



OHSU Public Board of Directors Meeting

Thursday, January 25, 2024

9:30-11:25am

**Robertson Life Sciences Building,
Room 3A001**

2730 S Moody Ave, Portland, OR 97201

or

YouTube - <https://youtube.com/live/NOIxPrO4Uzs?feature=share>

Dial In: 1-503-388-9555 Portland, OR

Meeting number (access code): 2633 511 5490



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

Public Agenda

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9:30am	Call to Order/ Chair's Comments Approval of Minutes October 27, 2023 (ACTION)	Wayne Monfries Wayne Monfries
9:45am	OHSU Onward: FY24 First Half Results	Lawrence Furnstahl
10:15am	Annual Quality & Safety Report	Renee Edwards, MD, MBA
10:35am	Reimagining the Future of Nursing & Patient Care Services at OHSU	Brooke Baldwin, DNP, RN
10:55am	Optical Coherence Tomography: from the Eye to the Heart and Beyond	David Huang, MD, PhD
11:15am	Resolution for Committee Appointments (ACTION)	Wayne Monfries
11:20am	Recognition of Service for Mahtab Brar (ACTION)	Wayne Monfries
11:25am	Meeting adjourned	

Oregon Health & Science University
Board of Directors Meeting
October 27, 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 2:15pm 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 President Danny Jacobs, Chair Wayne Monfries, Ruth Beyer, Chad Paulson, Mahtab Brar, James Carlson and Sue Steward. OHSU staff presenting material on the agenda were Amy Miller Juve, EdD, Med, Tiffany Orford, KPMG, Sandy Catalan, Lawrence Furnstahl, Tim Marshall, Angela Fleischer, MSW, LCSW, CFP-A, Eric Wiser, MD, FAAP, Alisha Moreland-Capua, MD, Michael Alexander, MSS, Susan Bakewell-Sachs, PhD, RN and Alice Curprill Comas, JD. Connie Seeley, Secretary of the Board as well as other OHSU staff members were also in attendance.

Call to Order

Chair Wayne Monfries

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 2:15pm and welcomed those that were in-person and virtual attendance.

Chairman's Comments

Wayne Monfries, Board Chair

Chair Monfries thanked Dr. Mark Freeman and his team for the board members and staff that prior to the public meeting, participated in a tour of the Vollum Institute, one of the country's top centers for exploring how the brain functions. Chair Monfries said he left the tour quite fascinated of the many important innovations in research that are happening there. He also mentioned the Doernbecher Freestyle Event put together with Nike and Doernbecher in support of kids that they would be attending that evening. He also said Mr. Brar's service would be extended through January until the new student board member could be confirmed. He also congratulated both the ONA and the OHSU administration on working together for a new contract for nurses. He then turned the meeting over to President Jacobs.

President's Comments

Danny Jacobs, MD, OHSU President

President Danny Jacobs began by welcoming everyone in attendance.

He thanked everyone for joining the meeting and took a moment to acknowledge the violence in the Middle East and how it was impacting so many OHSU members. He addressed how their early words were not healing for all members, so they listened and tried to learn. He said it was important to foster unity, compassion and safety as well as honoring all of their shared respect for humanity.

He acknowledged several OHSU members who received outstanding awards, including Dr. David Huang who received the 2023 Lasker-DeBakey Clinical Medical Research Award, Dr. Brian Druker who received the Gleevec award and Dr. Albert Starr who received an award for the co-invention of the Starr Heart Valve.

He also agreed with Chair Monfries that they were delighted to ratify an agreement with their nursing colleagues.

He concluded his comments by moving on to a story of individual excellence, extending kudos to Angela Linnea, a physician's assistant in OHSU's hematology/oncology program who saved a drowning child at the Oregon Coast the week before. He said it was an extraordinary feat and was happy to hear the story had a happy ending. He said it was emblematic to what happens at OHSU every day.

He thanked the board for their support and turned the meeting back over to Chair Monfries.

Approval of Minutes

Wayne Monfries

Chair Monfries asked for approval of the minutes from the September 18, 2023 OHSU Public Board meeting. Upon motion duly made by Mahtab Brar and seconded by Sue Steward the minutes were approved by all board members in attendance.

Annual Report from Faculty

Amy Miller Juve, EdD, MEd

Chair Monfries recognized Amy Miller Juve, EdD, MEd, Associate Professor and Director of Education for the Department of Anesthesiology and Perioperative Medicine.

Ms. Miller Juve provided the Annual State of the Senate. She discussed the mission of the Senate and provided the role of the Senate to the President, Provost and the OHSU Board of Directors.

She thanked Dr. Martina Ralle for her dedication and leadership for serving the past two years as the Senate President and nearly two full terms serving on the Senate. She also welcomed Dr. Sudhir Isharwal as Senator-at-large for the School of Medicine.

Ms. Miller Juve covered reflections from 2022-2023 including the faculty voice, communication with leadership and community building.

She concluded her presentation looking ahead for 2023-2024, including compensation, community and bylaws and SoP.

Board members thanked Ms. Miller Juve for her presentation and said they looked forward to continued communication with the faculty from a board perspective. No further questions were asked.

KPMG Report on FY23 Audited Financial Statements

Tiffany Orford, KPMG, Sandy Catalan

Chair Monfries recognized Tiffany Orford, KPMG and Sandy Catalan Vice President and Controller.

Ms. Orford and Ms. Catalan discussed the FY23 audit results, required communications and other pertinent matters included in the audit.

They covered the financial statements and matters affecting the form and content of the auditors' report. They stated there were no modifications of the standard auditors' report and that it was consistent with the prior year.

Also discussed were the significant accounting policies and practices and the audit findings.

They concluded their presentation discussing subsequent events including OHSU and Legacy's execution of a non-binding letter of intent.

Board members asked for further information on the exercise and the work of the audit. The timing and how many people were involved with the work.

Resolution Acceptance of Independent Auditor's Report on FY23 Audited Financials

Chair Monfries presented OHSU Board Resolution 2023-10-09, Acceptance of Auditor's Report on FY23 Audited Financials

OHSU Board Resolution 2023-10-09

Chair Monfries asked for a motion to adopt Resolution 2023-10-09. James Carlson moved to approve the motion. Chad Paulson seconded the motion and it was approved by all OHSU Board members in attendance.

FY24 First Quarter Financial Results

Lawrence Furnstahl

Chair Monfries recognized Lawrence Furnstahl, EVP, Chief Financial Officer.

Mr. Furnstahl provided an overview of the FY24 First Quarter Financial Results that included a loss of \$(34)m through the first three months of the fiscal year.

He covered the operating revenues, operating expenses, operating income, operating margins, and patient activity.

Mr. Furnstahl also discussed the importance of cancer and complex surgeries and discussed their percentages. He also covered their approach to closing the Q1 Budget gap and Net Worth that was down 2.2% in Q1.

He spoke about Inflation, keeping employee turnover rates steady and what will be required to balance wage and cost inflation.

Board members asked for further information on growth, percentage spreads, the nursing contract budget and contract negotiations.

Report from Covington Implementation Committee

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

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

Alice Cuprill Comas and Dr. Bakewell Sachs provided a report from the Covington Implementation Committee.

They provided an update on the transition timeline from December 2021 through a post-December timeline.

Also discussed were outcomes and progress to date, policies and guidelines, incident management and reporting, realigning the AAEO, elevating HR function and the climate and cultural change program.

Board members asked for further information on roadblocks and retaliation and thanked the Implementation Committee for their important work and progress on these topics.

A short break was then taken before continuing on with further presentations.

Update from Covington Oversight Committee

Alisha Moreland-Capuia, MD and Michael Alexander

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

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

They provided a review including the number of members, the charter and A Trauma-Informed Lens.

Dr. Moreland-Capuia and Mr. Alexander also discussed the Oversight Committee accomplishments, the coming transition post 2023 and the importance of collaboration and reflections on the past 20-month journey.

Board members asked for further information on feedback, and thanked them for their in-depth detailed work.

Annual Integrity Report

Tim Marshall

Chair Monfries recognized Tim Marshall, Chief Integrity Officer.

Mr. Marshall presented and update of the Annual Integrity Report. He provided the OHSU rules and responsibilities of the Chief Integrity Officer, the President, the Executive Vice Presidents and the Board of Directors.

Mr. Marshall spoke about Outreach and Collaboration within different departments. He discussed the Compliance Program and the integrity office operations.

He covered the volume of cases and anonymous calls by calendar year between 2016 and 2022. He also covered the volume of cases by mission and area and discussed case outcomes.

He concluded his presentation by providing the FY24 Integrity office initiatives, key information and information regarding the integrity hotline.

Board members asked for additional information on assessment and/or the metrics used to determine how OHSU is doing as an institution and how they are driving a culture of integrity and data collection for defining the root cause of harm.

Office of Civil Rights Investigations and Compliance

Angela Fleischer, MSW, LCSW, CFP-A

Chair Monfries recognized Angela Fleischer, MSW, LCSW, CFP-A, Associate Vice President of the Office of Civil Rights Investigation and Compliance, Title IX Coordinator.

Ms. Fleischer presented an update from the Office of Civil Rights Investigations and Compliance (OCIC). She spoke about their mission and reviewed their organizational chart.

She discussed their roles and responsibilities and their compliance with State and Federal Laws. She covered their 3 + 2-year plan which included implementing and improving systems, compliance, training, marketing and data collection just to name a few.

Ms. Fleischer discussed the Report Funnel being used as an instrument of change including capturing members lived experiences, identifying specific trends and complaints or violations funneling down to the OCIC.

She concluded her presentation covering their philosophical underpinnings.

Board members asked for additional information on Ms. Fleisher's background and her history of this type of work. They also asked for information about expectation on response timing.

Area Health Education Centers Overview

Eric Wiser, MD, FAAFP

Chair Monfries recognized Eric Wiser, MD, FAAFP, Assistant Professor, School of Medicine.

Dr. Wiser provided an overview of the Area Health Education Center (AHEC). He provided history of the program and its purpose. He said the Oregon AHEC program is funded through a 5 year, 7.2 million Grant from HRSA awarded in 2022.

He covered OHSU's Rural Education Experts and Oregon's AHEC Scholars and their partnering programs. He covered the Scholars demographics and Scholars outcomes including primary practice site locations, medical specialties and Rural vs Non-Rural.

Dr. Wiser concluded his presentation covering Intention to Practice percentages before and after AHEC Scholars.

Board members thanked Dr. Wiser for their commitment and all the good work they are doing. They asked for further information on future expansion of the program, tracking career outcomes, funding and budgets.

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 5:23pm.

Respectfully submitted,

Connie Seeley
Secretary of the Board



January 19, 2024

To: Members, OHSU Board of Directors

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

Re: December Financial Results for January 25th Meeting

Enclosed are FY24 first half financial result for next Thursday's public Board of Directors meeting. Operating income through December is a loss of \$(26)m, a negative operating margin of -1.0% and \$(31)m off the seasonally spread budget. The operating margin through the first quarter was a larger loss of -2.9%.

Excluding major one-time items from both years, FY24 H1 revenues are up 12% from FY23 H1, but expenses are up 14%, broadly across wages & benefits, pharmacy & medical supplies, and other services & supplies. However, the revenue vs cost growth gap has narrowed somewhat, from 12% vs 15% earlier in the year, to 12% vs 14% now. This is beginning to reflect the impact of continued Improving Financial Performance work (IFP 2.0) ramping up to its June 2024 target of \$124m.

Not included in these figures, but booked in nonoperating income under GASB accounting, is \$68m of FEMA assistance secured YTD. This reimburses OHSU for contract labor, personal protective equipment, and other pandemic related expenses from prior years not otherwise paid for. An OHSU-wide effort has secured these funds, with more on the way.

Despite most metrics of patient activity (admissions, days, cases, visits) being near or slightly above target, the broadest measure of complexity-weighted volume, gross charges, is -2.5% off budget, although still +6% above last year. Consistent with Q1, difference occurs largely in areas targeted for high growth that are up strongly from last year (+11%) but not yet as much as planned (+17%). This pattern reflects delays in getting more capacity allocated to cancer care and other programs unique to an academic health center. In brief, a supply rather than a demand problem that is a core focus of the IFP 2.0 work and a recent OHSU-wide bed capacity and patient flow summit.

The total increase in net worth through 6 months is \$151m or +3.7%, with the \$(26)m operating loss more than offset by the \$68m of FEMA assistance accrued, \$91m of OHSU investment return, and a net gain at the Foundation of \$19m from endowment returns and new gifts in excess of transfers to the University and fundraising costs. These improving factors reverse a -2.2% decline in consolidated net worth during Q1.



OHSU Onward: FY24 First Half Results

OHSU Board of Directors / January 25, 2024

FY24 First Half Financial Results (6 Months)

- Operating income through the first half of FY24 is a loss of \$(25.6)m, a negative operating margin of -1.0% and \$(31.4)m off the seasonally spread budget. The operating margin through the first quarter was a larger loss of -2.9%.
- The month of December itself had a loss of \$(8.5)m. Month-to-month and year-to-year results have been very volatile since the start of the pandemic.
- Excluding major one-time items from both years, FY24 H1 revenues are up 12% from FY23 H1, but expenses are up 14%, broadly across wages & benefits, pharmacy & medical supplies, and other services & supplies.
- However, the revenue vs cost growth gap has narrowed somewhat, from 12% vs 15% earlier in the year, to 12% vs 14% now. This is beginning to reflect the impact of continued Improving Financial Performance work (IFP 2.0) ramping up to its June 2024 target of \$124m.
- Despite most metrics of patient activity (admissions, days, cases, visits) being near or slightly above target, the broadest measure of complexity-weighted volume, gross charges, is -2.5% off budget, although still +6% above last year.
- In other words, volume is up strongly, but not yet as much as we planned.

FY24 H1 Results (continued)

- At the highest level, the variance from budget in operating income occurs, not surprisingly, in the health system:

FY24 H1 Variance from Budget (millions)

+ \$6 Budgeted operating income (seasonally spread)

+44 Medicare 340b settlement (one-time)

(36) Revenue impact of -2.5% lower complexity-weighted activity

(15) President's Award (one-time)

(24) Higher than budgeted ONA wage settlement (1st 6 months)

(1) All other, net

\$(26) Actual operating income (FY24 H1)

- Not included in these figures, but booked in nonoperating income under GASB accounting, is \$68m of FEMA assistance secured YTD.
- This reimburses OHSU for contract labor, personal protective equipment, and other pandemic related expenses from prior years not otherwise paid for. An OHSU-wide effort has secured these funds, with more on the way.

H1 Operating Loss at \$(26)M with -1.0% Margin

December YTD (6 Months) (millions)	FY23 Last Year	FY24 Budget	FY24 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$1,480	\$1,694	\$1,708	\$14	15.4%
Medical contracts	76	89	91	2	19.8%
Grants & contracts	258	275	281	6	9.0%
Gifts applied	43	55	52	(3)	20.3%
Tuition & fees	41	41	40	(0)	-0.7%
Sales, services & other	130	129	131	1	0.5%
State support	185	141	146	5	-21.3%
Operating revenues	2,213	2,424	2,449	25	10.7%
Salaries & benefits	1,329	1,482	1,529	47	15.0%
Rx & medical supplies	408	470	473	3	16.0%
Other services & supplies	297	337	346	9	16.5%
Depreciation	102	108	105	(2)	3.5%
Interest	21	21	21	(0)	-0.6%
Operating expenses	2,157	2,418	2,475	57	14.7%
Operating income (loss)	\$56	\$6	\$(26)	\$(31)	
<i>Operating margin</i>	<i>2.5%</i>	<i>0.2%</i>	<i>-1.0%</i>	<i>-1.3%</i>	
<i>EBITDA margin</i>	<i>8.1%</i>	<i>5.5%</i>	<i>4.1%</i>	<i>-1.4%</i>	

Volume Metrics Up but Size-Weighted Activity Down

Patient Activity December YTD (6 Months)	FY23 Last Year	FY24 Budget	FY24 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	13,458	13,860	13,845	-0.1%	2.9%
Average length of stay	6.97	7.00	6.96	-0.6%	-0.1%
Average daily census	478.8	480.2	485.4	1.1%	1.4%
Observation / day patients	22,484	23,445	23,695	1.1%	5.4%
Surgical cases	17,163	17,837	18,499	3.7%	7.8%
Emergency visits	27,444	27,530	27,718	0.7%	1.0%
Ambulatory visits	549,172	575,718	587,502	2.0%	7.0%
Casemix index (CMI)	2.51	2.50	2.51	0.4%	0.0%
Outpatient share of activity	56.1%	57.7%	57.8%	0.2%	3.0%
CMI/OP adjusted admissions	76,954	81,838	82,251	0.5%	6.9%
Rate-adjusted gross charges	3,385	3,681	3,588	-2.5%	6.0%

Healthcare Growth Against Budget & Last Year

- Consistent with Q1, the shortfall from budgeted volume occurs largely in areas targeted for high growth—non-hospital pharmacy, imaging & lab, and oncology services—that are up strongly from last year (+11%) but not yet as much as planned (+17%).

H1 Volume Growth by Service Area (FY24 / FY23)	% of Hosp. Charges	Budgeted Growth	Actual Growth	Actual vs Budget
Non-hospital pharmacy	26%	20.2%	16.4%	-3.1%
Professional (imaging, lab, etc.)	18%	11.4%	6.4%	-4.5%
Oncology services	5%	28.6%	5.6%	-17.8%
Subtotal - higher growth areas	49%	17.6%	11.4%	-5.2%
Surgery & procedural	21%	2.5%	2.0%	-0.5%
All other hospital services	30%	-0.2%	0.6%	0.8%
Subtotal - lower growth areas	51%	0.9%	1.2%	0.2%
Rate-adjusted gross charges	100%	8.7%	6.0%	-2.5%

- This pattern reflects delays in getting more capacity (beds, ORs, infusion chairs) allocated to cancer care and other programs unique to an academic health center.
- In brief, a supply rather than a demand problem that is a core focus of the IFP 2.0 work and a recent OHSU-wide bed capacity and patient flow summit.

IFP 2.0 Workstreams & Progress/Targets by Month

- Last year, IFP 1.0 achieved \$114m of higher revenues and lower costs in OHSU Health and the School of Medicine, against a \$96m target.
- The FY24 budget included another \$40m savings, but we increased this to \$124m in response to FY23 Q4 trends and the new ONA contract. Another \$6m is targeted across other OHSU areas, for \$130m in total or \$90m more than originally budgeted.
- Eight workstream groups report to the OHSU Health CEO and SoM Dean. Workstream leaders recently briefed the President on progress and goals by month, summarized below (this chart is updated monthly).

IFP 2.0 Executive Summary

	YTD Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Projected Total	Target
Operations & Efficiency	\$8,007	\$4,203	\$1,789	\$1,445	\$7,859	\$1,544	\$2,778	\$9,456	\$37,082	\$34,234
People & Staffing	\$4,598	\$1,693	\$614	\$614	\$1,516	\$614	\$614	\$1,633	\$11,896	\$13,401
Ambulatory	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,129
System Perioperative	\$3,690	\$879	\$1,250	\$1,515	\$1,340	\$1,350	\$1,283	\$1,872	\$13,178	\$14,031
System Capacity	\$596	\$550	\$0	\$0	\$995	\$495	\$495	\$1,045	\$4,176	\$4,080
Pharmacy, Imaging, Professional Services Growth*	\$9,389	\$4,136	\$6,610	\$5,778	\$5,521	\$5,629	\$4,777	\$5,052	\$46,893	\$42,829
Revenue Cycle & Payor Performance	\$2,557	\$832	\$1,453	\$743	\$1,803	\$841	\$916	\$1,891	\$11,034	\$12,296
Quality	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$28,838	\$12,293	\$11,715	\$10,095	\$19,035	\$10,472	\$10,863	\$20,949	\$124,260	\$124,000
Cumulative (Actual YTD + Projection)	\$28,838	\$41,131	\$52,846	\$62,941	\$81,976	\$92,448	\$103,311	\$124,260		

*\$20M turnaround to offset the YTD 340B deficiency

Change in Net Worth & Cash Position

- In December 2014, OHSU lent Moda \$50m through a 10-year surplus note to help maintain a robust market under the Affordable Care Act.
- Later we reserved \$17m against this note when the federal government ceased paying Moda certain risk payments due under the ACA; Moda then won back these funds at the Supreme Court.
- This December with the approval of the Oregon insurance commissioner, Moda pre-paid \$25m against the outstanding principal, with the remaining half due next December.
- When they pay the second \$25m, we will also release the \$17m reserve against the note, which will be a gain to investment income, “below the line” of operating income.
- Regular investment returns on OHSU-held funds are now a gain of \$91m through 6 months, reversing a loss in the first quarter.
- The total increase in net worth through 6 months is \$151m or +3.7%, with the \$(26)m operating loss more than offset by the \$68m of FEMA assistance accrued, \$91m of OHSU investment return, and a net gain at the Foundation of \$19m from endowment gains and new gifts in excess of transfers to the University and fundraising costs.
- These improving factors reverse a -2.2% decline in consolidated net worth during Q1.

Net Worth Up \$151M or +3.7% in H1

Balance Sheet (millions)	6/30/23	12/31/23	6-Month Change
OHSU-held cash & investments	\$1,386	\$1,446	\$60
OHEP construction fund	236	199	(36)
Net property, plant & equipment	2,219	2,248	29
Interest in OHSU Foundation	1,536	1,555	19
Long-term debt	(1,370)	(1,351)	19
PERS pension liability	(396)	(396)	0
Working capital & other, net	485	547	62
Consolidated net worth	\$4,097	\$4,248	\$151
Operating income (loss)			(26)
FEMA public assistance			68
OHSU investment return			91
Grant & gift funded capital			0
Foundation gain (loss)			19
Other non-operating items			(0)
YTD change in net worth			\$151

FY24 Dec YTD Cash Flow	(millions)
Operating income	\$(26)
Depreciation	105
FEMA public assistance	68
Investment return	91
Construction funds applied	36
Grant & gift funded capital	0
Sources of cash	274
Long-term debt repaid	(19)
Capital spending	(134)
FEMA/340b receivables & other	(62)
Uses of cash	(215)
Net cash flow	\$60

- \$68m of FEMA assistance and the \$43.5m 340b settlement have been approved by the government and accrued through December but will be paid in cash with a lag.
- These government receivables are the main timing difference between the \$151m YTD increase in net worth and the \$60m increase in OHSU-held cash & investments.

Conclusion: National Context from Fitch Ratings

- Here is an excerpt from Fitch Rating's latest intelligence on the national not-for-profit health care sector:

“Fitch recently published our ‘U.S. Not-For-Profit Hospitals and Health Systems Outlook 2024.’ In this report, Fitch notes a modest positive turning point in 2023 for some U.S. Not-For-Profit (NFP) Hospitals, 2024 will again be categorized as another ‘make or break’ year for a sizeable portion of the sector. NFP hospitals are mired in an ongoing “labor-demic” with significant staff shortages, intense wage pressure, and heightened inflation. Out of these ongoing struggles has emerged a ‘trifurcation’ of credit quality that will only become more prominent in 2024.”
- The "modest positive turning point" vs the "labor-demic" at OHSU can be seen across our tracking metrics.
- On the positive side, OHSU clinical activity continues to grow year-over-year with strong demand, although with a lag from budget due to capacity constraints in tertiary/quaternary services such as cancer, neuro and heart care.
- Payer mix stabilized recently, with FY24 H1 commercial share of activity at 41.6% compared to FY23 June YTD at 41.1%.
- As a result, net patient revenue is up 12.5% over last year, excluding this year's one-time \$43.5m Medicare 340b settlement.

Conclusion (continued)

- Total FTEs continue to run at or below budget, although within this total, contract labor is above target.
- On the other hand, healthcare wage & benefit expense is \$40m over budget through December, in AFSCME, contract labor, and especially ONA pay rates.
- This is largely a result of the new ONA contract and going forward, HB 2697, requiring minimum staffing ratios and full meal and break coverage.
- Although the year-over-year increase in US inflation is coming down quickly, it is still above pre-pandemic trends with a cumulative increment to price levels of about 15%. This is working its way through OHSU's budget, on the cost side well before the payment rate side.
- In summary, as Fitch puts it, despite strong demand for clinical services and year-over-year volume and revenue growth, OHSU remains "in an ongoing 'labor-demic' with significant staff shortages, intense wage pressure, and heightened inflation."
- We will break loose from these national and regional economic challenges through ongoing efforts in IFP 2.0, the bed & patient flow summit work, and accelerated growth in tertiary/quaternary & cancer care that requires the unique capacities of an AHC and health science university.



Date: January 25, 2024

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 FY23 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 56th nation-wide among academic medical centers in Vizient's annual quality and accountability scorecard. This represents a decrease from our 15th ranking in FY22.
- 2) OHSU improved to achieve a CMS 5-star ranking.
- 3) No payment reduction penalties from the CMS Readmission Reduction Program
- 4) Led through three tier 1 priorities – mortality, behavioral health, transitions of care with concentration on advanced care planning
- 5) Supported multiple initiatives across healthcare in support of quality, safety and performance improvement



OHSU Healthcare FY23 Annual Quality & Safety Report

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

PERFORMANCE HIGHLIGHTS



CMS STAR RATING

Achieved 5/5 stars in the CMS Star Rating.



READMISSIONS REDUCTION PROGRAM

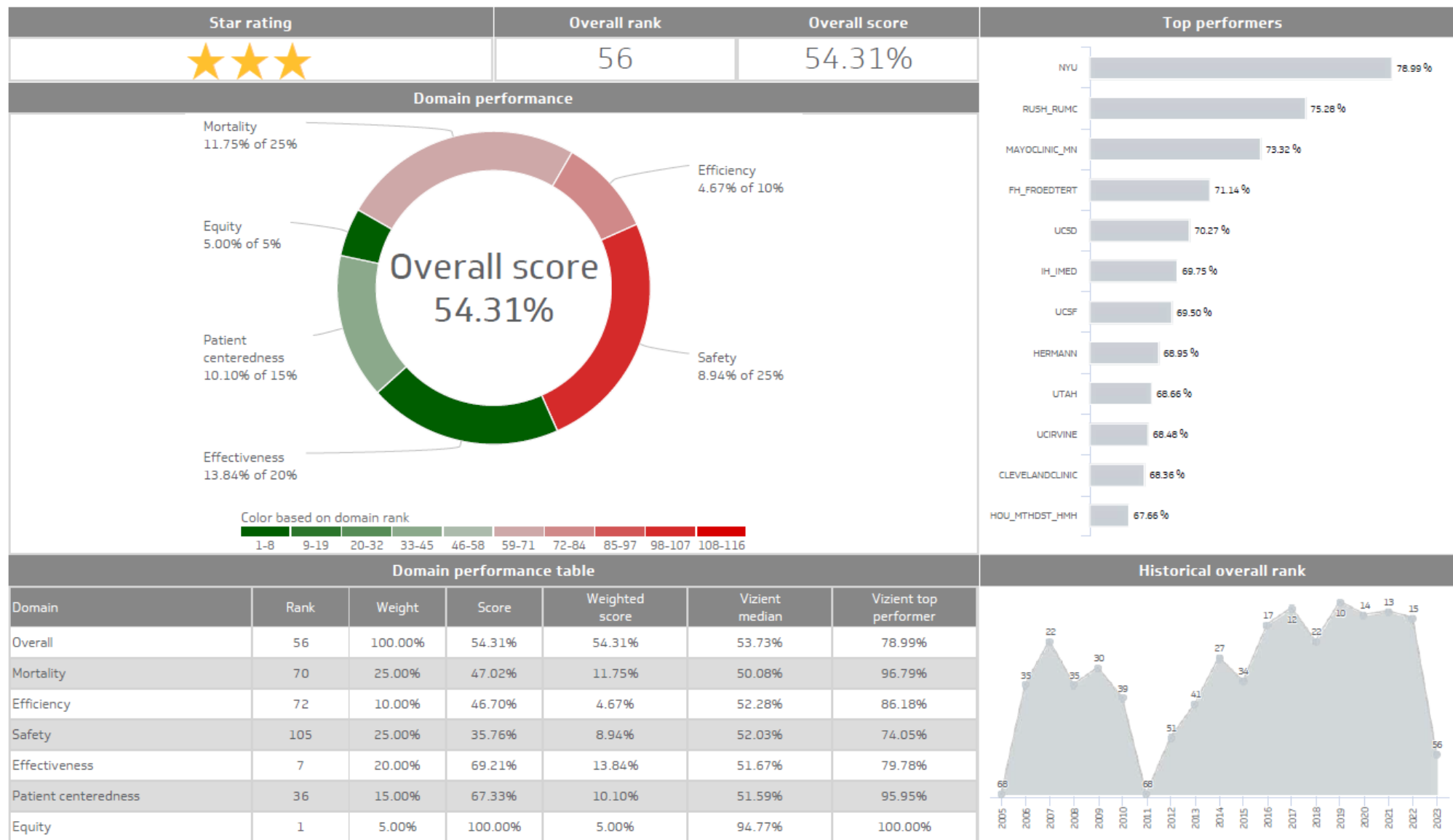
No payment reduction penalties from the CMS Readmission Reduction Program.

#56

VIZIENT ANNUAL QUALITY & ACCOUNTABILITY SCORECARD

Ranked #56 out of 116 AMCs.

2023 Comprehensive Academic Medical Center Quality and Accountability Oregon Health & Science University Performance Scorecard



Declines in Mortality, Safety, & Patient Centeredness

Overall – Total Score (Ranking – lower is better)						
Overall	61.35 (22)	64.22 (10)	63.57 (14)	65.43 (13)	64.94 (15)	54.31 (56)
Mortality	52.88 (47)	59.05 (35)	68.80 (21)	78.20 (8)	70.98 (16)	47.02 (70)
Safety	56.22 (26)	62.27 (12)	49.79 (54)	45.62 (71)	50.45 (51)	35.76 (105)
Effectiveness	67.24 (9)	72.48 (3)	74.04 (3)	71.11 (5)	69.98 (6)	69.21 (7)
Patient Centeredness	85.14 (2)	76.03 (14)	65.73 (31)	74.50 (23)	76.22 (20)	67.33 (36)
Efficiency	34.13 (81)	47.64 (54)	48.35 (55)	40.75 (72)	42.18 (72)	46.70 (72)
Equity	88.89 (52)		88.33 (67)	100.00 (1)	98.68 (32)	100.00 (1)
RANK	22	10	14	13	15	56

Contributing Factors:

- Mortality:
 - Deep dive with Business Intelligence and Advanced Analytics team
 - Significant reduction of admissions to Hospice GIP program
 - Factors impacting escalation of care from acute to critical care
- Safety:
 - 5 metrics with notable decline: Pressure Ulcer, SSI Colon, Iatrogenic Pneumothorax, C. difficile infection and Warfarin-Elevated INR
- Patient Centeredness
 - Above average in 5/7 HCAHPS questions but below for cleanliness/quietness and information about medications

FY 2024 Improvement Plans

Mortality:

- Issued RFP for new Hospice GIP vendor
 - Gentiva chosen as contracted source of care beginning August 2023
- Added tactic focused on timely escalation of care from acute to critical care
- Implementation of Diagnosis and Initial Management of Sepsis guideline

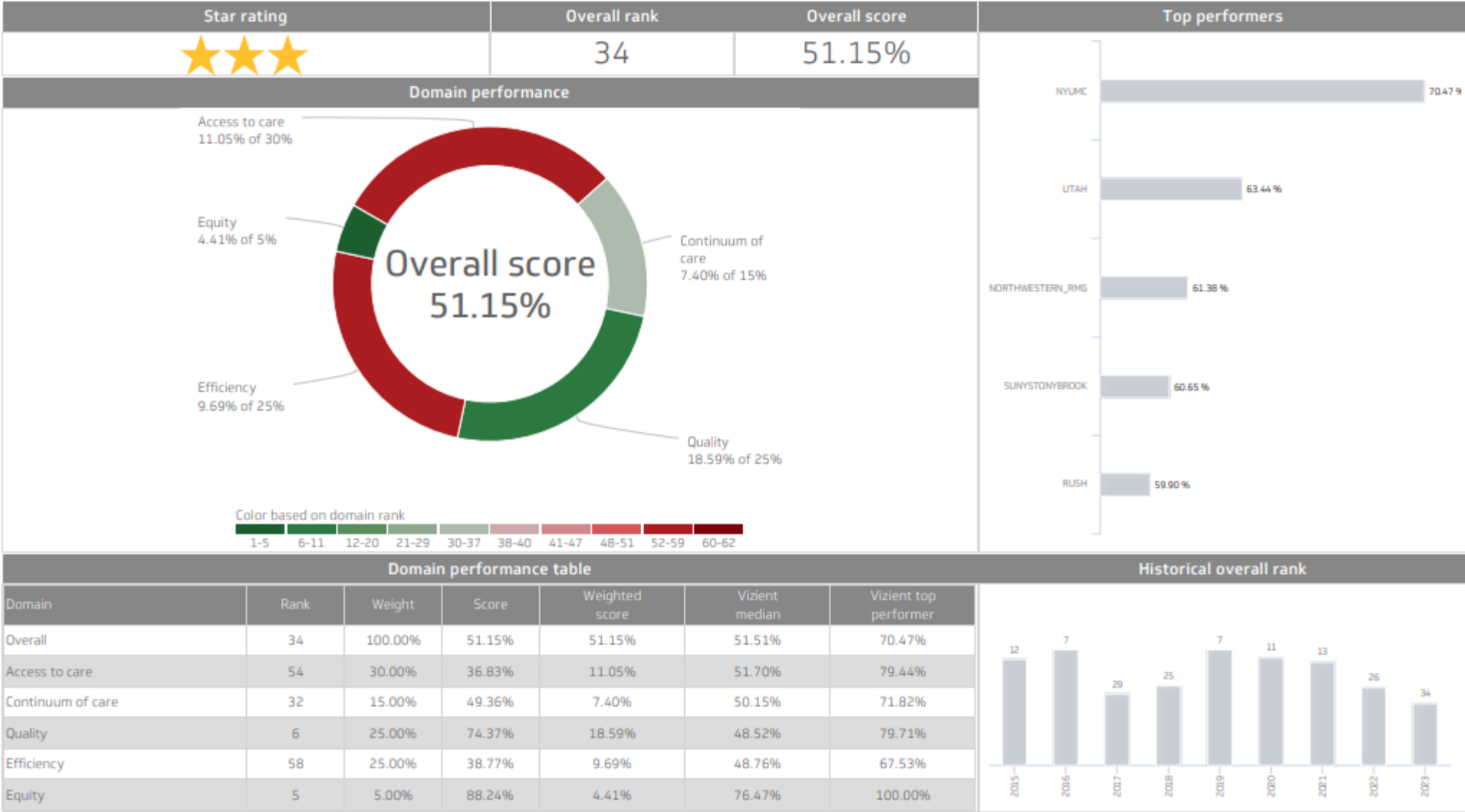
Safety:

- Launch Hospital Acquired Conditions Steering Committee
- Launch SSI work focused on colon & abdominal hysterectomy

Patient Centeredness:

- Launch Patient Experience work group

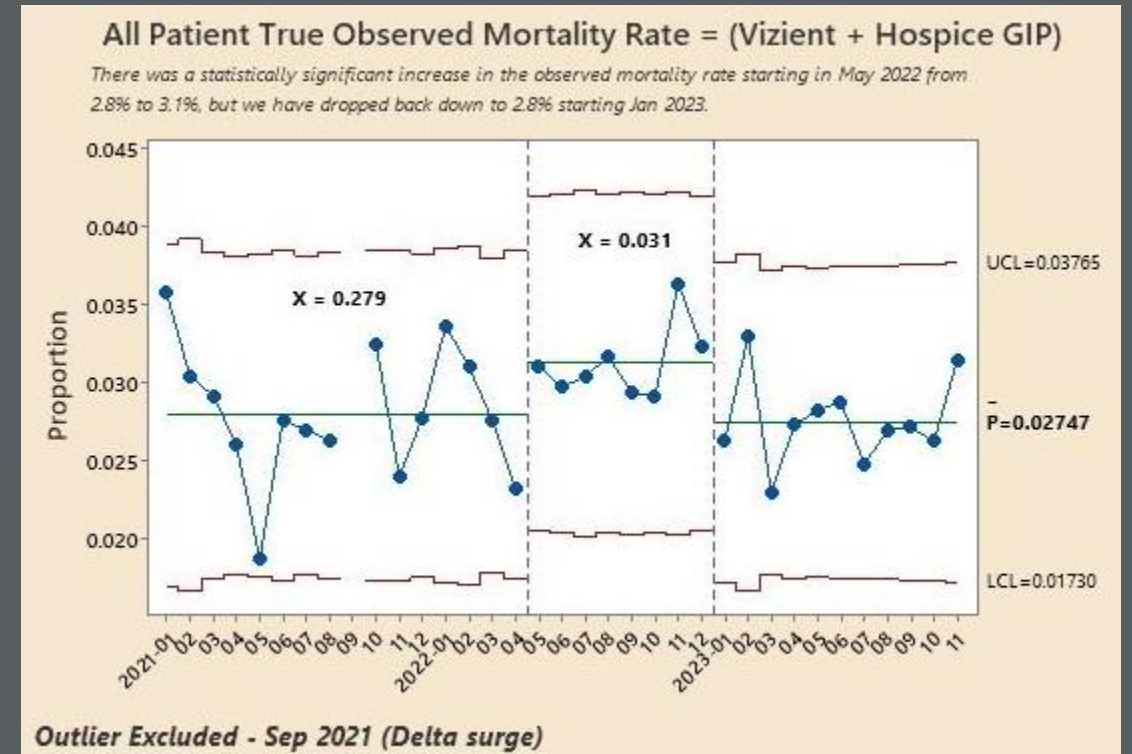
2023 Ambulatory Quality and Accountability Performance Scorecard
Oregon Health Sciences University Medical Group



FY23 Tier 1 Priority: Improve Observed Mortality

Tactics:

- Earlier identification and treatment of sepsis with the goal to reduce All Sepsis Mortality Rate to 14.68% or lower
- Earlier identification and treatment of deteriorating patients
- Complete case review to determine if preventable, hospital acquired conditions are primary contributors to patient deaths and provide high-level intervention recommendation/s top 2 primary contributors
- Monitor for sustainment in previous mortality O/E efforts (Hospice GIP and coding)



FY23 Tier 1 Priority: Behavioral Health

- 3 areas of work: Pediatric Inpatient & ED, Adult Inpatient & ED, Ambulatory (Adult & Pediatrics)
- Peds Inpatient & ED:
 - 22.4/24.4 FTE hired (much of funding from foundation)
 - Environment of Care Infrastructure (badging, removing ligature risks, etc.)
 - Zero Suicide Grant Awarded
 - National Collaborative with American Association Pediatrics
 - Next Steps: prioritize rooms for safety modifications, Zero Suicide Initiative, determine aims for collaborative
- Adult Inpatient & ED:
 - Created new metric: "Time to Behavioral Stability" (last date of injectable, Video Monitoring/Patient Safety Attendant, Code Green)
 - 3-month pilot of multidisciplinary Integrative Care Rounds (ICR) significantly reduced Time to Behavioral Stability and overall LOS; overwhelmingly positive pre/post surveys from staff
 - Next Steps: Address ONA contract requirements in collaboration with nursing leadership; Consolidate and create education & resources for staff; Submit initiative to launch ICR as supported program
- Ambulatory:
 - Investigated & mapped multiple models of care
 - Completed journey mapping understanding the behavioral health continuum and multiple sites of care
 - Next steps: Move toward system Collaborative Care Plus Model; partner with Epic/ITG; Collaborate with Payor Strategy to ensure reimbursement aligned/appropriate

Selective FY23 Initiatives in support of Quality, Safety and Performance Improvement

- DNV recertification of Hip & Knee Replacement Program, Comprehensive Stroke Center, Cardiac Center of Excellence and Hospital Accreditation
- Partnership with human-centered design team for implementation of PARS line/transfer center realignment
- Support to Population Health and Primary Care in furtherance of Ambulatory "Sweet 16" initiatives
- Implementation support to Language Services HB 2359 compliance for Medical Interpreters
- Implementation support to the Oregon Administrative Rule on medical chaperones for sensitive exams
- Support to ED in development of new "waterfall" scheduling
- On-going support to Advanced Care Planning both in-patient and out-patient
- Ongoing support to the Healthcare Disparities Core and Health Equity Organization
- Ongoing support to the Well-being team including piloting the IHI's Joy in Work improvement model

FY24 Priorities

- Tier 1:
 - Mortality
 - Behavioral Health
 - Transitions of Care
- Development of IFP Quality workgroup
 - Expansion of clinical pathways and evidence-based guidelines
 - Renewed emphasis on hospital acquired conditions
- Integration of Episodes of Care program, previously CMS Bundled Payments for Care Improvement – Advanced (BPCIA) pilot, into quality infrastructure
- Expansion of Ambulatory Quality metrics in partnership with new leadership



Thank You

Appendix

- Vizient FY 23 detail
- Hospital Acquired Conditions program detail
- Population Health "Sweet 16"
- Annual Patient Safety Report

Mortality year-over-year

	2018	2019	2020	2021	2022	2023
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)	0.89 (-0.04)
Cardiothoracic Surgery	0.70 (-0.74)	0.73 (-0.83)	0.73 (-0.52)	0.87 (-0.33)	1.25 (0.84)	1.00 (0.25)
Gastroenterology	0.96 (0.37)	0.30 (-1.58)	1.14 (1.11)	0.68 (-0.67)	0.77 (-0.39)	1.05 (0.46)
Medicine General	0.78 (-0.58)	0.72 (-0.84)	0.70 (-0.92)	0.60 (-0.76)	0.69 (-0.57)	0.76 (-0.11)
Neurology	0.85 (-0.38)	0.67 (-1.01)	0.71 (-0.81)	0.64 (-1.06)	0.43 (-1.69)	0.86 (-0.27)
Neurosurgery	0.79 (-0.39)	0.63 (-0.95)	0.49 (-1.27)	0.42 (-1.57)	0.51 (-1.31)	0.77 (-1.40)
Surgery General	0.79 (-0.67)	0.99 (0.48)	0.64 (-0.96)	0.73 (-0.76)	0.73 (-0.97)	0.82 (-0.30)
Ortho/Spine	0.74 (-0.27)	1.36 (1.27)	0.40 (-0.81)	0.14 (-1.65)	0.54 (-0.88)	1.10 (0.58)
Oncology	1.23 (0.46)	0.92 (0.15)	0.82 (-0.32)	0.70 (-0.59)	0.66 (-0.68)	1.10 (0.22)
Vascular Surgery	1.37 (2.07)	0.66 (-0.75)	0.56 (-0.89)	0.97 (0.16)	1.18 (0.64)	1.05 (0.69)
Solid Organ Transplant	1.07 (0.34)	1.10 (0.27)	1.55 (1.13)	0.32 (-1.55)	0.36 (-1.33)	1.07 (0.11)
Trauma	1.00 (0.50)	0.88 (-0.12)	0.68 (-0.95)	0.70 (-0.94)	0.80 (-0.54)	1.00 (0.17)
Pulmonary/Critical Care	0.75 (-1.15)	0.93 (-0.16)	0.86 (-0.45)	1.00 (-0.95)	0.88 (-1.65)	0.97 (-0.31)
RANK	47	35	21	8	16	70

Safety year-over-year

	2018	2019	2020	2021	2022	2023
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)	0.72 (-0.69)
PSI06 – Iatrogenic Pneumothorax	1.20 (1.22)	0.96 (0.16)	0.79 (0.00)	1.12 (0.58)	0.64 (-0.45)	1.18 (0.43)
PSI09 – Hemorrhage and Hematoma	0.17 (-0.21)	0.64 (-0.95)	0.79 (-0.68)	0.93 (-0.18)	1.09 (0.60)	0.76 (-0.27)
PSI11 – Respiratory Failure	0.18 (-0.84)	0.40 (-0.36)	0.55 (0.33)	0.80 (0.77)	0.49 (-0.23)	0.67 (0.16)
PSI13 – PostOp Sepsis	0.55 (-0.44)	0.94 (0.46)	0.74 (-0.22)	1.07 (0.47)	1.26 (1.05)	1.09 (0.85)
CAUTI	0.80 (-0.12)	0.82 (0.20)	0.67 (-0.10)	0.90 (0.34)	0.94 (0.82)	0.94 (0.97)
CLABSI	1.15 (0.97)	0.65 (-0.48)	1.17 (1.23)	0.88 (-0.28)	0.74 (-0.58)	0.76 (-0.40)
SSI – Colon	0.99 (-0.15)	0.79 (-0.66)	0.64 (-0.72)	1.24 (0.70)	0.21 (-2.01)	1.64 (1.42)
SSI – Abd Hyst	1.35 (0.10)	0.42 (-0.91)	3.37 (1.84)	0.51 (-0.58)	1.12 (0.14)	0.64 (-0.26)
CDI	0.86 (-0.14)	0.82 (0.10)	0.81 (0.42)	0.76 (0.45)	0.82 (1.08)	0.91 (1.86)
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)	6.61 (1.41)
Hypoglycemia and Insulin Use	3.64 (0.46)	4.38 (0.83)	4.60 (1.14)	4.24 (0.77)	3.77 (0.38)	3.48 (0.39)
RANK	26	12	54	71	51	105

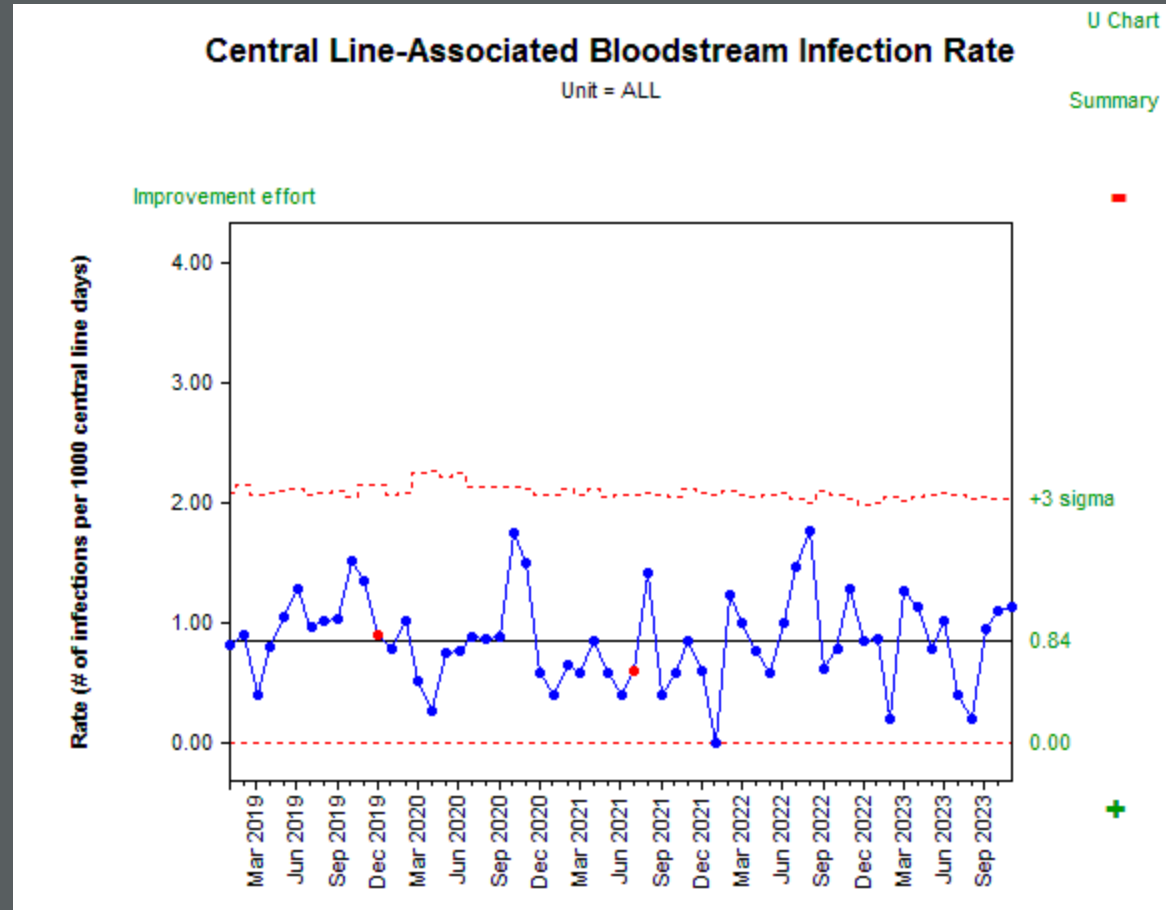
	2018	2019	2020	2021	2022	2023
Effectiveness – results (assigned points 3 to -3)						
Readmission - Cardiology	6.24 (-1.92)	6.26 (-2.11)	10.40 (-0.88)	7.13 (-2.57)	8.80 (-1.52)	8.59 (-1.45)
Readmission - CT Surgery	6.99 (-0.85)	7.63 (-0.66)	6.01 (-0.98)	4.18 (-2.35)	4.04 (-2.11)	6.22 (-0.93)
Readmission - Gastroenterology	13.03 (-1.28)	13.34 (-1.20)	11.99 (-1.44)	11.00 (-2.28)	15.66 (0.46)	12.69 (-0.73)
Readmission - Medicine General	15.60 (-0.30)	12.47 (-1.99)	13.64 (-0.76)	13.57 (-0.64)	13.13 (-0.65)	12.57 (-1.11)
Readmission - Neurology	6.92 (-0.75)	4.42 (-1.95)	4.29 (-1.88)	5.09 (-1.47)	3.83 (-1.84)	5.14 (-1.54)
Readmission - Neurosurgery	8.30 (-0.21)	7.03 (-0.30)	6.12 (-0.60)	7.38 (0.16)	4.70 (-1.10)	4.84 (-0.98)
Readmission - Oncology	12.21 (-1.40)	9.94 (-1.34)	8.98 (-1.71)	8.72 (-1.51)	8.77 (-1.55)	8.95 (-1.43)
Readmission - Ortho/Spine	5.96 (0.00)	5.10 (-0.36)	5.38 (0.04)	5.94 (-0.09)	5.00 (-0.77)	5.72 (-0.24)
Readmission - Surgery General	8.34 (-1.37)	8.53 (-1.79)	9.01 (-0.93)	7.54 (-2.07)	6.22 (-2.17)	7.76 (-1.55)
Readmission - Vascular Surgery	9.30 (-1.57)	9.81 (-1.17)	13.00 (0.19)	8.96 (-1.47)	6.43 (-2.07)	8.39 (-1.36)
Readmission - Solid Organ Transplant	14.39 (-1.71)	20.70 (-0.86)	18.69 (-1.24)	17.20 (-1.66)	20.74 (-0.51)	15.99 (-1.65)
Readmission - Trauma	4.56 (-1.35)	5.56 (-0.73)	4.40 (-1.20)	4.08 (-1.40)	3.78 (-1.66)	4.19 (-1.22)
Readmission - Pulmonary/Critical Care	10.90 (-0.97)	11.11 (-1.06)	13.41 (-0.17)	7.02 (-1.40)	6.29 (-1.51)	8.09 (-1.13)
Excess Days - Cardiology	0.07 (0.50)	0.04 (0.07)	-4.24 (-0.88)	7.24 (0.73)	-3.59 (-0.63)	-1.26 (-0.58)
Excess Days - CT Surgery	0.10 (0.63)	0.00 (-0.67)	0.30 (-0.48)	3.69 (-0.26)	4.16 (0.00)	6.69 (-0.11)
Excess Days - Gastroenterology	-0.05 (-1.20)	0.00 (-0.77)	3.43 (-0.48)	8.46 (0.07)	9.42 (-0.17)	17.86 (0.50)
Excess Days - Medicine General	-0.03 (-0.70)	-0.01 (-0.68)	0.42 (-0.62)	-0.75 (-0.60)	8.87 (0.06)	-0.04 (-0.75)
Excess Days - Neurology	0.02 (-0.80)	-0.05 (-1.85)	-0.23 (-0.81)	-5.24 (-1.65)	-2.29 (-1.41)	8.79 (-0.07)
Excess Days - Neurosurgery	0.11 (0.60)	0.01 (-0.33)	-2.27 (-1.06)	-2.21 (-0.93)	5.34 (-0.21)	22.51 (1.41)
Excess Days - Oncology	-0.10 (-0.63)	-0.04 (-0.91)	-0.88 (-0.49)	-5.52 (-0.78)	3.11 (-0.11)	2.49 (-0.25)
Excess Days - Ortho/Spine	0.03 (0.29)	0.04 (0.03)	-1.92 (-1.07)	-7.27 (-1.82)	-4.33 (-1.54)	3.53 (-0.46)
Excess Days - Surgery General	0.08 (0.01)	0.03 (-0.47)	4.74 (-0.35)	1.80 (-0.51)	10.23 (0.08)	9.27 (0.07)
Excess Days - Vascular Surgery	0.04 (0.49)	0.14 (1.05)	2.01 (0.19)	20.10 (1.59)	0.18 (-0.32)	-9.43 (-0.83)
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)	2.28 (-0.12)
Excess Days - Trauma	0.06 (0.23)	0.02 (-0.46)	-1.25 (-0.96)	0.94 (-0.78)	5.64 (-0.19)	0.23 (-0.92)
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)	0.62 (0.09)
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)	5.93 (-0.03)
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)	1.20 (-0.40)
Outpatient Procedure Revisits - Colonoscopy			0.51 (-0.80)	0.55 (-0.81)	0.46 (-0.76)	0.38 (-1.14)
Outpatient Procedure Revisits - Biliary			4.46 (0.11)	3.38 (-0.05)	6.25 (1.40)	2.79 (-0.23)
Outpatient Procedure Revisits - Urological			2.26 (-0.98)	2.95 (-0.49)	3.68 (0.09)	4.07 (0.26)
Outpatient Procedure Revisits - Arthroscopy			0.60 (-0.60)	1.14 (-0.22)	1.22 (0.16)	1.06 (-0.10)
RANK	9	3	3	5	6	7

Patient Centeredness

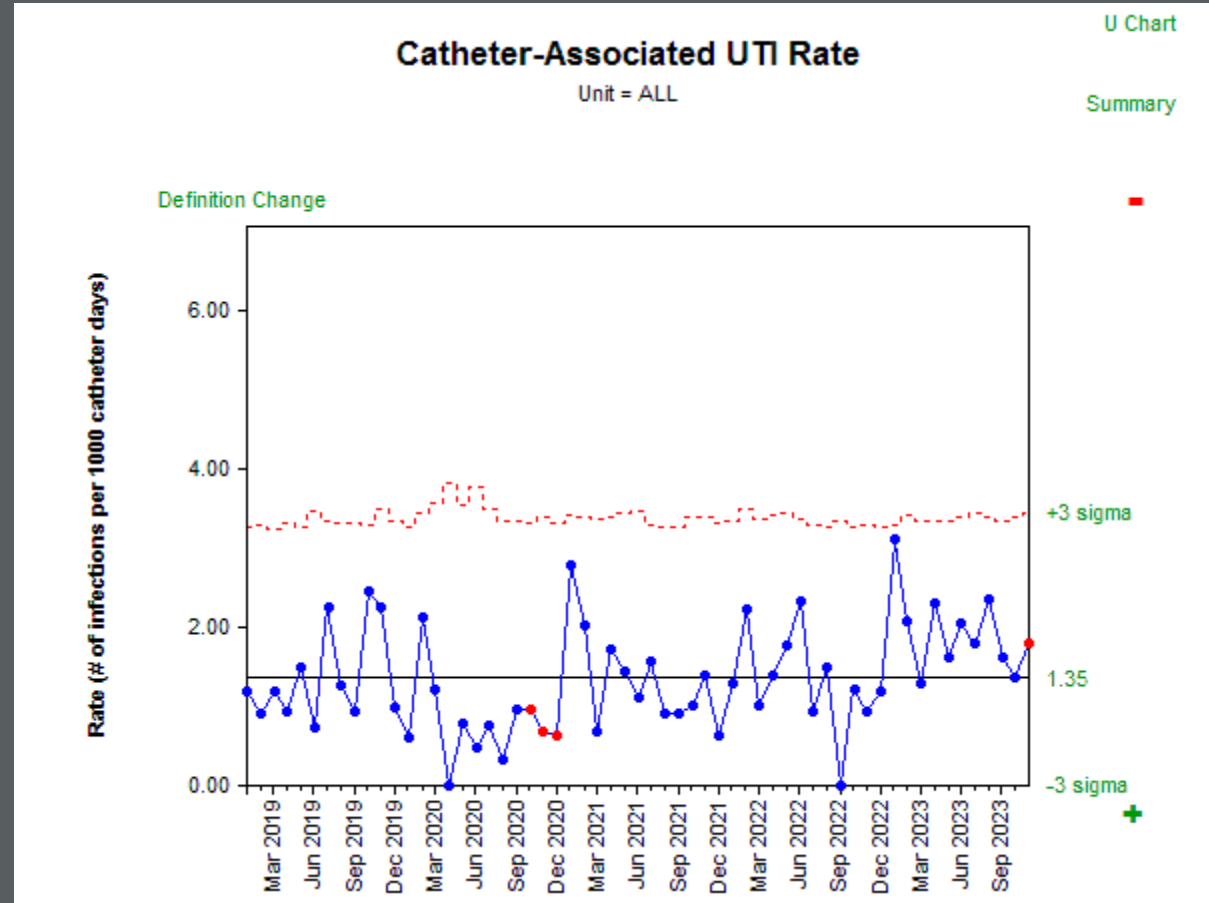
	2018	2019	2020	2021	2022	2023
Patient Centeredness – mean score (assigned points -3 to 3)						
Cleanliness/Quiet*	64.47 (0.39)	63.18 (0.07)	61.44 (-0.32)	62.94 (0.02)	62.16 (0.17)	58.55 (-0.35)
Discharge Information*	92.28 (1.22)	90.13 (0.30)	89.95 (0.28)	90.95 (0.89)	89.99 (0.61)	90.72 (0.86)
MD Communication*	84.33 (0.89)	84.35 (0.76)	83.78 (0.40)	82.31 (0.30)	81.39 (0.14)	79.28 (-0.38)
Information about Medications*	71.21 (2.24)	67.67 (0.86)	68.76 (0.97)	66.13 (1.11)	70.23 (2.03)	63.01 (0.60)
RN Communication*	83.93 (1.19)	83.14 (0.85)	81.13 (-0.06)	83.35 (1.04)	81.55 (0.72)	81.92 (0.96)
Responsiveness*	68.51 (0.87)	68.35 (0.82)	68.63 (0.79)	64.54 (0.54)	66.83 (1.25)	63.63 (0.79)
Overall*	83.39 (1.02)	83.08 (1.00)	78.39 (0.22)	84.03 (1.20)	79.45 (0.70)	78.37 (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)	59.17 (0.73)
RANK	2	14	31	23	20	36

	2018	2019	2020	2021	2022	2023
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)	1.04 (-0.05)
Direct Cost - CT Surgery	1.22 (0.71)	1.00 (-0.17)	0.98 (-0.13)	1.16 (0.37)	1.15 (0.20)	1.01 (-0.11)
Direct Cost - Gastroenterology	1.28 (1.28)	1.80 (2.74)	1.21 (0.66)	1.54 (1.64)	1.38 (0.82)	2.56 (6.10)
Direct Cost - Medicine General	1.30 (1.55)	1.20 (0.76)	1.28 (1.03)	1.35 (1.28)	1.33 (1.04)	1.35 (1.35)
Direct Cost - Neurology	1.30 (1.31)	1.23 (0.71)	1.07 (0.05)	1.25 (0.61)	1.26 (0.33)	1.38 (1.15)
Direct Cost - Neurosurgery	1.30 (1.06)	0.99 (-0.19)	1.09 (0.34)	1.37 (1.19)	1.35 (0.94)	1.11 (0.31)
Direct Cost - Surgery General	1.32 (1.44)	1.12 (0.35)	1.02 (0.01)	1.34 (1.04)	1.27 (0.63)	1.12 (0.32)
Direct Cost - Oncology	1.25 (0.87)	1.11 (0.55)	1.08 (0.46)	1.42 (1.54)	1.39 (1.43)	1.16 (0.88)
Direct Cost - Ortho/Spine	1.22 (1.40)	0.97 (-0.15)	1.04 (0.17)	1.18 (0.40)	1.21 (0.26)	1.12 (0.36)
Direct Cost - Vascular Surgery	1.49 (1.80)	1.22 (0.62)	1.27 (1.05)	1.53 (1.53)	1.53 (1.14)	1.27 (0.75)
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)	0.87 (-0.75)
Direct Cost -Trauma	1.30 (1.34)	1.12 (0.35)	1.16 (0.55)	1.44 (1.27)	1.52 (1.27)	1.46 (1.48)
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)	1.39 (1.09)
Direct Cost - Gynecology	1.73 (2.71)	1.13 (0.19)	1.35 (1.08)	1.73 (1.71)	1.93 (2.53)	1.19 (0.42)
Direct Cost - Obstetrics	1.84 (2.53)	1.39 (1.13)	1.48 (1.20)	1.91 (2.48)	1.88 (1.82)	1.44 (1.15)
Direct Cost - Otolaryngology	1.47 (1.80)	1.11 (0.49)	1.33 (1.10)	1.95 (1.70)	1.50 (1.23)	0.97 (-0.37)
Direct Cost - Urology	1.25 (1.17)	0.85 (-0.37)	0.91 (0.15)	1.41 (1.35)	1.54 (1.33)	1.19 (0.46)
Direct Cost - Plastic Surgery	1.48 (1.83)	1.13 (0.42)	1.20 (0.37)	2.36 (3.01)	1.90 (2.08)	1.00 (-0.35)
LOS - Cardiology	1.01 (0.71)	0.98 (0.22)	1.01 (0.23)	0.97 (0.05)	0.92 (-0.59)	0.98 (-0.16)
LOS - Cardiothoracic Surgery	0.97 (0.11)	0.92 (-0.33)	0.90 (-0.57)	0.91 (-0.59)	0.90 (-0.77)	0.90 (-0.65)
LOS - Gastroenterology	0.91 (-0.59)	0.90 (-0.83)	0.84 (-1.62)	0.95 (-0.53)	0.95 (-0.72)	1.06 (0.26)
LOS - Medicine General	0.94 (-0.13)	0.94 (-0.31)	0.96 (-0.37)	0.92 (-0.46)	0.94 (-0.42)	0.94 (-0.57)
LOS - Neurology	0.88 (-0.64)	0.94 (-0.33)	0.89 (-0.88)	0.87 (-1.20)	0.91 (-0.96)	1.00 (-0.24)
LOS - Neurosurgery	0.94 (-0.24)	0.90 (-0.32)	0.93 (-0.23)	0.89 (-0.63)	0.89 (-0.63)	0.88 (-0.65)
LOS - Surgery General	0.88 (-0.78)	0.94 (-0.20)	0.90 (-0.51)	0.92 (-0.48)	0.92 (-0.61)	0.93 (-0.52)
LOS - Oncology	0.95 (0.11)	0.94 (-0.08)	0.89 (-0.64)	0.91 (-0.29)	1.00 (0.08)	0.99 (-0.16)
LOS - Ortho/Spine	0.91 (-0.06)	0.87 (-0.87)	0.89 (-0.74)	0.84 (-1.20)	0.96 (-0.65)	1.01 (-0.13)
LOS - Vascular Surgery	0.88 (-0.26)	1.02 (0.65)	0.89 (-0.45)	0.89 (-0.44)	0.90 (-0.68)	1.03 (0.24)
LOS - Solid Organ Transplant	0.82 (-1.36)	0.80 (-1.41)	0.82 (-1.27)	0.84 (-1.20)	1.01 (-0.22)	0.95 (-0.52)
LOS -Trauma	0.86 (-0.74)	0.88 (-0.77)	0.89 (-0.73)	0.90 (-0.73)	1.01 (-0.22)	1.10 (0.38)
LOS - Pulmonary/Critical Care	0.87 (-0.62)	1.05 (0.61)	0.87 (-1.22)	0.99 (-1.89)	1.18 (-0.02)	1.03 (-0.08)
LOS - Gynecology	1.32 (2.67)	1.07 (0.69)	1.27 (1.98)	0.97 (-0.45)	1.02 (-0.07)	0.89 (-1.02)
LOS - Obstetrics	1.09 (0.59)	1.01 (0.02)	1.04 (0.25)	0.96 (-0.08)	0.96 (-0.39)	1.00 (-0.24)
LOS - Otolaryngology	1.11 (0.82)	1.07 (0.51)	1.02 (0.11)	1.05 (0.54)	1.08 (0.28)	0.86 (-0.80)
LOS - Urology	0.89 (-0.59)	0.88 (-0.14)	1.01 (0.87)	0.97 (0.26)	0.96 (-0.13)	1.01 (0.26)
LOS - Plastic Surgery	0.99 (0.24)	0.86 (-0.50)	1.12 (0.34)	1.49 (2.63)	1.04 (0.26)	0.83 (-0.76)
LOS - Non Core Services						
RANK	81	54	55	72	72	72

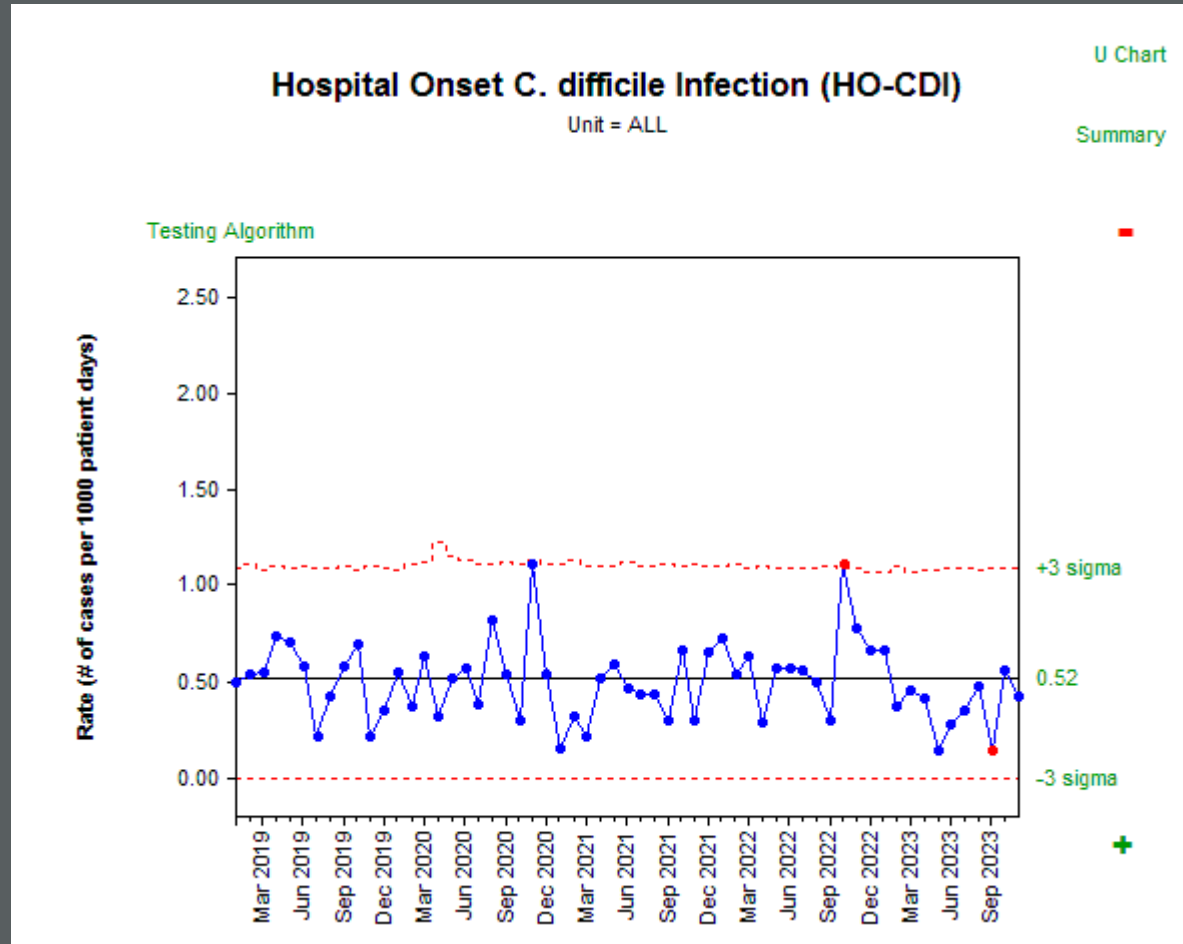
CLABSI



CAUTI



C.diff



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

Year	Colon SSI (excludes superficial)	Number of Procedures	Number of Colon SSIs Predicted	SIR	p-value (SIR different than 1.0)	CMS Achievement Threshold SIR*
2020	10	403	11.46	0.87	0.70	0.75 ✖
2021	5	330	9.57	0.52	0.12	0.72 ✔
2022	16	355	10.65	1.50	0.12	0.72 ✖
2023 Q1-Q2	7	201	5.75	1.22	0.58	0.72 ✖

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

Key

Significantly Better than National Experience

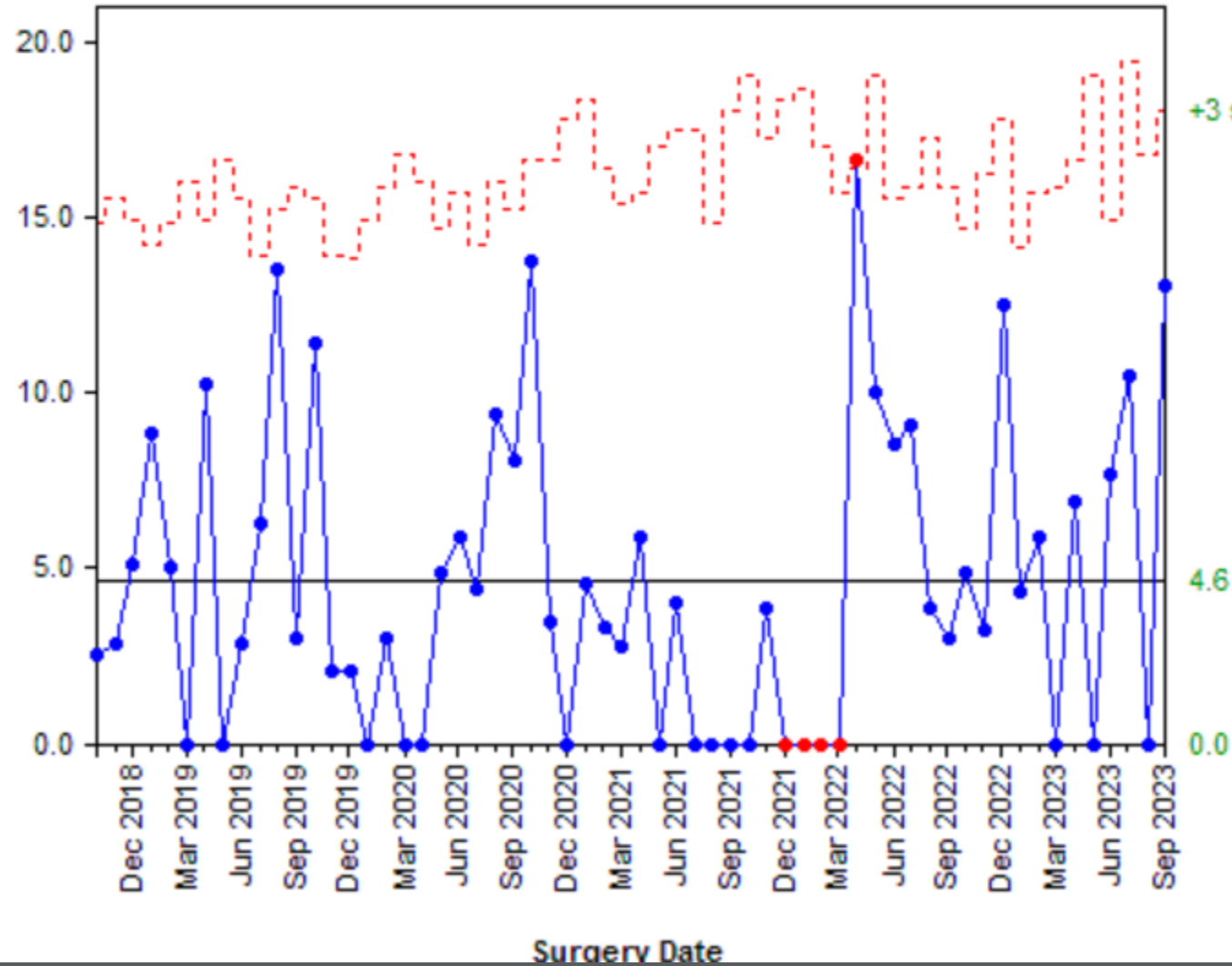
No different than National Experience

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 Surgical Site Infection (Colon Surgery)

Rate (SSI per 100 surgeries)



Summary

+3 sigma

4.6

0.0

+

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

Year	Abd Hyst SSI (excludes superficial)	Number of Procedures	Number of Abd Hyst SSIs Predicted	SIR	p-value (SIR different than 1.0)	CMS Achievement Threshold SIR*
2020	1	314	2.62	0.38	0.34	0.73 ✓
2021	3	324	2.67	1.12	0.78	0.74 ✗
2022	2	356	2.94	0.68	0.65	0.74 ✓
2023 Q1-Q2	0	191	1.59	0.00	0.20	0.74 ✓

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

Key

Significantly Better than National Experience

No different than National Experience

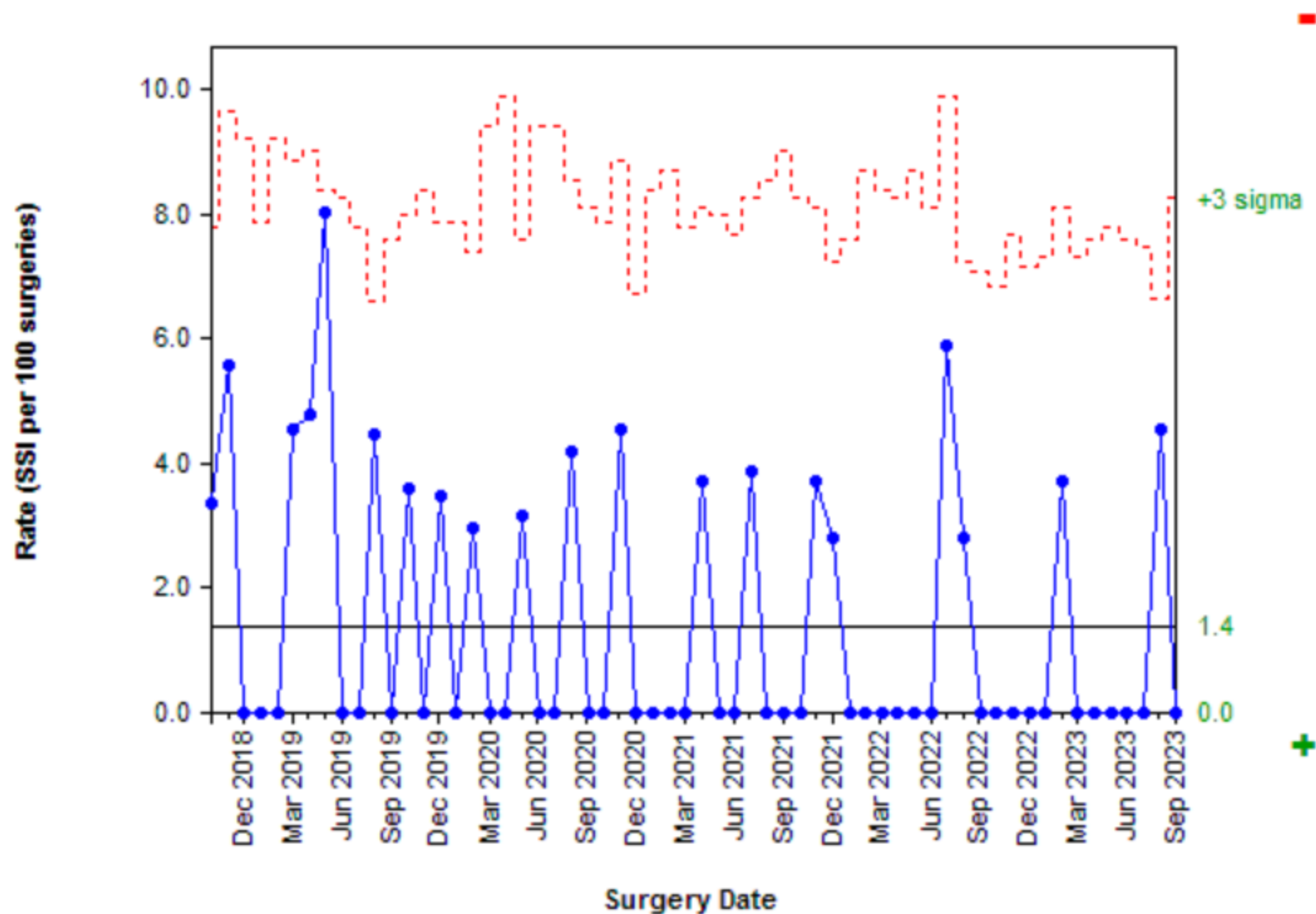
Significantly Worse than National Experience

*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 Surgical Site Infection (Abdominal Hysterectomy)

U Chart

Summary



Pop Health & Primary Care "Sweet 16"

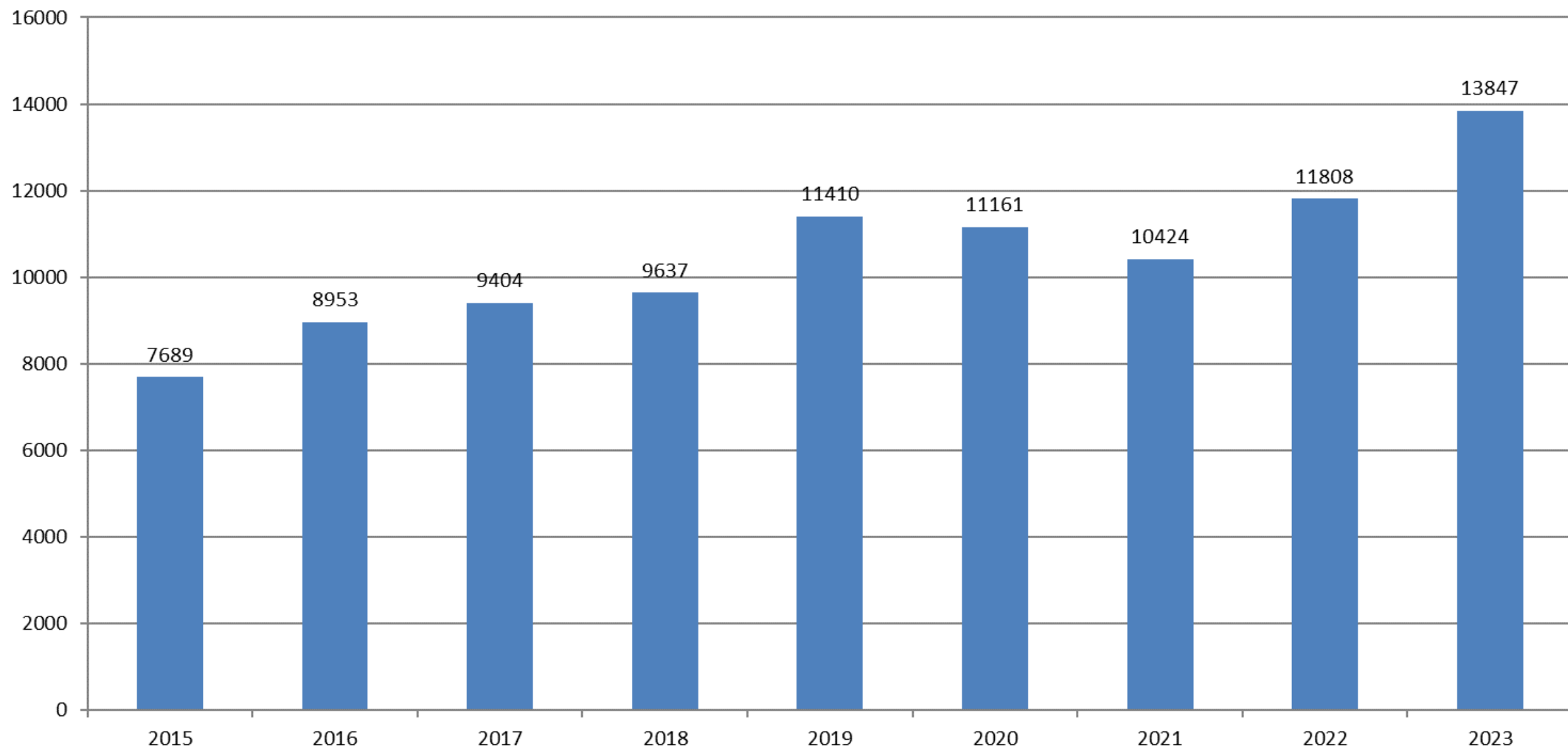
Sweet 16:

- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status/Immunization for Adolescents
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- **Depression bundle:** Screening and f/u plan, Medication Management
- **Diabetes Metric bundle:** A1c, Nephropathy, Eye Exam
- ED Utilization (Overall and for Individuals Experiencing Mental Illness (EDMI))
- HCC/chronic diagnosis gap closure rate
- Initiation & Engagement: Alcohol and Other Drug Tx
- Prenatal and Postpartum Care
- **Readmit prevention bundle:** Readmits, Adv Care Plan, med rec post d/c
- Statin Therapy (in patients with Cardiovascular Disease or Diabetes)
- Tobacco Use: Screening and Cessation Intervention
- Well Child/Adolescent Wellness Visit
- Wellness Visit (Adult)
- Medication adherence metrics

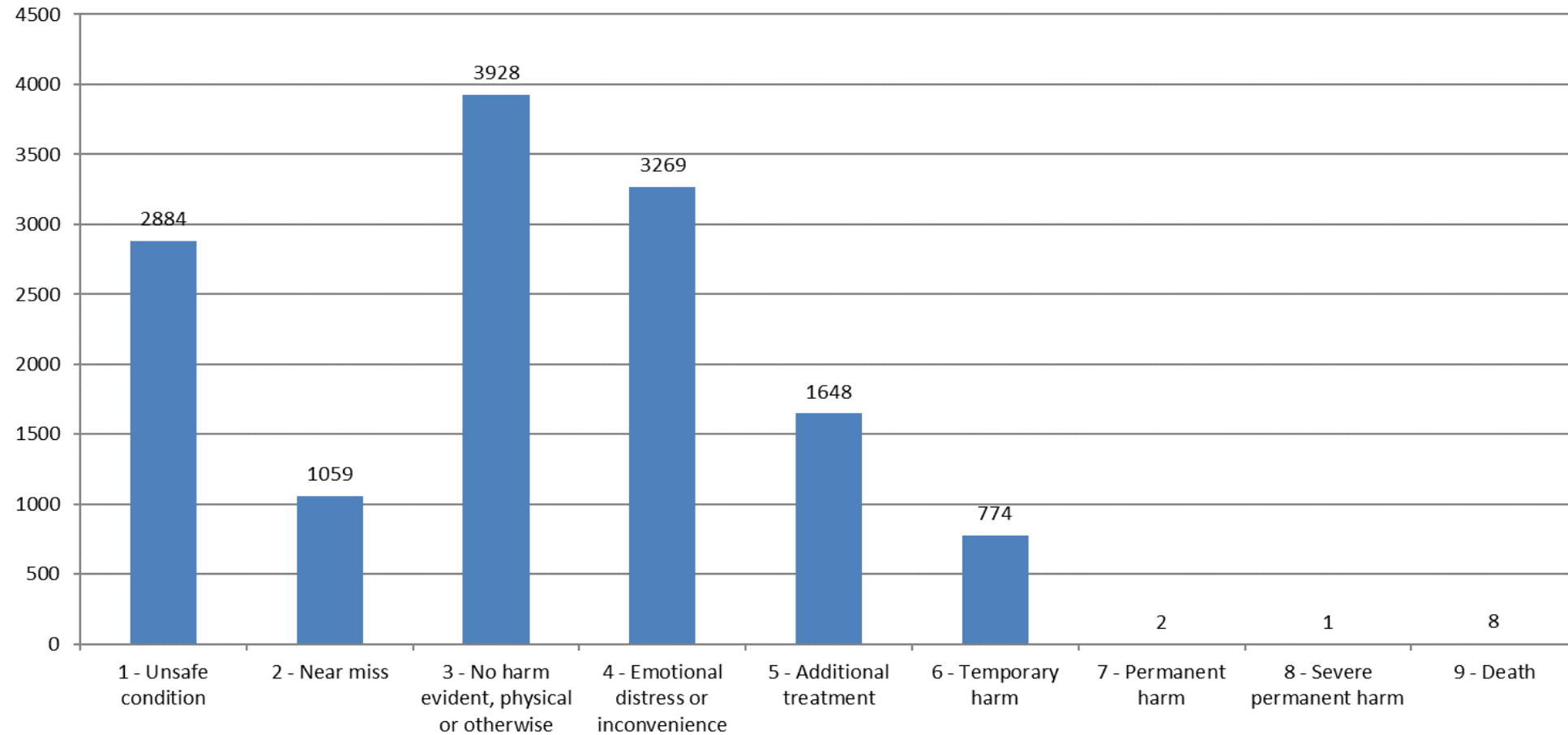


CY23 Event Reporting System Data (PSI)

Total Event Reports Filed 2015 - 2023



Event Reports by Harm score 2023



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.

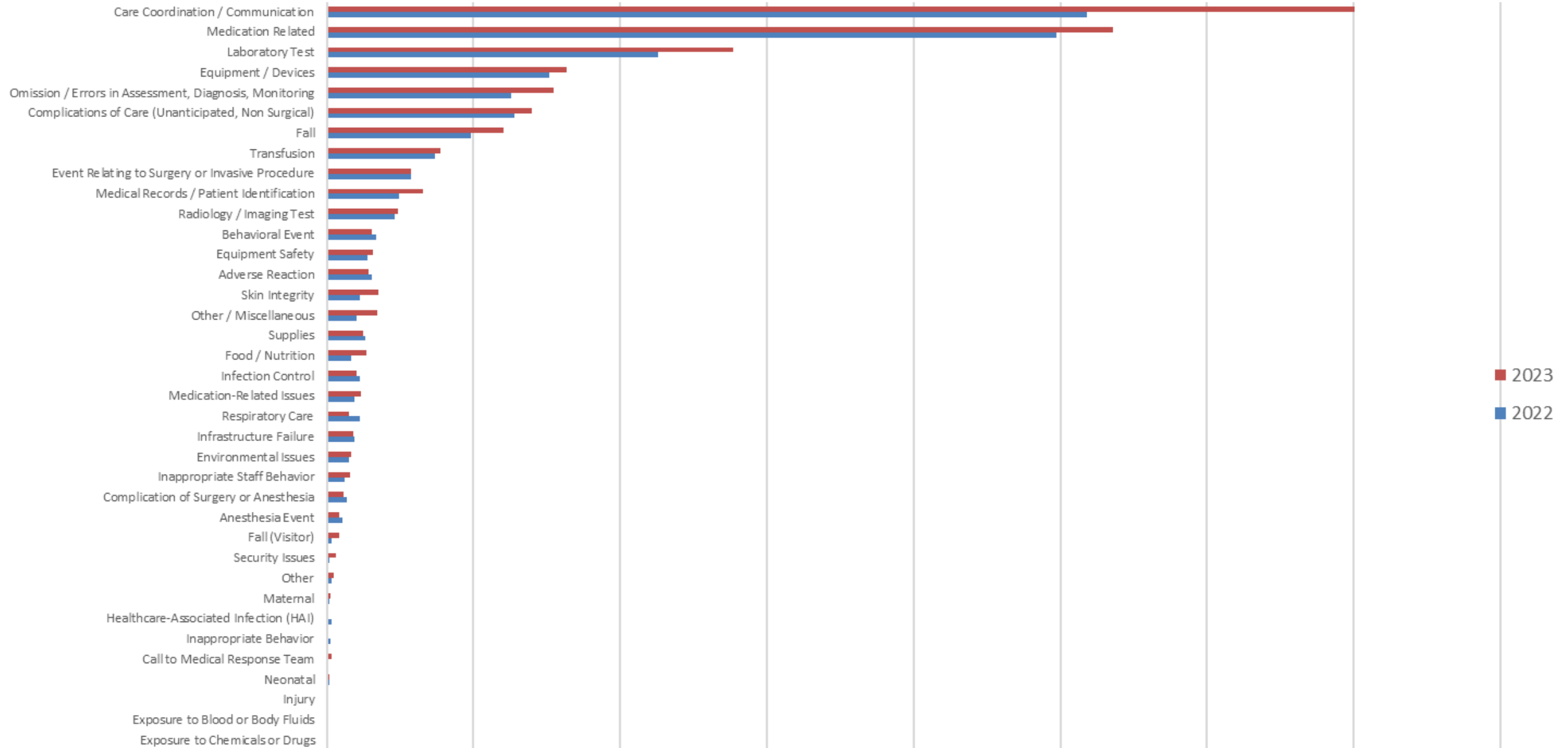
7: Permanent harm—Lifelong bodily or psychological injury or increased susceptibility to disease. Prognosis at time of assessment.

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

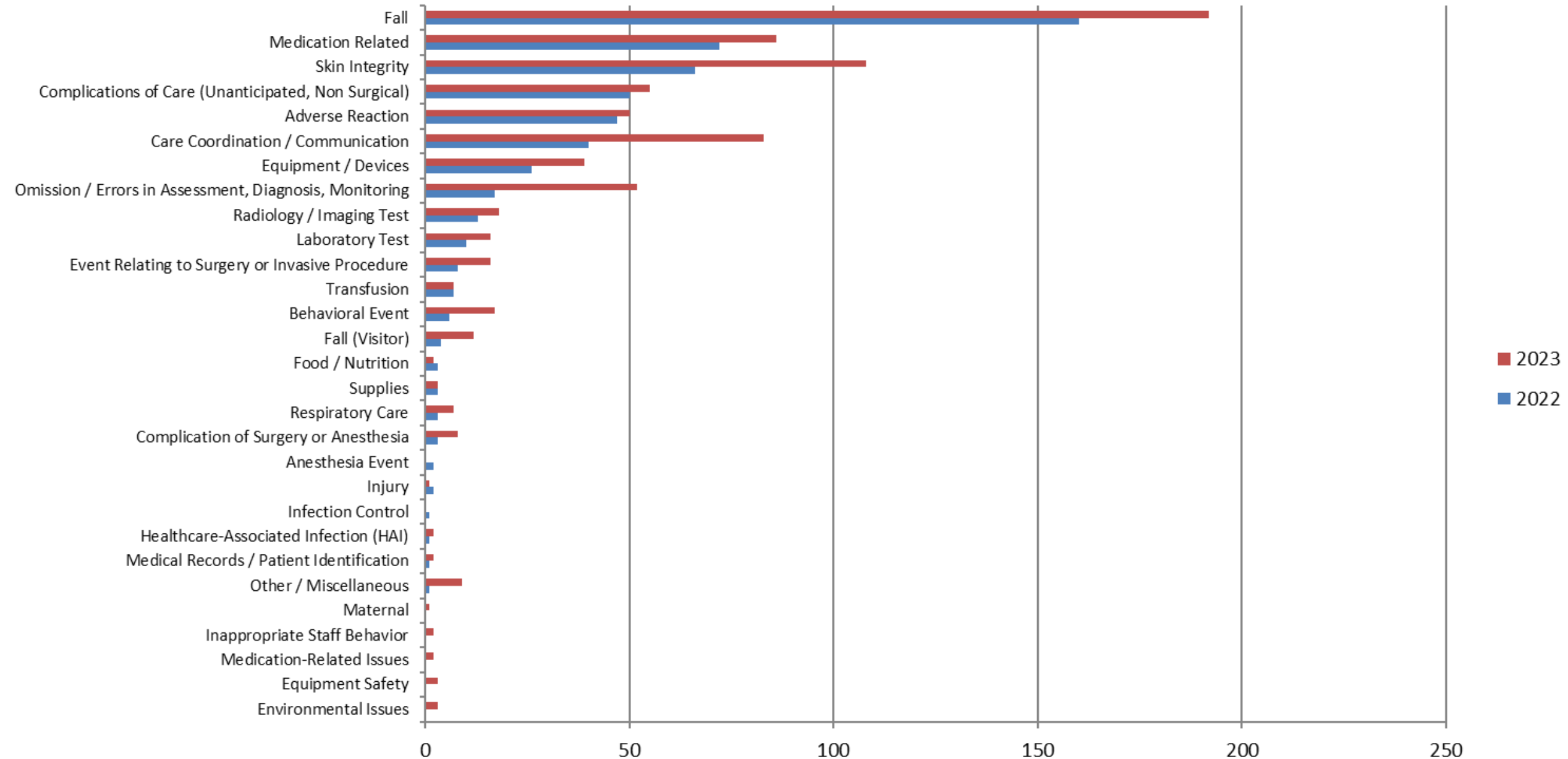


Incidents by Event Type

2022 - 2023



Incidents by Event Type – Harm Score 6+ 2022 - 2023





Date: January 16, 2024

To: OHSU Board of Directors

From: Brooke Baldwin, DNP, RN

RE: OHSU Board of Directors presentation: Re-Imagining the Future of Nursing and Patient Care Services at OHSU

Nursing services at OHSU must adapt to the ever-changing environment within healthcare. Nursing services are particularly critical for meeting the strategic priorities for OHSU Health's mission, vision, and values. A strategic roadmap, outlining six key strategic focus areas for re-imagining the needs for nursing and patient care services will be presented along with the current state of nursing workforce.

Re-Imagining the future of nursing at OHSU with a clear roadmap of actions and measured outcomes is critically importance for the entire OHSU community. From building pipelines, to achieving the goal of creating work and practice environments where nurses thrive and feel great about the work they do, will enhance not only the entire OHSU community, but the health and well-being of all Oregonians.

A handwritten signature in black ink that reads "Brooke Baldwin". The signature is written in a cursive, flowing style.

Reimagining the Future of Nursing & Patient Care Services at OHSU

OHSU Board of Directors Meeting

January 25, 2024

Presented by: Brooke Baldwin, SVP & Chief Nursing
Executive OHSU Health and Associate Dean, Clinical Affairs,
OHSU School of Nursing



OHSU
Health

Topics



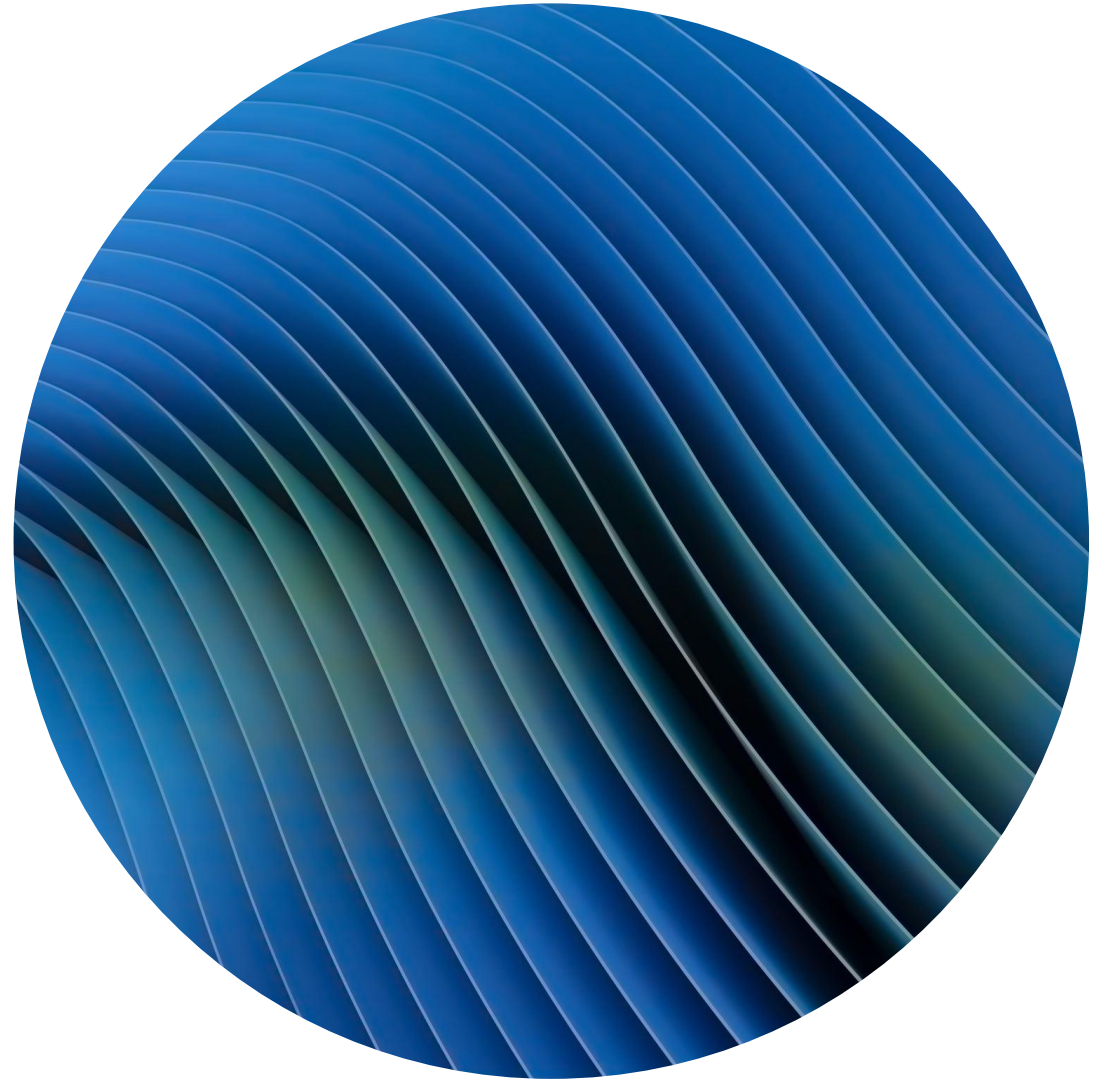
The Reimagining Nursing
Journey

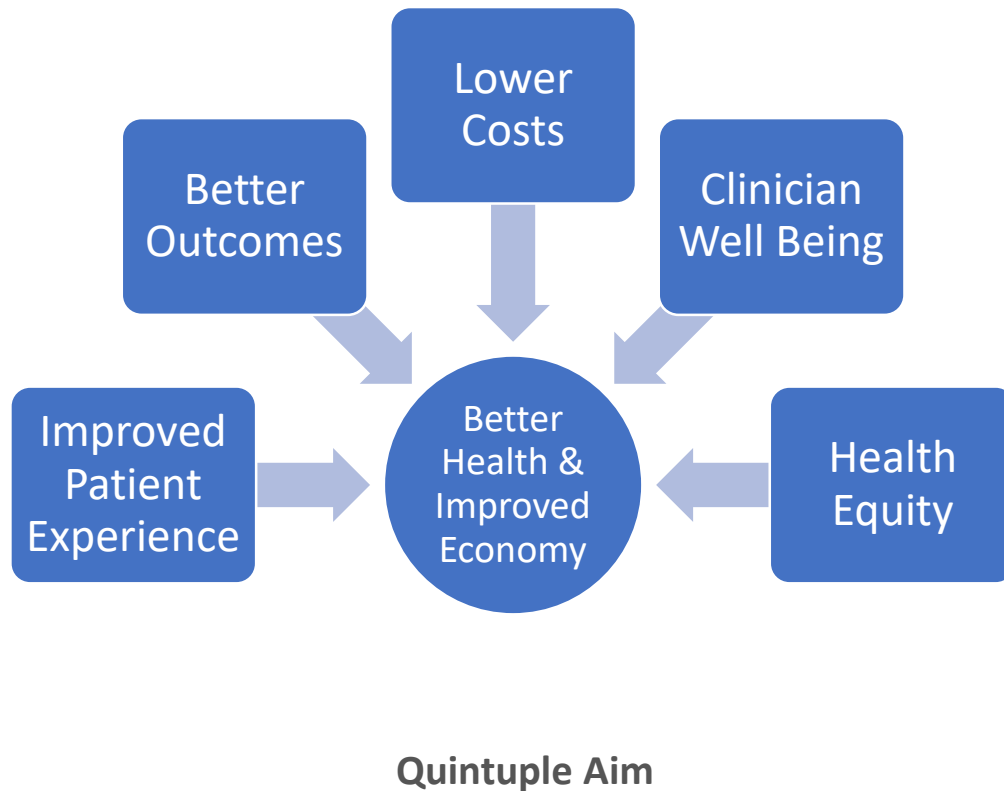


Overview of the Nursing
Strategic Roadmap



Current State of Nursing
Workforce





Vision: OHSU will partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians and beyond.

Six goals — timeless aspirations — form the basis of the plan:

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

Journey of Nursing Excellence & Innovation at OHSU

Nursing's Reimagining Journey Timeline

History of Nursing Excellence at OHSU

Feb. 2023

- Started role as CNE

Feb.–May
2023

- First 90 - 120 days (February to May) Organizational Assessment

June–Sep.
2023

- Building the foundation to create a formal workplan with the OHSU Nurse Executive team
- Nursing Org re-structure

Sep.–Dec.
2023

- Building teams to develop tactics and metrics for the nursing strategic roadmap

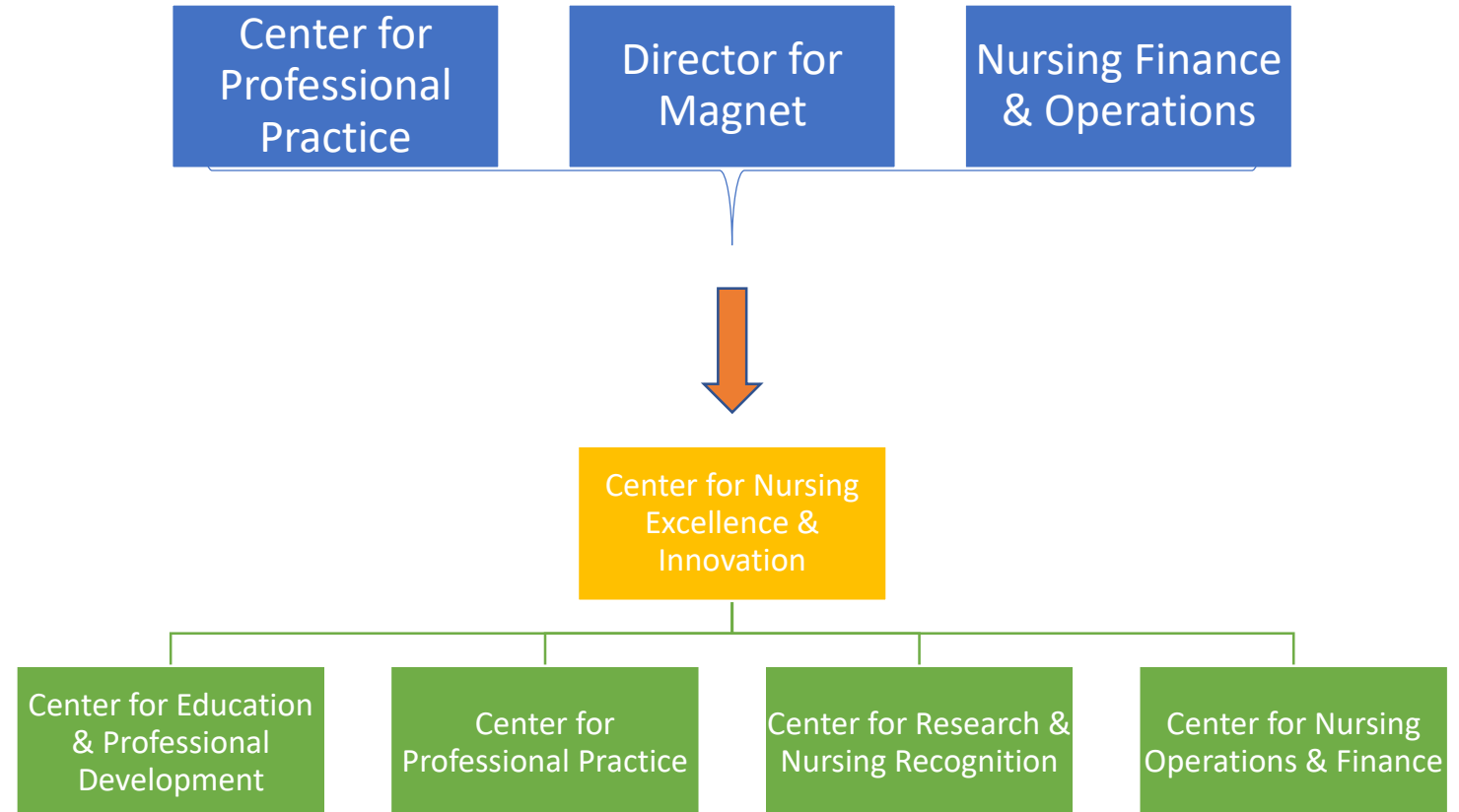
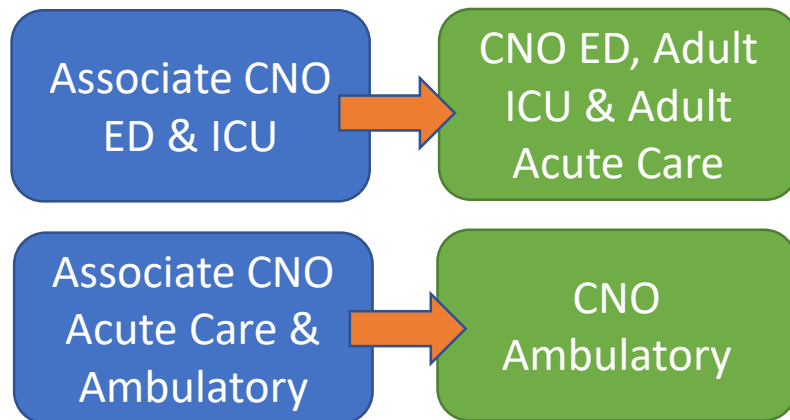
Dec. 2023

- Overview of the workplan shared during the State of Nursing Address (all of nursing invited)

Jan.–Mar.
2024

- Workplan Teams developing tactics with outcome metrics

OHSU Nursing Organizational Restructure





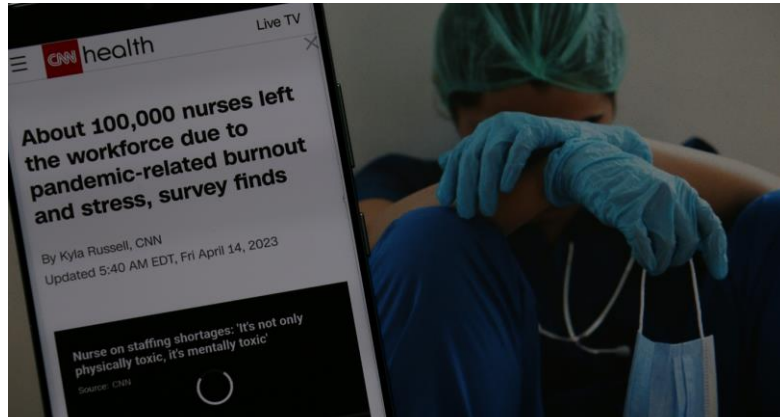
Professional Governance	Evolve to a contemporary model of nursing governance structure
Human-Centered Leadership	Create an environment where front-line leaders lead authentically, thrive and feel great about the work they do
Appropriate Safe & Innovative Staffing	Ensure a work environment that leads to the delivery of safe and effective care
Workforce	Strengthen work and practice environments where nurses and interprofessional team members feel great about the work they do
Clinical Excellence & Zero Preventable Harm	Deliver, consistent, safe, and highly-reliable care to ensure optimal outcomes
Diversity, Equity, Inclusion, & Belonging	Build a more inclusive community of diverse patients, healers, thinkers and leaders

Nursing's Strategic Roadmap 2024

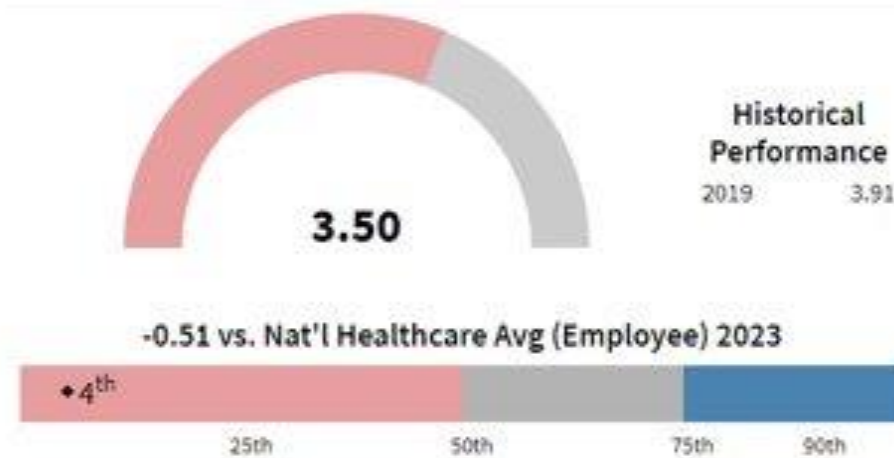
Optimizing Nursing Workforce



State of Nursing & Nursing Workforce at OHSU



Engagement Indicator



National RN Turnover Rate averaging 22.5%

Average cost of turnover for a staff RN = \$52,350

Each % change in RN turnover costs an average hospital \$380,600 per year

RN Recruitment Difficulty Index ranges from 61-120 days (2-4 months to recruit an experienced RN

Step Down, ED, Behavioral Health & Telemetry has the highest cumulative turnover rate, essentially turning over their entire RN staff in less than 5 years

OHSU RN external turnover is currently 8.42%, below national average

OHSU RN vacancies at 5.7% in November, below the national average

OHSU RN Hiring

- July-Dec 2023 = 291
- Jan-Feb 2024 = 145

Time to fill – 83 days, down from a peak of 180 days (early 2023)

Data Insights

Top Concerns from Nurses

- Effective communication
- Adequate staffing and sufficient time to provide the best care/service
- Confidence in senior leadership and senior leaders supporting the mission and values
- Senior nursing leadership responsive to feedback
- High level of job stressors

Insights from the Data

- We have a workforce committed to the vision, mission, and values of OHSU
- A work and practice environment where nurses feel they are thriving and able to do great work is not always being realized
- Gains in pay and elements of the ONA-OHSU CBA have resulted in a bump in recruitment – must ensure that the work and practice environment result in retention

Current Activities & Interventions

Staffing

Current effort to implement meal and break coverage
Preparation for implementation of ratios

Healthy Work Environment

9 units enrolled in the year-long AACN Clinical Scene Investigator Academy

Workforce

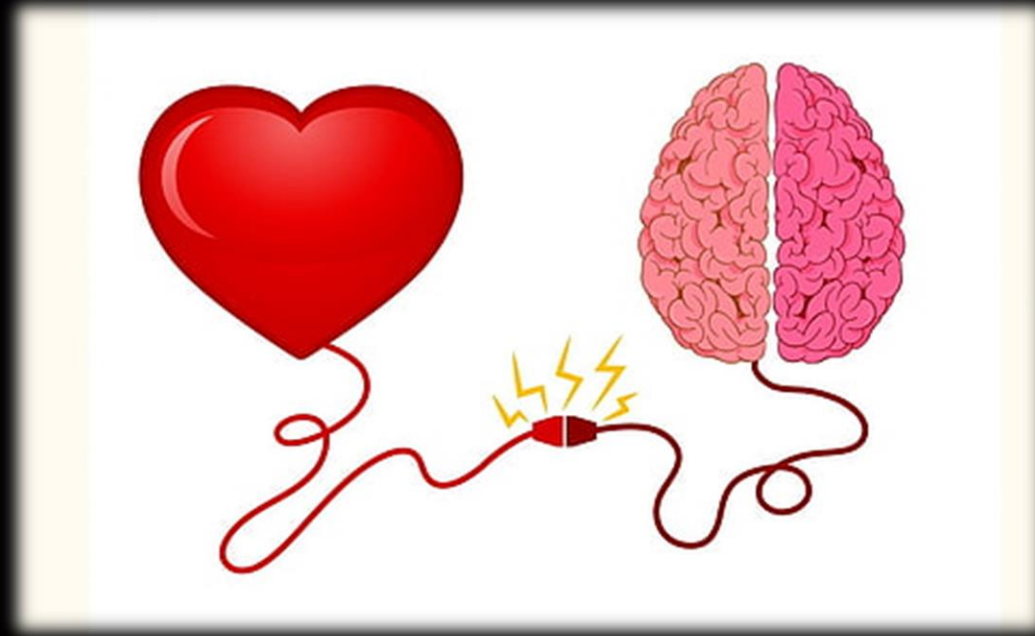
Working with the HA TAP team for regional and national recruitment efforts
RN pipeline development with OHSU SON

Leadership Development

Leader cohorts in progress for coursework on the essentials of human-centered leadership

"Nursing is Love in
Action"

- Lillian Wald, BSN



"Nursing is a profoundly radical profession that calls society to equality and justice, to trustworthiness and to openness. The profession is, also, radically political: it imagines a world in which the conditions necessary for health are enjoyed by all people."

- Mark Lazenby, PhD, APRN

In Closing



Date: January 16, 2024

To: OHSU Board of Directors

From: David Huang, MD, PhD

RE: Optical Coherence Tomography: from the Eye to the Heart and Beyond

Optical coherence tomography (OCT) is a technology invented in 1991 to image small critical tissue structures throughout the body with micrometer resolution. It is widely used in the management of eye and coronary heart diseases. In 2023, OCT received wide attention when its inventors received the prestigious Lasker-DeBakey Clinic Medical Research Award and the National Medal of Technology and Innovation from President Biden.

I will present OCT from an inventor's perspective. The physical principles will be explained with illustrations on measuring the time-of-flight of light with interferometry. I will tell the story of the aha moment when the idea of OCT came to my mind. The biggest applications of OCT in the management of eye diseases will be shown. Recent advances that enable OCT to advance beyond the imaging of tissue structure to the detection of blood flow and photoreceptor function will be described, with emphasis on the technology development and clinical translation work performed at the Center for Ophthalmic Optics & Laser at the OHSU Casey Eye Institute. I will also present a vision for broader applications of OCT, which includes imaging the eye to assess brain and cardiovascular diseases, as well as direct OCT imaging of other target organs such as the skin, digestive tract, brain, inner/middle ear and teeth.



OHSU Board Meeting

January 25, 2024

Optical Coherence Tomography (OCT): from the Eye to the Heart and Beyond

David Huang, MD, PhD

Wold Family Endowed Chair in Ophthalmic Imaging
Professor of Ophthalmology & Biomedical Engineering
Oregon Health & Science University, Portland, Oregon



CASEY EYE
Institute

Financial Interests

OHSU and Dr. D. Huang have a significant financial interest in Visionix, a company that may have a commercial interest in the results of this research and technology. This potential individual conflict of interest has been reviewed and managed by OHSU. Visionix (formerly Optovue): patent royalty, material research support; Canon, Cylite, Intalight: material research support; Genentech: patent royalty; Kugler: book royalty

2023: A Banner Year for OCT



**Lasker-DeBakey
Clinical Medical Research Award**

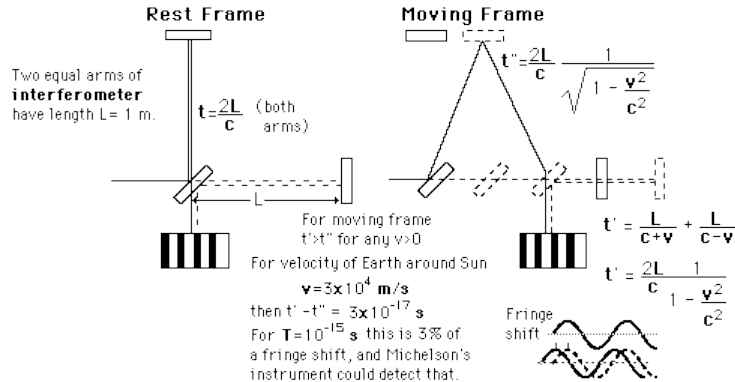


National Medal of Technology & Innovation

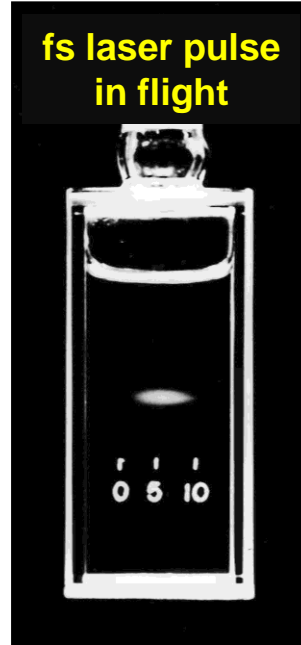
Only light is fast enough to measure the time-of-flight of light

Michelson Morley Experiment

A famous experiment which failed. (?*)
*Nobel Prize, 1907



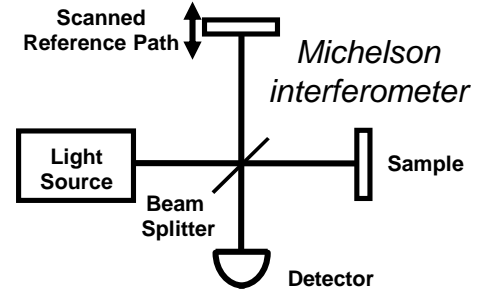
Speed of light = 300,000 km/sec



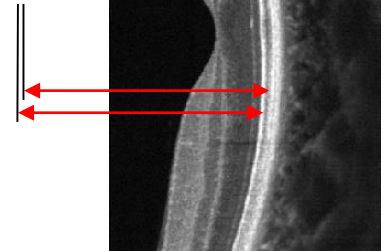
Femtosecond (fs) = 10^{-15} sec
= 1 millionth of a billionth of a second

Duguay MA, Mattick AT. *Appl Opt* 1971;10:2162

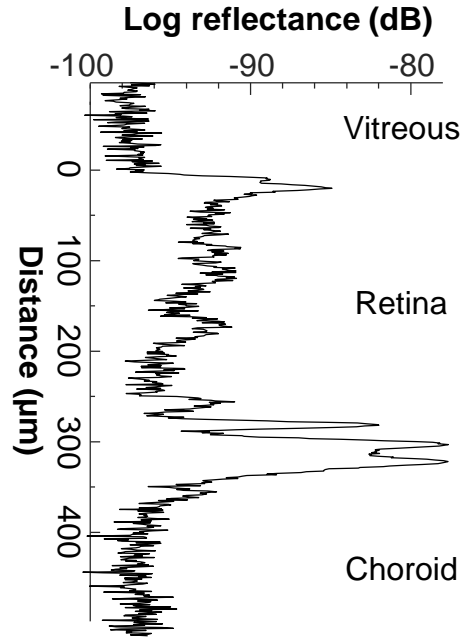
Optical coherence tomography (OCT)



3 micrometer
(0.0002 inch)
30 fs round-trip

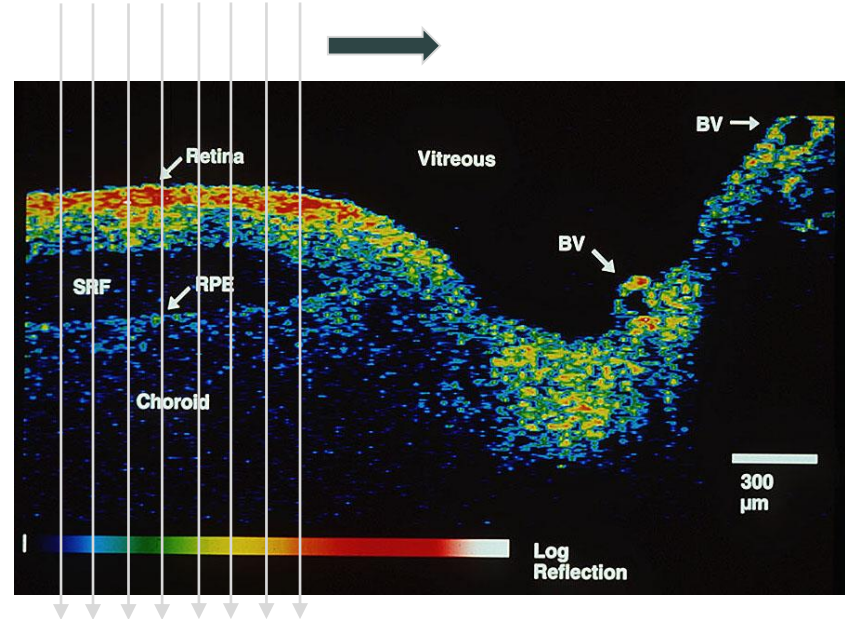


From retinal thickness to imaging



Axial scan (A-scan)

Aha!

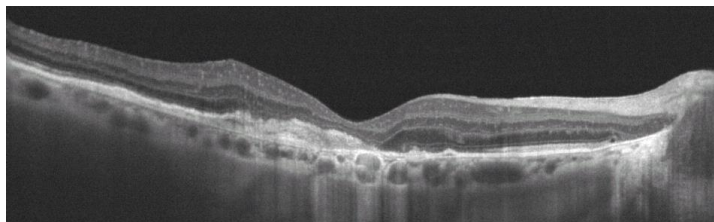
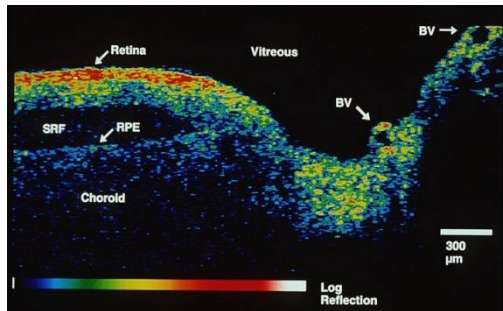


Cross-sectional OCT (B-scan)

Choosing the most promising clinical applications

Retina

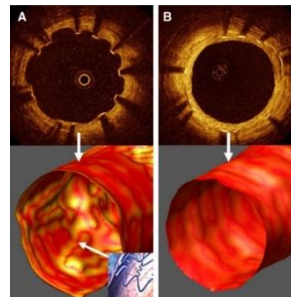
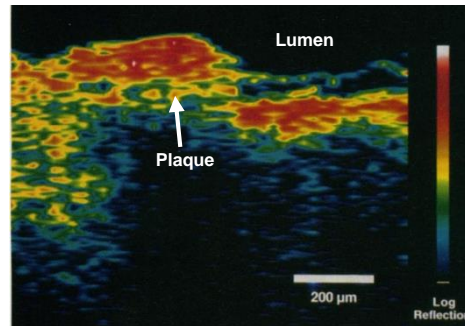
1991



2016

~30M procedures/year

Coronary Artery

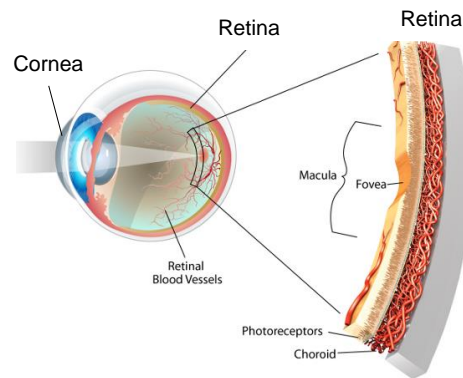
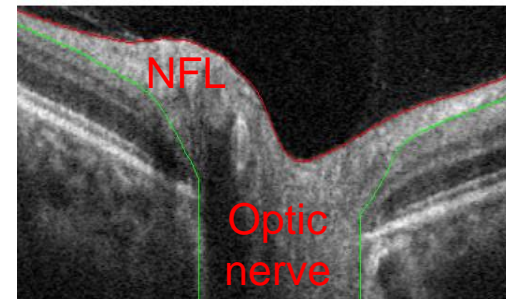


~100k /year

Ophthalmology: Saving Vision & Money

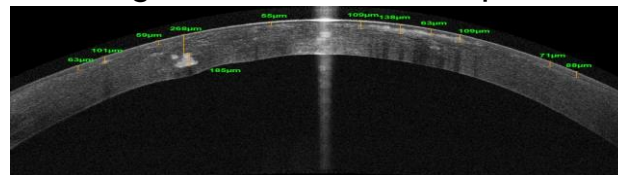
Glaucoma

Early detection & monitoring
of disease progression



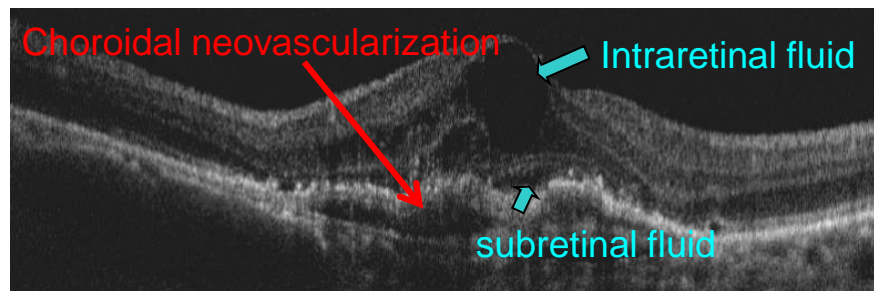
Cornea

Guiding laser treatment of opacities



Retina

Diagnosis of many diseases
Guiding medical & surgical treatments



\$40 to scan both eyes

Sight Saving & Money Saving

OCT guidance of as-needed
injections in the eye for wet
age-related macular
degeneration (AMD) saved
Medicare \$1.2 billion per year.

-Windsor MA et al. *Am J Ophthalmol*
2018;185:115

Outreach

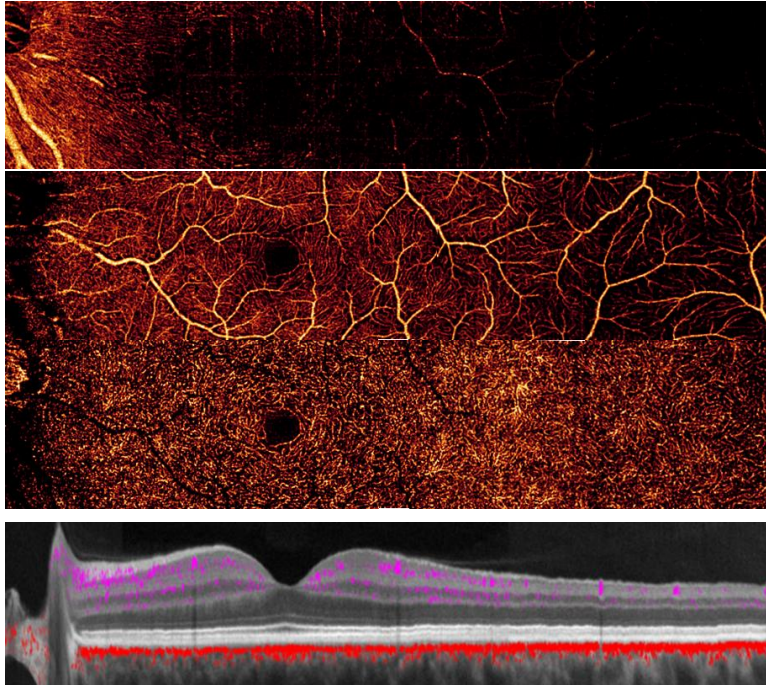
Transportable
Economical



Pushing the frontier of OCT at OHSU

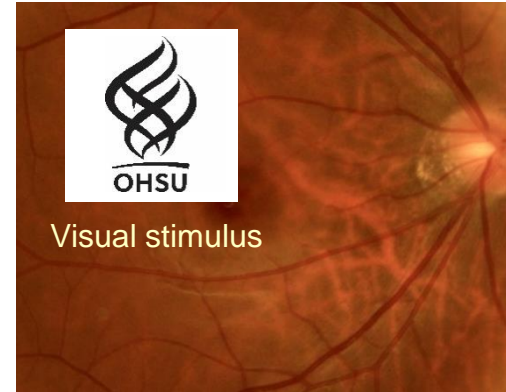
From structure to function

OCT Angiography



Campbell JP, et al. (Jia Y, Huang D). *Sci Rep* 2017;7:42201

OCT Optoretinography

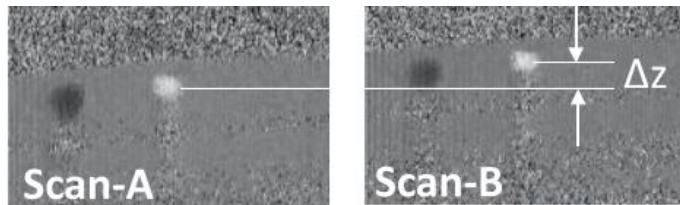
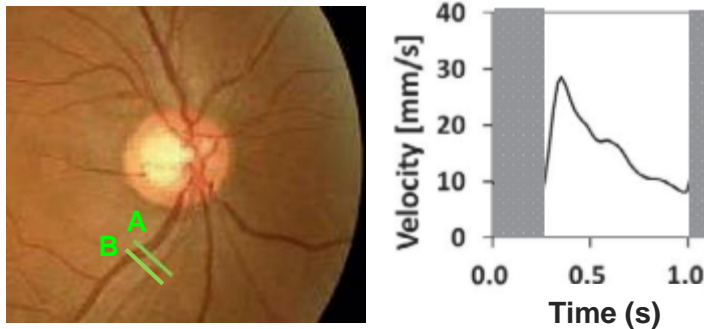


Mapping of
photoreceptor
light response

Siyu Chen, PhD [OHSU Casey Eye Institute](#)

Using the Eye as a Window to Brain, Heart & Blood Vessels

Doppler OCT



Hemodynamics: carotid & aortic valve diseases, arteriosclerosis

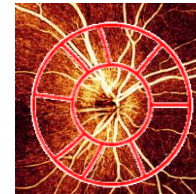
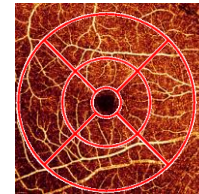
Sakai J, et al. *Transl Vis Sci Technol* 2019;8:13

OCT Angiography



Macular
ganglion cells

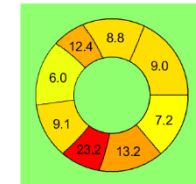
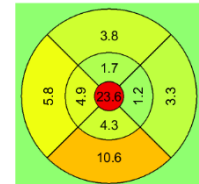
Nerve
fiber layer



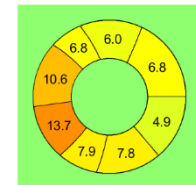
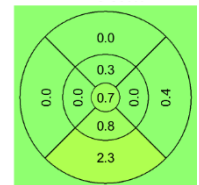
David Huang, MD, PhD
Ou Tan, PhD
Yali Jia, PhD
Casey Eye Institute

Elizabeth Silbermann, MD
Rebecca Spain, MD
Dennis Bourdette, MD
Lisa Silbert, MD
Jeffrey Kaye, MD
Dept of Neurology

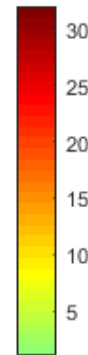
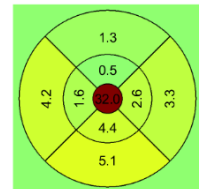
Glaucoma



Multiple
Sclerosis

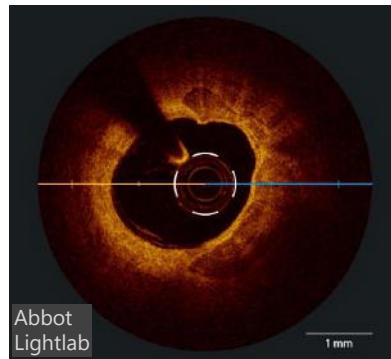


Alzheimer's
Dementia

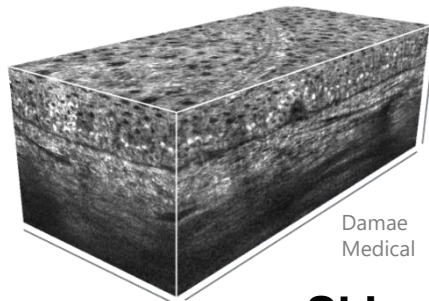


% Perfusion
Loss

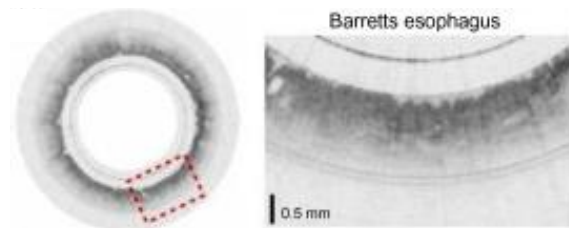
Beyond the Eye: Other Target Organs



Heart
Coronary artery stents



Skin
Cancer, inflammation,
vascular malformation

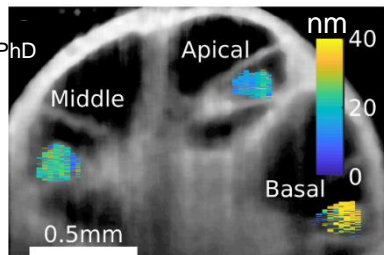


Digestive Tract
Cancer

Gora MJ, Tearney GJ.
Barrett's Esophagus
2016; 105

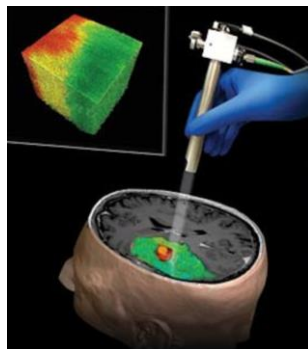
Alfred Nuttall, PhD
George Burwood, PhD

*Oregon Hearing
Research Center*



Inner/Middle Ear
Vibrometry

Burwood G et al.
Sci Adv 2022;8:2773

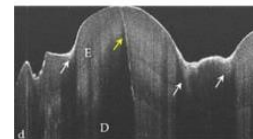


Brain
Tumors,
Epileptic
foci

Kut C et al. *Sci Transl Med* 2015;7:292



Teeth
Caries,
Cracks,
Mineralization
defects



Schneider H et al.
Appl Sci 2017;7:472



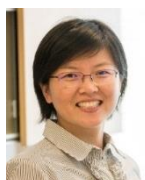
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CENTER FOR OPHTHALMIC OPTICS & LASERS



David Huang,
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Yali Jia, PhD



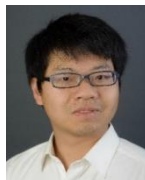
Yan Li, PhD



Ou Tan, PhD



Yifan Jian, PhD



Siyu Chen,
PhD



Denny Romfh, OD



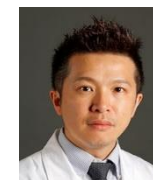
Tristan Hormel,
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Jie Wang, PhD



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Po-Han Yeh,
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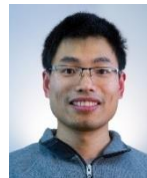
Kai Neuhaus,
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Azaz Khan, PhD



**RESOLUTION 2024-01-02
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

(Approval of Committee Appointments)

WHEREAS, the Board wishes to identify and appoint a new Board member to serve on the Integrity Program Oversight Council.

NOW, THEREFORE, BE IT RESOLVED:

The following persons shall be appointed to the Integrity Program Oversight Council and shall serve at the pleasure of the Board of Directors:

Calvin Jara
Susan King
Sue Steward

This Resolution is adopted this 25th day of January, 2024.

_____ Yeas

_____ Nays

_____ Abstentions

Signed by the Secretary of the Board on January 25, 2024.

Connie Seeley
Board Secretary



**RESOLUTION 2024-01-03
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

WHEREAS, Mahtab Brar, M.D., has served as a member of the Board of Directors of Oregon Health & Science University since November 9, 2021, including service on the Integrity Program Oversight Council;

WHEREAS, the Board of Directors wishes to recognize the service, thoughtful leadership and outstanding achievements of Dr. Brar; and

NOW THEREFORE, BE IT RESOLVED, that Oregon Health & Science University expresses its sincere appreciation for the valuable service and dedication of Dr. Mahtab throughout his tenure on the Board of Directors and for advancing OHSU's missions of teaching, healing, discovery and outreach.

This Resolution is adopted this 25th day of January, 2024.

Yeas _____

Nays _____

Signed by the Secretary of the Board on January 25, 2024.

Connie Seeley
Board Secretary

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

ADA – Americans with Disabilities Act

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.

AHEC – Area Health Education Centers

AHEC SW - AHEC South West of Oregon located in Roseburg, OR

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

CEAH - Cascades East AHEC, located in Bend, OR

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

Clery – Clery Act requires colleges and universities to report campus crime data, support victims of violence, and publicly outline the policies and procedures they have put into place to improve campus safety

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 – 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 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
Hospice GIP – Hospice General In-patient
HR - Human Resources.
HRBP – Human resources business partner
HRSA - Health Resources and Service Administration, federal agency under Health and Human Services
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
INR – International Normalised Ratio
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
NEOAHEC - Northeast Oregon AHEC, located in La Grande, OR
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
OCIC – Office of Civil Rights Investigations and Compliance
OCNE - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.
OCR – Office of Civil Rights Federal Office
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.
OHWI - Oregon Pacific AHEC Center located in Lebanon, OR
ONA - Oregon Nurses Association. Professional association for nurses in Oregon.
OPAHEC - Oregon Pacific AHEC Center located in Lebanon, OR
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.
PARS – Physician Advice and Referral Service
PaWS – Parking and Workplace Strategy
PCLF - Primary Care Loan Forgiveness program. Oregon program that covers tuition in exchange for a service commitment. Students enroll during the mid-point of their education.
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.
Prgogrm – 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
SAVE Act – The Campus Sexual Violence Elimination Act
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
SHOI - Students for a Healthy Oregon Initiative. Oregon program that covers tuition in exchange of a service commitment. Students enroll at admission.
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

Title IX - The U.S. Department of Education's Office of Civil Rights enforces, among other statutes, Title IX of the Education Amendments of 1972. Title IX protects people from discrimination based on sex in education programs or activities that receive federal financial assistance. Title IX states: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

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

VAWA – The Violence Against Women Act

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.