



OHSU Board of Directors Public Meeting

**Robertson Life Sciences Building (RLSB)
2730 S. Moody Ave., Portland, OR 97201
Room 3A001, 3rd Floor**

Or

YouTube: <https://youtube.com/live/V1afMcbmf8M?feature=share>

Dial in: +1-503-388-9555 Portland Oregon - Access code: 262 231
67149

**Monday, September 18, 2023
12:35-3:25pm**



**OREGON HEALTH & SCIENCE UNIVERSITY
Board of Directors Meeting Public Agenda
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Monday, September 18, 2023

12:35-3:25pm

12:35pm	Call to Order/ Chairman's Comments President's Comments Approval of Minutes June 23, 2023 (ACTION)	Wayne Monfries Danny Jacobs, MD Wayne Monfries
12:50pm	The Legacy/OHSU Vision – What it means for Oregon	Danny Jacobs, MD
1:10pm	Financial Update Unaudited Financial Results	Lawrence Furnstahl
1:40pm	Annual Assessment Update	Marie Chisholm-Burns, PhD, RPh Constance Tucker, PhD Cherie Honnell
2:00pm	Break	
2:10pm	Weapons Policy Initiative Update	Heath Kula, JD
2:30pm	Approval of OHSU Weapons Policy (ACTION)	Wayne Monfries
2:35pm	OHSU 2025 Update	Bridget Barnes, PhD, MBA, CHCIO
2:55pm	Employee Engagement Survey	Qiana Williams, EdS, ACC, SPHR, SHRM-SCP
3:25pm	Meeting adjourned	

Oregon Health & Science University
Board of Directors Meeting
June 23, 2023
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 2:00pm at the Robert Life Sciences Building 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 who attended in person were Danny Jacobs, Chair Wayne Monfries, Ruth Beyer, Steve Zika, Chad Paulson and James Carlson. Sue Steward and Susan King attended virtually. OHSU staff presenting material on the agenda were Martina Ralle, PhD, Lawrence Furnstahl, Donn Spight, MD, Kat Phillips, MHA, Alice Cuprill Comas, JD, Susan Bakewell-Sachs, PhD, RN, Alisha Moreland-Capua, MD and Michael Alexander, MSS. Marie Chisholm-Burns, PhD, RPh, presented virtually. 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

Chair Wayne Monfries

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 2:00pm and welcomed those that were in-person and virtual attendance.

Chairman's Comments

Wayne Monfries, Board Chair

Chair Monfries apologized for the late start and opened the meeting by saying he was happy that the reality of returning to normal was becoming more present for many than it was a year ago, although he included that the last year has not been without challenges.

He spoke about the strained capacity from COVID and RSV, about costs not keeping up with revenue, but how OHSU has found ways to operate more efficiently and effectively.

Chair Monfries also covered the topics on the meeting agenda and the presenters for each topic.

He touched on the decision-making process from the supreme court that could impact university admissions and that OHSU is dedicated to fulfilling their commitment of a diverse student body.

Before handing the meeting over to President Jacobs he congratulated him on his election to America's Essential Hospitals Board of Directors.

President's Comments

Danny Jacobs, MD, OHSU President

President Danny Jacobs began by discussing the 2023 convocation where more than 1100 degrees and certificates were awarded and said that they were honored to have Roseyn Tso, Director of the Indian Health Service and Agency as the keynote speaker for the event.

He spoke about OHSU Foundation's new campaign, Break New Ground and OHSU's Give Day 2023 where more than \$500,000 was raised.

President Jacobs also discussed Oregon Governor Tina Kotek and her support for the work that OHSU is doing and also mentioned the important investments that were wrapped up in the Oregon legislative session.

He said as OHSU begins a new fiscal year they will continue to work hard to support people, programs and places.

President Jacobs concluded his presentation by congratulating Alice Cuprill Comas, EVP, Internal Affairs & General Counsel, who was recently named one of Portland Business Journal's Executives of the Year.

He then handed the meeting back to Chair Monfries.

Approval of Minutes

Wayne Monfries

Chair Monfries asked for approval of the minutes from the April 19, 2023 OHSU Public Board meeting. Upon motion duly made by Jim Carlson and seconded by Steve Zika the minutes were approved by all board members in attendance.

Faculty Senate Response to the Budget

Martina Ralle, PhD

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

Dr. Ralle provided a Faculty Senate budget response. She began by reviewing the Mission of the Faculty Senate followed by the Senate's role with OHSU's President, Provost and OHSU Board of Directors.

She mentioned the incoming new Faculty Senate President Dr. Amy Miller Juve and thanked other members for their service to the Senate.

She thanked the board for their opportunity to comment on the budget early for salary increases and for the ongoing dialogue with board members.

She spoke of budgetary asks that included full funding of the new faculty research compensation plan and to ensure sufficient funding for the OHSU engagement survey.

As this was her last official presentation to the board in her role as Faculty Senate President she wanted to say a few personal words. She said she was grateful for the willingness of the board to meet with the Executive Committee of the Senate regularly and said she felt it was prudent to listen to their perspective. She also invited board members to spend time with faculty, with programs and with trainees so they could show them what was awesome about OHSU and what does not work so well. With that she thanked the board members and closed her presentation.

Board members thanked Dr. Ralle for her service and appreciated her frank discussions, and engagement as the Faculty Senate President and said that her voice has been heard. Board members had no further questions.

FY23 YTD Results, FY24 Budget

Lawrence Furnstahl, and John Hunter, MD

Chair Monfries recognized Lawrence Furnstahl, EVP, Chief Financial Officer and John Hunter, MD, EVP, CEO OHSU Health Systems.

Mr. Furnstahl and Dr. Hunter presented an overview of the FY23 YTD Results & Financial Planning for FY24-FY30, they were also joined by Peter Barr-Gillespie, PhD, EVP, Research, Qiana Williams, EdS, ACC, SPHR, SHRM-SCP, EVP, Chief People Officer, Marie Chisholm-Burns, PhD, RPh, EVP, Provost and David Jacoby MD, EVP, Dean School of Medicine.

Mr. Furnstahl covered the proposed budget for FY24, FY23 May results and FY24 budget planning and Funds Flow. He also covered Capital budgets and Vision 2027 which included OHSU being a top 20 institution.

Dr. Hunter discussed Healthcare revenue, May's expense drivers, patient activity, healthcare contract labor trends, improving financial performance and the FY24 budget for HMC.

Qiana Williams covered the 30-60-90 Day Plan including, quick wins, short-term gaps and long-term strategies.

Dr. Barr-Gillespie discussed the FY24 Faculty Compensation Plan within each mission and spoke of addressing research faculty support.

Dr. Chisholm-Burns spoke about 30-30-30, where it lies currently and what is next through 2030. She also covered the current 30-30-30 projects and provided funding examples.

Dr. Jacoby discussed Operational Priorities and Recruitment for the School of Medicine. He closed the presentation discussing the Tenets for Success.

Board members asked for further information on access issues, and enrollment.

Presentation of the Academic Tuition and Fee Book

Marie Chisholm-Burns, PhD, RPh

Chair Monfries recognized Marie Chisholm-Burns, PhD, RPh, EVP, Provost.

Dr. Chisholm-Burns discussed OHSU's Tuition and Fees for 2023-2024 for each graduating program.

She discussed enrollment, tuition and percentage changes for each, including tuition rate increases of no more than 2% with continuation of the OHSU Tuition Promise. She also said there would be no increase in University fees. She also stated enrollment would be similar to the current year.

Board members asked for further information on tuition numbers and nonresident students.

Resolution Approval of Budget and Academic Fees

Chair Monfries presented OHSU Board Resolution 2023-06-06, Approval of Budget and Academic Fees.

OHSU Board Resolution 2023-06-06

Chair Monfries asked for a motion to adopt Resolution 2023-06-06. Jim Carlson moved to approve the motion. Steve Zika seconded the motion and it was approved by all OHSU Board members in attendance.

Health Equity: Fulfilling A Promise

Donn Spight, MD and Kat Phillips, MHA

Chair Monfries recognized Donn Spight, MD, FACS, FASMBS, VP, Health Equity and Kat Phillips, MHA, Director, Health Equity.

Dr. Spight and Ms. Phillips provided an overview of OHSU Health Equity.

They discussed a Phase 1 plan which included Internal Alignment that provided their short-term and long-term tactics to achieve their goals, followed by Phase 2, Listening to the Community, with hopes to identify other tactics they could be addressing.

They covered their vision, mission and values, including being an Anti-racist institution, to amplifying and accelerating, to creating a shared vision and to putting community first.

Dr. Spight and Ms. Phillips discussed their goals that included an Equitable health care delivery, an Inclusive Clinical Experience and Establishing Community Partnerships.

They concluded their presentation by saying in the future OHSU will be a place where all patients feel welcomed, affirmed and cared for by a culturally humble, trauma informed workforce.

Board members asked for further information on culture to community and measurement metrics.

Report from Covington Implementation Committee

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

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

Alice Cuprill Comas and Dr. Bakewell-Sachs presented a progress update from the Covington Implementation Committee.

They discussed a summary of the SBAR status including overall completion percentages, items that were on track, at risk, delayed, completed and deferred.

They provided updates on the current project work and said although significant progress had been made toward finalizing SBAR's and addressing Covington recommendations, there is still a lot of work remaining.

A review of the DHR Policy process, timeline and lessons learned was discussed and Ms. Cuprill Comas and Dr. Bakewell-Sachs concluded their presentation by discussing the transition planning for July through December.

Board members asked for further information on reporting, complaints, discrimination cases and funds to address the further work to be done.

Report from Covington Oversight Committee

Michael Alexander, MSS and Alisha Moreland-Capuia, MD

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

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

They began their presentation with an Oversight Committee Update and proceeded to review all of the work that has been completed. They discussed a one-page accountability/tracking tool that has been established to provide a quick look at how much work is complete or in process.

They discussed how the work of change is like a relay race from passing the baton to the finish line and how breakdowns can lead to breakthroughs.

They touched on trauma informed systems changes and then reviewed how the Oversight Committee will “finish this leg of the race” and transition to the office of the Chief People Officer.

Board members asked for additional information on timing of the handoff to the Chief People Officer and the possibility of creating a permanent type of Oversight Committee at OHSU after the handoff.

Adjournment

Wayne Monfries

Hearing no further comments or business for discussion, Chair Monfries thanked all of the board members and presenters for their participation. The meeting was adjourned at 4:27pm

Respectfully submitted,

Connie Seeley
Secretary of the Board

The Legacy/OHSU Vision – What it means for Oregon

Slides will be presented at the board meeting



September 11, 2023

To: Members, OHSU Board of Directors

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

Re: Finance Materials for September 18th Meeting

Enclosed is a report on year-end financial results with impacts to the FY24 budget. June results show FY23 operating income of \$53m on 15% revenue growth, compared to the break-even budget and a \$(90)m loss recorded in FY22. These earnings include the \$124m positive impact from a mid-biennium rebalance of the IGT program (with two years of favorable adjustment paid in one year) together with \$114m in gains from OHSU's Improving Financial Performance (IFP) effort.

Offsetting these positive factors are major headwinds that grew as the fiscal year progressed, from labor costs above budget, a shift from commercial to Medicare insurance coverage, much higher drug costs and shortfalls in the 340b contract pharmacy program, and higher partner support to Hillsboro Medical Center and Adventist Health Portland.

Despite the impact of COVID on operating income, net worth has grown by a cumulative 13% over the four fiscal years of the pandemic, largely from federal pandemic relief and investment gains. This rate of increase is roughly one-third of pre-pandemic trends but has preserved OHSU's financial foundation for investment in the future.

The results reported here are unaudited and subject to some change as KPMG completes its independent audit. KPMG will return in October to give their report.

Based on negotiations to date and recent contracts at other Oregon hospitals as well as other factors, we now estimate that nursing wage, staffing and orientation costs in FY24 will well exceed the allowance budgeted. In addition, although the FY24 budget included some further shift from commercial to government payers as well as increased support to Hillsboro and Adventist, the most recent trends (including July results) indicate that we should assume a greater impact. Accordingly, we are now seeking to increase revenues and reduced costs, beyond the approved budget, by a total of \$90m or 2.2% of unrestricted direct costs—that is, compensation, supplies and services in operating units.

OHSU continues to achieve impressive year-over-year revenue growth, as well as strong State support, but faces even greater wage and supply inflation. The \$114m of IFP results to date show the power of

engaging faculty and administrative leadership across the clinical enterprise to identify and implement effective responses.

Due to the effects of the pandemic and government response, US prices are now 13% higher than they otherwise would have been. Over time, OHSU wages and other input costs will reflect these higher price levels to a greater or lesser degree, depending on market and other external conditions, such as the nursing shortage and public policy directives.

We will have to secure inflation-appropriate payment rates, new revenue sources, and greater economies of scale to balance the step-function increases in wages and supply costs. Doing so will protect and enhance OHSU's unique role as Oregon's health sciences university and its state-wide missions of education, research, patient care and outreach.



OHSU Onward: FY23 Unaudited Financial Results with Impacts to FY24 Budget

OHSU Board of Directors / September 18, 2023

FY23 Year-End Unaudited Financial Results

- June results show FY23 operating income of \$53m on 15% revenue growth, compared to the Board-approved break-even budget and a \$(90)m loss recorded in FY22.
- These earnings include the \$124m positive impact from a mid-biennium rebalance of the IGT program, a partnership which helps to secure major funding for the Oregon Health Plan while providing OHSU with 87% of costs for Medicaid and related care.
- With pandemic-related labor shortages and cost inflation, the healthcare cost base—and thus IGT program funding to OHSU under the 87% rule—are both higher.
- Because the IGT program was rebalanced on a biennial basis (two years of change booked in one fiscal year), \$57.5m of the increment relates to last year, FY22.
- FY23 also reflects the \$114m impact of OHSU's Improving Financial Performance (IFP) effort, co-led by the CEO of OHSU Health and the Dean of the School of Medicine, and reporting directly to the University President.
- Major gains have been secured in workstreams of operations & efficiency; pharmacy, imaging and professional services growth; and operating room & procedural growth; as well as through university-wide efforts to eliminate vacant positions where possible and control hiring with an emphasis on safety, reducing contract labor, and focused growth.

FY23 Financial Results (continued)

- Offsetting these positive factors are significant headwinds that grew as the year progressed, from:
 - Labor costs above budget;
 - Payer mix shift toward Medicare;
 - Much higher drug costs and shortfalls in the 340b contract pharmacy program;
 - Higher partner support to Hillsboro and Adventist, which are also affected by similar trends.
- Despite the negative impact of COVID on earnings from operations, net worth grew by a cumulative 13% over the four fiscal years of the pandemic, largely from federal CARES Act and FEMA support and from investment gains.
- This rate of increase is roughly one-third of pre-pandemic trends, with greater volatility.
- The results reported here are unaudited and subject to some change as KPMG completes its independent audit of FY23 financial statements; KPMG will return in October to give their report.

\$53M Gain in FY23 Partially Recoups FY22 Loss

June YTD (12 Months) (millions)	FY22 Last Year	FY23 Budget	FY23 Unaudited	Unaudited - Budget	Unaudited / Last Year
Net patient revenue	\$2,679	\$2,888	\$3,069	\$181	14.6%
Medical contracts	156	173	154	(19)	-1.3%
Grants & contracts	533	527	562	35	5.4%
Gifts applied	86	94	99	5	15.9%
Tuition & fees	81	82	82	(0)	0.9%
Sales, services & other	244	270	275	6	12.7%
State support - appropriations	41	61	63	1	52.0%
State support - QDP less IGT	166	180	211	31	27.1%
State support - prior year	0	0	58	58	
Operating revenues	3,987	4,274	4,573	299	14.7%
Salaries & benefits	2,494	2,621	2,739	118	9.8%
Rx & medical supplies	722	778	860	82	19.2%
Other services & supplies	616	629	670	40	8.8%
Depreciation	199	202	209	7	4.9%
Interest	45	43	42	(1)	-6.2%
Operating expenses	4,076	4,274	4,520	246	10.9%
Operating income (loss)	\$(90)	\$0	\$53	\$53	
<i>Operating margin</i>	<i>-2.3%</i>	<i>0.0%</i>	<i>1.2%</i>	<i>1.2%</i>	
<i>EBITDA margin</i>	<i>3.9%</i>	<i>5.7%</i>	<i>6.7%</i>	<i>0.9%</i>	

In FY23, OHSU refined its reporting of IGT program funds to align with the Oregon Health Authority budget, shown as Qualified Direct Payment (QDP) received less Intergovernmental Transfer (IGT) paid.

IGT Rebalance + IFP Work Offset Major Headwinds

Major FY23 Variances from Budget	(millions)
Approved FY23 break-even budget	\$0
IGT mid-biennium rebalance > budget	124
IFP savings > budget	114
Unspent general contingency	18
Expected earnings before headwinds	256
AFSCME contract > budget	(32)
Contract labor / RN orientation > budget	(53)
Special payments (differentials & one-time)	(13)
Subtotal - labor rates / usage > budget	(98)
Payer mix shift toward Medicare (net)	(25)
Rx & medical supply inflation > budget	(26)
340b revenue & expense impacts	(23)
Rx costs & 340b shortfalls	(49)
AHP/HMC partner support > budget	(25)
Aug/Sep HMC Superbill reserve	(12)
Subtotal - HMC/AHP support	(37)
All other variances, net	6
Total headwinds	(203)
FY23 unaudited results	\$53

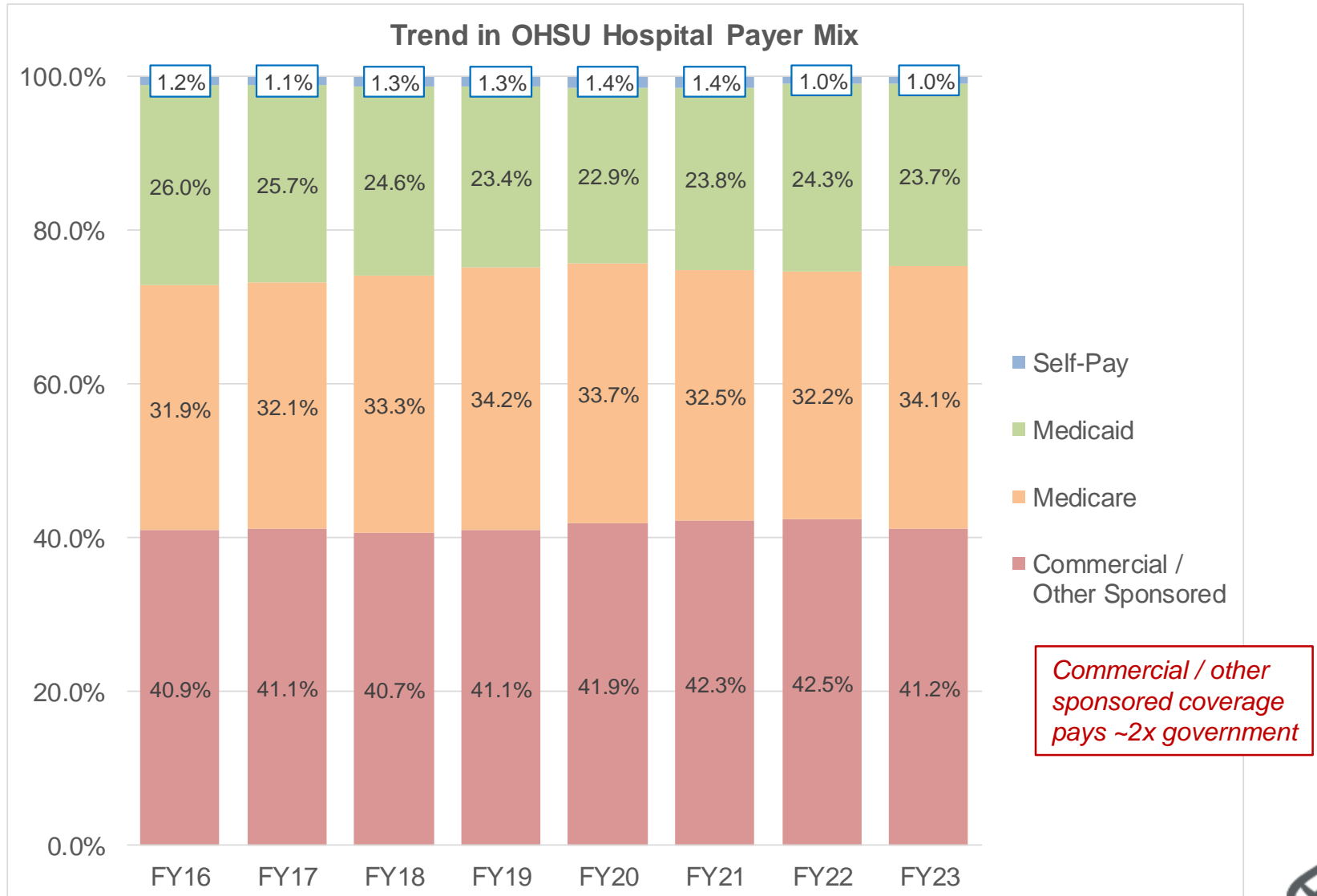
\$114M in IFP Results through June 30, 2023

Work Stream	Projected FY23 Target	Results Achieved to Date
Operations and Efficiencies	\$33.1	\$48.9
Hiring and FTE	2.1	2.0
Recruitment & Retention	0	0
OR and Procedural Growth	13.0	19.5
Pharmacy, Imaging and Professional Services Growth	29.3	42.2
Clinical Partners	6.0	1.8
Length of Stay	12.9	0
Total	\$96.4	\$114.4

Strong Demand + Better Access → Broad Growth

Patient Activity (millions)	FY22 Last Year	FY23 Budget	FY23 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	26,327	26,576	27,446	3.3%	4.3%
Average length of stay	6.76	6.80	7.02	3.2%	3.8%
Average daily census	463.5	498.1	487.2	-2.2%	5.1%
Observation / day patients	41,595	41,573	45,954	10.5%	10.5%
Surgical cases	32,273	35,577	35,257	-0.9%	9.2%
Emergency visits	50,268	48,838	54,748	12.1%	8.9%
Ambulatory visits	1,102,857	1,113,509	1,139,073	2.3%	3.3%
Casemix index (CMI)	2.48	2.50	2.52	0.8%	1.6%
Outpatient share of activity	57.2%	56.9%	56.2%	-1.2%	-1.7%
CMI/OP adjusted admissions	152,389	154,303	157,853	2.3%	3.6%
Rate-adjusted gross charges	6,039	6,280	6,670	6.2%	10.4%

Mix Shift from Commercial to Medicare → \$(25)M



Cash Up \$29M After Repaying S/T COVID Loans

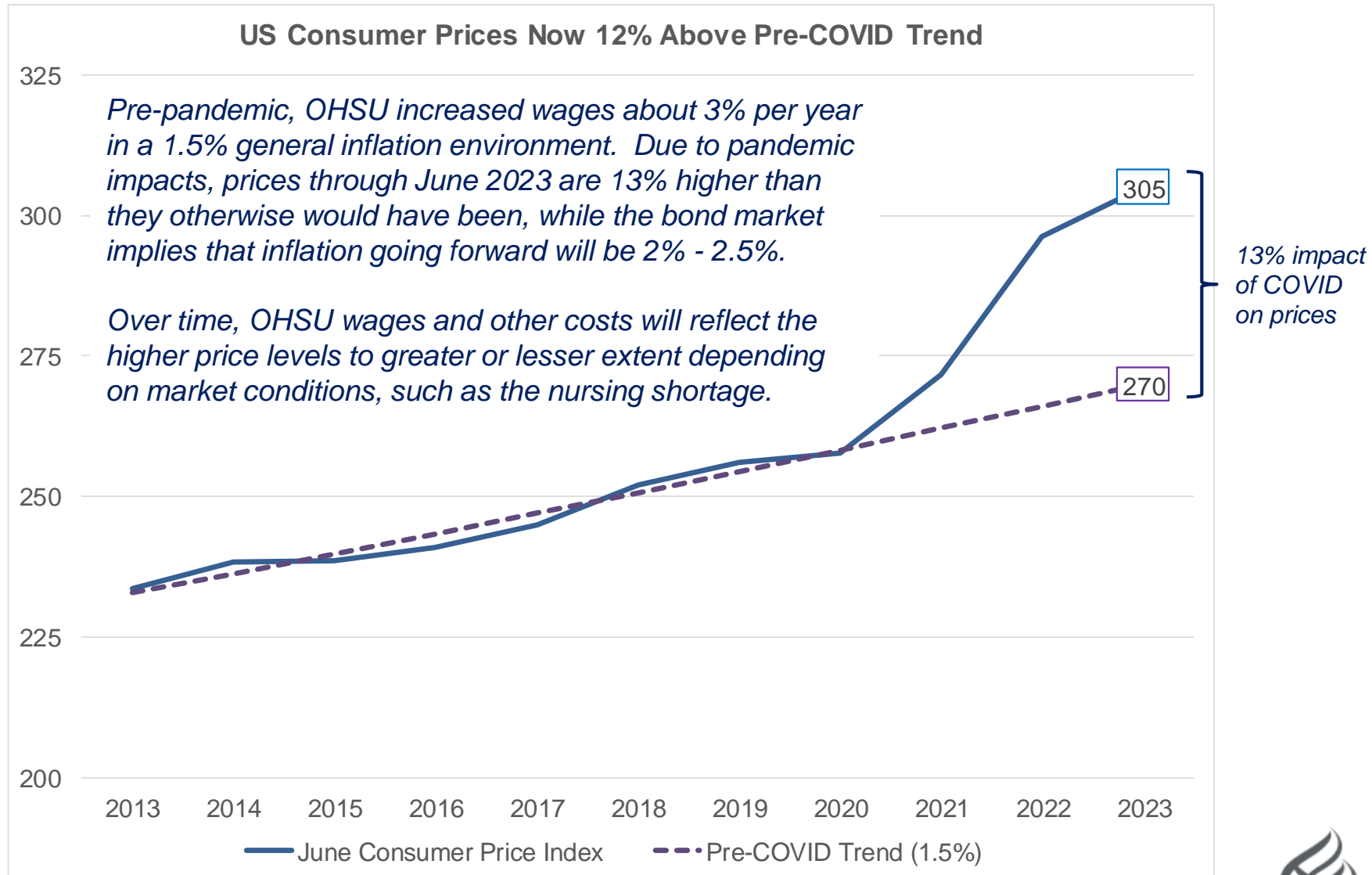
Balance Sheet (millions)	6/30/22 Actual	6/30/23 Unaudited	FY23 Change
OHSU-held cash & investments	\$1,356	\$1,386	\$29
OHEP construction fund	303	236	(68)
Net property, plant & equipment	2,168	2,212	44
Interest in OHSU Foundation	1,560	1,536	(23)
COVID advances & deferral	(68)	0	68
Long-term debt	(1,408)	(1,370)	38
PERS pension liability	(306)	(396)	(90)
Other assets & liabilities, net	342	494	151
Consolidated net worth	\$3,948	\$4,097	\$149

FY23 Cash Flow (millions)	Unaudited
Operating income	\$53
Depreciation	209
FEMA COVID support	23
Investment return	76
Construction funds applied	68
Grant & gift funded capital	6
Sources of cash	434
Long-term debt repaid	(38)
Medicare Advance repaid	(37)
FICA deferral repaid	(31)
Capital spending	(253)
Patient A/R & other, net	(45)
Uses of cash	(405)
Net cash flow	29
Cash flow before MAP / FICA	\$98

Net Worth Up 13% During 4 Years of COVID

Net Worth During COVID (millions)	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Unaudited	4 Year Total
Operating income (loss)	\$(28)	\$72	\$(90)	\$53	\$7
CARES Act / FEMA support	38	73	42	23	176
<i>Operations & COVID support</i>	<i>10</i>	<i>145</i>	<i>(47)</i>	<i>76</i>	<i>183</i>
OHSU investment return	62	148	(102)	76	184
GASB 68 pension accrual	(59)	(67)	32	16	(78)
Grant & gift funded capital	9	7	12	6	33
Foundation gain (loss)	(22)	261	(42)	(23)	173
Other non-operating items	(14)	(1)	(2)	(1)	(18)
<i>Investment & gift related</i>	<i>(23)</i>	<i>348</i>	<i>(103)</i>	<i>73</i>	<i>294</i>
Total change in net worth	(14)	493	(150)	148	477
Beginning net worth	3,619	3,605	4,098	3,948	3,619
Ending net worth	\$3,605	\$4,098	\$3,948	\$4,096	\$4,096
<i>Percent increase (decrease)</i>	<i>-0.4%</i>	<i>13.7%</i>	<i>-3.7%</i>	<i>3.8%</i>	<i>13.2%</i>

Inflation, though Cooling, Has Added 13% to Prices



\$90M Target for Additional Improvements in FY24

- Based on negotiations to date and recent contract settlements at other Oregon hospitals, as well as other factors, we now estimate that nursing wage, staffing and orientation costs in FY24 will increase \$78m more than budgeted.
- Although the approved FY24 budget included some further shift from commercial to government payers, as well as increased support to Hillsboro and Adventist, the most recent trends indicate that we should assume a greater impact.
- Sometime in FY24 OHSU expects to a one-time payment from Medicare for a national 340b settlement; this should offset potential lump-sum payments and other one-time costs.
- On net, we are seeking to increase revenues and reduce costs, beyond the approved budget, by a total of \$90m or 2.2% of unrestricted direct costs—compensation, supplies & services—in OHSU operating units.
- This target is organized into two large groups by size: 93% of the total or \$84m in those areas reporting to the OHSU Health CEO, School of Medicine Dean, and CFO; and 7% or \$6m in those areas reporting to the other EVPs.

FY24 July Financial Results

- The July close shows a loss of \$(2)m on 17% revenue growth, including 15% higher net patient revenue with strong volume.
- However, this includes no across-the-board increase for 3,000 ONA-represented nurses because we have not yet settled a contract.
- Adding an estimated \$8m of nursing wage and other costs to July results would result in a pro forma loss of \$(10)m, compared to the seasonally-spread \$(3.6)m budgeted.
- Patient revenue would have increased more were it not for a continuing shift in payer mix: this July, commercially insured activity is 39.9% of hospital volume, down from 42.8% last July.
- The one-month revenue impact of lower commercial share is negative \$(5)m.
- In sum, the pro forma shortfall from budget in July reflects an expected ONA settlement and other labor costs, a higher loss at HMC, shifts away from commercial payers, and continued high pharmacy inflation.
- *Any one month's earnings can be quite volatile; we expect to bring August results to the Board meeting.*

Summary of July Revenue, Expense & Activity

July Income Summary (millions)	FY23 Last Year	FY24 Budget	FY24 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$227.4	\$272.6	\$261.8	\$(10.8)	15.2%
All other revenues	97.2	117.5	117.6	0.2	21.0%
Operating revenues	324.6	390.1	379.5	(10.6)	16.9%
Salaries & benefits	202.0	240.1	233.8	(6.3)	15.8%
Rx & medical supplies	64.2	75.6	75.3	(0.3)	17.3%
Other services & supplies	45.2	56.5	51.4	(5.1)	13.7%
Depreciation & interest	20.1	21.4	20.9	(0.5)	4.0%
Operating expenses	331.5	393.7	381.5	(12.1)	15.1%
Operating income (loss)	\$(6.9)	\$(3.6)	\$(2.0)	\$1.6	
July Patient Activity Summary (millions)	FY23 Last Year	FY24 Budget	FY24 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	2,159	2,335	2,335	0.0%	8.2%
Surgical cases	2,634	2,815	2,997	6.5%	13.8%
Emergency visits	4,517	4,641	4,531	-2.4%	0.3%
Ambulatory visits	85,036	91,944	90,134	-2.0%	6.0%
CMI/OP adjusted admissions	12,089	13,621	13,113	-3.7%	8.5%
Rate-adjusted gross charges	528	595	574	-3.5%	8.8%

Conclusion

- OHSU continues to show impressive year-over-year revenue growth from clinical and research activity, together with strong State support, but is challenged by even greater wage and supply inflation, both at OHSU and partner sites.
- \$114m of IFP results to date show the power of engaging faculty & administrative leaders across the clinical enterprise to identify and implement effective responses.
- Pre-COVID, OHSU increased wages ~3% per year in a 1.5% inflation environment.
- Due to unprecedented fiscal & monetary stimulus, global supply chain disruptions, labor shortages and other pandemic impacts, US prices through June 2023 are 13% higher than they otherwise would have been.
- Over time, OHSU wages and other costs will reflect the higher price levels to a greater or lesser extent depending on market and other conditions, such as the nursing shortage and public policy directives.
- We will have to secure inflation-appropriate payment rates, new revenue sources, and greater economies of scale to balance the step-function increase in wages and other input costs.
- Doing so will protect and enhance OHSU's unique role as Oregon's health sciences university and our state-wide missions of education, research, patient care and outreach.



Date: September 18, 2023

To: OHSU Board of Directors

From: Office of the Provost

RE: Educational Update: Annual Assessment Update

Memo:

PURPOSE:

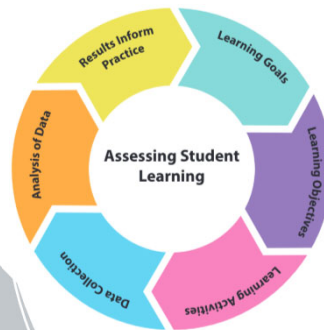
This presentation is to facilitate the annual review of institutional assessment activities by the OHSU Board which is an expectation of our accrediting agency, the Northwest Commission on Colleges and Universities (NWCCU).

WHAT:

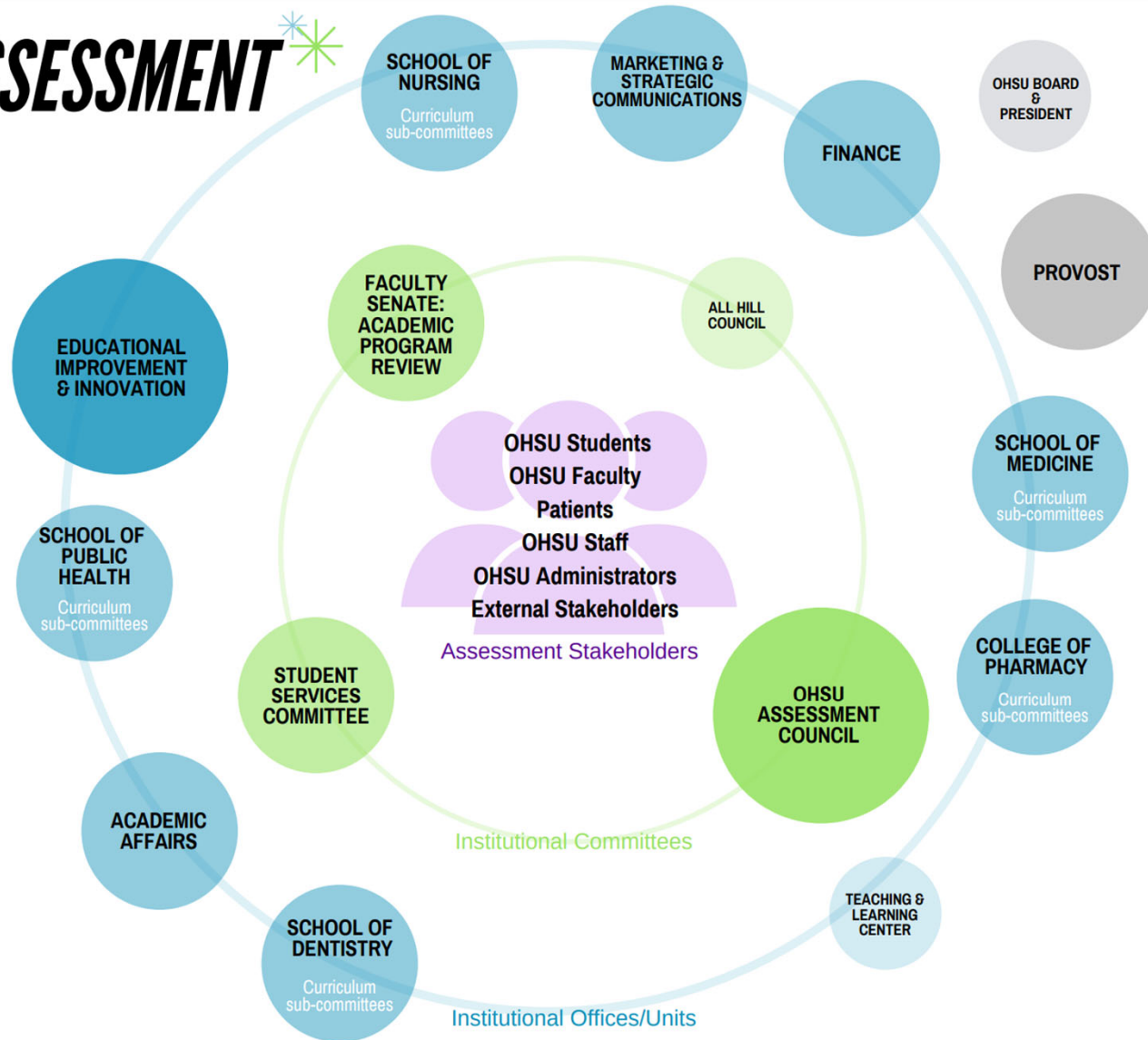
Assessment for Student Learning is essentially “what do we want our students to know and be able to do and how do we know they got it?” This presentation is to make the OHSU Board aware of our institutional assessment activities over the past year.

ASSESSING STUDENT LEARNING

Constance Tucker, MA, PhD
Vice Provost, Educational Improvement and Innovation



OHSU ASSESSMENT



OHSU Graduation Core Competencies

- Professional Knowledge and Skills
- Teamwork
- Communication
- Patient Centered Care
- Information Literacy
- Professional Identity
- Community Engagement, Social Justice, and Equity

OHSU ASSESSMENT TIMELINE

2022-2023

7 Year Site Visit
October 2022

2023-2024

2024-2025

2025-2026

Mid-Cycle Site Visit
Fall 2025

2026-2027

2027-2028

2028-2029

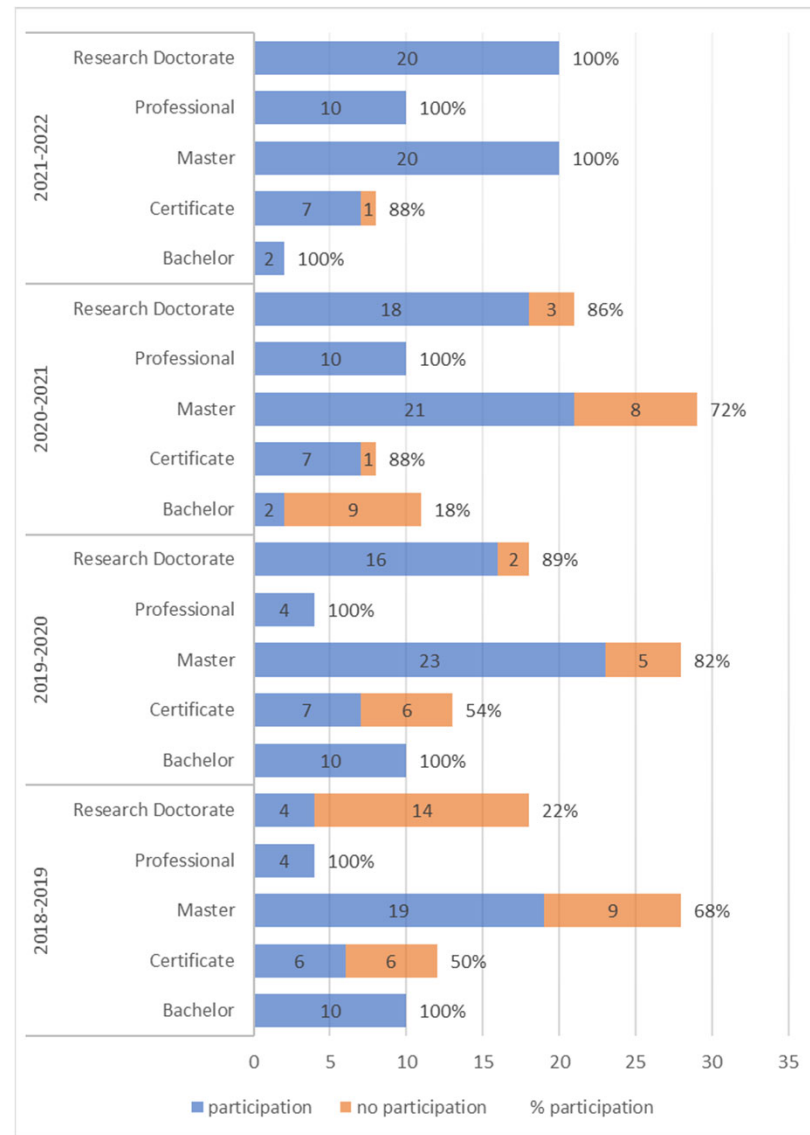
Policies, Regulations, Financial
Review - Fall 2028
Start 7 Year Report

2029-2030

7 Year Site Visit
Fall 2029

- - - Plans and Reports due annually on November 1 - - -

Reporting Participation by Degree Program



2023 Indicator Results

Indicator	Description	Target %	%
2.1.1	Percentage of academic programs that demonstrate alignment of the OHSU Graduation Core Competencies to their student learning objectives, activities, and assessments.	90%	96%
2.1.2	Percentage of academic programs that use OHSU Assessment Council feedback and/or other assessment data to improve assessment activities.	60%	85%
2.1.3	Percentage of academic programs that use assessment data to improve or maintain the achievement of student learning outcomes.	60%	92%
2.1.4	Percentage of central student support services that map their assessments to an OHSU Graduation Core Competency.	70%	100%



INSTITUTIONAL EFFECTIVENESS

Cherie Honnell
Vice Provost for Enrollment Management & Academic Programs

STUDENT HEADCOUNT ENROLLMENT

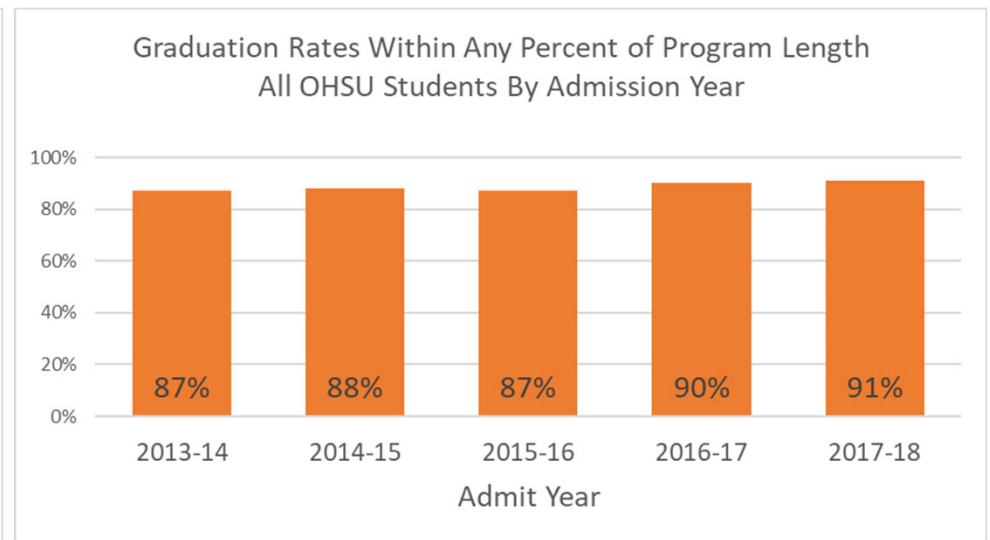
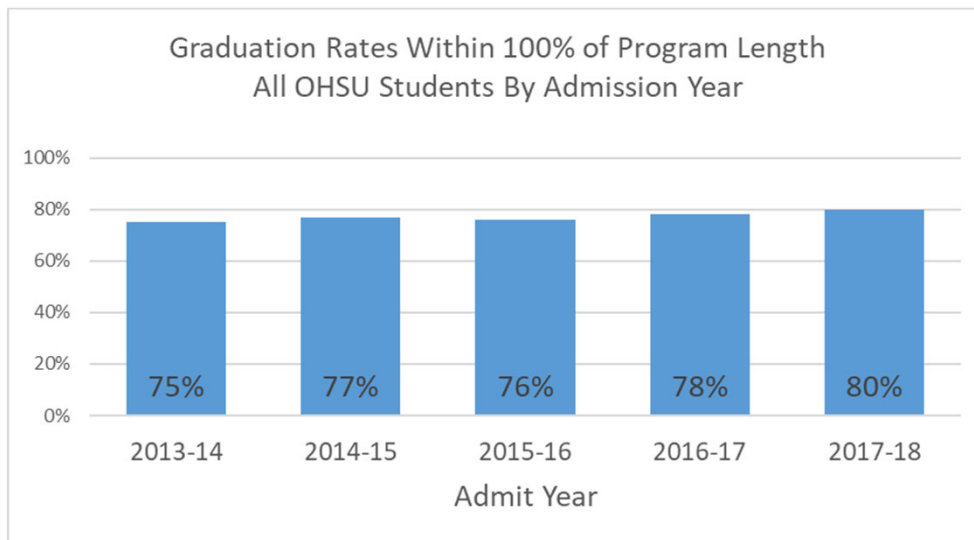
- OHSU has roughly 3,000 students and our student counts in the 2023-24 academic year are expected to be similar to 2022-23
- The number of students in certain programs will increase as we work towards fulfilling the aims of 30-30-30

Student Headcount Enrollment					
	Fall 2018	Fall 2019	Fall 2020	Fall 2021	Fall 2022
School of Dentistry	323	323	318	316	314
School of Medicine	1266	1259	1225	1185	1123
School of Nursing	1030	1036	1068	1051	1009
School of Public Health	213	231	262	296	291
Master of Physician Assistant Studies	85	88	84	70	64
Graduate Programs in Human Nutrition	51	49	47	37	41
Graduate Programs in Medical Physics	13	14	14	11	10
Bachelor of Science in Radiation Therapy	18	17	17	18	18
Total	2999	3017	3035	2984	2870

Excludes students registered at our partner institutions

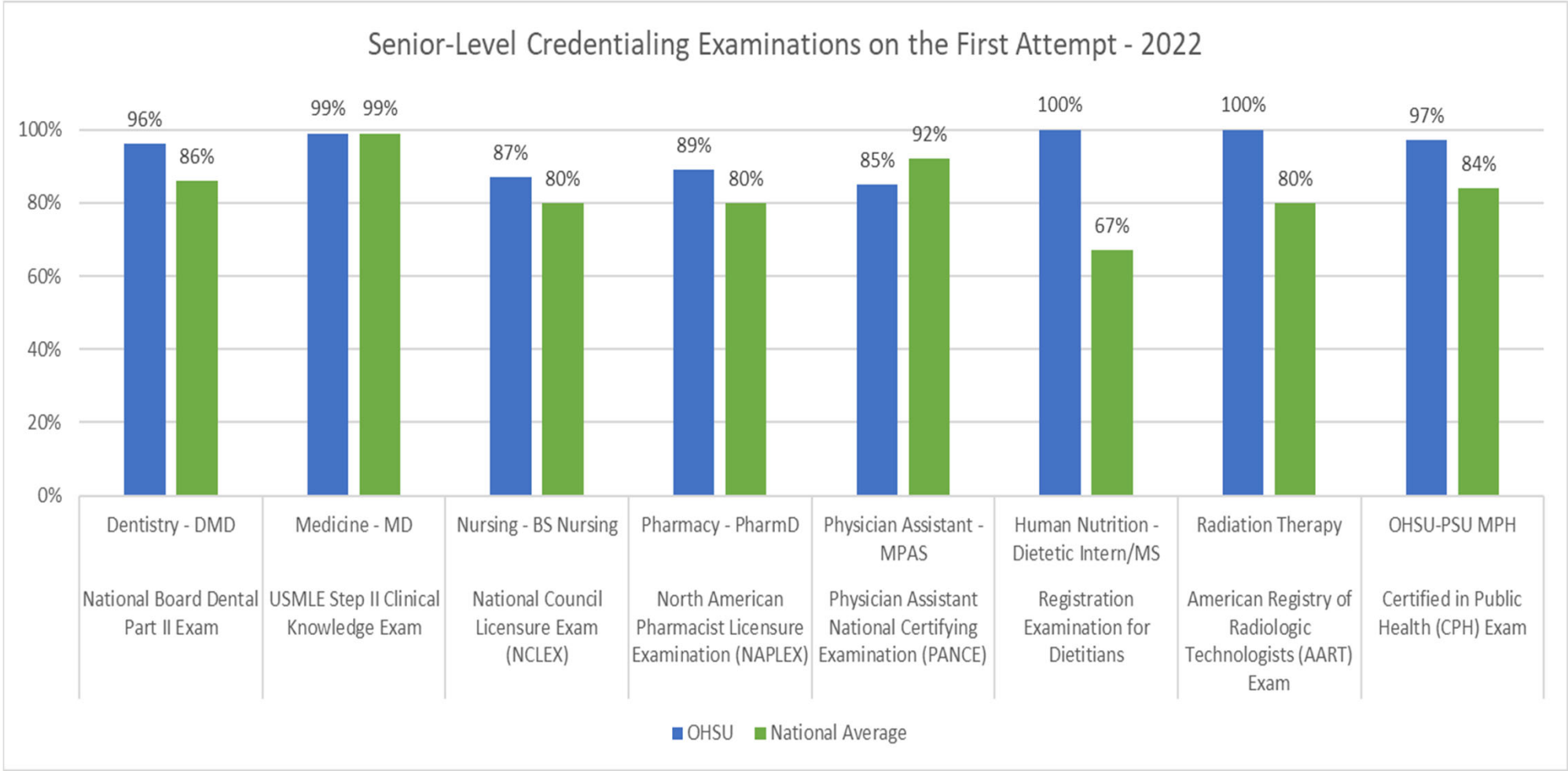
GRADUATION RATES BY YEAR OF ADMISSION

- Rates represent the year when students were admitted, not the year they graduated
- OHSU programs have varying program lengths, rates account for the specific length of each program
- Rates represent all OHSU programs, rates for specific programs vary



Excludes students registered at our partner institutions

FIRST-TIME PASS RATES FOR SENIOR-LEVEL CREDENTIALING EXAMINATIONS



thank you





Date: September 5, 2023

To: OHSU Board of Directors

From: Heath Kula, JD

RE: Senate Bill 554

Memo: This presentation is follow up to the potential Weapons Policy Initiative presented to the Board in Sept. of 2022 recommending the Board adopt the attached OHSU Board Weapons Policy.



OHSU BOARD POLICY

Policy Title: Weapons Policy

Resolution No: 2023-XX-XX

Dated: September 18, 2023

Page 1 of 1

-
1. OHSU Policy 07-30-010 – Weapons and Firearms, sets forth OHSU’s commitment to ensuring a safe and secure environment for all members of the OHSU community, free from weapons that pose a threat or are disruptive to the OHSU operations or the OHSU work, learning or health care environments.
 2. Per ORS 166.377 and as adopted by the OHSU Board of Directors, the affirmative defense described in ORS 166.370(3)(g), concerning persons licensed to carry a concealed firearm under ORS 166.291 and 166.292, does not apply to any person while present on any grounds controlled by the OHSU Board of Directors. This section is applicable to all OHSU owned and controlled property, but does not apply to public thoroughfares, public right of ways or public easements within or adjacent to OHSU property.
 3. Specific exceptions to this policy may be made pursuant to OHSU Policy 07-30-010 – Weapons and Firearms.
 4. Nothing in this policy restricts OHSU police officers from exercising discretion whether in any given circumstance education or enforcement action are appropriate.
-

Revision History: Adopted September 18, 2023 (Resolution No. 2023-XX-XX)



Campus Safety Update

Weapons Policy Initiative Update

PRESENTED BY: Heath Kula, JD

SB 554 – OHSU Weapons Policy

- The 2021 Oregon Legislature passed and Oregon Governor signed Senate Bill 554. The bill is a multifaceted law related to various aspects of possession, transfer and storage of firearms.
- The new law would allow a number of entities, including OHSU, to approve a policy that makes the exemption for persons with valid concealed handgun licenses inapplicable on OHSU property.
- Paused during 2023 legislative sessions based on potential amendments to the law.

SB 554 – OHSU Weapons Policy

- Recommendation for the OHSU Board of Directors to adopt the proposed policy making consistent the legal prohibition for carrying a firearm on OHSU owned and controlled property for both those with and those without a concealed handgun license.
- If the policy is adopted by the OHSU Board of Directors, OHSU next steps would be to:
 - Post a clearly visible sign, at all normal points of entry to the school grounds subject to the policy, indicating that the affirmative defense for those with a license to carry a concealed handgun does not apply.
 - Post a notice on the board's website identifying all school grounds subject to the policy.
 - Add language to OHSU Weapons Policy consistent with the adopted Board Policy.

SB 554 – OHSU Weapons Policy



OHSU BOARD POLICY

Policy Title: Weapons Policy

Resolution No: 2023-XX-XX

Dated: September 18, 2023

Page 1 of 1

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 3. Specific exceptions to this policy may be made pursuant to OHSU Policy 07-30-010 – Weapons and Firearms.
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-



Questions?





**RESOLUTION NO. 2023-09-08
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

(Approval of Weapons Policy)

WHEREAS, the Oregon Legislature and Oregon Governor recently enacted laws related to various aspects of possession, transfer and storage of firearms which are codified in Oregon Revised Statute, Chapter 166;

WHEREAS, the law allows a number of entities, including OHSU, to approve a policy that makes the exemption for persons with valid concealed handgun licenses inapplicable on OHSU property;

WHEREAS, management has developed a Weapons Policy consistent with the legal prohibition for carrying a firearm on OHSU owned and controlled property for both those with and those without a concealed handgun license; and

WHEREAS, the Board believes that adoption of the Weapons Policy is in OHSU's best interest.

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

1. The Weapons Policy in the form as attached hereto as Exhibit A is hereby approved as an official Board of Directors policy.
2. Management is directed to post a clearly visible sign, at all normal points of entry to the school grounds subject to the policy, indicating that the affirmative defense for those with a license to carry a concealed handgun does not apply.
3. Management is also directed to post a notice on the OHSU website identifying all school grounds subject to the policy.
4. The Board reserves authority to amend or replace the Weapons Policy as it deems appropriate.

This Resolution is adopted this 18th day of September, 2023.

_____ Yeas

_____ Nays

_____ Abstentions

Signed by the Secretary of the Board on September 18, 2023.

Connie Seeley
Board Secretary



OHSU BOARD POLICY

Policy Title: WEAPONS

Resolution No: 2023-09-08

Dated: September 18, 2023

Page 1 of 1

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-



Date: September 18, 2023

To: OHSU Board of Directors

From: Bridget Barnes, SVP and Chief Information Officer

RE: OHSU 2025 Update

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

- Review of six timeless aspirations and program governance;
- Report on FY23 Central Financial Services tracked program finances;
- Red, amber, green status summary for all OHSU 2025 Objectives. Status was reported by Objective Owners at the tactic level for work done through August 25, 2023;
- A closer look into example key performance indicators;
- The Office of Digital Health, as part of Objective 3.1 Ambulatory Expansion, is featured in a short video highlighting the accelerated work that has been done to expand patient care;
- Agenda for the next OHSU 2025 presentation to the OHSU Board;
- An appendix has been provided detailing the FY23 key performance indicators and their status for each objective;

Additional details will be provided during the planned presentation to the OHSU Board of Directors on September 18, 2023.

OHSU 2025 Update

9/18/23

BRIDGET BARNES, PHD, MBA, CHCIO
SVP & CIO



Agenda

- Six timeless aspirations and program governance
- FY23 financial summary
- FY23 objective status summary
- Example Key Performance Report Out
- Digital Health video
- Topics for the next meeting
- Appendix

OHSU 2025

Six Timeless Aspirations

OHSU will partner to be a leader in health and science innovation for the purpose of improving the health and well-being of people in Oregon and beyond.

We must be as committed to each other as we are to our vision.



Building a diverse, equitable environment where all can thrive and excel.



Being the destination for transformational learning.



Enhancing health and health care in every community.



Discovering and innovating to advance science and optimize health worldwide.



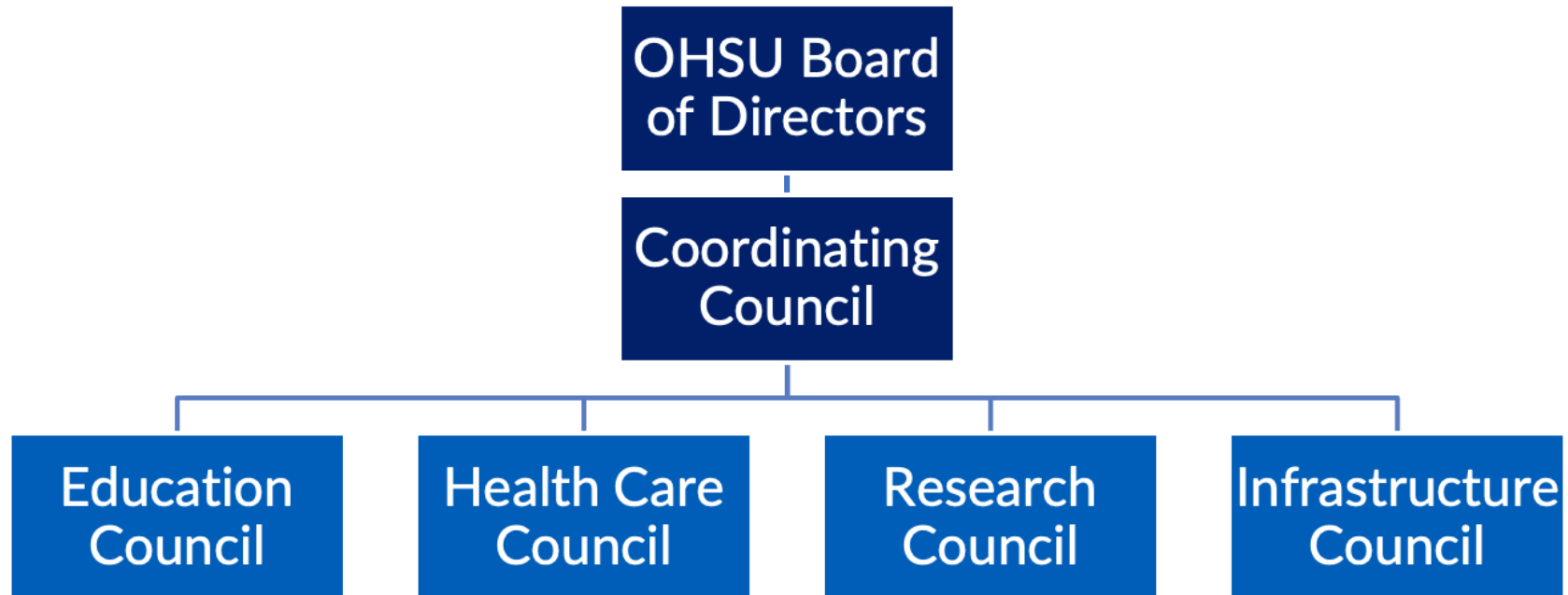
Partnering with communities for a better world.



Ensuring a sustainable foundational infrastructure.

OHSU 2025

Program Governance



OHSU 2025

FY23 Financial Summary

Operating

Budget
\$8,800,000

Spend
\$7,680,920

Budget Variance
\$1,119,080

Capital

Budget
\$5,000,000

Spend
\$3,400,300

Budget Variance
\$1,599,700

Total

Budget
\$13,800,000

Spend
\$11,081,220

Budget Variance
\$2,718,780

Reporting reflects the objective budgets managed by Central Financial Services.

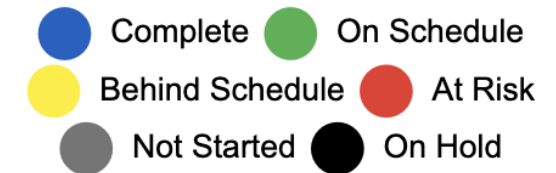
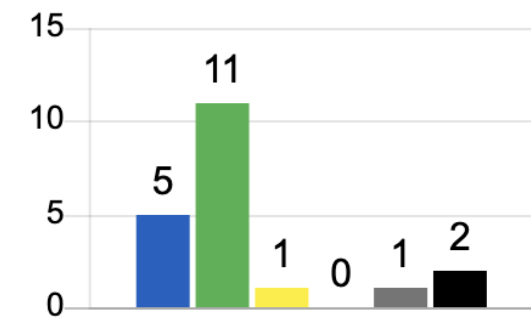
Health care objective financials are generally part of standard health care operations and are not tracked separately.

Education Council Objectives

EDUCATION COUNCIL OBJECTIVE STATUS

No.	Objective Name	Status	# of Tactics	Objective Owner
1.2	Academic Career Success	●	4	David Robinson, Kirstin Moreno
1.3	Learner Success	●	6	David Robinson, Michael Walsh
2.1	Learner Placement	●	3	David Robinson, Michelle Schleich
2.2	Simulation	●	7	David Robinson, Renee Dversdal

EDUCATION COUNCIL TACTIC STATUS



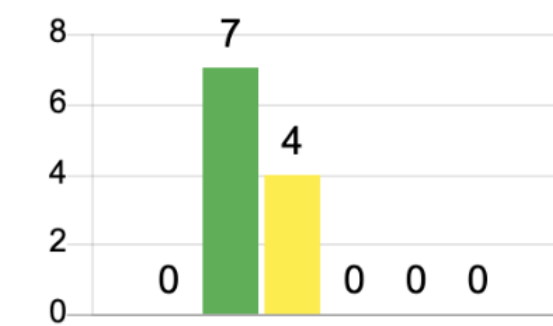
OHSU 2025

Research Council Objectives

RESEARCH COUNCIL OBJECTIVE STATUS

No.	Objective Name	Status	# of Tactics	Objective Owner
4.2	Research Support Services	●	4	Dana Director
4.3	Research Informatics	●	7	David Dorr, Natasha Farvan, Shannon McWeeney

RESEARCH COUNCIL TACTIC STATUS



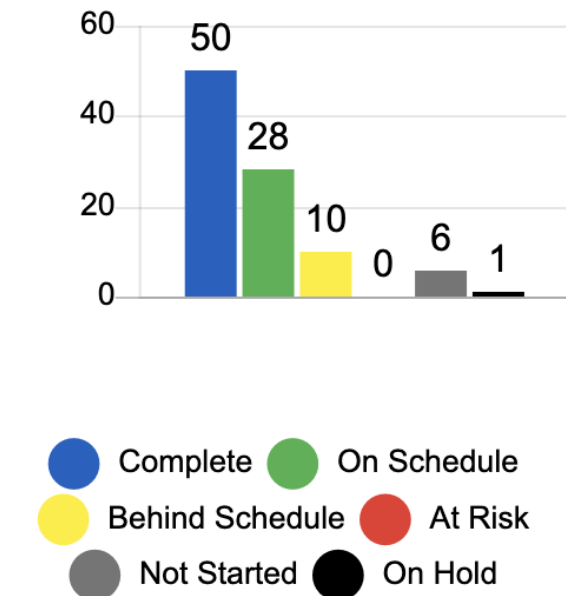
- Complete
- On Schedule
- Behind Schedule
- At Risk
- Not Started
- On Hold

Infrastructure Council Objectives

INFRASTRUCTURE COUNCIL OBJECTIVE STATUS

No.	Objective Name	Status	# of Tactics	Objective Owner
1.11	Well-Being	●	15	Megan Furnari, Renee Edwards
1.14	Confidential Advocate Program	●	11	Michael Walsh
1.15	Suicide Safety	●	9	George Keepers
1.17	Flexible Workplace	●	15	Marie Hallquist, Tiah Lindner
5.3	Supplier Diversity	●	10	Maulin Patel
6.1	Data Governance & CANDID	●	12	Paul Allen
6.2	EPMO - COMPLETE	●	11	Wayne Shields
6.4	Collaboration Platform	●	9	Kuli Mavuwa

INFRASTRUCTURE COUNCIL TACTIC STATUS

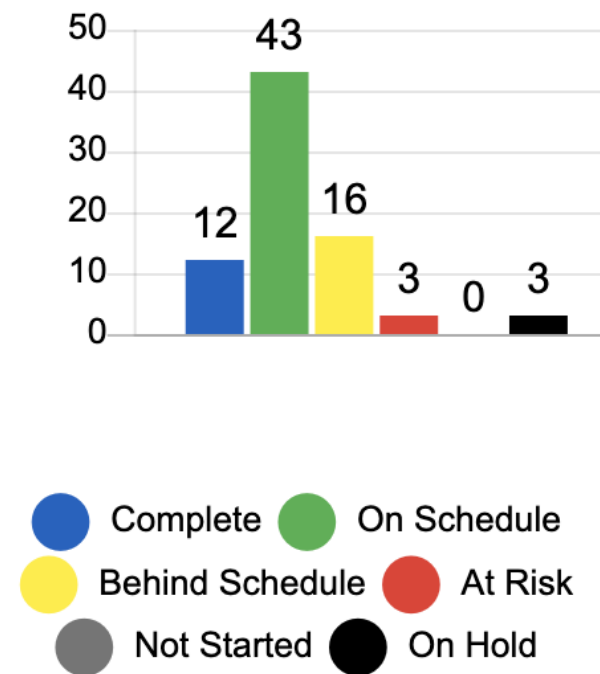


Health Care Council Objectives

HEALTH CARE COUNCIL OBJECTIVE STATUS

No.	Objective Name	Status	# of Tactics
1.5	Clinician Alignment	●	6
1.6	Clinician Wellness	●	1
3.1	Ambulatory Expansion	●	6
3.2	Cancer Service Line	●	6
3.3	Women's & Children's Service Line	●	7
3.4	Payor Partnerships	●	8
3.5	Heart & Vascular Service Line	●	6
3.8	Neuroscience Service Line	●	5
5.1	Population Health and Value Based Care	●	14
6.6	Optimize Clinical Operations	●	18

HEALTH CARE COUNCIL TACTIC STATUS



FY23 Key Performance Indicator Example

Key Performance Indicator Highlights for Objective 2.2 Simulation

Ongoing training to enhance clinical quality and safety of care delivered, accommodated 100% of critical asks.

The Simulation Lab partnered with English Language Learners and the School Of Nursing on a LGBTQIA2S+ research pilot.

The skin tone diversity on manikins and in images has increased and the diversity of standardized patients have increased.

Next steps are to add a toggle to simulation requests capturing if each activity reflects OHSU anti-racism initiatives. This will allow better tracking for both simulation and programs.



Photo by Myles Lawrence

Video will play here at the meeting

OHSU 2025

Next Meeting

OHSU Board Meeting

- Present updated objective status summary and video

Thank You





Date: Sept. 18, 2023

To: OHSU Board of Directors

From: Qiana Williams, Executive Vice President and Chief People Officer

RE: Engagement Survey Results

OHSU conducted an all-employee Engagement Survey this past June, the first since 2019. This data is vital to understanding how our people experience OHSU and identifying actions to create the culture change we want.

Nearly 60% of employees overall are highly engaged or engaged; a slight downward trend since 2019. Overall themes show strengths in employees' "local" experience – meaningful work, good rapport with their manager and their coworkers – while opportunities lie in the broader work environment, including communication across different teams and perception of leadership. These areas for improvement underscore the need to focus on overall OHSU culture.

Our strengths and areas of high engagement are testament to work that is already happening – flexible schedules, active Employee Resource Groups, leadership training and more. We will celebrate these successes, showcasing our highly engaged teams, while employing specific strategies to address the three critical themes of Organization-Level Communication, Inter-Department Communication and Organizational Respect for Employees.

Employee Engagement Survey Results

Qiana Williams, Ed.S., ACC, SPHR, SHRM-SCP (she/her)

Executive Vice President and Chief People Officer

Signe Bishop (she/her)

Director, Learning

HUMAN RESOURCES

Agenda

- 1 | State of Engagement
- 2 | Why We Measure
- 3 | Our Approach + Results
- 4 | Strengths & Opportunities
- 5 | Summary & Next Steps
- 6 | Appendix



THE STATE OF US EMPLOYEE ENGAGEMENT

GALLUP DATA

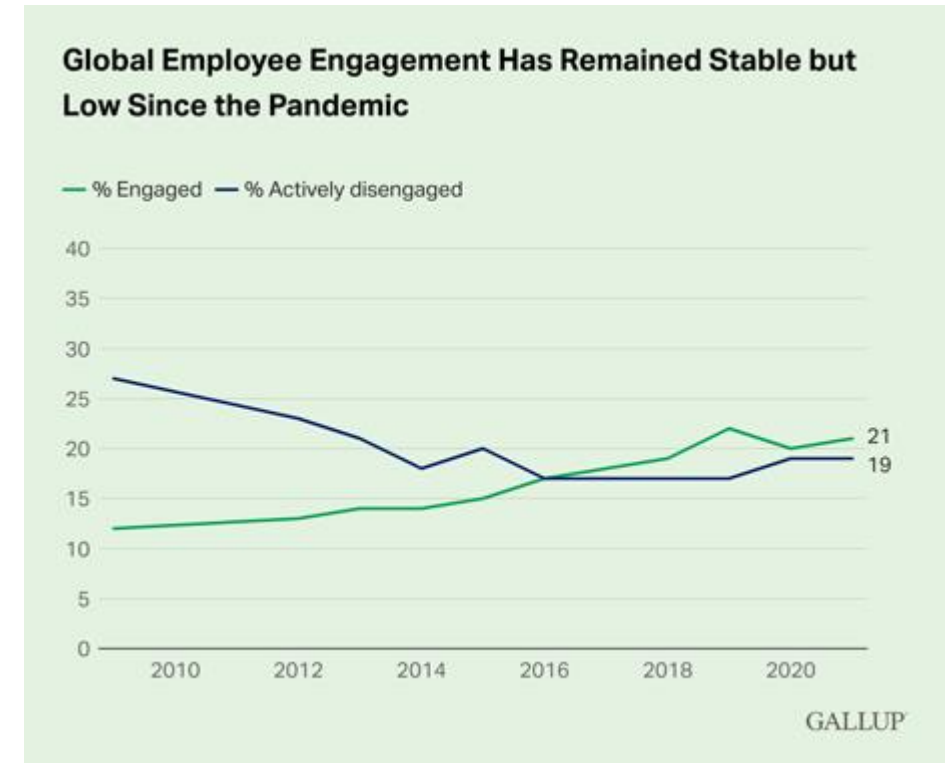
- After trending up in recent years, employee engagement in the U.S. saw its first annual decline in a decade -- dropping from 36% engaged employees in 2020 to 34% in 2021.
- This pattern continued into 2022, as 32% of full- and part-time employees working for organizations are now engaged, while 18% are actively disengaged. Active disengagement increased by two percentage points from 2021 and four points from 2020.
- The ratio of engaged to actively disengaged workers in the U.S. is 1.8-to-1, down from 2.1-to-1 in 2021 and 2.6-to-1 in 2020. This is the lowest ratio of engaged to actively disengaged employees in the U.S. since 2013, almost a decade earlier. The record high is a ratio of 2.7-to-1 recorded in 2019.

THE STATE OF US EMPLOYEE ENGAGEMENT

GALLUP DATA

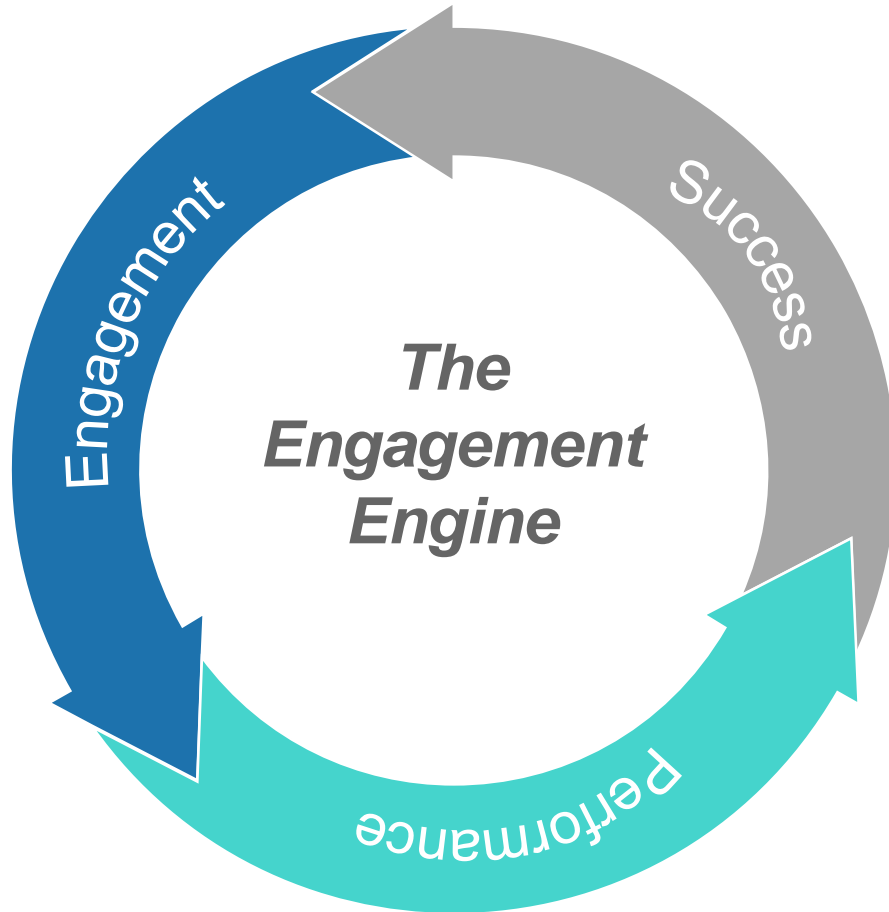
The engagement elements that declined the most from the pre-pandemic record-high engagement ratio in 2019 to 2022 were:

- clarity of expectations
- connection to the mission or purpose of the company
- opportunities to learn and grow
- opportunities to do what employees do best
- feeling cared about at work



WHY ENGAGEMENT MATTERS

Engaged employees perform better, better performance leads to success and the anticipation of success engages employees.



Engagement Linked To:

- Individual / Team Performance
- Customer Satisfaction / Loyalty
- Retention
- Quality / Service Quality
- Safety Metrics
- Profitability
- Growth / Market Share

ENGAGEMENT SURVEY SUMMARY

- OHSU Hospital & Clinics System partnered with Press Ganey to conduct an Engagement survey for ALL employees
- Survey was offered June 5 to June 26
- 7,675 employees took the survey for a response rate of 40% (2019 – 66%)
- The “One Ask” Survey included 104 items:

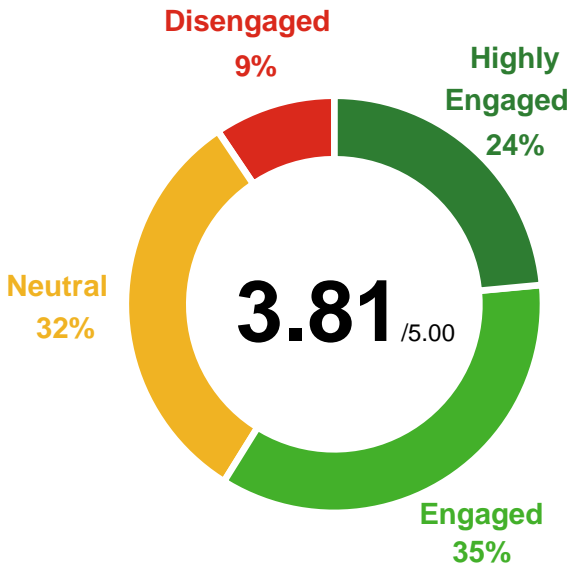
Engagement (51 items)	Resilience (8 items)	Diversity (5 items)
Nursing (31 items; 18 routed to RNs only)	Safety (19 items)	Faculty (7 routed to Faculty only)

- All questions use a 5-pt Likert scale ranging from Strongly Disagree to Strong Agree
 - Not Applicable is offered
 - Questions can be skipped
- Threshold for results reporting: 5
- Results Benchmarks provided:

Benchmark	# Clients	# Facilities	# Respondents
Natl HC	509	4,543	1,602,513
Natl Academic	120	255	332,341

ENGAGEMENT SURVEY RESULTS SNAPSHOT

OHSU Engagement Score and Respondent Distribution



Trend vs. 2019 survey (3.97)

22nd

Nat'l Healthcare Avg 2023 (2019-23rd)

28th

Nat'l Academic HC Avg 2023 (2019-26th)

Strengths

- Mutual respect and equal treatment between managers and direct reports.
- Employees enjoy their work and find it meaningful.
- Employees work well together and help each other accomplish tasks.

Opportunities

- Communication between different work units and levels.
- Perceptions of OHSU treating employees with respect and conducting ethical business.
- Work environment that encourages employees to want to go above and beyond expectations.

THEMES: WHAT ARE WE HEARING?

Faculty:
Would like to be
involved in
improvement
efforts
3.76

UA/Research:
Fair and
transparent
career mobility
3.89

Represented:
Recognition for
going above and
beyond
3.79

OUR KEY DRIVERS

Item Text		Respondent Distribution			Overall Score & Trend		Percentile Rank	
		Unfav	Neut	Fav				
Promote	This organization is committed to honest communication with employees.	25%		30%	45%	3.21	↓	
	Senior management is effective in implementing strategic initiatives.	29%		36%	35%	3.04	↓	
	Decisions by senior leadership demonstrate understanding and concern for the people we serve.	28%		30%	42%	3.12	↓	
		15%		24%	61%			
Focus	This organization treats employees with respect.					3.59	↓	16th
		12%		25%	63%			
	This organization conducts business in an ethical manner.					3.65	↓	7th
		29%		31%	41%			
The environment at this organization makes employees in my work unit want to go above and beyond what's expected of them.		Note: Neutral labels are hidden when percentage is less than 5%.				3.15	↓	16th

Note: Neutral labels are hidden when percentage is less than 5%.

HOW WE'LL DRIVE CHANGE

	Theme	Strategies
1	Organization Level Communication	<ul style="list-style-type: none">• Communicate often and as transparently as possible beginning from the Executive Level• Provide consistent, direct, transparent communications on issues affecting organization challenges and success, job security, and working conditions
2	Inter-Department Communication	<ul style="list-style-type: none">• Review or develop inter-departmental communication standards• Re-establish behavioral standards relating to professionalism and system-wide consistent expectations• Review expectations for leadership to manage up and work on improving communications and relationships
3	Organizational Respect for Employees	<ul style="list-style-type: none">• Develop high-visibility, continuous listening practices that connect administration with front line caregivers, allowing for feedback and solutioning as partners• Use focus groups to develop an understanding of the perceptions of respect and how to implement improvements• Leadership must model the organizational mission, vision, and values

GOING DEEPER WITH RESULTS

- Share data widely and transparently.
- Identify, share and provide regular updates on organizational priorities.
- Showcase what's working for our highly engaged teams.
- Celebrate our outstanding leaders.
- Ensure tools for action planning support are available for all leaders and teams.
- Identify divisions and teams that need extra help and attention.
- Aligning to existing efforts i.e. Culture Shaping, Member Substitution, etc.

What do you like best about working at OHSU?



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

bNAb – 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.
EHRS – 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 – Electrorretinography 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 July1 – June30.

GAAP - Generally Accepted Accounting Principles. Is a collection of commonly-followed accounting rules and standards for financial reporting.
GASB - Governmental Accounting Standards Board. Is the source of generally accepted accounting principles used by state and local governments in the United States.
GDP - Gross Domestic Product is the total value of goods and services produced within a country's borders for a specified time period.
GIP - General in-patient
GME - Graduate Medical Education. Any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States This education includes internship, residency, subspecialty and fellowship programs, and leads to state licensure.
GPO –group purchasing organization

H1 – first half of fiscal year
H2 – second half of fiscal year
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 Promotor Score.

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

O2 – OHSU's Intranet

OBGYN – Obstetrics and Gynecology

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.
Prgrm – 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
RAPP – Research Administration Partner Pod
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
SIPP – Suicide Prevention, Prevention, Postvention Plan
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
SPCP – Suicide Prevention Coalition and Partnership
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.