



OHSU Board of Directors Meeting

Thursday, January 26, 2023

8:45-11:30am

Robertson Life Sciences Building, Room 3A001

2730 S Moody Ave, Portland, OR 97201



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

**Thursday, January 26, 2023
8:45-11:30am**

**Robertson Life Sciences Building, Room 3A001
2730 S. Moody Ave., Portland, OR 97201**

8:45am	Call to Order/ Chairman's Comments Approval of Minutes October 28, 2022 (ACTION)	Wayne Monfries Wayne Monfries
9:00am	FY23 December YTD Financial Results	Lawrence Furnstahl
9:25am	Resolution Authorizing SWAP Termination (ACTION)	Wayne Monfries
9:30am	Report from Covington Implementation Committee	Alice Cuprill Comas, JD Susan Bakewell-Sachs, PhD, RN
9:50am	Report from Covington Oversight Committee	Michael Alexander, MSS Alisha Moreland-Capua, MD
10:20am	Anti-Racism Initiatives Update	Derick Du Vivier, MD
10:40am	Break	
10:50am	Annual Quality & Safety Report	Renee Edwards, MD
11:10am	2023 Oregon Legislative Session Update	Julie Hanna Ellie Boggs
11:30am	Meeting adjourned	

Oregon Health & Science University
Board of Directors Meeting
October 28, 2022
WebEx/ECHO 360 virtual live meeting

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 12:52pm at the Oregon National Primate Research Center and via 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, Sue Steward, Steve Zika, Mahtab Brar and Susan King, Chad Paulson. OHSU staff presenting material on the agenda were Nancy Haigwood, PhD, Martina Ralle, PhD, Andrew Corrigan, Lawrence Furnstahl, Tim Marshall, Bridget Barnes PhD, MBA and Heath Kula, JD. Connie Seeley, Secretary of the Board, and Alice Cuprill Comas, JD, Assistant Secretary of the Board, were also in attendance as well as other OHSU staff members.

Call to Order

Wayne Monfries

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 12:52pm and welcomed all those that were in-person and virtual attendance.

Chairman's Comments

Wayne Monfries, Board Chair

Mr. Wayne Monfries opened the meeting stating how wonderful it was to be back at the Oregon National Primate Research Center and continued by welcoming OHSU's new Chief People Officer, Qiana Williams for her new role at OHSU.

He mentioned the Doernbecher Freestyle event that was scheduled to take place that evening with President Jacobs as the guest of honor.

He spoke about how they have been focused on the financial challenges they have faced through COVID. He said the board and leadership are proud of what the OHSU community has done to get through to where OHSU is today.

Mr. Monfries thanked Nancy Haigwood ahead of her retirement for her 15 years of service and dedication to the primate center also mentioning the board's campus tour earlier that morning.

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 and was also excited to welcome OHSU's new Chief People Officer, Dr. Qiana Williams. He also congratulated Miguel Marino, PhD who was recently elected to the National Academy of Medicine.

He thanked everyone at the bargaining table responsible for the ratification of the AFSME 2022-2025 contract with an approximate 91% vote.

He continued to speak of the financial challenges facing OHSU and how they are starting to see a positive shift. He thanked OHSU members for their continued efforts.

Dr. Jacobs also spoke of their accomplishments throughout the past 2-3 years which gives them confidence to tackle whatever is ahead, stating it will continue to be a community-wide effort.

In closing, Dr. Jacobs said they are digging into their systems and processes to identify threats and opportunities even as they face challenges around capacity and cost. He said they are all-in and thanked all members for their efforts. He then turned the meeting back over to Chair Monfries.

Approval of Minutes

Wayne Monfries

Mr. Monfries asked for approval of the minutes from the September 19, 2022 OHSU Public Board meeting. Upon motion duly made by Ruth Beyer and seconded by Mahtab Brar, the minutes were approved by all board members in attendance.

West Campus Welcome and Overview

Nancy Haigwood, PhD

Mr. Monfries recognized Nancy Haigwood, PhD, Director, Oregon National Primate Research Center.

Dr. Haigwood presented an overview of the Oregon National Primate Research Center.

She discussed the relationship between OHSU and ONPCR including their increased integration and participation in key leadership meetings.

Dr. Haigwood also spoke about faculty resilience and the FY17-FY21 ONPCR awards. She covered the scientific and administrative leadership, the core scientists and recent new faculty. She also provided an infrastructure update including the DCM Commons Building, the Bosdy “Surge” Building opening and the Freezer farm for West Campus.

She highlighted contributions from research that included Noninvasive imaging for diet-induced obesity, contributions to COVID research, Noninvasive imaging to discover effects of alcohol addiction on fetal brain development and effects of THC on reproduction.

Dr. Haigwood closed her presentation discussing opportunities and plans for 2022-23.

Board members asked Dr. Haigwood for further information regarding future visions, how to move the research work to its next level and other primate research facilities around the country.

Annual Report from Faculty Senate

Martina Ralle, PhD

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

Dr. Ralle presented an updated report from the Faculty Senate. She discussed the senate’s mission of representing and serving the faculty of OHSU. She also covered the senate’s role with OHSU’s President, Provost and Board of Directors and shared a list of the senate Executive Committee.

She spoke of the 2021 senate highlights which included their participation in interviews for leadership positions, 2021 faculty senate awards event and participation in recommendations with executive leadership regarding the Covington Report.

She covered the 2021-22 senate priorities which included, faculty compensation, communication, faculty wellbeing and retention, shared governance and the goals and progress for each.

Board members asked Dr. Ralle for further information on turnover rates, pulse survey and stay interviews. They also commented on the priority to increase communication with the board members.

KPMG Report on FY-22 Audited Financial Results

Andrew Corrigan

Mr. Monfries recognized Andrew Corrigan.

Mr. Corrigan presented an overview of the audit results ending June 30, 2022.

He provided information showing no outstanding matters, no significant deficiencies and no material weaknesses identified. He discussed the audit scope and included OHSU entities that were covered in the audit.

He also covered required communications, accounting policies, accounting estimates, Non-GAAP policies, subsequent events and written communications.

Mr. Corrigan stated there were no modifications of the standard auditor's report and their opinions were not modified in respect to other matters.

He discussed accounting policies and practices and spoke about the significant accounting estimates including the management's process used to develop the estimates, assumptions, indicators of bias and qualitative aspects.

Board members had no questions for Mr. Corrigan.

Acceptance of Independent Auditor's Report on FY22 Audited Financial Statements

Mr. Monfries presented OHSU Board Resolution 2022-10-06, Acceptance of Independent Auditor's Report on FY22 Audited Financial Statements.

OHSU Board Resolution 2022-10-06

Mr. Monfries asked for a motion to adopt Resolution 2022-10-06. Steve Zika moved to approve the motion. James Carlson seconded the motion and it was approved by all OHSU Board members in attendance.

FY23 First Quarter Financial Results

Lawrence Furnstahl, John Hunter, MD, David Robinson, PhD

Mr. Monfries recognized Lawrence Furnstahl, EVP, Chief Financial Officer, John Hunter, MD, EVP, CEO OHSU Health Systems, David Robinson, PhD, EVP, Vice Provost.

Mr. Furnstahl presented an overview of the FY23 Q1 financial results stating the results showed solid gains. He discussed operating income, year-over-year revenues, clinical and research missions and patient activity. He covered Q1 earnings, Q1 gains and losses by month and cash net of CARES and FICA loans.

Dr. Hunter presented information on Improving Financial Performance including the IFP committee, Healthcare and School of Medicine workstreams, stretch targets, hiring committees and their responsibilities.

David Robinson discussed financial actions across OHSU that included reducing services and supplies below FY22 levels, elimination of vacant positions, identifying and executing on

opportunities for growth, maintaining merit pool for unclassified administrative staff, and advancement of wellness.

Board members asked Mr. Furnstahl, Dr. Hunter and Dr. Robinson for further information on what is driving results, non-recurring sources of revenue, stabilized expenses, wellness components including students and clinicians, expense reductions, recruitment and retention, contract employees and operating rooms.

Integrity Report

Tim Marshall, Chief Integrity Officer

Mr. Monfries recognized Tim Marshall, Chief Integrity Officer.

Mr. Marshall presented an Integrity Program Update covering the roles and responsibilities of the Chief Integrity Officer, the members of the board, President and Executive Vice Presidents.

He discussed OHSU's compliance program and the integrity office operations. He also provided key information about the Integrity Hotline.

Mr. Marshall covered the volume of all cases for the calendar year including case outcomes.

He concluded his presentation by discussing the FY23 Integrity Office initiatives.

Board members asked Mr. Marshall for further information on training effectiveness, integrity hotline, Navex global reporting, case tracking, response time on reports filed, review of policies and the number of systems in place.

OHSU 2025 Update

Bridget Barnes, PhD, MBA, CHCIO

Mr. Monfries recognized Bridget Barnes, PhD, MBA, CHCIO, SVP, Chief Information Officer.

Dr. Barnes provided an update on OHSU 2025 including an objective summary, CANDID and Data Governance, the Connected Care Center and flexible work where at this time a video was shared during the meeting.

She provided the purpose, goals and accomplishments of CANDID and also discussed the purpose and goals of Data Governance including developing an analytic marketplace and making the data accessible and understandable.

Also discussed was the expansion of the Connected Care Center, its status and phase timeline.

She concluded her presentation by discussing OHSU 2025 next steps.

Board members asked Dr. Barnes for further information on tactic status numbers, metrics, patient point of contact, patient contact procedures, best practices, fragmentation in the healthcare system and flex work.

Campus Safety Update

Heath Kula, JD

Mr. Monfries recognized Heath Kula, JD, Director, Public Safety.

Mr. Kula provided a Campus Safety Update.

He discussed the Public Safety Department values, training, culture and the Campus Safety Review Taskforce including their policies and recommendations.

He covered the services of the department, the current state of the Portland Metro area and the OHSU Weapons Policy SB 554.

Board members asked Mr. Kula for further information on assistance from outside agencies, responses, numbers of incidents, presence in high risk areas, date of armed officers, policies, upgrading of safety measures, weapons covered and locations used within the policy.

Antibodies and Therapies for HIV: A forty year perspective

Nancy Haigwood, PhD

Mr. Monfries again recognized Nancy Haigwood, PhD, Director, Oregon National Primate Research Center.

Dr. Haigwood provided a presentation on a forty-year perspective of Antibodies and Therapies for HIV. She also discussed targeting the latent reservoir for HIV-1, mother to child transmission and neutralizing antibodies.

She spoke about the Co-evolution of Env variants, bNAbs, bNAbs therapy and trials, virus elimination, ART suppression and the IMPAACT network.

Dr. Haigwood concluded her presentation with thoughts on hitting the virus early and hard, while also discussing their future studies.

Board members asked Dr. Haigwood for further information on human studies.

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



January 18, 2023

To: Members, OHSU Board of Directors

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

Re: FY23 H1 Results & Proposed Termination of Interest Rate Swap

The attached document presents FY23 financial results through December (six months) and proposes a resolution to authorize management to terminate an “orphaned” interest rate swap than no longer hedges any underlying variable rate debt.

Despite headwinds from a tri-demic of RSV, flu and COVID as well as ice storms, December was another solid month. December YTD operating income is \$56m, which is \$58m above the seasonally spread budget and \$87m better than the first 6 months of FY22. Included in these earnings are IGT rebalance funds, half of which relate to the prior year, when OHSU recorded a \$(90)m deficit. OHSU remains ahead of the break-even budget approved last June, even after taking out the prior year portion of IGT rebalance.

Year-to-date revenues are 13.9% above prior year, with net patient revenues up 12.6%. Revenue growth exceeds expense growth of 9.7%, including an 8.6% increase in salaries & benefits, reversing last year’s pattern of costs rising faster. The revenue growth and improved financial performance evident in the first half result from the hard work and dedication of all our team members.

The final part of the document proposes a plan to terminate OHSU’s interest rate swap. We first entered into this swap in 2005 to hedge interest rate risk from variable rate debt. In December 2019, we refinanced OHSU’s debt to entirely fixed rate in order to lock in favorable long-term interest rates. Thus, the swap is “orphaned” without any underlying variable rate debt to hedge. Recent increases in interest rates have significantly reduced the negative mark-to-market on this swap, and we would like the Board to authorize terminating the swap entirely should the cost of doing so fall below \$1m.

In conclusion, healthcare across Oregon and the nation is facing serious financial challenges. However, the pandemic has also been a catalyst for change, providing a new opportunity to rely on each other and now look forward to thrive. OHSU’s ongoing focus is to:

- Support our people.
- Build community engagement and health equity.
- Improve access and grow strategically.
- Advance OHSU’s missions of education, research, patient care and outreach that make us unique in Oregon.
- Build for the future.



OHSU Onward: FY23 First Half Results & Proposed Termination of Interest Rate Swap

OHSU Board of Directors / January 26, 2023

FY23 First Half Results Show Strong Gains

- Despite headwinds from a tri-demic of RSV, flu and COVID as well as ice storms, December was another solid month.
- December YTD operating income is \$56m, which is \$58m above the seasonally-spread budget and \$87m better than the first 6 months of FY22.
- Included in these earnings are IGT rebalance funds, half of which relate to the prior year, when OHSU recorded a \$(90)m deficit.
 - As part of OHSU's partnership with the State of Oregon, we receive a percent of the cost of care for Medicaid and other low-income patients.
 - This Intergovernmental Transfer (IGT) partnership produces \$1.3 billion dollars per biennium for the State's Medicaid program.
 - Due to the higher costs of the pandemic, labor shortages and inflation, September to December include revenue based on rebalanced projections of the IGT program, half related to FY22.
- OHSU remains ahead of the break-even budget approved last June, even after taking out the prior year portion of IGT rebalance.

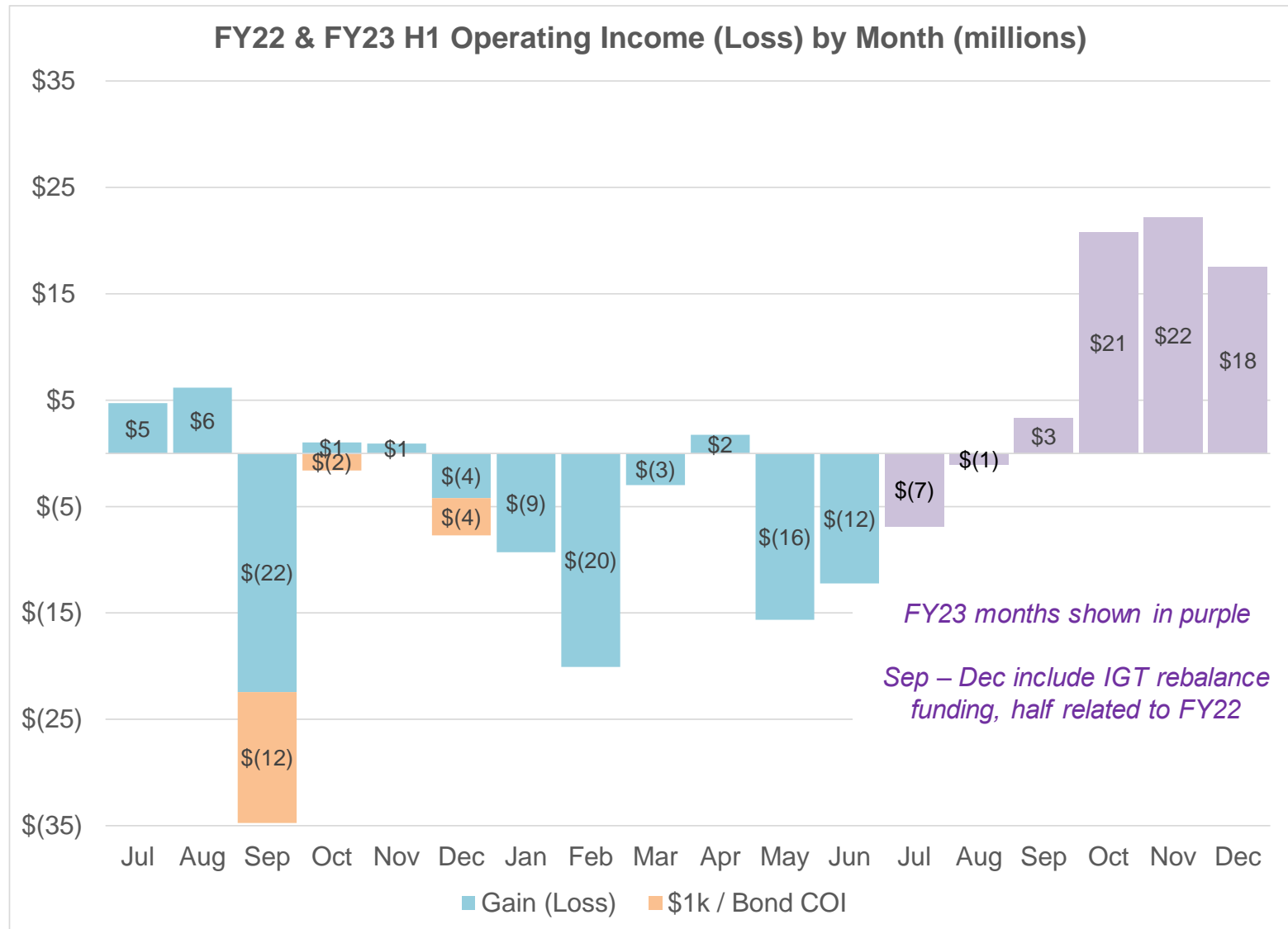
FY23 First Half Results Show Strong Gains

- Major factors contributing to this positive variance include the current year portion of the IGT rebalance plus the general contingency offsetting higher AFSCME and UA wages, as well as the Improving Financial Performance (IFP) work in Healthcare + School of Medicine and tight budget control across the University.
- These gains more than offset continued higher contract labor and other impacts from RSV, flu, COVID and the weather.
- Shortfalls in the 340b pharmacy program during the first quarter have largely been made up through December due to painstaking work by the Pharmacy team.
- Year-to-date revenues are 13.9% above prior year, with net patient revenues up 12.6%. Revenue growth exceeds expense growth of 9.7%, including an 8.6% increase in salaries & benefits, reversing last year's pattern of costs rising faster.
- *The revenue growth and improved financial performance evident in the first half result from the hard work and dedication of all our team members.*

FY23 H1 Revenue Up 14% with 9% Cost Growth

December YTD (6 Months) (millions)	FY22 Last Year	FY23 Budget	FY23 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$1,314	\$1,422	\$1,480	\$58	12.6%
Medical contracts	77	86	76	(10)	-0.7%
Grants & contracts	258	267	258	(9)	-0.1%
Gifts applied	40	45	43	(2)	8.2%
Tuition & fees	41	40	41	1	-0.2%
State appropriations	21	31	32	2	55.8%
IGT program - research & education	82	90	90	0	9.8%
IGT rebalance	0	0	63	63	
Other revenue (including pharmacy)	111	132	130	(2)	16.9%
Operating revenues	1,943	2,111	2,213	101	13.9%
Salaries & benefits	1,224	1,295	1,329	34	8.6%
Rx & medical supplies	341	378	408	30	19.6%
Other services & supplies	289	318	297	(21)	2.8%
Depreciation	99	101	102	1	3.4%
Interest expense	22	22	21	(1)	-3.7%
Operating expenses	1,974	2,114	2,157	43	9.2%
Operating income (loss)	\$(31)	\$(2)	\$56	\$58	-278.8%

FY22 & FY23 H1 Gain (Loss) by Month



Q2 Earnings +\$47m > Seasonally Spread Budget

- In June, the Board approved a “break-even” budget for FY23, with equal revenues and expenses and \$0 operating income over 12 months.
- We spread revenues and expenses based on historical seasonal patterns, that typically result in losses in Q1 and Q3 offset by gains in Q2 and Q4, expected to net to zero by year-end.
- Thus, Q1’s actual loss of \$(4.7)m is \$10.8m better than the seasonally-spread budget, and Q2’s gain of \$60.6m was \$47.4m better than budget, for \$58m year-to-date.

FY23 Operating Income			
Seasonal Budget Spread (millions)	Budget	Actual	Variance
Q1 (July - September)	\$(15.5)	\$(4.7)	\$10.8
Q2 (October - December)	13.1	60.6	47.4
Q3 (January - March)	(9.5)		
Q4 (April - June)	11.9		
Total FY23	\$0.0		

YTD Patient Activity at Budget & Ahead of Last Year

December YTD (6 Months)	FY22	FY23	FY23	Actual /	Actual /
Patient Activity	Last Year	Budget	Actual	Budget	Last Year
Inpatient admissions	12,911	13,288	13,487	1.5%	4.5%
Average length of stay	6.87	6.80	6.94	2.1%	1.0%
Average daily census	457.6	494.6	478.8	-3.2%	4.6%
Casemix index	2.50	2.50	2.51	0.4%	0.4%
Day / observation patients	20,301	20,787	22,455	8.0%	10.6%
Surgical cases	15,736	17,337	17,163	-1.0%	9.1%
Emergency visits	24,595	24,720	27,440	11.0%	11.6%
Ambulatory visits	548,461	555,574	549,109	-1.2%	0.1%
Outpatient share of activity	57.0%	56.8%	56.1%	-1.2%	-1.6%
CMI/OP adjusted admissions	74,974	76,838	77,119	0.4%	2.9%
Gross charges (rate adjusted)	\$2,971	\$3,084	\$3,224	4.5%	8.5%

Cash Net of CARES / FICA Loans Basically Flat

- After losses in Q1, stock and bond markets rebounded in October and November before falling again in December, with high volatility.
- Through December, consolidated net worth is up \$32m or 0.8%, with operating income offsetting investment losses (left chart).
- Excluding \$68m to repay the final portions of pandemic interest-free loans, OHSU-held cash & investments are essentially flat through 6 months, as earnings were offset by higher patient accounts receivable plus timing delays from Medicaid and Medicare settlements that should be paid in coming months (right chart).

FY23 H1 Change in Net Worth	(millions)
6/30/22 consolidated net worth	\$3,948
H1 operating income	56
Investment return on OHSU funds	(5)
Net gain (loss) on Foundation	(24)
Grant & gift funded capital	6
Other non-operating items, net	(1)
FY23 H1 change in net worth	32
<i>Percent change</i>	<i>0.8%</i>
12/31/22 consolidated net worth	\$3,980

FY23 December YTD Cash Flow	(millions)
Operating income	\$56
Depreciation	102
Investment return	(5)
Capital grants & gifts	6
CARES Act / FEMA grants	0
New debt applied	27
Sources of cash	186
Principal repaid	(24)
Capital spending	(98)
CARES Act / FICA loans repaid	(68)
Increase in A/R & other changes, net	(67)
Uses of cash	(256)
Sources less uses of cash	(70)
Cash flow net of short-term loans	\$(2)

+10% Increase in Net Worth Since 1st COVID Year

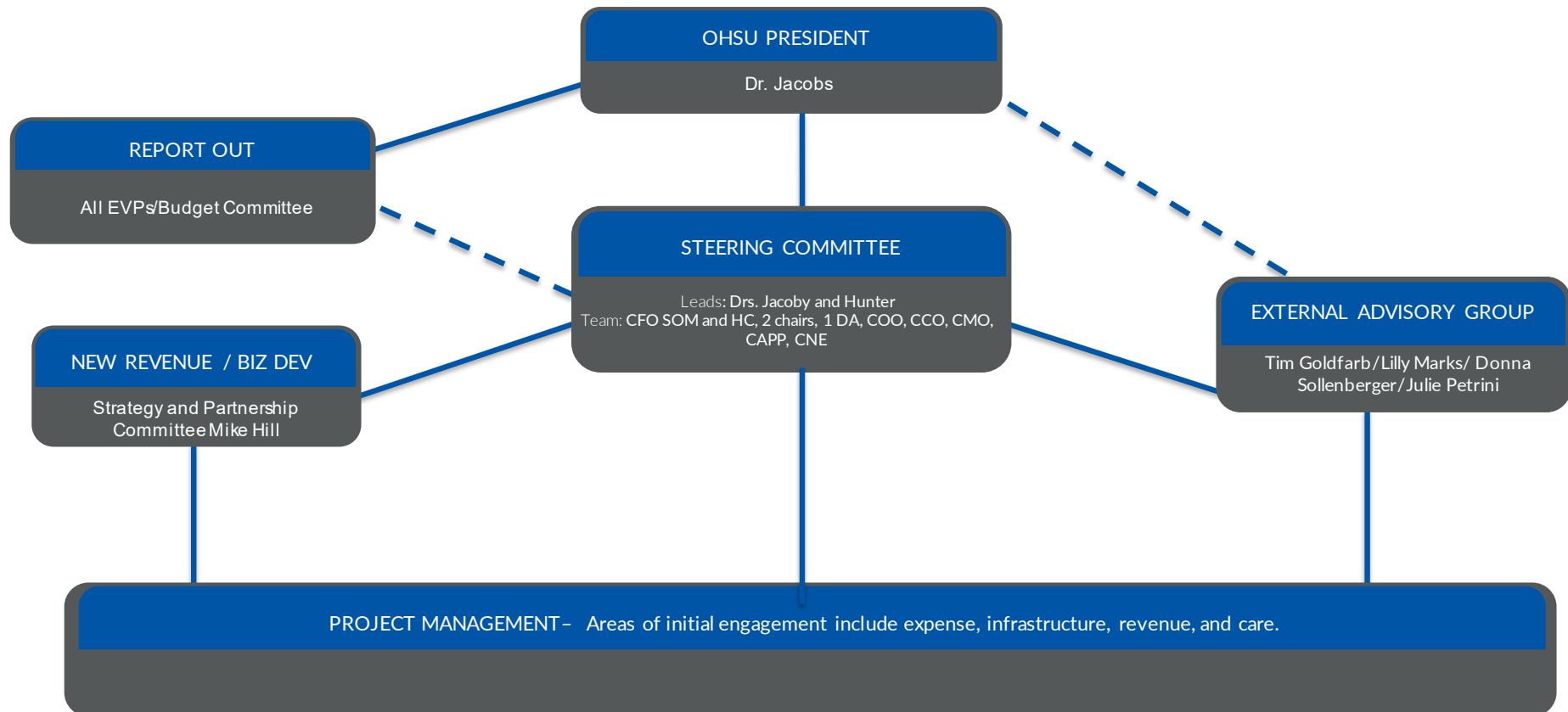
Pandemic Impact on Net Worth	(millions)
6/30/19 consolidated net worth	\$3,619
OHSU operating income (loss)	10
CARES Act / FEMA grants	153
OHSU investment return	104
Net gain on Foundation	172
GASB 68 pension accrual	(94)
All other items, net	15
3 1/2 year change in net worth	361
12/31/22 consolidated net worth	\$3,980

\$380m Gifts (GAAP basis)
 271m Investment return
 (415)m Transfer to OHSU
 (64)m Found. operations
 \$172m Net gain

Improving Financial Performance (IFP Work)

- Improving financial performance in Healthcare + School of Medicine is the responsibility of a 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, including Colorado, Wisconsin, UTMB, Sutter and Shands.
- This very strong work by Healthcare + School of Medicine is organized into eight workstreams reporting to the Steering Committee.
- These workstreams have identified \$96m of potential FY23 savings so far, representing approximately 3% of the combined HC+SoM budget.
- The “stretch” target for opportunities, which will take longer to fully implement and realize, totals \$145m.
- 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.
- We are actively seeking additional revenues, working with public, private and philanthropic partners to support strategic priorities and thrive.
- Advancing OHSU Member and Clinician Wellness is also key to continued success.

Organization of IFP / Clinical Mission Work



Improving Financial Performance (IFP) Progress

Improving Financial Performance Workstream	Stretch Goal	FY23 Target
1 – Operations and efficiency	\$47.5	\$33.1
2 – Hiring/FTE	10.2	2.1
3 – Recruitment and retention	4.0	0.0
4 – OR and procedural growth	22.0	13.0
5 – Pharmacy/imaging/other growth	32.3	29.3
6 – Optimize clinical partners	8.0	6.0
7 – Research and education	<i>In Process</i>	<i>In Process</i>
8 – Capacity and length of stay	21.3	12.9
Total (millions)	\$145.3	\$96.4

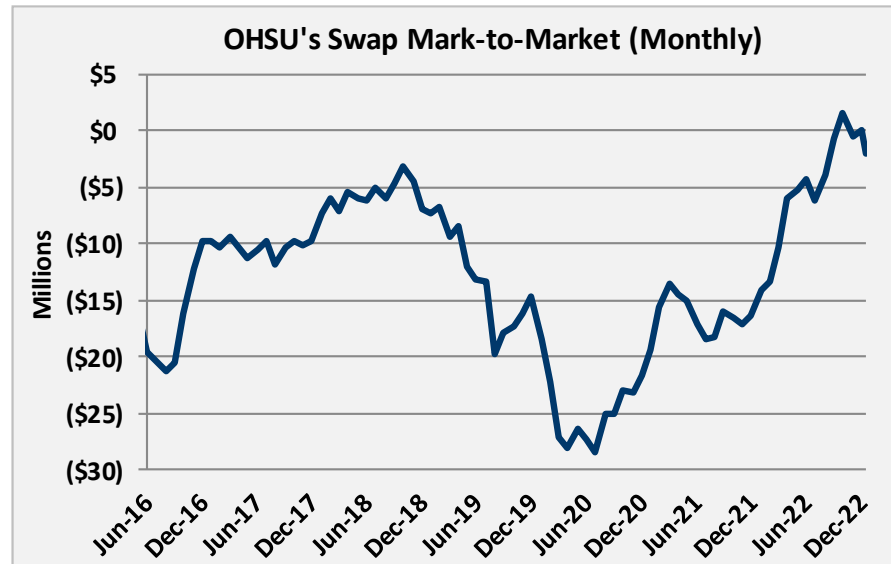
Of the \$96.4m target for FY23, \$52.3m has been achieved to date.

Proposed Termination of Interest Rate Swap

- In 2005, OHSU entered into an interest rate swap to manage interest rate exposure on variable rate debt issued for new clinical facilities.
- Under this approach, OHSU pays a bank counterparty a fixed payment in return for a variable payment that aligns closely with the interest rate on the variable rate debt. This converts the underlying variable rate debt to “synthetic” fixed rate debt.
- In essence, this swap “insures” against rising interest rates. When rates rise, the swap becomes more valuable with the bank making variable payments greater than OHSU’s fixed payments (the insurance is “paying off”); when rates fall, the market value of the swap declines and OHSU’s fixed payments are greater than the bank’s variable ones.
- For example, in 2022, OHSU made fixed payments of \$1.75m in return for variable payments received of \$750,000, for a net \$1m cost, consistent with the swap’s negative market value that year.
- Since 2005, we have restructured this swap to better match changes in OHSU’s underlying debt portfolio. The swap has a current notional value (e.g., the value on which the fixed and variable interest payments are calculated) of \$70.2m with a maturity of 2042, and the counterparty bank is Wells Fargo.
- Due to the general decline in interest rates from 2005 to 2021, the “mark-to-market” value of the swap has generally been negative, reaching a \$30m liability in mid-2020.

Current Status of Interest Rate Swap

- In December 2019, OHSU refinanced its underlying debt into 100% fixed rate in order to lock in low rates for the long term.
- Thus, we have an “orphaned” interest rate swap without any underlying variable rate debt to hedge. Put another way, we have insurance without the underlying risk.
- Since our last bond issue in December 2021, interest rates have risen sharply as the Federal Reserve fights inflation. Accordingly, the market-to-mark value of the swap has improved and is now closer to zero, meaning OHSU could terminate it without paying a large liability.



Data as of January 16, 2023.

Flexibility to Terminate Swap at Cost Up to \$1M

- The market value of the swap as of January 16, 2023, is \$(2.03)m. In consultation with OHSU's independent financial advisor for debt issues, Melio & Co., we have determined the current market environment is favorable to plan for terminating the swap.
- Given the improved market value of the swap and its lack of operational value (because we have no current variable rate debt outstanding to hedge), we ask that the OHSU Board authorize giving management the flexibility to terminate the swap at an aggregate cost (including the current market value and all other fees and expenses payable by OHSU) of up to \$1 million.
- As the chart on the right shows, volatility in interest rates means that the swap's market value fluctuates fairly widely and fairly quickly.
- Providing management with advance flexibility within a \$1m parameter allows OHSU to take advantage of a favorable market move without waiting for the next Board meeting.

Bimonthly	Wells MTM
01/14/2022	(\$14,293,013)
01/31/2022	(\$14,055,026)
02/15/2022	(\$11,947,898)
02/28/2022	(\$13,311,500)
03/15/2022	(\$10,908,981)
03/31/2022	(\$10,413,615)
04/15/2022	(\$6,268,960)
04/29/2022	(\$5,956,821)
05/16/2022	(\$5,446,056)
05/31/2022	(\$5,271,114)
06/15/2022	(\$2,403,109)
06/30/2022	(\$4,365,767)
07/15/2022	(\$5,027,612)
07/29/2022	(\$6,227,877)
08/15/2022	(\$6,065,799)
08/31/2022	(\$3,951,132)
09/15/2022	(\$2,144,865)
09/30/2022	(\$743,987)
10/14/2022	\$480,841
10/31/2022	\$1,463,335
11/15/2022	\$254,113
11/30/2022	(\$621,756)
12/15/2022	(\$2,450,425)
12/30/2022	\$104,616
01/16/2023	(\$2,032,271)

Conclusion: OHSU Priorities Going Forward

Healthcare across Oregon and the nation is facing serious financial challenges.

However, the pandemic has also been a catalyst for change, providing a new opportunity to rely on each other and now look forward to thrive.

OHSU's ongoing focus is to:

- Support our people.
- Build community engagement and health equity.
- Improve access and grow strategically.
- Advance OHSU's missions of education, research, patient care and outreach that make us unique in Oregon.
- Build for the future.



**RESOLUTION NO. 2023-01-01
OF THE BOARD OF DIRECTORS OF
OREGON HEALTH AND SCIENCE UNIVERSITY**

(Authorizing Swap Termination)

WHEREAS, Oregon Health and Science University, a public corporation of the State of Oregon ("OHSU" or "University"), is authorized by Oregon Revised Statutes ("ORS") 353.340 to 353.370, and applicable provisions of ORS Chapter 287A (collectively, the "Act"), to issue revenue bonds, refunding revenue bonds, revenue notes and other obligations to finance or refinance capital assets acquired, constructed, equipped, improved or otherwise used for educational, health care, research, public health and related lawful public purposes, to finance or refinance other capital assets or expenses, to finance or refinance non-capital expenses, or to finance or refinance general public corporation or other public purposes.

WHEREAS, in connection with its indebtedness the University has entered into (i) an ISDA Master Agreement dated as of April 1, 2016 between the University and Wells Fargo Bank, National Association (the "Bank"), a Schedule to ISDA Master Agreement dated as of April 1, 2016 between the University and the Bank, and an ISDA Credit Support Annex dated as of April 1, 2016 between the University and the Bank, as currently amended and supplemented (collectively, the Swap Agreement").

WHEREAS, in connection with its outstanding indebtedness and pursuant to the Swap Agreement the University has entered into an interest rate swap transaction in the notional amount of USD \$70,200,000 (the "Swap Transaction"), evidenced by a Swap Transaction Confirmation dated April 15, 2016 between the University and the Bank (the "Swap Confirmation").

WHEREAS, the University has entered into an Amended and Restated Master Trust Indenture dated as of May 1, 2012 between the University on behalf of itself and as a member of the Obligated Group, and as Obligated Group Representative, and The Bank of New York Mellon Trust Company, N.A., as Master Trustee (the "Master Trustee"), as currently amended and supplemented (collectively, the "Master Trust Indenture"), under which the University has issued Master Indenture Obligations (as defined in the Master Trust Indenture) to provide security for various University obligations.

WHEREAS, pursuant to the Master Trust Indenture the University has entered into a Supplemental Master Trust Indenture No. 9 dated as of April 1, 2016 between the University and the Master Trustee ("Supplement No. 9").

WHEREAS, pursuant to the Master Trust Indenture and Supplement No. 9 the University has issued Master Indenture Obligation No. 34 dated April 15, 2016 ("Obligation No. 34") to secure the University's Swap Transaction obligation.

WHEREAS, it has determined that it may be in the best interest of the University to terminate the Swap Transaction, the Swap Agreement, the Swap Confirmation, and other documents and agreements related to the Swap Transaction (collectively, the "Swap Termination").

WHEREAS, representatives of the University have conferred with Melio & Company (financial advisors), Orrick, Herrington & Sutcliffe LLP (in its capacity as bond counsel to the University) and others concerning potentially pursuing the Swap Termination.

WHEREAS, management of the University recommends that the University pursue the Swap Termination, materially consistent with the terms described below and the attached exhibit.

WHEREAS, the Board of Directors finds it benefits and is in the best interests of the University to pursue the Swap Termination and to authorize and direct that certain actions be taken to implement the Swap Termination.

NOW THEREFORE, be it resolved by the Board of Directors of the Oregon Health and Science University as follows:

Section 1. Implementation of Swap Termination. The Board of Directors hereby authorizes and directs the President or the Chief Financial Officer (each an "Authorized Representative" and, collectively, the "Authorized Representatives") to evaluate, negotiate the terms of, determine the manner and the effective date of, enter into, execute, deliver, and otherwise implement, the Swap Termination, as may in the judgment of such Authorized Representative be in the best interests of the University and in furtherance of the purposes of this Resolution.

Section 2. Preparation, Execution, and Delivery of Documents. The Board of Directors hereby authorizes and directs each of the Authorized Representatives to negotiate the terms of, prepare, execute, and deliver, on behalf of the University, the Swap Termination and all confirmations, terminations, novations, contracts, agreements, amendments, supplements, instruments, certificates, and any other documents related thereto, including but not limited to closing certificates, notices, disclosures, directions, and any amendments, supplements to, restatements, novations or terminations of the Swap Agreement, the Swap Confirmation or similar agreements, as may be necessary, desirable or appropriate in the opinion of either of the Authorized Representatives to pursue the Swap Termination and to complete the transactions contemplated by this Resolution.

Section 3. Further Actions. The Board of Directors hereby authorizes and directs each of the Authorized Representatives to take or direct to be taken all such further actions as may be necessary, desirable or appropriate in the opinion of either of the Authorized Representatives in connection with the Swap Termination or transactions contemplated by this Resolution, or to carry out the purposes of this Resolution, including, but not limited to, (i) filing any notices with or obtaining any consents, approvals or authorizations from, the State Treasurer or any other party, and (ii) paying any costs, fees,

and expenses in connection with the Swap Termination from University cash, debt proceeds or other sources of funds.

Section 4. Ratification of Actions. All actions previously taken or that will be taken by any director, officer, official, employee or agent of the University in connection with or related to the Swap Termination or other matters set forth in or reasonably contemplated by this Resolution are, and each of them hereby is, adopted, ratified, confirmed and approved in all respects as the acts and deeds of the University.

Section 5. Liability for OHSU Bond Obligations. Neither the State of Oregon nor any agency thereof, or any political subdivision or body corporate and politic nor any municipality within the State of Oregon, other than the University, shall in any event be liable for the payment of the principal of, premium, if any, or interest on any bonds issued by the University or bond obligations of the University, any fees, costs, expenses or any other amounts related to the Swap Agreement, Swap Confirmation, Swap Transaction or Swap Termination or for the performance of any pledge, mortgage, obligation or agreement of any kind whatsoever undertaken by the University. No breach of any such pledge, mortgage, obligation or agreement shall impose any pecuniary liability upon the State of Oregon or any charge upon its general credit or against its taxing power. The issuance or entering into of any bonds, bond obligations or Swap Termination obligations by University shall not, directly or indirectly or contingently, obligate the State of Oregon, or any other political subdivision of the State of Oregon, nor empower the University, to levy or collect any form of taxes therefor or to create any indebtedness out of taxes. Neither the Board of Directors of the University nor any person executing any bonds, bond obligations or Swap Termination obligations shall be liable personally on any bonds, bond obligations or Swap Termination obligations or be subject to personal liability or accountability by reason of the issue thereof or by the execution or delivery of any document authorized by this Resolution.

Section 6. Invalidity or Unenforceability. If any section, paragraph, clause or provision of this Resolution shall for any reason be held to be invalid or unenforceable, the invalidity or unenforceability of such section, paragraph, clause or provision shall not affect any of the remaining provisions of this Resolution.

This Resolution is adopted this ____ day of January, 2023, effective on January __, 2023.

____ Yeas
____ Nays
____ Abstentions

Signed by the Secretary of the Board of Directors this ____ day of January, 2023.

Connie Seeley
Board Secretary



Date: January 17, 2023

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 calendar year 2022. The focus of this presentation is on:

- The status of Covington SBARs (Situation, Background, Assessment, and Recommendation);
- The status of Covington-related projects and initiatives.

Additional details will be provided during the planned presentation to the OHSU Board of Directors on January 27, 2023.

Covington Response

Progress Update

1/17/2023







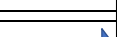
ALICE CUPRILL COMAS
SUSAN BAKEWELL-SACHS



SBAR Status Summary

Covington Response Progress Update

SBAR Status Summary – Policies and Documents

Policy / Document		IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	PAC First Review	IC Fourth Draft	Community Review	IC Fifth Draft	PAC Second Review	OC Final Review	IC Final Draft	Dr. Jacobs Signature	Percent Complete
DHR Policy	June																90%
Discipline Guidelines	June								Not Applicable								100%
Bullying Policy	August																50%
Public Stance Memo	August																50%
Reporting Policy	September																25%
Investigations Policy	September																25%
Code of Conduct	November																12%

These policies and documents address 21 out of the 45 Covington recommendations. The work on finalizing policies and documents will be supplemented with a robust communications and training program.







Covington Response Progress Update

SBAR Status Summary – Other SBARs

SBAR		IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Assess Restrictions on Hiring External Candidates	May	Not Applicable							100%
Centralized Incident Management and Reporting System	May	<div></div>							100%
Hire a New Chief People Officer	May	<div></div>							100%
Realign the AAEO	May	<div></div>							100%
CDI Collaboration with DEIB Functions	June	<div></div>							50%
Continue to Conduct Employee Engagement Surveys	June	<div></div>							75%
Increase the Number and Diversity of AAEO Investigators	July	<div></div>							75%
Centralize HR	July	<div></div>							25%
Clearly Define the Role of CDI at OHSU	July	<div></div>							50%
Develop and Communicate a Strategic DEIB and Anti-Racism Vision	July	<div></div>							50%

Covington Response Progress Update

SBAR Status Summary – Other SBARs


SBAR		IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Provide Sophisticated Training to HR Investigators	August								50%
Transfer Accommodations to HR	August								50%
Reduce the Complexity of Reporting Channels	September								25%
Increase the Number and Diversity of HR Business Partners	October								25%
Provide Sophisticated Training to AAEO Investigators	October								25%
Report on HR Metrics	November								12%
Develop DEIB Objectives for Managers	November	In Process							0%
Develop Additional DEIB Trainings for the Community	November	In Process							0%
Implement Procedures to Monitor for Retaliation	December	Not Started							0%
Increase the Diversity of Leadership Candidate Pools	December	Not Started							0%
Operationalize Commitments to DEIB	December	Not Started							0%

Project Status Summary

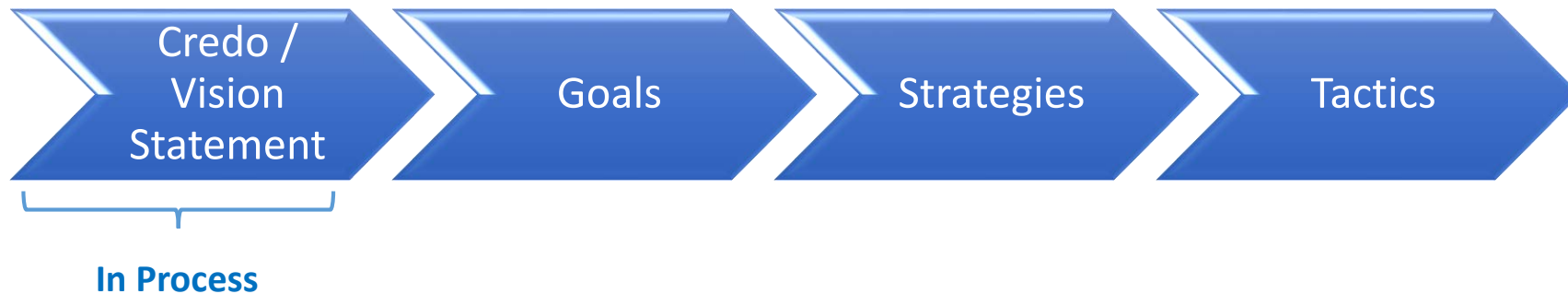
Covington Response Progress Update

DEIB Vision and Strategy

SBAR Status

SBAR	IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Develop and Communicate a Strategic DEIB and Anti-racism Vision								50%
Operationalize Commitments to DEIB	Not Started							0%






Project Status



These Vision and Strategy SBARs address 2 out of the 45 Covington recommendations.

Covington Response Progress Update Organizational Changes

SBAR Status

SBAR	IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Realign the AAEO								100%
Centralize HR								25%
Clearly Define the Role of CDI at OHSU								50%
CDI Collaboration with DEIB Functions								50%
Transfer Accommodations to HR								50%

Project Status



Realign the AAEO	Centralize HR	Define the Role of CDI / CDI Collaboration	Transfer Accommodations
<ul style="list-style-type: none"> • Complete 	<ul style="list-style-type: none"> • Employee and Labor Relations has been centralized • Talent Acquisition has been centralized • More analysis needed for embedded resources 	<ul style="list-style-type: none"> • Not started 	<ul style="list-style-type: none"> • Not started

These Organizational Change SBARs address 5 out of the 45 Covington recommendations.

Covington Response Progress Update

Reporting Channels, Incident Management, and Metrics

SBAR Status

SBAR	IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Reduce the Complexity of Reporting Channels								25%
Centralized Incident Management and Reporting System								100%

Project Status






Implementation of a Centralized Incident Management and Reporting System addresses 5 out of the 45 Covington recommendations

Covington Program Progress Report

Hiring

SBAR Status

SBAR	IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Hire a New Chief People Officer								100%
Assess Restrictions on Hiring External Candidates	Not Applicable							100%
Increase the Diversity of Leadership Candidate Pools	Not Started							0%
Increase the Number and Diversity of HR Business Partners								25%
Increase the Number and Diversity of AAEO Investigators								75%

Project Status

Human Resources

✓	Chief People Officer
✓	HR Business Partners

AAEO / OCIC



X	Director
X	Intake Coordinator
✓	Investigators

These hiring related SBARs address 4 out of the 45 Covington recommendations.

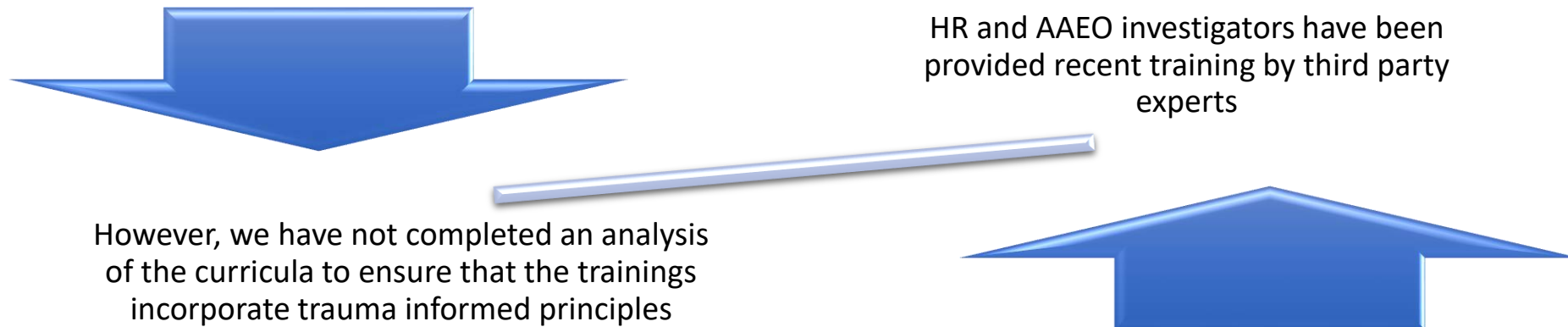
Covington Program Progress Report

Training

SBAR Status

SBAR	IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Develop Additional DEIB Trainings for the Community	In Process							0%
Provide Sophisticated Training to AAEO Investigators								25%
Provide Sophisticated Training to HR Investigators								50%

Project Status





These training related SBARs address 2 out of the 45 Covington recommendations.

Covington Program Progress Report

Miscellaneous HR SBARs

SBAR Status

SBAR	IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Develop DEIB Objectives for Managers	In Process							0%
Report on HR Metrics								12%
Continue to Conduct Employee Engagement Surveys								75%

Project Status

DEIB Objectives

- Not started

Report on HR Metrics

- Initial reports released in August 2021
- No additional reporting since

Engagement Surveys

- Planning is underway for a Spring 2023 Employee Engagement Survey

The miscellaneous HR SBARs address 3 out of the 45 Covington recommendations.

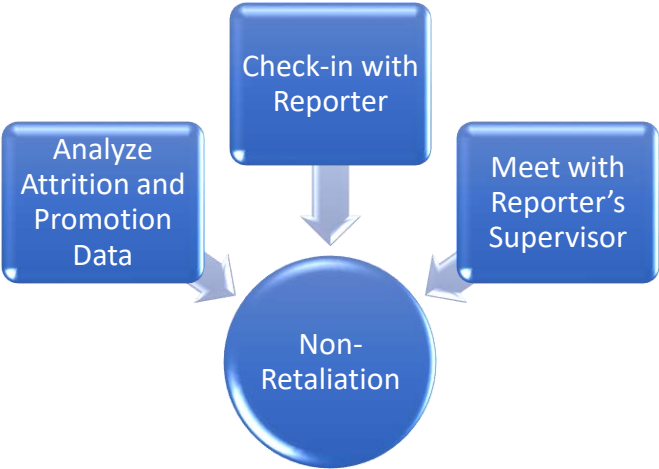
Covington Program Progress Report

Non-Retaliation

SBAR Status

SBAR	IC First Draft	OC First Review	IC Second Draft	OC Second Review	IC Third Draft	OC Third Review	Approved	Percent Complete
Implement Procedures to Monitor for Retaliation	Not Started							0%

Project Status



Work on this project has not started yet

The non-retaliation SBAR addresses 3 out of the 45 Covington recommendations.

Thank You





Date: 1/11/2023

To: OHSU Board of Directors

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

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

Memo: January Oversight Committee Update

We plan to review the Oversight Committee's principal activities during the first 11 months of its work on operationalizing Covington report recommendations. The Committee has continued to center continued engagement and visibility of trauma informed principles and policies across university leadership, operations, and programs in directing the work process and product of the Oversight and Implementation Committees.

We will comment on the ongoing and deepening collaboration between the Implementation and Oversight Committees regarding input and feedback on SBARS (Status of Situation, Background, Assessment, Recommendation) and review innovative communication strategies and frameworks for assessing accountability of SBAR's proposals received to date that have been established. We will also preview the committees work for the nest 6 months.

Oversight Committee update for the OHSU Board of Directors

Michael Alexander, M.S.S.

Alisha Moreland-Capuia, MD

Objectives

- Oversight Committee overview
- Oversight Committee accomplishments
- Briefly explain where OHSU is in terms of trauma-informed organizational change
- Challenges and overcoming
- What to anticipate in the next 6 months
- Questions

Overview

- Oversight committee consist of 36 members representing every Employee Resource Group (ERG), program/department and mission area at OHSU
- The committee has been working together for *11 months
- Sole objective of the committee is to review and monitor the completion/execution (acting on) of 45 recommendations as outlined by the Covington Report
- A framework was established to support the co-working of the Implementation and Oversight Committee respectively
- We committed to applying a trauma-informed lens with the objective of becoming a trauma-informed organization was made

Accomplishments

The work is getting done

A trauma informed framework and fierce adherence to the charge as outlined by the charter has helped the group address all 45 recommendations in an intentional, meaningful, inclusive manner. **(e.g., the accountability tool)**

Finding optimal ways of communicating this important work

- Success in small forums communicating the mission

Committees are working well together

Oversight and Implementation Committee devised a framework for exchanging and integrating feedback in devising new policies, restructuring programs and structures

Internal support is ever present

Manager and supervisor support

Trauma informed organizational change/transformation

- Studies show that it takes an average of 18+ months for trauma-informed organizational change/transformation (Wagenhals, 2017)

*Of note, OHSU is 11 months in

- Consistent application of trauma-informed principles (safety, voice and choice, transparency, cultural/historical/gender considerations...)
- Lifelong commitment to learning, unlearning, re-learning
- Practice, practice, practice

Challenges and overcoming

- Communicating the work of both committees (Implementation and Oversight Committee)
- Changes are deep and wide, but not deeply and widely felt yet

The next 6 months

- Refinement of all 45 recommendations
- The construction of the Oversight committee was and is intentional. Studies demonstrate that peer-to-peer communication is the most effective form of communication.
- Communication, communication, communication
- Establishing an accountability structure that will continue to serve in the capacity and current construction of the Oversight committee (seamlessly weaving this work into every aspect of OHSU culture)

Thank you and questions?

Addenda

Trauma-informed principles as applied organizationally, adapted by Dr. Alisha Moreland-Capua

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.)



Date: January 26th, 2023

To: OHSU Board of Directors

From: Derick Du Vivier MD; Senior Vice President, Diversity, Equity and Inclusion and Director, Center for Diversity and Inclusion

RE: Anti-racism update

Memo:

OHSU defines anti-racism as the practice of identifying, challenging and changing the values, structures, and behaviors that perpetuate systemic racism (Ontario Anti-racism Secretariat). OHSU continues on an aspirational and intentional journey of organizational transformation that advances anti-racism and multiculturalism within our community and in the region. This work of organizational culture change can be found both formally and informally throughout OHSU. It is developed and lead by faculty, staff and learners who serve as advocates in units, divisions, departments and schools. This work continues to evolve and create a balance between centralized and decentralized efforts. Such a balance promotes innovation and the creation of successful and impactful programs informed and driven by those closest to the work. At the same time, the Center for Diversity and Inclusion continues to grow, work to align institutional efforts, provide centralized resources and facilitate collaboration.

The approach to this work is multi-pronged and carried out by different partners across the institution. Over the past six (6) months, the OHSU community and the Center for Diversity and Inclusion (CDI) have promoted and supported anti-racism work across the Research, Clinical and Education Missions as well as Central Services. Please note that this list represents a small fraction of anti-racism efforts across the university and its missions.

Research: The Racial Equity and Inclusion (REI) Center has focused anti-racism work in three main areas over the last six months: course delivery, continued trainee/faculty support, and the creation of a holistic Neuroscience Graduate Program (NGP) graduate admissions process that included hosting anti-bias training, updating the 2022 admissions materials, and creating completely new holistic criteria and writing prompts for the 2023 admissions cycle.

Clinical: Dr. Donn Spight was appointed the inaugural Vice President for Health Equity and will lead an organizational transformation of the Vaccine Equity Committee and chart a path forward for health equity at OHSU in the post-pandemic environment.

Education: Across all schools and programs there is the continued establishment of student groups as well as ongoing anti-racism trainings, workshops and tool development projects. Examples include:

- The creation in the School of Dentistry of Voices for Inclusion, Belonging and Equity (VIBE)-a student led group of pre-doc and post-doc students.
- The promotion of inclusive teaching and psychological safety for students - Teaching and Learning Center.
- An anti-oppression workshop in the School of Nursing.
- A School of Public Health Inservice – “Anti-Oppression Practice in Public Health Education.”
- The development and launching of a tool for curricular development in the School of Medicine that gathers medical terminology or jargon perceived to be outdated, biased, or inappropriate.

- The development by the University Library of a holding of self-published, non-commercial publications that “create dialogue and challenge us to reframe our ideas of authority through the sharing of lived experiences.”

Central Services: In an effort to infuse anti-racism into OHSU practices including the OHSU Hospital Expansion Project (OHEP), 20 key members of the OHEP staff from Design and Construction participated in a four session 8-hour training conducted by a local expert on the potential disparate impacts of space on traditionally marginalized communities. The training conveyed the import of elevating and centering voices that have not traditionally been heard in the design and construction industries. In addition, in order to attempt to meet the ideals of the training, the Design & Construction team has committed to pairing at least one “Diversity Champion” with each major workstream in the OHEP project. The plan is to pair Champions with unique lived experience or acquired expertise in the societal impacts on marginalized communities with a subject matter expert leading the technical work in areas such as interior design, physical accessibility, and art. The goal is to infuse diverse points of view into the work and elucidate potential gaps in the technical teams’ experience. Each Champion will receive a monthly stipend in exchange for the 4-5 hours a month they will spend helping us broaden our physical spaces to make them more welcoming for all.

Center for Diversity and Inclusion (CDI): The center continues to expand its resources and support of anti-racism at OHSU. These new offerings align with OHSU’s priority of becoming an anti-racist and multicultural institution:

- The CDI is in the process of educating a sixth cohort of Search Advocates.
- The CDI has created and implemented an asynchronous 45-minute anti-racism module with accompanying resources.
- A synchronous intercultural communications training aimed at increasing self-awareness and cultural-awareness of personal beliefs, attitudes, emotions, values, as well as the way they impact communication in interpersonal interactions. Concepts of cultural sensitivity, cultural humility, varying communication styles within the context of power and privilege relations, and how to leverage cultural diversity are explored.
- In the spirit of fostering collaboration and improving communication channels, the CDI holds a scheduled bi-monthly meeting that brings together DEI leaders from all missions.
- The CDI completed the creation of a multicultural space for the OHSU community that is used by the employee resource groups, student interest groups and other OHSU faculty, staff and learners. Since the creation, the CDI multicultural space has been utilized to hold cultural celebrations and seminars as well as flex space for OHSU members who need a workspace.

ANTI-RACISM INITIATIVES UPDATE

DATE: JAN. 26, 2023

PRESENTED BY: DERICK DU VIVIER MD, MBA; SENIOR VICE PRESIDENT OF DIVERSITY, EQUITY, AND INCLUSION, AND DIRECTOR OF THE CENTER FOR DIVERSITY AND INCLUSION





Anti-Racism Education & Information Offerings

Intercultural Communication

Two-hour synchronous training that aims to increase self-awareness and cultural awareness of personal beliefs, attitudes, emotions, and values, as well as the way they impact communication in interpersonal interactions.

Learners explore concepts of cultural sensitivity, cultural humility, varying communication styles within the context of power and privilege relations, and how to leverage cultural diversity.

Anti-Racism Module

A three-module 45-minute asynchronous course, offered to all OHSU members. This training provides participants with a foundational learning experience to acquire the language and concepts to prepare for more in-depth discussions related to structural, institutional, and systemic racism.

Health Equity

As Vice President for Health Equity, Dr. Spight and his team will continue the work of the Vaccine Equity Committee. They will be charting a path forward for health equity in the post-pandemic environment.

Strategic planning is currently underway for the new unit centering the following principles as articulated by Dr. Hunter in a Nov. 14 message to the Health System.

- **Becoming an anti-racist institution** is all of our responsibility and is integral to the health system's ability to deliver the most effective and highest quality care.
- The team will seek to **amplify and accelerate existing OHSU programs** in the health equity space – particularly those that already have strong ties to communities of color and other historically marginalized groups.
- The team will seek to develop **a shared vision for health equity** with input from community groups and work to create new programs as needed to address community-described gaps in health and health care.
- The team will **listen to the community first**, then build solutions as our community partners gain trust in our enduring commitment; this is a new approach for OHSU and an important departure from our actions historically.



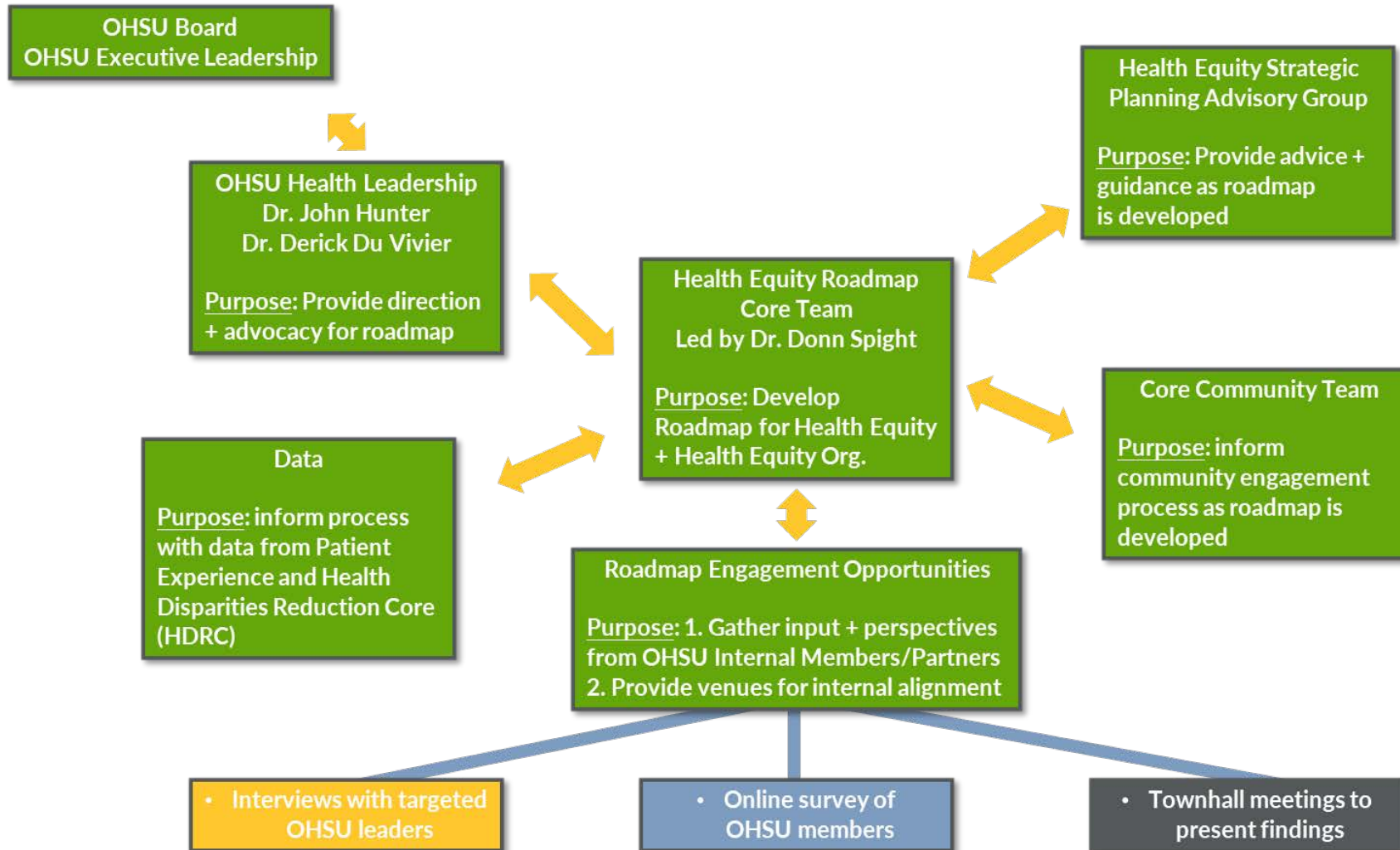
Dr. Donn Spight, M.D., FACS, FASMBS

Vice President for Health Equity



Health Equity

OHSU Health: Health Equity Roadmap Development





OHSU HOSPITAL EXPANSION PROJECT

- Design & Construction Department put approximately **20 key members** of the OHEP staff through a training conducted by a local expert on the potential disparate impacts of space on traditionally marginalized communities.
- To meet the ideals of the training, the Design & Construction team has committed to pairing at least one **“Diversity Champion”** with each major workstream in the OHEP project. The concept was to take champions with unique lived experience or acquired expertise in the societal impacts on marginalized communities, and pair them with a subject matter expert leading the technical work.

The work areas range from architecture, to interior design, to physical accessibility, to art, and everything in between. The plan, subject to quarterly feedback from our Diversity Champions, is to seek ways to improve and ultimately expand this model to also inform other sustaining work.

There are **23 Diversity Champions** signed on so far – and they are looking forward to kicking the program off officially at the end of January 2023.





Policies

Supplier Diversity Policy

Intended to actively encourage and promote the use of small and diverse businesses through close collaboration with internal teams, external organizations, and the supply chain partners. The aim of this policy is to establish a **sustaining program** designed to benefit under-represented businesses enterprises and communities of color.

The Composition and Training of Admissions Committees Policy

Establishes the requirement that all members of admissions committees and admissions staff for Academic Programs shall **undergo OHSU sponsored Unconscious Bias and Anti-Racism education and training**, and establishes guidelines for the composition of admissions committees, including but not limited to Faculty Observers. This will be rolled out in late Spring with reporting activities taking place in June of this year.



School of Dentistry

Voices for Inclusion, Belonging and Equity (VIBE)- student led group of pre doc and post doc students

An NIH Research Education Program (R25) grant was awarded to Dr. Kirsten Lampi for her proposal called DORS (Dental and Oral Research Summers in Oregon) which is a 10-week summer research internship experience for undergraduate students both on the OHSU SOD Portland campus and at a partnering rural campus (SW Oregon Community College) in Coos Bay, OR. Included in the grant are funds to support an additional SOD undergraduate research intern through CDI.



School of Medicine

- [Equity Justice Sub-Committee](#), M.D. program developed the [Outdated Medical Terminology](#). A tool intended for information-gathering of medical terminology perceived to be outdated, biased, or inappropriate, in support of curricular improvement.
- [SOM DEI & Anti-Racism Newsletter](#) provides resources, tools, and information to 11,000 SOM Community members to support and advance DEI and Anti-Racism efforts.
- The Continuing Medical Education (CME) Office adopted anti-racism and inclusive language requirements and expectations for all participating speakers.
- Faculty Development Summit delivered diversity, equity, inclusion and anti-racism topics and curriculum presented by [leadership and faculty](#)

School of Nursing

- Trainings were facilitated and offered to support the People & Culture goal. These include:
 - Implementing the [trauma informed framework](#) into the curriculum and organizational culture
 - Trauma Informed Systems Based Training
 - [Affirming Diverse Gender Identities](#) in the Classroom
 - Contracting with the company Diversity Science to offer faculty and staff workshops and other guided learning opportunities that offer building capacity and confidence in utilizing evidence-based approaches for anti-bias, equity and inclusion.



Research, Equity & Inclusion (REI) Center

- Assisting faculty of color, students of color, and the Neuroscience Graduate Program (NGP) in grant development for diversity related grant funding
- Evaluated the NGP admissions process, created a new NGP graduate admissions application, and developed a Racial Equity Primer for International Applicants as part of the application materials for international applicants to complete the Racial Equity Essay
- Continued student support services (helping students of color navigate graduation planning/career planning, assist in finding therapists of color, helping navigate student-mentor conflict resolution, hosting student requested workshop on navigating burnout, and hosting monthly check-ins with our students of color)

Education/Innovation

- 1.LGBTQ+ and Anti-racist Simulation Project in partnership with the SON
- 2.The Library's Diversity Committee launched a curated internal monthly newsletter, which highlights professional development, research, and cultural pieces relevant to the anti-racist and DEIB work within libraries and academia.



Looking Forward

Health Equity

- Serve as a single point of engagement for community members desiring to partner with OHSU for health equity work and facilitate the growth of new community facing clinical initiatives/programs/services over time in response to the self-identified needs of the community
- Ensure that OHSU Health's policies, practices and operations center health equity through a data driven approach.
- Establish OHSU Health as a leader in Health equity locally, regionally and nationally.

Supplier Diversity Program Implementation

Additional recruitment efforts are under way for a Communications/Event Management/Training Administrator. Contract Compliance Reporting Systems for OHEP-IPA are on-line. The Program Director has been appointed to the Advisory Board of Oregon Association of Minority Entrepreneurs (OAME) and maintains relationships with other community advocacy groups.



Looking Forward

- Summer Equity internships
- Update on Employees Resource Groups support
- Implementation of the Composition and Training of Admissions Committees Policy
- Initial development of a central tracking system & communications expansion - for Diversity, Equity, Inclusion and Belonging and anti-racism efforts

A scenic view of a city, likely Seattle, with a snow-capped mountain (Mount Rainier) in the background. In the foreground, a cable car is visible, suspended from a cable. The city is filled with green trees and modern buildings. A large blue semi-transparent rectangle is overlaid on the center of the image, containing the word "Questions?".

Questions?



Thank You



Date: January 26, 2023

To: OHSU Board of Directors

From: Renee Edwards MD, MBA
SVP, Chief Medical Officer OHSU Health

RE: Annual Quality & Safety Report

This report summarizes OHSU Healthcare's FY22 performance with regard strategic initiatives and external programs as led and/or overseen by the Department of Quality, Safety and Performance Improvement.

In summary, we:

- 1) Ranked 15th nation-wide among academic medical centers in Vizient's annual quality and accountability scorecard. This represents an decrease from our 13th ranking in FY21.
- 2) OHSU maintained a CMS 4-star ranking.
- 3) No payment reduction penalties from the CMS Readmission Reduction Program
- 4) Led through three tier 1 priorities – COVID-19 taskforce/EOC, mortality and behavioral health
- 5) Supported Healthcare Disparities Steering Committee



OHSU Healthcare FY22 Annual Quality & Safety Report

Renee Edwards MD MBA, Sr VP, Chief Medical Officer OHSU Health

PERFORMANCE HIGHLIGHTS

#15

VIZIENT ANNUAL QUALITY & ACCOUNTABILITY SCORECARD

Ranked #15 out of 107 AMCs and just missed the cutoff to be a five-star hospital this year.



CMS STAR RATING

Achieved 4/5 stars in the CMS Star Rating.

N/A

VALUE-BASED PURCHASING (VBP)

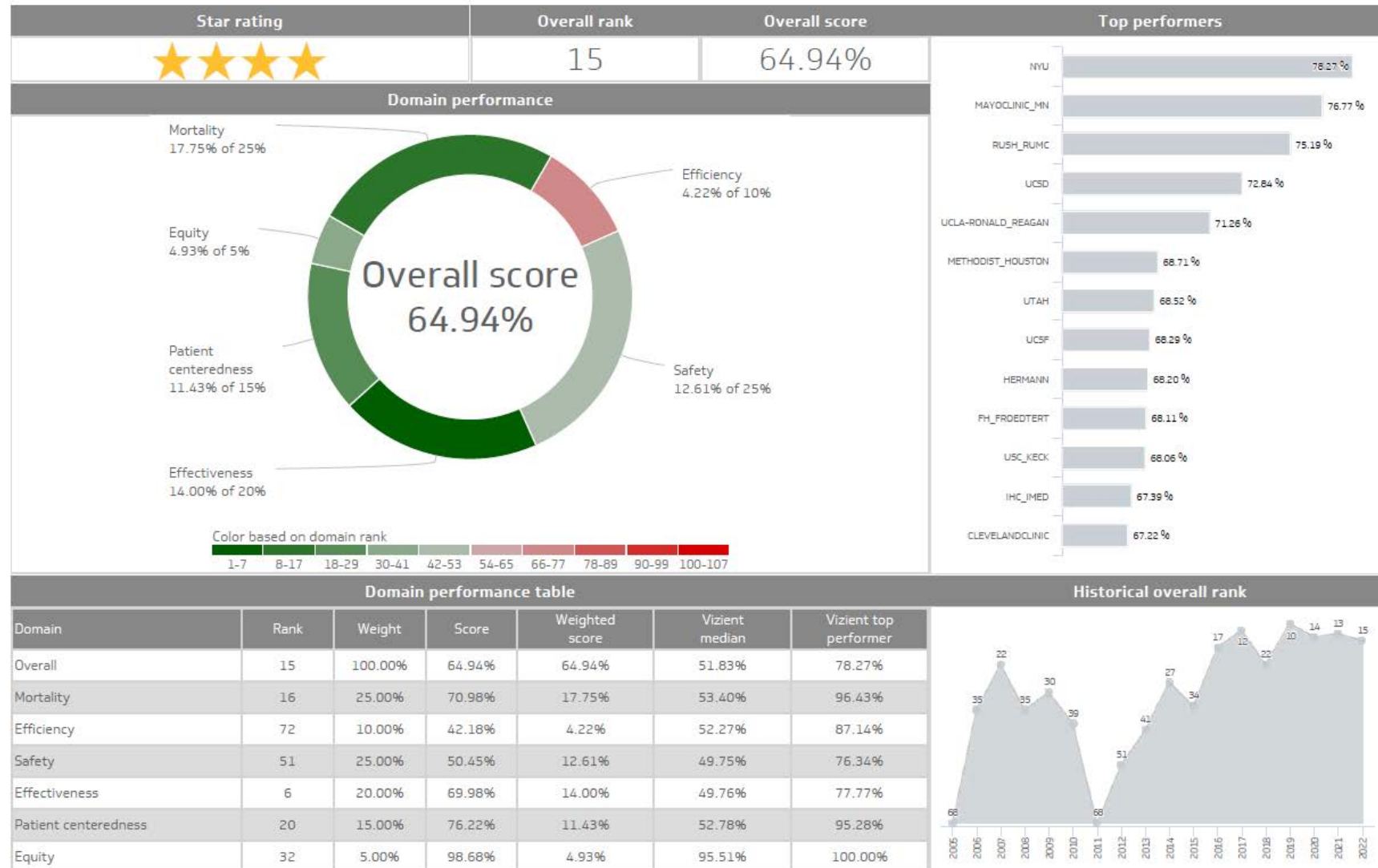
No FY23 value-based purchasing program due to Covid-19.



READMISSIONS REDUCTION PROGRAM

No payment reduction penalties from the CMS Readmission Reduction Program.

2022 Comprehensive Academic Medical Center Quality and Accountability Oregon Health & Science University Performance Scorecard



Declines in Mortality, Effectiveness, & Equity Domains

	2018	2019	2020	2021	2022
Overall – Total Score (Ranking – lower is better)					
Overall	61.35 (22)	64.22 (10)	63.57 (14)	65.43 (13)	64.94 (15)
Mortality	52.88 (47)	59.05 (35)	68.80 (21)	78.20 (8)	70.98 (16)
Safety	56.22 (26)	62.27 (12)	49.79 (54)	45.62 (71)	50.45 (51)
Effectiveness	67.24 (9)	72.48 (3)	74.04 (3)	71.11 (5)	69.98 (6)
Patient Centeredness	85.14 (2)	76.03 (14)	65.73 (31)	74.50 (23)	76.22 (20)
Efficiency	34.13 (81)	47.64 (54)	48.35 (55)	40.75 (72)	42.18 (72)
Equity	88.89 (52)		88.33 (67)	100.00 (1)	98.68 (32)
RANK	22	10	14	13	15

FY2023 Sustainment/Improvement Recommendations

- Share learnings and celebrate all the hard work teams have maintained amidst continued extreme challenges
- Understand any adjustments needed to mortality case review and risk model coding & documentation process given decline in mortality domain

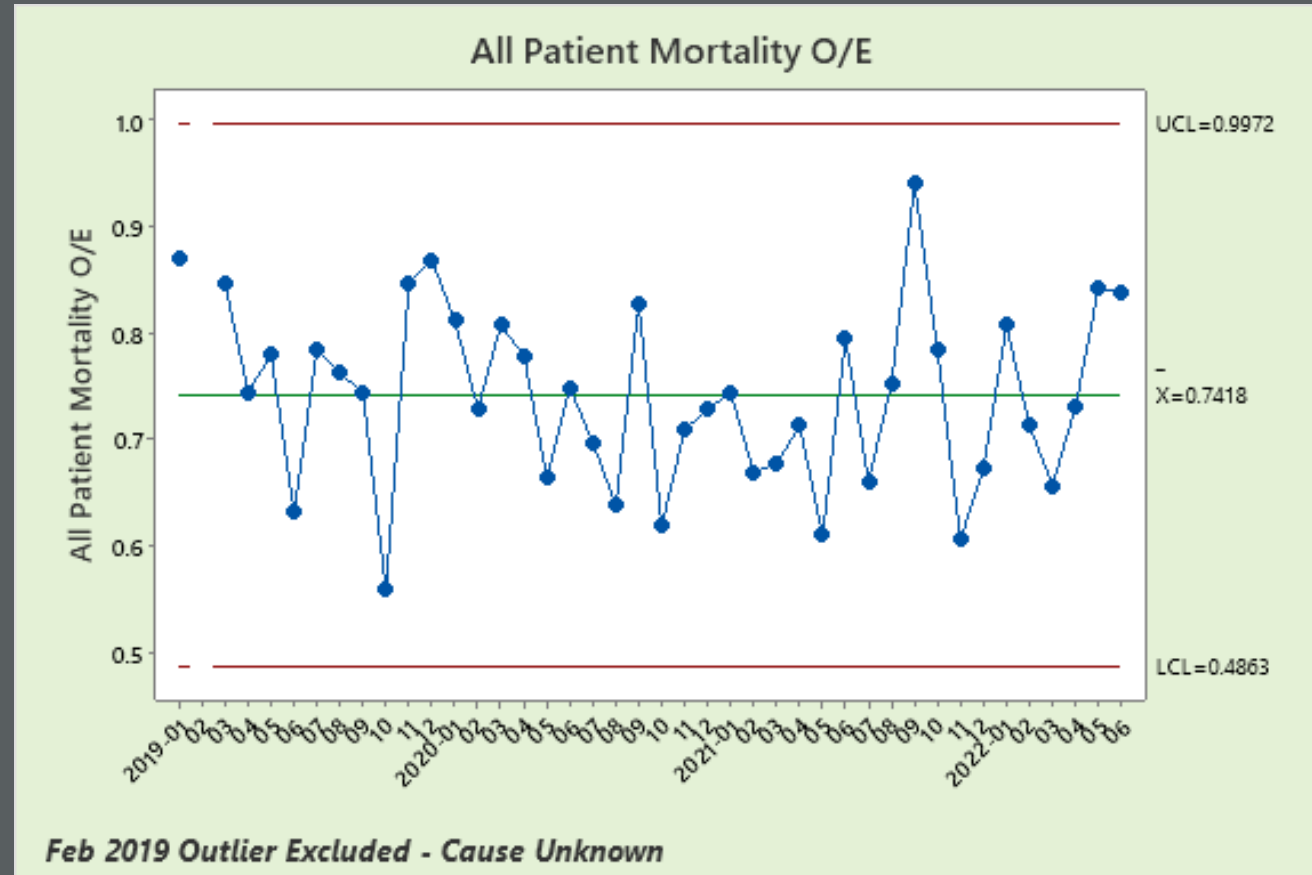
2022 Ambulatory Quality and Accountability Performance Scorecard Oregon Health Sciences University Medical Group



FY22 Tier 1 Priorities

- With Active work:
 - Preventable Mortality
 - Behavioral Health
- Paused work, given continued surges:
 - Transitions of Care
 - People First

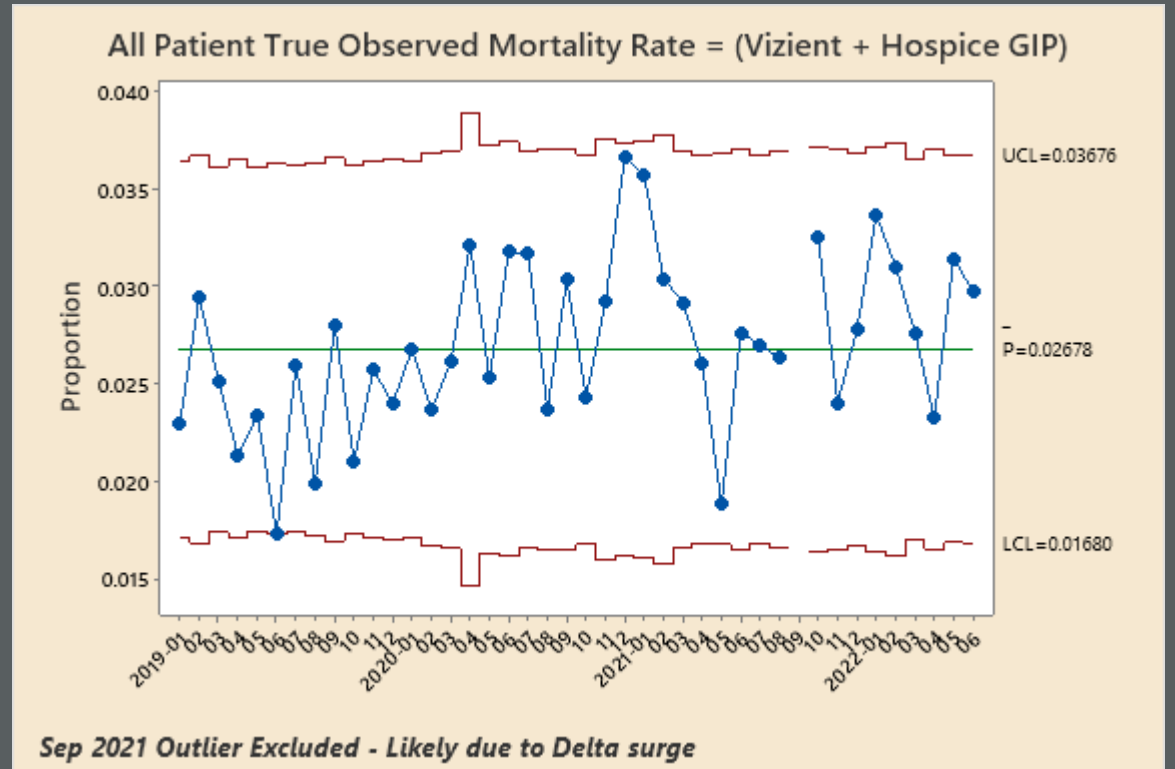
Tier 1 Priority: Mortality O/E for sustainment



Tier 1 Priority: Improve Observed Mortality to $<2.75\%$

Tactics:

- Earlier identification and treatment of sepsis
- Earlier identification and treatment of deteriorating patients
- Conduct a one-time retrospective inter-professional case review to determine if preventable, hospital acquired conditions are primary contributors to patient deaths
- Monitor for sustainment in previous mortality O/E efforts (Hospice GIP and coding)



Tier 1 Priority: Behavioral Health

Analyzed current state of behavioral health: identified gaps and challenges across service continuum

Phased approach proposed by Child & Adolescent Psychiatry team which is applied to behavioral health needs across healthcare:

- Phase 1 – Urgent Needs: ED and Inpatient
- Phase 2 – Improvements to Ambulatory Care
- Phase 3 – Health Promotion and Prevention/Prenatal Early Childhood
- Phase 4 – Community Partnerships

Diversity, Equity and Inclusion (DEI) Accomplishments

Established Health Disparities Reduction Core Steering Committee to create:

- Core resource of data and quality improvement expertise to leverage / facilitate the identification and mitigation of health disparities
- Platform for collaborated across all three missions

Resourced and hired new roles:

- Vice President of Health Equity and Director of Health Equity Operations
organizational direction and operational support for health equity work across OHSU
- DEI Quality Specialist support integration of health equity into quality processes and strategies
- DEI Analyst data and analyst support

Diversity, Equity and Inclusion (DEI) Accomplishments

continued

Developed and implemented:

- Telehealth equity dashboards (MyChart Activation rates, MyChart message turnaround, virtual visit types across race, ethnicity, age, gender, and language)
- Universal standards to disaggregate data
- DEI metrics in-8 OPEX plans (8-other departments in the process)
- Opportunities for medical students to engage with disparity reduction quality improvement work

Participated in the Washington State Hospital Association Health Equity Collaborative and creation of a Maturity Model for Reducing Health Disparities:

- Framework to examine health equity progress across the domains of governance, social needs and community outreach, data collection, data analysis, goals, staff knowledge skills and attitude, culturally humble care delivery, and workforce



Thank You

Appendix

- Vizient FY 22 detail
- HAC program detail
- Annual Patient Safety Report

Mortality year-over-year

	2018	2019	2020	2021	2022
Mortality – O/E Index (assigned points 3 to -3)					
Cardiology	0.94 (0.04)	1.02 (0.45)	0.62 (-1.34)	0.80 (-0.63)	0.90 (-0.19)
Cardiothoracic Surgery	0.70 (-0.74)	0.73 (-0.83)	0.73 (-0.52)	0.87 (-0.33)	1.25 (0.84)
Gastroenterology	0.96 (0.37)	0.30 (-1.58)	1.14 (1.11)	0.68 (-0.67)	0.77 (-0.39)
Medicine General	0.78 (-0.58)	0.72 (-0.84)	0.70 (-0.92)	0.60 (-0.76)	0.69 (-0.57)
Neurology	0.85 (-0.38)	0.67 (-1.01)	0.71 (-0.81)	0.64 (-1.06)	0.43 (-1.69)
Neurosurgery	0.79 (-0.39)	0.63 (-0.95)	0.49 (-1.27)	0.42 (-1.57)	0.51 (-1.31)
Surgery General	0.79 (-0.67)	0.99 (0.48)	0.64 (-0.96)	0.73 (-0.76)	0.73 (-0.97)
Ortho/Spine	0.74 (-0.27)	1.36 (1.27)	0.40 (-0.81)	0.14 (-1.65)	0.54 (-0.88)
Oncology	1.23 (0.46)	0.92 (0.15)	0.82 (-0.32)	0.70 (-0.59)	0.66 (-0.68)
Vascular Surgery	1.37 (2.07)	0.66 (-0.75)	0.56 (-0.89)	0.97 (0.16)	1.18 (0.64)
Solid Organ Transplant	1.07 (0.34)	1.10 (0.27)	1.55 (1.13)	0.32 (-1.55)	0.36 (-1.33)
Trauma	1.00 (0.50)	0.88 (-0.12)	0.68 (-0.95)	0.70 (-0.94)	0.80 (-0.54)
Pulmonary/Critical Care	0.75 (-1.15)	0.93 (-0.16)	0.86 (-0.45)	1.00 (-0.95)	0.88 (-1.65)
RANK	47	35	21	8	16

Safety year-over-year

	2018	2019	2020	2021	2022
Safety – rates (assigned points 3 to -3)					
PSI03 – Pressure Ulcer	0.00 (-3.00)	0.36 (-1.13)	0.00 (-3.00)	0.36 (-1.06)	0.29 (-1.18)
PSI06 – Iatrogenic Pneumothorax	1.20 (1.22)	0.96 (0.16)	0.79 (0.00)	1.12 (0.58)	0.64 (-0.45)
PSI09 – Hemorrhage and Hematoma	0.17 (-0.21)	0.64 (-0.95)	0.79 (-0.68)	0.93 (-0.18)	1.09 (0.60)
PSI11 – Respiratory Failure	0.18 (-0.84)	0.40 (-0.36)	0.55 (0.33)	0.80 (0.77)	0.49 (-0.23)
PSI13 – PostOp Sepsis	0.55 (-0.44)	0.94 (0.46)	0.74 (-0.22)	1.07 (0.47)	1.26 (1.05)
CAUTI	0.80 (-0.12)	0.82 (0.20)	0.67 (-0.10)	0.90 (0.34)	0.94 (0.82)
CLABSI	1.15 (0.97)	0.65 (-0.48)	1.17 (1.23)	0.88 (-0.28)	0.74 (-0.58)
SSI – Colon	0.99 (-0.15)	0.79 (-0.66)	0.64 (-0.72)	1.24 (0.70)	0.21 (-2.01)
SSI – Abd Hyst	1.35 (0.10)	0.42 (-0.91)	3.37 (1.84)	0.51 (-0.58)	1.12 (0.14)
CDI	0.86 (-0.14)	0.82 (0.10)	0.81 (0.42)	0.76 (0.45)	0.82 (1.08)
THK Complications	1.57 (-0.49)	1.22 (-0.73)	2.11 (-0.01)	2.02 (-0.32)	
Warfarin – Elevated INR	1.21 (-1.54)	1.71 (-1.28)	1.95 (-1.03)	3.03 (-0.65)	3.36 (-0.37)
Hypoglycemia and Insulin Use	3.64 (0.46)	4.38 (0.83)	4.60 (1.14)	4.24 (0.77)	3.77 (0.38)
RANK	26	12	54	71	51

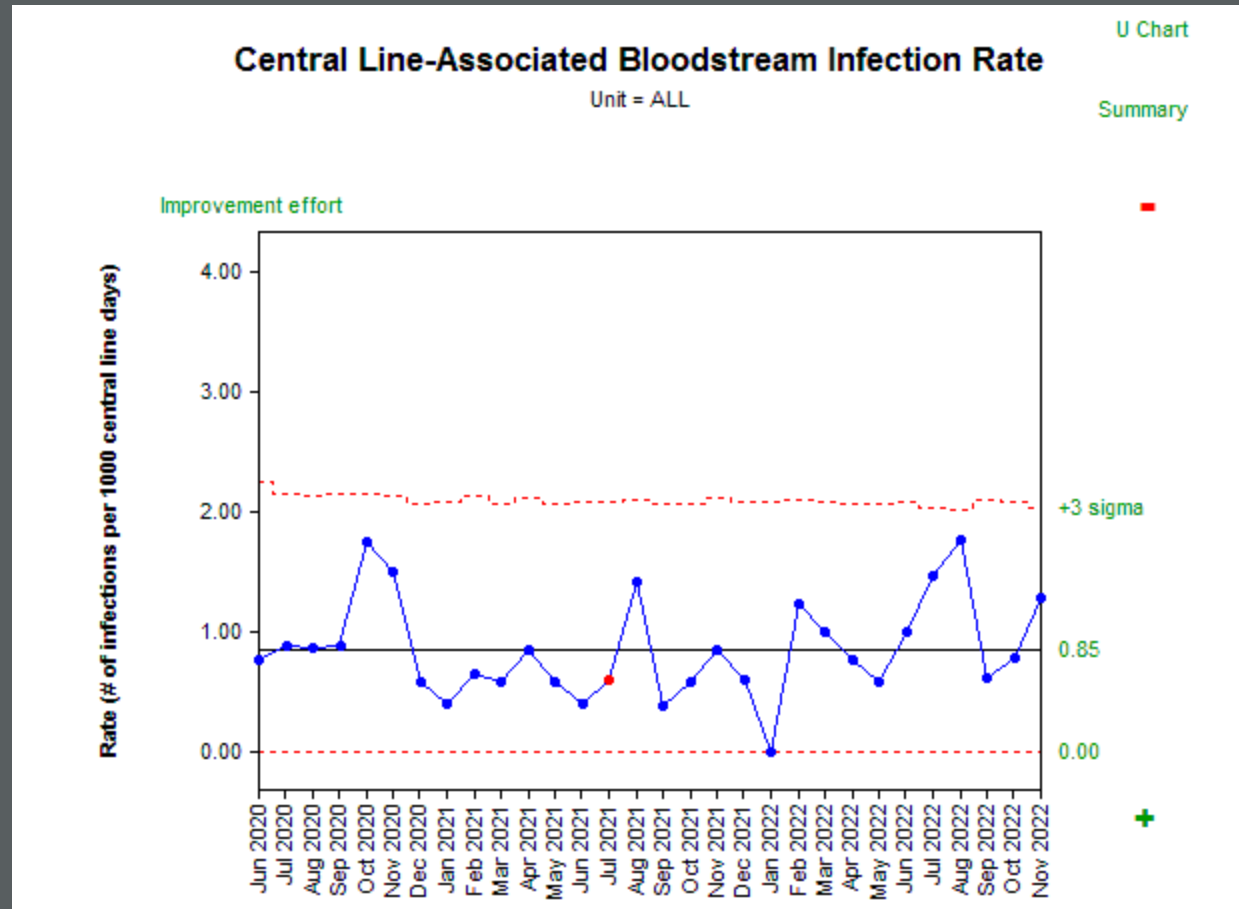
	2018	2019	2020	2021	2022
Effectiveness – results (assigned points 3 to -3)					
Readmission - Cardiology	6.24 (-1.92)	6.26 (-2.11)	10.40 (-0.88)	7.13 (-2.57)	8.80 (-1.52)
Readmission - CT Surgery	6.99 (-0.85)	7.63 (-0.66)	6.01 (-0.98)	4.18 (-2.35)	4.04 (-2.11)
Readmission - Gastroenterology	13.03 (-1.28)	13.34 (-1.20)	11.99 (-1.44)	11.00 (-2.28)	15.66 (0.46)
Readmission - Oncology	12.21 (-1.40)	9.94 (-1.34)	8.98 (-1.71)	8.72 (-1.51)	8.77 (-1.55)
Readmission - Medicine General	15.60 (-0.30)	12.47 (-1.99)	13.64 (-0.76)	13.57 (-0.64)	13.13 (-0.65)
Readmission - Neurology	6.92 (-0.75)	4.42 (-1.95)	4.29 (-1.88)	5.09 (-1.47)	3.83 (-1.84)
Readmission - Neurosurgery	8.30 (-0.21)	7.03 (-0.30)	6.12 (-0.60)	7.38 (0.16)	4.70 (-1.10)
Readmission - Surgery General	8.34 (-1.37)	8.53 (-1.79)	9.01 (-0.93)	7.54 (-2.07)	6.22 (-2.17)
Readmission - Ortho/Spine	5.96 (0.00)	5.10 (-0.36)	5.38 (0.04)	5.94 (-0.09)	5.00 (-0.77)
Readmission - Vascular Surgery	9.30 (-1.57)	9.81 (-1.17)	13.00 (0.19)	8.96 (-1.47)	6.43 (-2.07)
Readmission - Solid Organ Transplant	14.39 (-1.71)	20.70 (-0.86)	18.69 (-1.24)	17.20 (-1.66)	20.74 (-0.51)
Readmission - Trauma	4.56 (-1.35)	5.56 (-0.73)	4.40 (-1.20)	4.08 (-1.40)	3.78 (-1.66)
Readmission - Pulmonary/Critical Care	10.90 (-0.97)	11.11 (-1.06)	13.41 (-0.17)	7.02 (-1.40)	6.29 (-1.51)
Excess Days - Cardiology	0.07 (0.50)	0.04 (0.07)	-4.24 (-0.88)	7.24 (0.73)	-3.59 (-0.63)
Excess Days - CT Surgery	0.10 (0.63)	0.00 (-0.67)	0.30 (-0.48)	3.69 (-0.26)	4.16 (0.00)
Excess Days - Gastroenterology	-0.05 (-1.20)	0.00 (-0.77)	3.43 (-0.48)	8.46 (0.07)	9.42 (-0.17)
Excess Days - Oncology	-0.10 (-0.63)	-0.04 (-0.91)	-0.88 (-0.49)	-5.52 (-0.78)	3.11 (-0.11)
Excess Days - Medicine General	-0.03 (-0.70)	-0.01 (-0.68)	0.42 (-0.62)	-0.75 (-0.60)	8.87 (0.06)
Excess Days - Neurology	0.02 (-0.80)	-0.05 (-1.85)	-0.23 (-0.81)	-5.24 (-1.65)	-2.29 (-1.41)
Excess Days - Neurosurgery	0.11 (0.60)	0.01 (-0.33)	-2.27 (-1.06)	-2.21 (-0.93)	5.34 (-0.21)
Excess Days - Surgery General	0.08 (0.01)	0.03 (-0.47)	4.74 (-0.35)	1.80 (-0.51)	10.23 (0.08)
Excess Days - Ortho/Spine	0.03 (0.29)	0.04 (0.03)	-1.92 (-1.07)	-7.27 (-1.82)	-4.33 (-1.54)
Excess Days - Vascular Surgery	0.04 (0.49)	0.14 (1.05)	2.01 (0.19)	20.10 (1.59)	0.18 (-0.32)
Excess Days – Solid Organ Transplant	-0.01 (-0.34)	-0.19 (-1.51)	-5.58 (-0.58)	0.85 (-0.26)	-7.97 (-0.67)
Excess Days - Trauma	0.06 (0.23)	0.02 (-0.46)	-1.25 (-0.96)	0.94 (-0.78)	5.64 (-0.19)
Excess Days - Pulmonary/Critical Care	-0.27 (-1.14)	0.00 (0.20)	-6.00 (-0.09)	7.69 (0.49)	3.36 (0.20)
Lactate level for Sepsis w/in 12hrs	2.05 (-1.13)	3.52 (-0.82)	2.72 (-1.02)	6.13 (0.10)	3.61 (-1.03)
Transfusion for Hgb \geq 9	2.42 (-0.18)	1.67 (-0.25)	1.29 (-0.55)	1.86 (0.11)	1.43 (-0.23)
Outpatient Procedure Revisits - Colonoscopy			0.51 (-0.80)	0.55 (-0.81)	0.46 (-0.76)
Outpatient Procedure Revisits - Biliary			4.46 (0.11)	3.38 (-0.05)	6.25 (1.40)
Outpatient Procedure Revisits - Urological			2.26 (-0.98)	2.95 (-0.49)	3.68 (0.09)
Outpatient Procedure Revisits - Arthroscopy			0.60 (-0.60)	1.14 (-0.22)	1.22 (0.16)
ED-1B Median Time Admitted Patients	363 (-0.59)				
ED-18b – Median Time D/Cd Patients	245.5 (0.20)	260.5 (0.27)			
ED-2b – Median Time Admit to Depart	190 (-0.02)	232.5 (0.14)			
RANK	9	3	3	5	6

Patient Centeredness

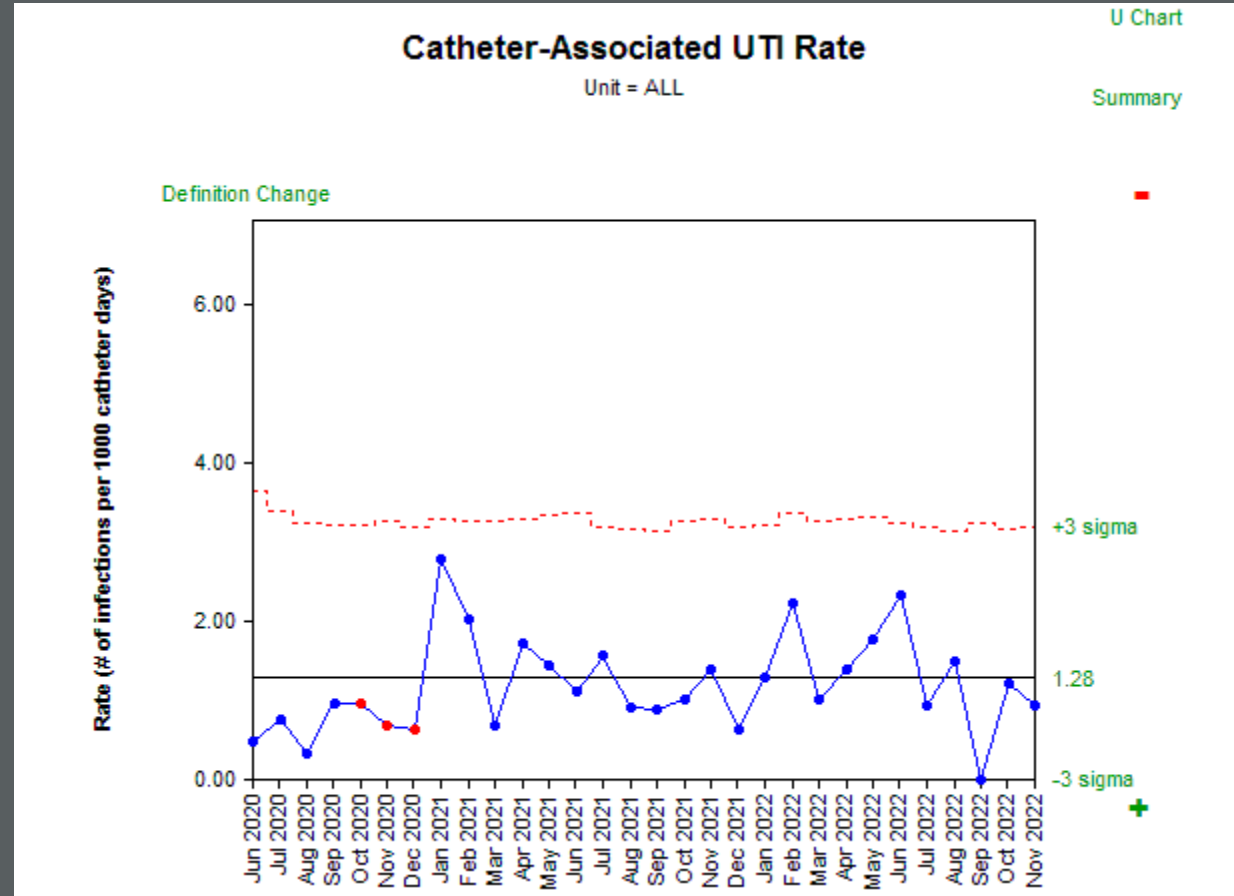
	2018	2019	2020	2021	2022
Patient Centeredness – mean score (assigned points -3 to 3)					
Cleanliness/Quiet*	64.47 (0.39)	63.18 (0.07)	61.44 (-0.32)	62.94 (0.02)	62.16 (0.17)
Discharge Information*	92.28 (1.22)	90.13 (0.30)	89.95 (0.28)	90.95 (0.89)	89.99 (0.61)
MD Communication*	84.33 (0.89)	84.35 (0.76)	83.78 (0.40)	82.31 (0.30)	81.39 (0.14)
Information about Medications*	71.21 (2.24)	67.67 (0.86)	68.76 (0.97)	66.13 (1.11)	70.23 (2.03)
RN Communication*	83.93 (1.19)	83.14 (0.85)	81.13 (-0.06)	83.35 (1.04)	81.55 (0.72)
Pain Management*	73.85 (1.20)	73.30 (1.36)			
Responsiveness*	68.51 (0.87)	68.35 (0.82)	68.63 (0.79)	64.54 (0.54)	66.83 (1.25)
Overall*	83.39 (1.02)	83.08 (1.00)	78.39 (0.22)	84.03 (1.20)	79.45 (0.70)
Transitions of Care*	63.54 (1.29)	61.11 (0.71)	66.11 (1.54)	58.92 (0.57)	61.31 (0.98)
RANK	2	14	31	23	20

	2018	2019	2020	2021	2022
Efficiency -- O/E Index (assigned points 3 to -3)					
Direct Cost - Cardiology	1.19 (0.77)	1.02 (-0.01)	1.16 (0.49)	1.23 (0.67)	1.15 (0.08)
Direct Cost - CT Surgery	1.22 (0.71)	1.00 (-0.17)	0.98 (-0.13)	1.16 (0.37)	1.15 (0.20)
Direct Cost - Gastroenterology	1.28 (1.28)	1.80 (2.74)	1.21 (0.66)	1.54 (1.64)	1.38 (0.82)
Direct Cost - Medicine General	1.30 (1.55)	1.20 (0.76)	1.28 (1.03)	1.35 (1.28)	1.33 (1.04)
Direct Cost - Neurology	1.30 (1.31)	1.23 (0.71)	1.07 (0.05)	1.25 (0.61)	1.26 (0.33)
Direct Cost - Neurosurgery	1.30 (1.06)	0.99 (-0.19)	1.09 (0.34)	1.37 (1.19)	1.35 (0.94)
Direct Cost - Surgery General	1.32 (1.44)	1.12 (0.35)	1.02 (0.01)	1.34 (1.04)	1.27 (0.63)
Direct Cost - Ortho/Spine	1.22 (1.40)	0.97 (-0.15)	1.04 (0.17)	1.18 (0.40)	1.21 (0.26)
Direct Cost - Oncology	1.25 (0.87)	1.11 (0.55)	1.08 (0.46)	1.42 (1.54)	1.39 (1.43)
Direct Cost - Vascular Surgery	1.49 (1.80)	1.22 (0.62)	1.27 (1.05)	1.53 (1.53)	1.53 (1.14)
Direct Cost - Solid Organ Transplant	0.84 (-0.81)	0.75 (-1.38)	0.80 (-1.16)	1.03 (-0.12)	1.06 (-0.12)
Direct Cost -Trauma	1.30 (1.34)	1.12 (0.35)	1.16 (0.55)	1.44 (1.27)	1.52 (1.27)
Direct Cost - Pulmonary/Critical Care	1.15 (0.63)	1.21 (0.61)	1.07 (-0.14)	1.54 (-0.03)	1.54 (0.74)
Direct Cost - Gynecology	1.73 (2.71)	1.13 (0.19)	1.35 (1.08)	1.73 (1.71)	1.93 (2.53)
Direct Cost - Obstetrics	1.84 (2.53)	1.39 (1.13)	1.48 (1.20)	1.91 (2.48)	1.88 (1.82)
Direct Cost - Otolaryngology	1.47 (1.80)	1.11 (0.49)	1.33 (1.10)	1.95 (1.70)	1.50 (1.23)
Direct Cost - Urology	1.25 (1.17)	0.85 (-0.37)	0.91 (0.15)	1.41 (1.35)	1.54 (1.33)
Direct Cost - Plastic Surgery	1.48 (1.83)	1.13 (0.42)	1.20 (0.37)	2.36 (3.01)	1.90 (2.08)
LOS - Cardiology	1.01 (0.71)	0.98 (0.22)	1.01 (0.23)	0.97 (0.05)	0.92 (-0.59)
LOS - Cardiothoracic Surgery	0.97 (0.11)	0.92 (-0.33)	0.90 (-0.57)	0.91 (-0.59)	0.90 (-0.77)
LOS - Gastroenterology	0.91 (-0.59)	0.90 (-0.83)	0.84 (-1.62)	0.95 (-0.53)	0.95 (-0.72)
LOS - Medicine General	0.94 (-0.13)	0.94 (-0.31)	0.96 (-0.37)	0.92 (-0.46)	0.94 (-0.42)
LOS - Neurology	0.88 (-0.64)	0.94 (-0.33)	0.89 (-0.88)	0.87 (-1.20)	0.91 (-0.96)
LOS - Neurosurgery	0.94 (-0.24)	0.90 (-0.32)	0.93 (-0.23)	0.89 (-0.63)	0.89 (-0.63)
LOS - Surgery General	0.88 (-0.78)	0.94 (-0.20)	0.90 (-0.51)	0.92 (-0.48)	0.92 (-0.61)
LOS - Ortho/Spine	0.91 (-0.06)	0.87 (-0.87)	0.89 (-0.74)	0.84 (-1.20)	0.96 (-0.65)
LOS - Oncology	0.95 (0.11)	0.94 (-0.08)	0.89 (-0.64)	0.91 (-0.29)	1.00 (0.08)
LOS - Vascular Surgery	0.88 (-0.26)	1.02 (0.65)	0.89 (-0.45)	0.89 (-0.44)	0.90 (-0.68)
LOS - Solid Organ Transplant	0.82 (-1.36)	0.80 (-1.41)	0.82 (-1.27)	0.84 (-1.20)	1.01 (-0.22)
LOS -Trauma	0.86 (-0.74)	0.88 (-0.77)	0.89 (-0.73)	0.90 (-0.73)	1.01 (-0.22)
LOS - Pulmonary/Critical Care	0.87 (-0.62)	1.05 (0.61)	0.87 (-1.22)	0.99 (-1.89)	1.18 (-0.02)
LOS - Gynecology	1.32 (2.67)	1.07 (0.69)	1.27 (1.98)	0.97 (-0.45)	1.02 (-0.07)
LOS - Obstetrics	1.09 (0.59)	1.01 (0.02)	1.04 (0.25)	0.96 (-0.08)	0.96 (-0.39)
LOS - Otolaryngology	1.11 (0.82)	1.07 (0.51)	1.02 (0.11)	1.05 (0.54)	1.08 (0.28)
LOS - Urology	0.89 (-0.59)	0.88 (-0.14)	1.01 (0.87)	0.97 (0.26)	0.96 (-0.13)
LOS - Plastic Surgery	0.99 (0.24)	0.86 (-0.50)	1.12 (0.34)	1.49 (2.63)	1.04 (0.26)
LOS - Non Core Services					
RANK	81	54	55	72	72

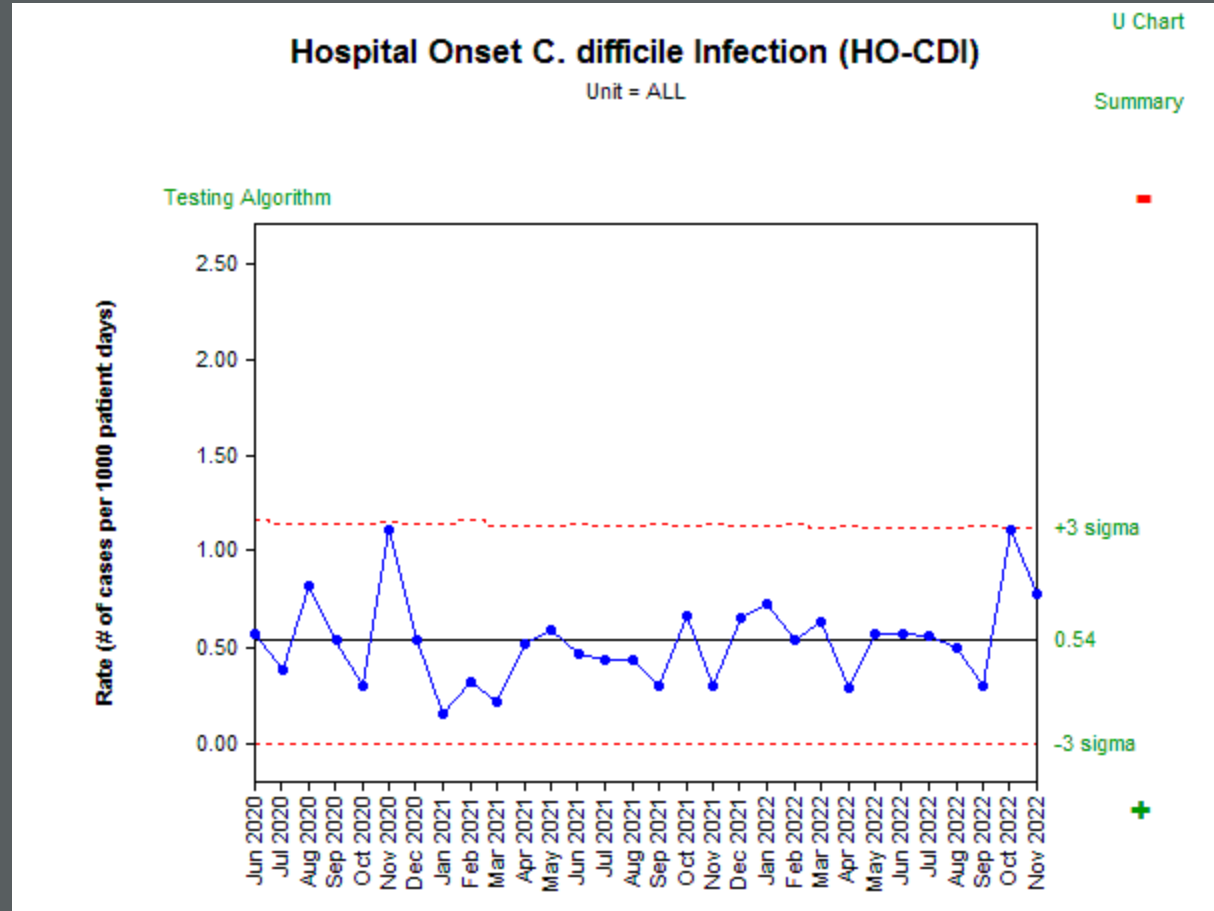
CLABSI



CAUTI



C.diff



Adult SSI: Colon Complex 30-Day SIR (CMS Risk Model)

Year	Colon SSI (excludes superficial)	Number of Colon SSIs Predicted	SIR	p-value (SIR different than 1.0)	CMS Threshold SIR*
2019	10	13.18	0.76	0.39	0.75 ✗
2020	10	11.46	0.87	0.70	0.75 ✗
2021	5	9.60	0.52	0.12	0.72 ✓
Q1-Q2 2022	8	4.75	1.69	0.16	0.72 ✗

$$SIR = \frac{\text{Observed (O) HAIs}}{\text{Predicted (P) HAIs}}$$

Key

Significantly Better than National Experience

No different than National Experience

Significantly Worse than National Experience

*The SIR must be lower than the threshold for a positive effect on the Hospital Value-Based Purchasing (VBP) Program. This is a CMS program which rewards acute care hospitals with incentive payments for the quality of care provided in the inpatient setting.

Adult SSI: Abd Hyst Complex 30-Day SIR (CMS Risk Model)

Year	Abd Hyst SSI (excludes superficial)	Number of Abd Hyst SSIs Predicted	SIR	p-value (SIR different than 1.0)	CMS Threshold SIR*
2019	7	2.74	2.56	0.03	0.73 ✗
2020	1	2.62	0.38	0.34	0.73 ✓
2021	3	2.67	1.12	0.78	0.74 ✗
Q1-Q2 2022	0	1.34	0.00	0.26	0.74 ✓

$$SIR = \frac{\text{Observed (O) HAIs}}{\text{Predicted (P) HAIs}}$$

Key

Significantly Better than National Experience

No different than National Experience

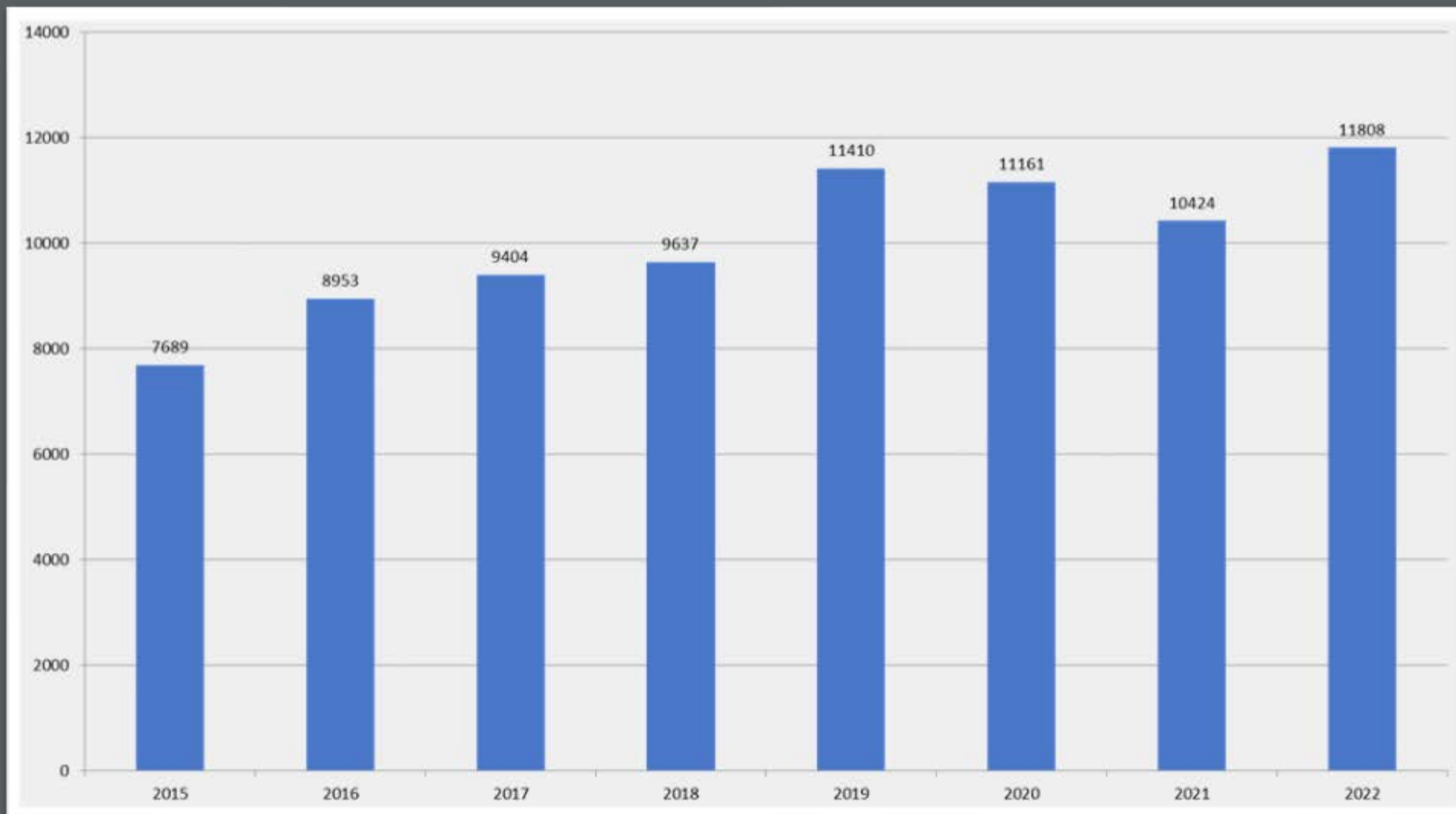
Significantly Worse than National Experience

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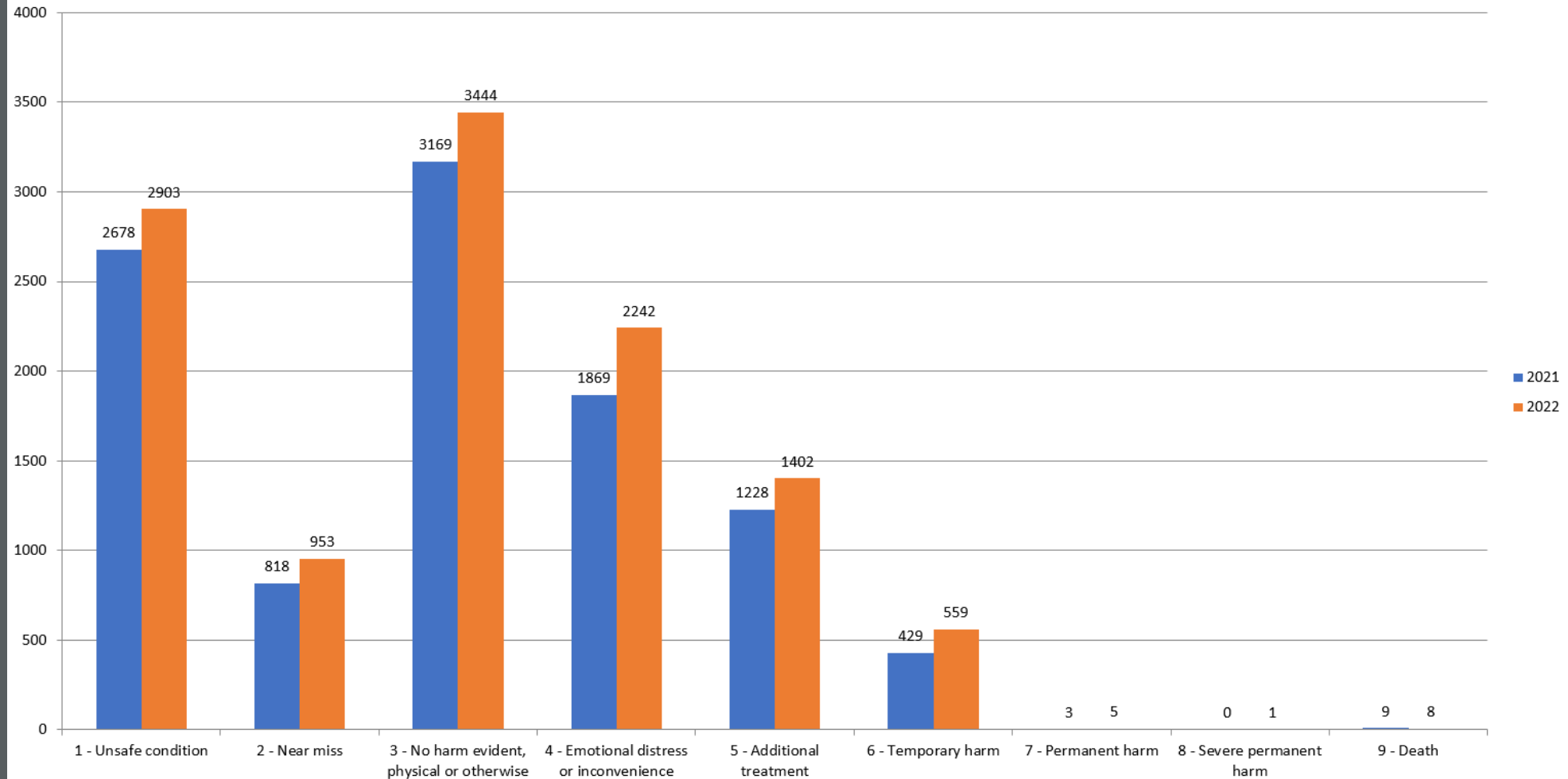


CY22 Event Reporting System Data (PSI)

Total PSI Reports Filed



Total PSI Events by Harm Score 2021-2022



Near Miss

2: Near miss (requires selection of one of the following)

- Fail-safe designed into the process and/or a safeguard worked effectively
- Practitioner or staff who made the error noticed and recovered from the error (avoiding any possibility of it reaching the patient)
- Spontaneous action by a practitioner or staff member (other than person making the error) prevented the event from reaching the patient
- Action by the patient or patient's family member prevented the event from reaching the patient
- Other
- Unknown

1: Unsafe condition

Reached the Individual

5: Additional treatment—Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury. Treatment since discovery and/or expected in future as a direct result of event.

4: Emotional distress or inconvenience—Event reached patient; mild and transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring (such as by observation; physical examination; laboratory testing, including phlebotomy; and/or imaging studies). Distress/inconvenience since discovery and/or expected in future as a direct result of event.

3: No harm evident, physical or otherwise—Event reached patient, but no harm was evident.

9: Death—Dead at time of assessment.

8: Severe permanent harm—Severe lifelong bodily or psychological injury or disfigurement that interferes significantly with functional ability or quality of life. Prognosis at time of assessment.

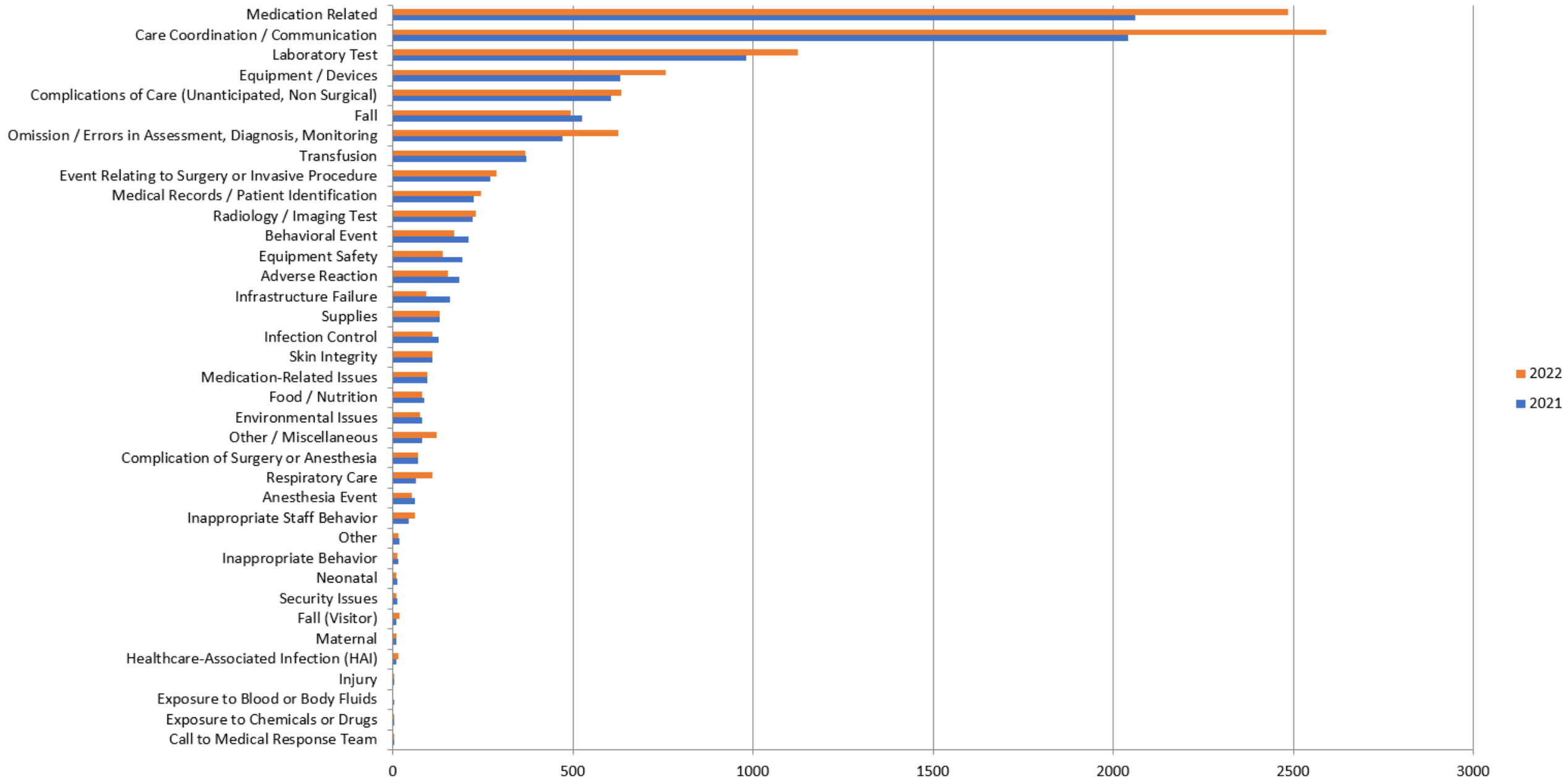
7: Permanent harm—Lifelong bodily or psychological injury or increased susceptibility to disease. Prognosis at time of assessment.

6: Temporary harm—Bodily or psychological injury, but likely not permanent. Prognosis at time of assessment.

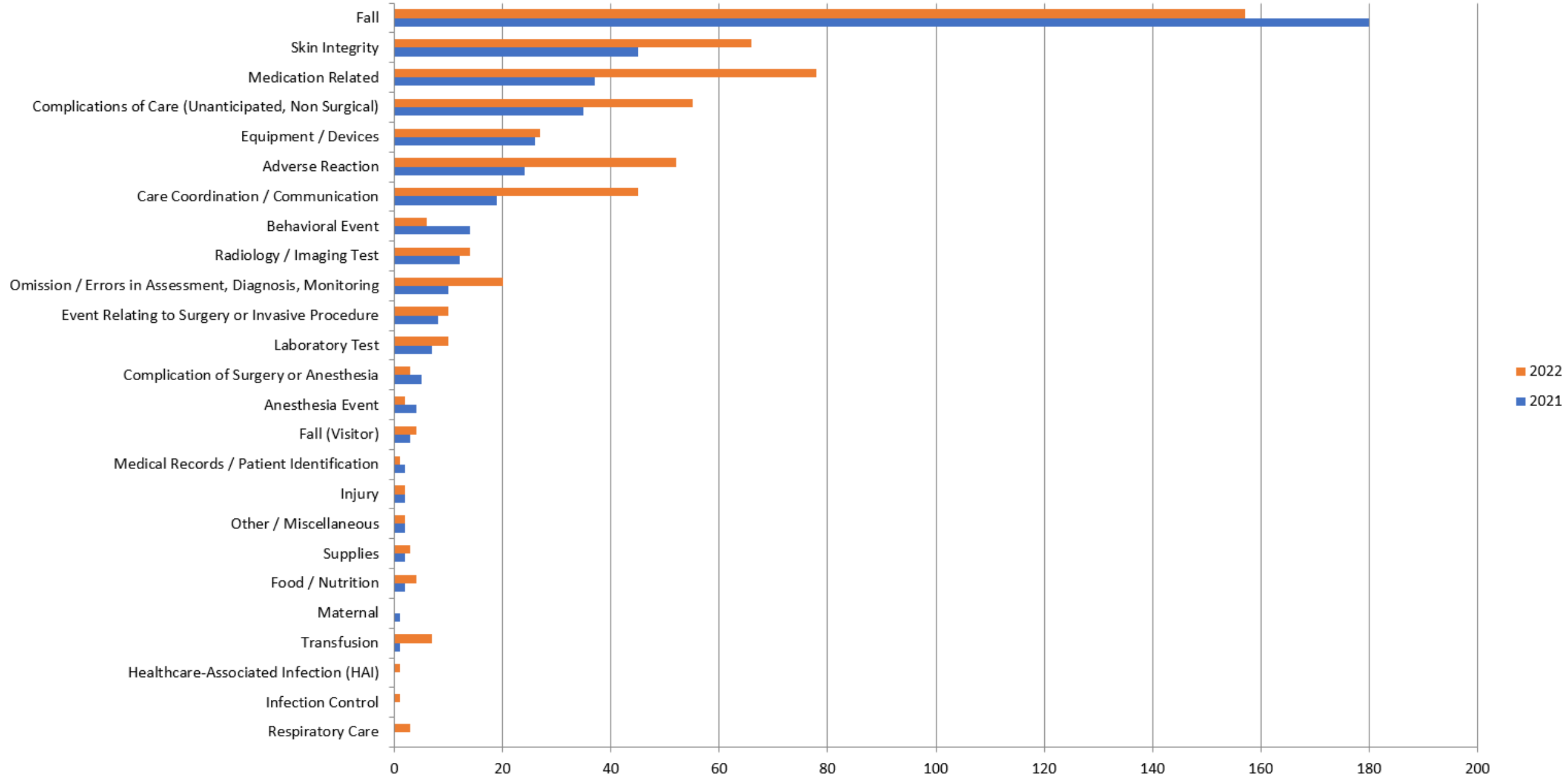


Total Reports by Event Type

2021-2022



Harm Events (Harm 6+) 2021-2022





Date: January 17, 2023

To: Board of Directors

From: Julie Hanna, Director, State Relations

RE: 2023 Oregon State Legislative Session

The 82nd Oregon Legislative Assembly convened on January 17th for its biennial long session which is constitutionally required to conclude by June 25th. It is a time of significant change in the Oregon legislature with a large number of new legislators and new leadership at every level of state government. The state budget picture is complex. While the legislature has historic levels of reserves, it approved \$2 - \$3 billion in one-time expenditures during the last biennium and faces a \$530 million state revenue deficit to maintain existing services. During the upcoming legislative session OHSU will prioritize preserving public funding for OHSU's people, programs and mission in service to our patients, students and the people of Oregon.



2023 Oregon Legislative Session

JANUARY 2023
JULIE HANNA, DIRECTOR, STATE RELATIONS



2023 OREGON LEGISLATIVE SESSION

Oregon's Political Landscape

- This year, Oregon has seen a significant turnover in elected leadership at the state level. There is a new Governor, new Senate President and nearly a third of the State Legislature is brand new.
- This creates uncertainty in the legislative landscape and how the legislature will work together this session.
- Gov. Tina Kotek (D) is an experienced former House Speaker who knows the legislature and state government well.
- State budget challenges are on the horizon for the state and federal governments after significant spending the last three years and an uncertain economic outlook.

The 82nd Oregon Legislative Assembly



2023 OREGON LEGISLATIVE SESSION

The Oregon Legislature

- The Oregon Legislature meets yearly:
 - 160 day session in odd-numbered years (Long Session)
 - 35 day session in even-number years (Short Session)
- The 82nd Oregon Legislative Assembly convened on January 17th for its biennial long session which is constitutionally required to conclude by June 25th.
- The Oregon House has 60 members (35 Democrats and 25 Republicans) and the Oregon Senate has 30 members (17 Democrats, 12 Republicans and 1 Independent)
- The state budgets on a two-year cycle known as a biennium (FY 21/23 was \$112.8 billion total funds). This legislative session the legislature will set the budget for the 2023-2025 biennium which will begin on July 1, 2023.
- **During a Long Session, thousands of bill concepts will be introduced – fewer than 1000 will ultimately be considered by each chamber and passed. All but a handful of bills pass on a bipartisan basis.**

2023 OREGON LEGISLATIVE SESSION

The Oregon Legislature

- Oregon Democrats maintained majorities in both the Oregon Senate and the Oregon House
- This session, nearly 1/3 of legislators will be new, and close to 60% will have served one term or less.
- First in-person legislative session since 2020.
- Measure 113 passed.
- Legislative leadership in the House and Senate are both new or fairly new to their positions.
 - House Speaker Dan Rayfield will be presiding over his first long session.
 - Senate President Rob Wagner succeeds longtime Senate President Peter Courtney, who retired.

➤ Committees of Interest

- The budget writing Ways and Means committee will have many new legislators.
- The House has reestablished a House Committee on Higher Education

State Budget Picture

➤ High level

The good news:

- Historic reserve levels and ending fund balance
- State economist predicting mild recession though uncertainty remains
- Oregon's tax base more diversified than ever

Still big challenges ahead:

- \$530 million state revenue deficit to maintain existing ongoing state services (CSL)
- \$2-3 billion in one-time funds allocated for the 2021-2023 biennium unavailable this biennium
- Historic kicker reduces available revenue - \$3.5 billion personal income tax kicker, \$1.2 billion corporate income tax kicker
- High inflation reduces impact of previous investments

- In the last four years the share of state general fund supporting health care and human services programs has increased by 10% while the share of general fund to support education has decreased by 10%.

Advocating to improve the health and wellbeing of Oregonians

- OHSU will prioritize engagement in legislative proposals that address challenges clinicians, staff, students and patients face in providing and accessing health care Oregonians need and those that address racial inequities in health care, education and research.
- OHSU will prioritize preserving public funding for OHSU's people, programs and mission in service to our patients, students and the people of Oregon, including:
 - OHSU Intergovernmental Transfer (IGT) Partnership Program
 - Direct general fund education appropriation request including increased investment providing necessary ongoing support for the OHSU 30-30-30 initiative
 - Maintaining OHSU's unique statutory structure
 - State support for Graduate Medical Education (GME)
 - Maintaining necessary funding for the Oregon Health Plan
- As the state's academic health center OHSU will provide requested subject matter expertise to legislators and legislative staff as they consider policy ideas.

2023 OREGON LEGISLATIVE SESSION

OHSU Budget Request

	21-23 LAB	23-25 CSL
Education and general	\$113,585,382	\$113,145,968
School of Medicine	\$28,024,864	\$29,201,908
School of Nursing	\$24,236,644	\$25,254,583
School of Dentistry	\$11,358,318	\$11,835,367
AHEC/ORH	\$4,965,557	\$5,174,110
OHSU 30-30-30	\$20,000,000	\$41,680,000
OHSU Opportunity Fund	\$25,000,000	
CDRC	\$9,010,678	\$9,389,126
Poison Center	\$2,883,418	\$3,004,522
Children's Integrated Health database	\$2,000,000	
TOTAL	\$127,479,478	\$125,539,616
OHSU Cancer Challenge debt service (Article XI-G)	\$23,570,250	\$23,575,125
Oregon Opportunity program (Article XI-L)	\$30,869,380	\$8,041,125
OUS legacy debt (Article XI-F(1))	\$3,834,520	\$3,441,818
GRAND TOTAL	\$185,753,628	\$160,597,684

Policy option packages		
Poison Center Sustaining Fund		\$900,000
Oregon Child Integrated Health database		\$5,140,000
POP TOTAL		\$6,040,000

2023 OREGON LEGISLATIVE SESSION

Key Dates for the 2023 Legislative Session





Thank you

Glossary of Terms

A3 – Single page strategy

AAEO – Affirmative Action and Equal Opportunity

AAV - Adenovirus-associated virus

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.

AMP - Antibody-mediated protection clinical trial to prevent HIV acquisition

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

ART – Antiretroviral therapy

ASF - Assignable Square Feet. The sum of all areas on all floors of a building assigned to, or available for assignment to, an occupant or specific use.

AVS – After visit summary

A&AS – Audit and Advisory Services

Beat AML - collaborative clinical trial for acute myeloid leukemia

BERG – Black Employee Resource Group

bNAbs – Broadly neutralizing antibody

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

CDI – Clostridium Difficile Infection

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.

EHS – Environmental Health and Safety

EMR – Electronic medical record

ENT - Ear, Nose, and Throat. A surgical subspecialty known as Otorhinolaryngology.

Envelope - HIV surface protein that is the target of bNAbs

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

HAC – hospital acquired conditions

HAI – hospital acquired infections

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

IMPACT - International Maternal Pediatric Adolescent AIDS Clinical Trials Network

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

MRSA – methicillin-resistant staph aureus

NAPLEX – North American Pharmacist Licensure Examination

NCLEX – National Council Licensure Exam

NCI – National Cancer Institute

NFP - Not For Profit.

NICU - Neonatal Intensive Care Unit specializes in the care of ill or premature newborn infants.

NIH - National Institutes of Health. A part of the U.S. Department of Health and Human Services, NIH is the largest biomedical research agency in the world.

NOL - Net Operating Loss. A loss taken in a period where a company's allowable tax deductions are greater than its taxable income. When more expenses than revenues are incurred during the period, the net operating loss for the company can generally be used to recover past tax payments.

NPS: Net Promoter Score.

NWCCU - Northwest Commission on Colleges and Universities: OHSU's regional accrediting body which is recognized by the U.S. Department of Education as the authority on the educational quality of institutions in the Northwest region and which qualifies OHSU and our students with access to federal Title IV student financial aid funds.

O2 – OHSU's Intranet

OCA - Overhead Cost Allocation. Internal OHSU mechanism for allocating overhead expenses out to departments.

OCBA – Oregon Commission on Black Affairs

OCNE - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.

OCT - Optical Coherence Tomography is a non-invasive imaging test.

OCTRI - Oregon Clinical & Translational Research Institute. An institute within OHSU.

OHA - Oregon Health Authority. A government agency in the state of Oregon.

O/E – observed/expected ratio

OHSU—Oregon Health & Science University

OHSUF - Oregon Health & Science University Foundation.

ONA - Oregon Nurses Association. Professional association for nurses in Oregon.

ONPRC - Oregon National Primate Research Center. One of seven federally funded National Primate Research Centers in the United States and a part of OHSU.

OP – Outpatient. If your doctor sends you to the hospital for x-rays or other diagnostic tests, or if you have same-day surgery or visit the emergency department, you are considered an outpatient, even if you spend the night in the course of getting those services. You only become an inpatient if your doctor writes orders to have you formally admitted.

OPP – OHSU Practice Plan

OPAM - Office of Proposal and Award Management is an OHSU department that supports the research community by providing pre-award and post-award services of sponsored projects and awards.

OPE - Other Payroll Expense. Employment-related expenses for benefits which the university incurs in addition to an employee's actual salary.

Opex: Operating expense

OR- Oregon

OR - Operating Room. A room in a hospital specially equipped for surgical operations.

OSU - Oregon State University.

P – Parking Floor Level

PAMC - Portland Adventist Medical Center.

PaWS – Parking and Workplace Strategy

PDT - Photodynamic Therapy is a treatment that uses special drugs and light to kill cancer cells.

PEP - post-exposure prophylaxis

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.