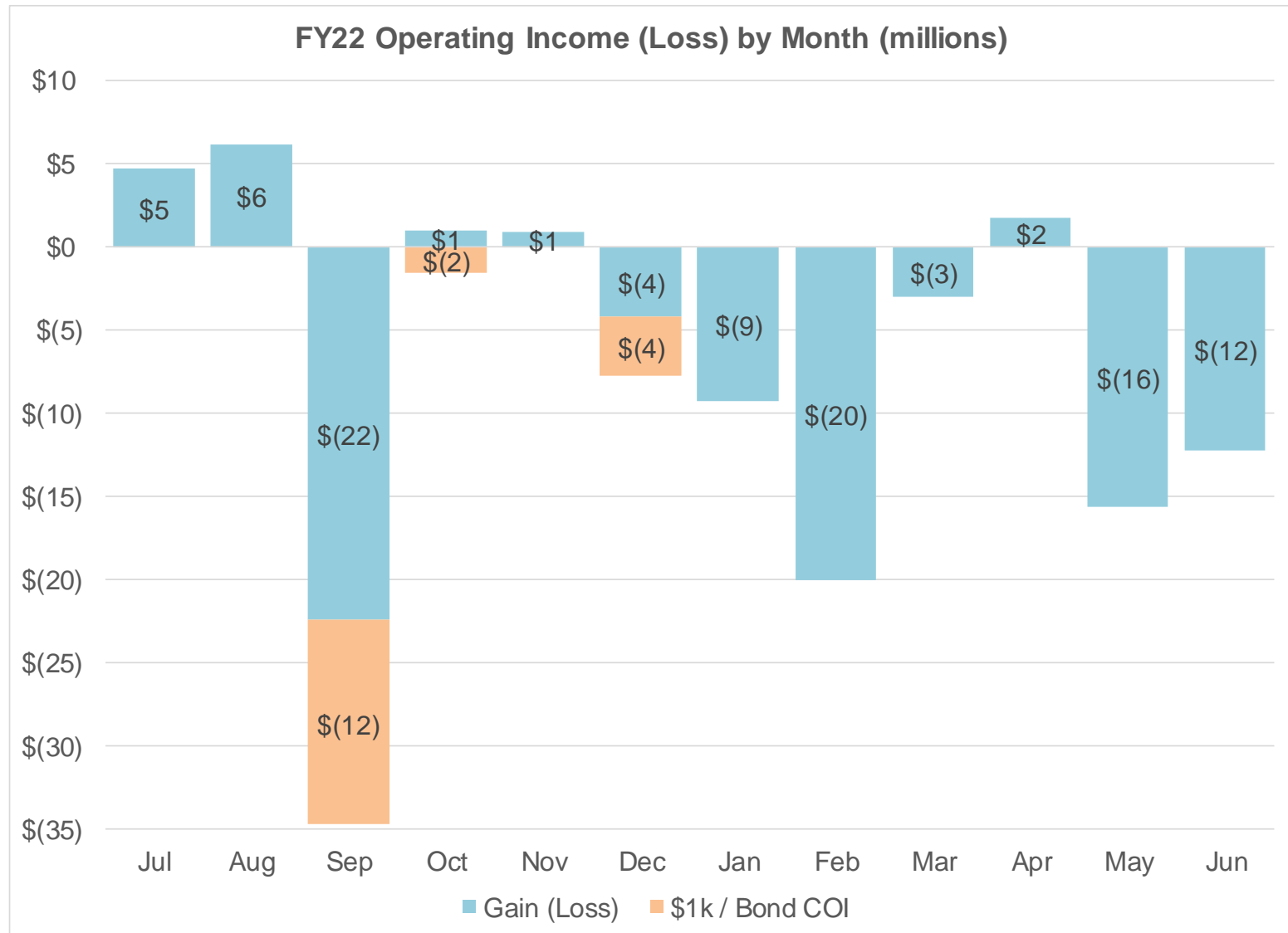
Budget Shortfall Largely in Patient Care Areas

FY22 Variance from Approved Budget (000)	
Healthcare less contract labor	\$(80,677)
Contract labor (2.16x rate)	(39,526)
School of Medicine	(27,897)
Subtotal - HC + SoM	(148,100)
Provost areas	(2,202)
CRO areas	(552)
Central services	5,968
Subtotal - other operating units	3,214
Unallocated IGT funding	24,365
Unallocated contingency	11,217
Gain on restricted funds	989
\$1k lump-sum payments	(13,962)
December bond issuance costs	(3,472)
Other institutional accounts, net	(2,839)
Subtotal - institutional accounts	16,298
Total budget variance	(128,588)
Approved budget operating income	38,867
Actual operating loss	\$(89,721)

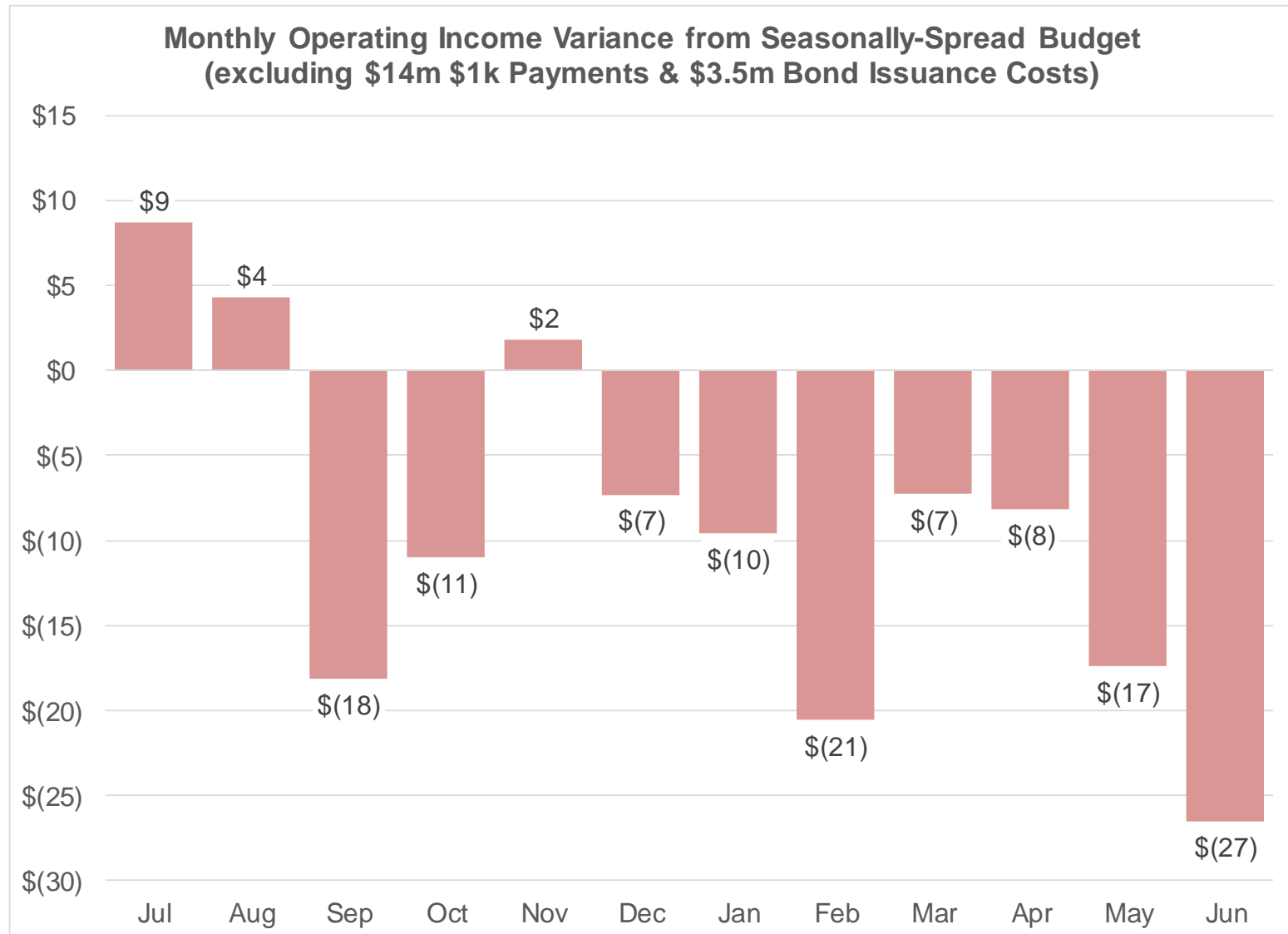
Trends in Operating Results by Month

- Page 6 shows FY22 operating gain (loss) by month, with the \$1k payments made to front-line staff and the December bond issuance costs separated out in orange.
- The June month loss of \$(12)m compares to a gain of \$17m in the prior June. June is usually a strong month; for example, the budget spread assumed \$14m of the total FY22 budgeted operating income of \$39m would occur in June.
- This year, however, annual actuarial reports for self-insured professional liability and employee health benefit costs came in less favorable than expected while other expenditures continued to rise.
- Page 7 shows variance from seasonally-spread budget by month, showing a general downward trend of increasing shortfalls from budget as the year went on, with larger variances in September (consistent with Delta surge) and February (Omicron surge).
- FY23 July results show a loss of \$(6.9)m or \$(3.6)m off the seasonally-spread budget, prior to incremental wage costs from a new AFSCME contract that is still under negotiation.
- Management is responding to these negative trends with stronger corrective actions outlined on page 16 – 18.

FY22 Gain (Loss) by Month



Budget Variance by Month Shows Declining Trend



\$(6.9)M Loss in July Prior to New Contract Costs

July Month (millions)	FY22 Last Year	FY23 Budget	FY23 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$213.4	\$227.6	\$227.4	\$(0.2)	6.5%
Medical contracts	11.6	14.4	12.2	(2.2)	5.6%
Grants & contracts	37.0	41.7	39.1	(2.6)	5.7%
Gifts applied	6.7	7.7	2.7	(5.0)	-60.1%
Tuition & fees	6.1	5.9	5.8	(0.1)	-5.0%
State appropriations	3.4	5.1	6.6	1.5	92.1%
IGT funding	11.3	15.0	15.0	0.0	32.4%
Other revenue	19.1	21.7	15.8	(5.9)	-17.2%
Operating revenues	308.7	339.1	324.6	(14.5)	5.1%
Salaries & benefits	191.1	208.9	202.0	(6.9)	5.7%
Rx & medical supplies	52.9	60.2	64.2	4.0	21.3%
Other services & supplies	40.8	53.0	45.2	(7.7)	10.8%
Depreciation	16.2	16.7	16.6	(0.1)	2.3%
Interest	3.0	3.6	3.5	(0.1)	16.7%
Operating expenses	304.0	342.4	331.5	(10.9)	9.0%
Operating income (loss)	\$4.7	\$(3.3)	\$(6.9)	\$(3.6)	-245.7%
<i>Operating margin</i>	<i>1.5%</i>	<i>-1.0%</i>	<i>-2.1%</i>	<i>-1.2%</i>	
<i>EBITDA margin</i>	<i>7.8%</i>	<i>5.0%</i>	<i>4.1%</i>	<i>-1.0%</i>	

Lower CMI with COVID Shift from OR Cases to ER

- Delta and Omicron surges have greatly increased Emergency visits while shifting the mix of care from surgical to medical cases.
- Casemix index (CMI) is down slightly from budget and last year, the first annual decline in many years.

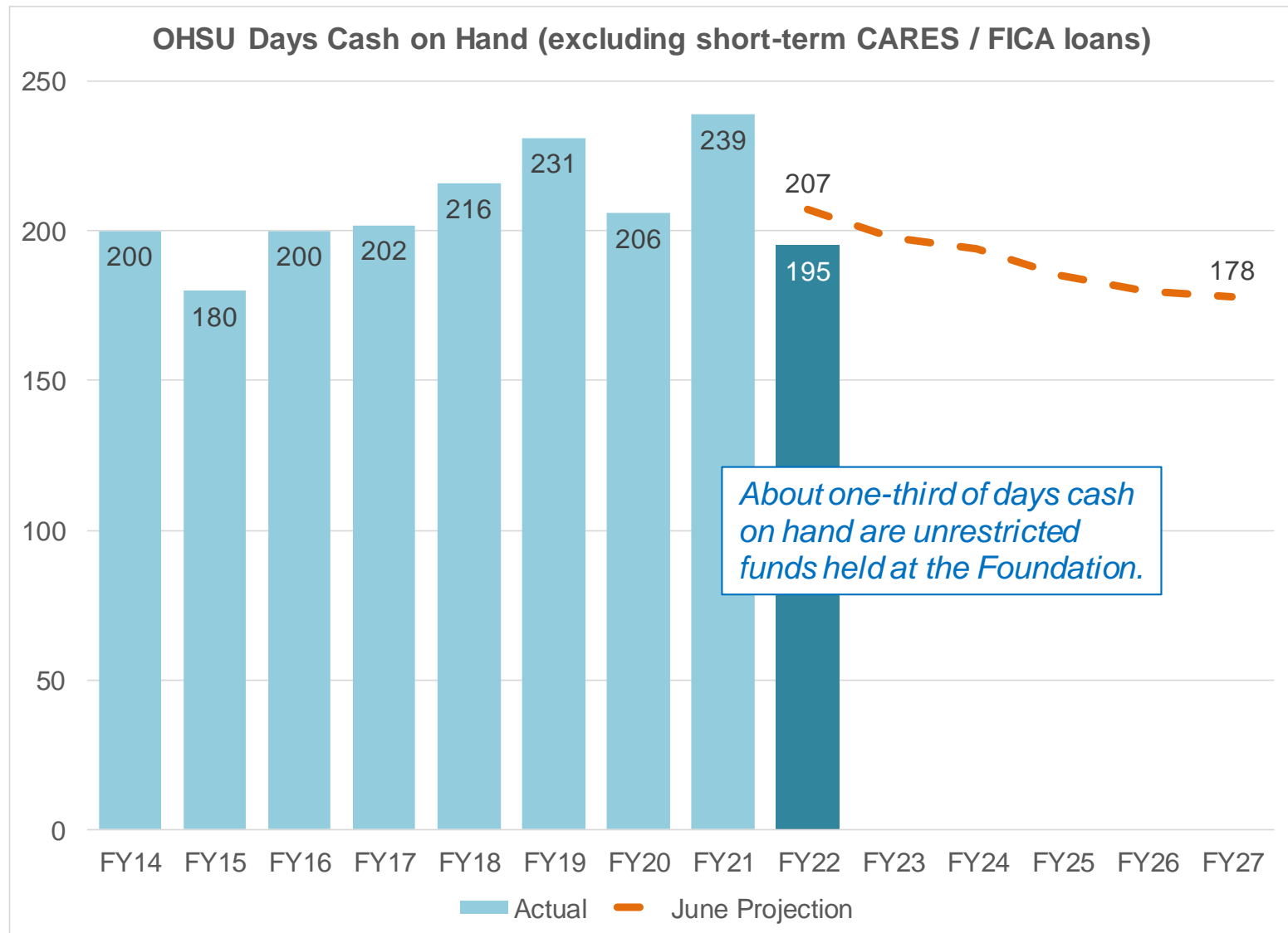
June YTD (12 Months)	FY21	FY22	FY22	Actual /	Actual /
Patient Activity	Last Year	Budget	Actual	Budget	Last Year
Inpatient admissions	25,612	26,858	26,327	-2.0%	2.8%
Average length of stay	6.66	6.70	6.76	0.9%	1.5%
Average daily census	447.8	467.8	463.5	-0.9%	3.5%
Casemix index	2.49	2.50	2.48	-0.8%	-0.4%
Day / observation patients	41,327	44,198	41,595	-5.9%	0.6%
Surgical cases	33,124	35,194	32,273	-8.3%	-2.6%
Emergency visits	41,997	39,944	50,268	25.8%	19.7%
Ambulatory visits	1,103,642	1,125,737	1,102,857	-2.0%	-0.1%
Outpatient share of activity	55.4%	56.3%	57.2%	1.6%	3.2%
CMI/OP adjusted admissions	142,945	153,650	152,389	-0.8%	6.6%
Gross charges (rate adjusted)	\$5,373	\$5,643	\$5,752	1.9%	7.1%

Cash Net of CARES / FICA Loans Down -\$178M

- Excluding \$124m to repay interest-free loans, OHSU-held cash & investments fell \$(178)m in FY22, roughly half from operating losses and half from investment losses.
- Days cash on hand declined from 239 at 6/30/21 to 195 at 6/30/22; as shown on the next page, this is below the path of drawn-down in days cash set forth in June's financial improvement plan.

FY22 June YTD Cash Flow	(millions)
Operating income	\$(90)
Depreciation	199
Investment return	(102)
Capital grants & gifts	12
CARES Act / FEMA grants	42
New debt applied	75
Sources of cash	137
Principal repaid	(27)
Capital spending	(234)
CARES Act / FICA loans repaid	(124)
Increase in A/R & other changes, net	(54)
Uses of cash	(439)
Sources less uses of cash	(302)
Cash flow net of short-term loans	\$(178)

Days Cash on Hand Fall -18% to 195 in FY22



Net Worth Down \$(150)M During FY22

Consolidated net worth fell \$(150)m or -3.7% during FY22 from operating and investment losses offset in part by CARES Act and FEMA grants in support of COVID costs, plus a gain from GASB 68 pension accrual that is booked one year in arrears.

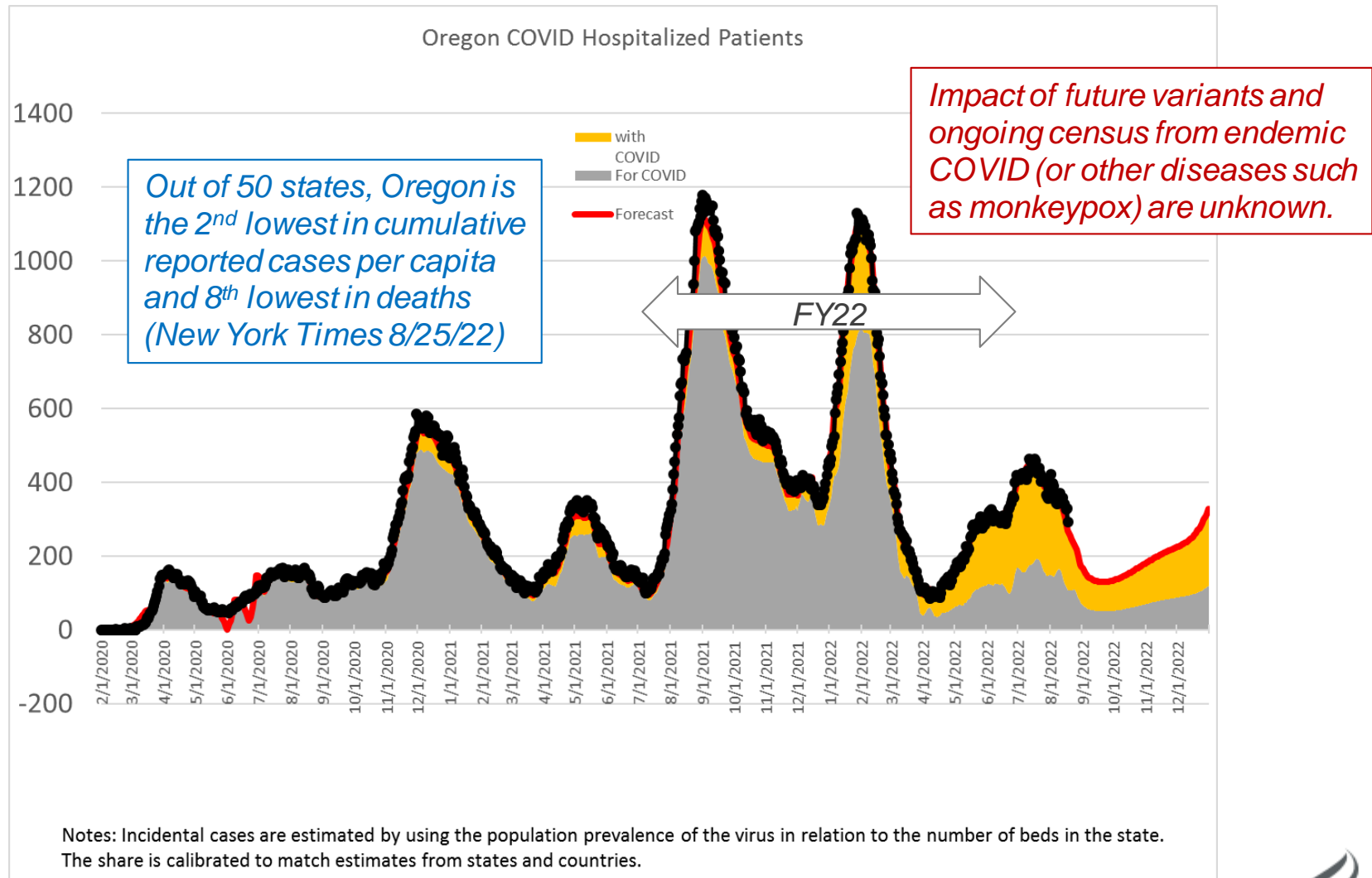
Balance Sheet (millions)	6/30/21	6/30/22	Change		
Cash & investments	\$1,625	\$1,323	\$(302)		
Moda surplus note	34	34	0		
OHEP bond funds	0	313	313		
Net physical plant	2,056	2,168	112		
Interest in Foundation	1,602	1,560	(42)		
Long-term debt	(970)	(1,408)	(438)		
CARES Act / FICA loans	(192)	(68)	124	<i>Most of the reduction in pension liability from prior-year investment gains is deferred to be amortized into net worth over future years.</i>	
PERS pension liability	(595)	(306)	289		
Deferred pension outflows/inflows	144	(104)	(247)		
Patient accounts receivable	445	489	44		
All other, net	(50)	(52)	(3)		
Total net worth	4,098	3,948	(150)		
	Operating income		(90)		
	Investment return		(102)		
	CARES / FEMA grants		42	<i>Gifts (GAAP basis)</i> <i>Investment return</i> <i>Transfers to OHSU</i> <i>Operations & other</i> <i>Foundation loss</i>	133
	Capital gifts & grants		12		(32)
	Foundation gain (loss)		(42)		(123)
	GASB 68 pension gain		32		(20)
	Other changes, net		(2)		(42)
	FY22 change in net worth		(150)		
Cash net of short-term loans	\$1,432	\$1,254	\$(178)		

Three-Year Earnings Gap to Pre-COVID Level

- At the beginning of the pandemic, we assumed FY21 would be the worst year with a slow recovery toward pre-pandemic patient activity levels combined with a major recession and widespread unemployment; budgetary offsets came from reduced salaries and limited hiring and spending.
- Instead, volume rebounded more quickly (although still below the prior trend line), we restored salaries, and inflation soared together with a tight labor market.
- FY22 was the worst year both in terms of Oregon COVID census and financial results nationally.
- Through three fiscal years, OHSU earnings are \$(422)m off pre-COVID levels, including \$153m of CARES Act and FEMA grants booked “below the line,” but still \$183m better than that first pandemic projection from June 2020.

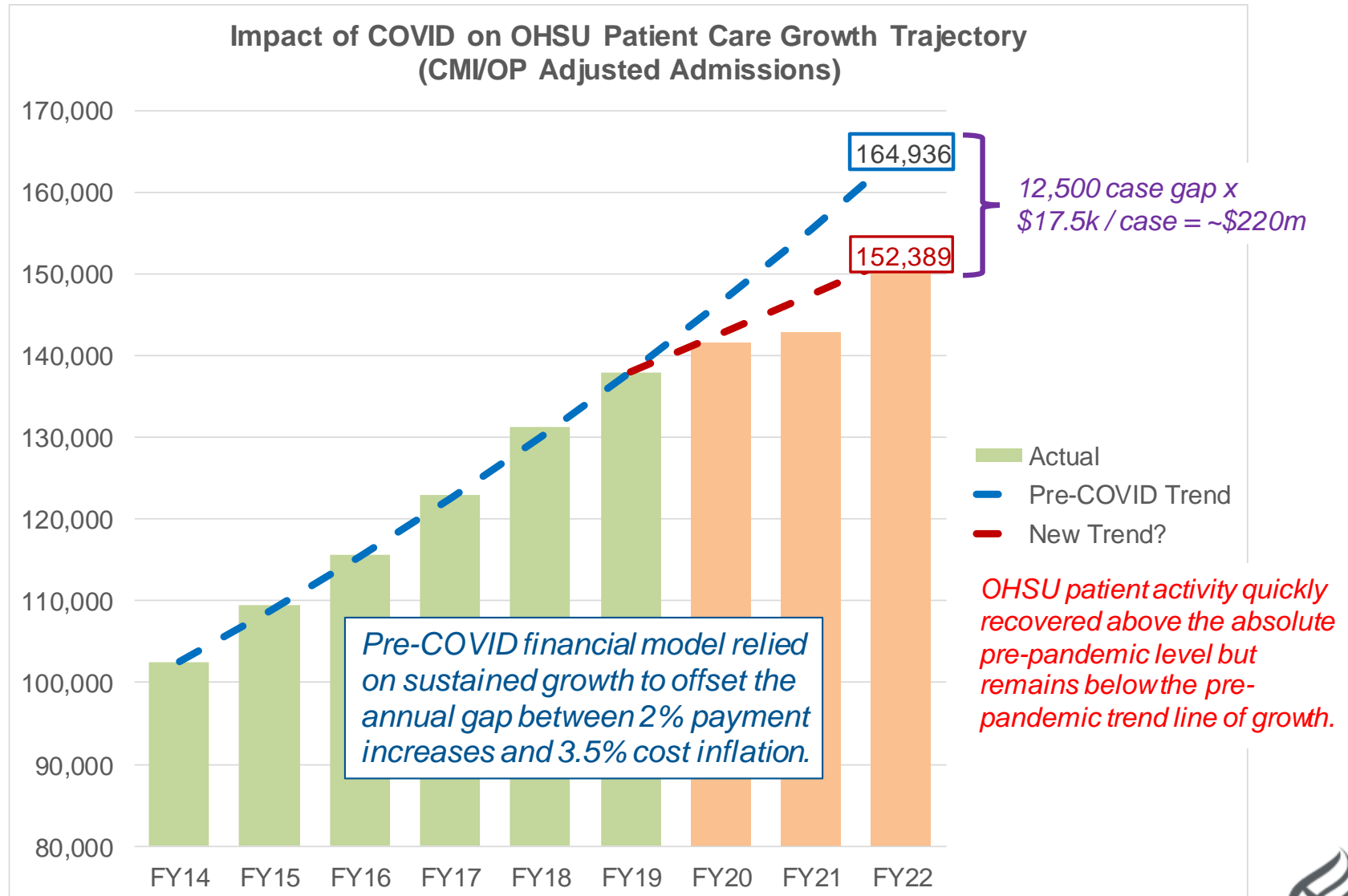
Earnings Gap to Pre-COVID Level (millions)	Pre-COVID FY19 Level	6/20 Budget Projection	Actual Gain (Loss)	Actual vs Pre-COVID
FY19 (pre-COVID)	\$176			
FY20	176	(60)	(28)	(205)
FY21	176	(95)	72	(104)
FY22	176	15	(90)	(266)
CARES Act / FEMA grants		64	153	153
Three-year total (FY20 - FY22)	\$529	\$(76)	\$107	\$(422)

OR COVID Surges Peaked in FY22, Not FY21



Source: Dr. Peter Graven / August 18, 2022 OHSU COVID Forecast / Statewide Census

Impact of COVID-19 on Clinical Growth Trajectory



Top Management Priorities to Meet FY23 Budget

We recognize the seriousness of the financial situation. OHSU's ongoing focus is to:

- Support our people.
- Build community engagement and health equity.
- Improve access and grow strategically.
- Strengthen partnerships.
- Build for the future.

Specific strategies for FY23 include:

- Identifying programs and positions to improve operations and efficiency in FY23.
- Strictly controlling hiring with focus on high-return areas and safety.
- Recruiting and retaining full-time employees to diminish reliance on contract labor.
- Fully deploying the operating rooms and procedural areas.
- Focusing on capacity and length of stay.
- Growing pharmacy, imaging and complex services with rapid return on investment.

Top Management Priorities (continued)

Specific strategies for FY23 (continued):

- Optimizing operations and performance of partner sites that share risk with OHSU.
- Identifying and executing on opportunities for growth or consolidation in education, research and patient care.
- Working with private, public and philanthropic partners to support strategic priorities and relieve budget pressures wherever possible.

Improving financial performance in Healthcare + School of Medicine is the responsibility of a new Steering Committee reporting directly to President Jacobs, chaired by Drs. Hunter and Jacoby.

The Steering Committee and President Jacobs are advised by an external team of four expert administrators who have led at major institutions, such as Colorado, Wisconsin, UTMB, Sutter and Shands.

Two hiring committees, one for Healthcare + School of Medicine and one for Academic, Research & Central Services, are eliminating vacancies wherever possible and strictly controlling hiring of new and replacement positions.

Immediate Institution-Wide Actions

- Reduce services & supplies by 15% from FY22 levels, on top of absorbing inflation, plus additional scrutiny of consulting contracts. (Exceptions for pharmacy & medical supplies, grant-funded expenses, interest, depreciation, insurance, utilities and software/hardware maintenance.)
- Eliminate vacant positions, whether they are in the FY23 budget or not. (Exceptions for positions funded entirely externally by gifts, grants, contracts, employees hired to meet critical safety or regulatory requirements, critical replacement positions to support healthcare operations and animal care.)
- Continue pause on OHSU incentive program. While a component of compensation for administrative & faculty leaders, the program is always dependent on financial performance and was first paused in FY20.
- These efforts will allow us to maintain a merit pool for unclassified administrative (UA) and research staff employees for FY22.
- When completed, the compensation market analysis of administrative pay will provide valuable data that we intend to act on in future years as funding permits.
- In addition to these cost-saving measures, we are actively seeking additional revenues to support OHSU's missions.

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 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.

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.

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 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.