OHSU Public Meeting of the Board of Directors

Friday, January 30, 2026
1:00-5:00pm

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

2730 S Moody Ave, Portland, OR 97201

YouTube
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OREGON HEALTH & SCIENCE UNIVERSITY
MEETING of the BOARD OF DIRECTORS
Public Agenda
Friday, January 30, 2025
1:00-5:00pm
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1:00-3:15pm	Call to Order/ Chair's Comments	Susan King, M.S., RN, CEN, FAAN
	President's Comments	Shereef Elnahal, M.D. M.B.A.
	Public Testimony	Susan King, M.S., RN, CEN, FAAN
	Standing Reports	
	• RWU	Lynne Swarbrick
	• AFSCME	Jennie Olson
		Jennifer Roemer, RRT, J.D.
	• Faculty Senate	Erin Madriago, M.D., FASE
		Amy Miller Juve, Ed.D., M.Ed.
	Financial Results	Jim Carlson
	FY25 Quality & Safety Report	Renee Edwards, M.D., MBA
		Clea McDow, MPH, HA
	Update from Office of Civil Rights Investigations and Compliance	
		Angela Fleischer, MSW, LCSW, CFP-A
3:15-3:25pm	Break	
3:25-5:00pm	Multnomah County Public Health	
		Paul Halverson, DrPH, MHSA, CPH, CEST, FACHE
	Presidential Goals	Susan King, M.S., RN, CEN, FAAN
	Government Relations Update	
	• *Legislative Agenda/Federal Update*	Julie Hanna
5:00pm	Meeting adjourned	

January 26, 2026

Dear Members of the OHSU Board of Directors,

We would first like to thank you for inviting our union to formally address the Board of Directors through a standing report at board meetings. We believe this opportunity will strengthen the relationship between OHSU and its labor partners and, ultimately, help make OHSU an a stronger employer.

In our first report, we respectfully ask for the Board's support in further strengthening our approach to professional-technical and service staffing in a way that supports patients, staff, and organizational and legal compliance.

State law, through HB 2697, establishes safe staffing committees for professional-technical and service staff, and outlines specific criteria that must be considered when developing staffing plans. These criteria—including hospital square footage, patient census and acuity, patient location, national standards, assurance of patient access to care, and direct staff feedback—provide a comprehensive framework to guide thoughtful and effective staffing decisions.

The staffing committee has successfully developed staffing plans for technical and service staff using these required criteria. As care environments and operational demands continue to evolve, it is essential that the committee be able to regularly evaluate how these plans function in practice. At present, this evaluative process is not fully implemented, and access to accurate, consistent data is critical to developing it.

Currently, when deviations from approved staffing plans occur, they are not captured in a consistent or centralized manner. This limits the committee's ability to fully assess trends, understand contributing factors, and determine whether staffing plans continue to meet patient and staff needs as intended. In contrast, nursing staffing plan deviations are supported by a reporting database that enables transparent review and informed, data-driven decision-making.

Establishing a similar reporting database for technical and service staffing would be a positive and constructive step forward. Such a system would allow the staffing committee to review complete and reliable information and evaluate staffing plans based on objective, agreed-upon metrics, including:

- Whether statutory staffing requirements are being met

- Whether patient care or staff safety were impacted

- Whether deviations were due to factors within organizational control, such as staffing decisions, or outside of organizational control, such as unexpected patient volume or unforeseen staff illness

With access to this information, the staffing committee could focus its time and expertise on analysis and continuous improvement, ensuring that staffing plans are responsive, compliant, and grounded in

real-world conditions. Most importantly, this approach keeps the emphasis on patient care, staff well-being, and safety—rather than on the downstream consequences of compliance gaps, including costly fines.

We respectfully request the Board's support in ensuring that the necessary reporting infrastructure is in place for technical and service staffing, consistent with the systems already supporting nursing staffing plans. We also ask for support in ensuring adequate financial investment to increase staffing in areas where data-driven analysis demonstrates a clear need. Together, these efforts will help ensure staffing decisions remain aligned with the intent of the law and our shared mission of providing safe, high-quality care.

Thank you for the opportunity to address the Board and for your continued leadership and commitment to supporting both our patients and the staff who care for them.

Respectfully,

Jennie Olson
President, AFSCME Local 328

Jenn Roemer, RRT, J.D.
Vice President, AFSCME Local 328

AFSCME Local 328 Presentation to OHSU Board of Directors

Jennie Olson – President AFSCME Local 328; Labor Executive Sponsor of Staffing Committee

Jenn Roemer RRT, JD – Vice President AFSCME Local 328; Professional Technical Dyad Member of Staffing Committee

House Bill 2697 – Staffing Committee Requirement

House Bill 2697 requires hospitals to establish a Professional / Technical, and Service Staffing Committee responsible for developing staffing plans for inpatient and outpatient hospitals and clinics. The committee's purpose is to ensure hospitals maintain adequate staffing levels to safely and effectively meet the healthcare needs of patients.

Key Dates
- **Law effective date:** September 1, 2023
- **Mandatory enforcement:** June 1, 2025

Source: House Bill 2697

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Professional / Technical and Service Staffing Committee

- Committee is composed of an equal number of management and staff representatives, serving in dyads

- Committees are responsible for reviewing and modifying staffing plans, as needed, in accordance with section 4 of the law

- Staffing plans must consider:
  - Hospital census
  - Patient location
  - Patient population, acuity, and care needs
  - National standards (when available)
  - Hospital size and square footage
  - Ensuring timely patient access to care
  - Feedback from frontline staff

1/27/2026

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Staffing Plan Development and Oversight Process

- Staffing committee develops and approves staffing plans

- Any disputed plans are escalated to the Hospital CEO for resolution

- Approved staffing plans are implemented and submitted to the Oregon Health Authority (OHA)

- Deviations from approved plans should be reported to OHA; OHSU has also established an internal process to record staffing plan deviations

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Allowed Deviations and Penalty Safeguards

Allowed deviations

- Hospitals may deviate from an approved staffing plan up to six (6) times within a 30-day rolling period, **provided written notice** is given to the applicable staffing committee

Conditions Under Which Penalties are Not Imposed

- Penalties for staffing plan violations will not be assessed when the hospital as taken the following actions:
  - Scheduled staff in accordance with the approved staffing plan
  - Solicited volunteers to work additional shifts
  - Contacted employees who have indicated availability for extra work
  - Solicited travelers or temporary staff, when permitted under applicable collective bargaining agreements

  Source: HB 2697 OAR Fact Sheet

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Staffing Plan Scope and Compliance Impact

- Initial staffing plans were developed and implemented for inpatient areas; plans for outpatient clinics were not developed due to differing interpretations of the law between the employer and AFSCME Local 328

- The Oregon Health Authority (OHA) subsequently ruled that staffing plans were also required for outpatient clinics; development of these plans is currently underway.

- OHSU has incurred significant financial pentalies for staffing plan deviations that did not qualify for safe harbor or meet required penalty safeguards.

- The overall cost of these fines could otherwise be utilized to support additional staff where appropriate, and enhanced reporting methodologies to enable data-driven analysis in meeting staffing plan requirements and supporting plan changes where appropriate

OHA investigation reports and penalty charges can be found at: https://www.oregon.gov/oha/ph/providerpartnerresources/hospitalstaffing/pages/investigation-reports.aspx

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Staffing Stabilization Included in Ratified Contract

- **10.15 Staffing Stabilization.** At the request of at least half of the employees in a unit, the Employer and the Union will meet within thirty (30) days of the request to discuss recommendations for stabilizing and improving the unit's staffing. A reasonable time in advance of the meeting, the Union may request the Employer provide unit specific information regarding any of the following prior to the meeting: missed meal and/or rest breaks, open positions, number of travelers or agency workers, employee turnover, overtime paid, frequency of mandatory overtime, ANI paid, frequency of triage staffing or consolidation, general information regarding Patient Safety Incidents and Worker Safety Incidents, number of vacation request denials, any reduction in FTE (due to layoff or other) without a reduction in workload, use of on-call. The unit will make a good faith effort to provide this information, if it exists for the unit, within a reasonable time. The Union will designate two unit employees plus a Union representative to participate, and the Employer will designate the unit manager or designee, the next-level leader, and an additional management participant. Sixty (60) days after that meeting, the Employer and Union will meet to review staffing in the work unit and may make new recommendations if staffing has not sufficiently improved.

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  Within one hundred eighty (180) days of ratification of this contract, the employer shall establish a process to track department or work unit incidence of:
  A. Missed meal and/or rest breaks for hourly employees
  B. Open positions
  C. Employee turnover
  D. Overtime paid
  E. ANI paid
  F. Use of on-call

-

Request for Board Support

To support compliance with House Bill 2697 and enable effective oversight by the Staffing Committee, AFSCME Local 328 requests the OHSU Board of Directors to support implementation of a required staffing deviation reporting database.

Purpose and Benefits

- Enables staffing committee to perform timely, data-driven analysis of staffing plans and deviations

- Supports the law's intent of ensure safe, adequate, and sustainable staffing

- Improves visibility into root causes of deviations and opportunities for corrective action

- Reduces compliance risk and potential financial penalties

- Aligns staffing resources with patient access, acuity, and care needs

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Date: January 20, 2026

To: Oregon Health & Science University Board of Directors

From: Erin Madriago, Senate President and Professor, Pediatrics, on behalf of the OHSU Faculty Senate

Senate highlights and appreciations:

- Faculty Senate Winter Social and Townhall: Thank you to the faculty and senior leaders who attended the Senate Winter Social. It was the highest attended social we have had and hope to continue an upward trend in attendance. We also wanted to thank President Elnahal for co-hosting another Faculty Townhall. We had well over 200 in attendance virtually and in-person. We look forward to future Townhalls together.

- Upcoming Distinguished Faculty Awards Ceremony, February 20th: This year will mark the 30th year of this celebratory event. Faculty Senate is exceptionally proud of being able to recognize our faculty colleagues and we appreciate the support of the OHSU Foundation, the President, the Provost, and the Senate Awards Committee for helping to make these awards possible. Each year, the Senate recognizes faculty in 6 categories (teaching, research, service, leadership, collaboration, and excellence of an early career faculty). The award categories rotate through the schools and affiliated units annually. Please see the attached program to read more about the finalists and winners.

- PULSE Survey results:

  o Still very low response rate (28%), which we continue to see as a clear marker of low faculty engagement

  o Improvement in confidence in senior management, in commitment to honest communications, in respect for employees

  o Look forward to further improvement as leadership engages more with faculty, and specifically on key issues

- Additional work:

  o We appreciate our involvement in discussions around salary (thank you, Dr. Elnahal for your engagement with the Senate and commitment to sharing salary proposals with us).

- We want to formally recognize the work that has led to our current positive financial trend.

- We are appreciative to play a part in evaluating priorities for OHSU, both with the work being performed for the Financial Optimization Initiative, and in collecting and refining goals for the future of OHSU.

- Senators are now joining the Workforce Training Committee to help review Compass modules required by faculty to complete for content, requirements, substitution strategies, etc. Thanks to Ms. Angie Sklenka, Ms. Alice Cuprill Comas and the workgroup for taking on this important work.

- We have met with our new CFO and CEO and will be engaging with them regularly in our Senate meetings

Areas of focus and updates:

- ONPRC
- Leadership transitions
- Faculty Compensation
    - Market-driven salaries
    - Benefits in alignment with other represented groups
    - Clearly articulated academic time

OHSU

To: OHSU Board of Directors

Date: January 23, 2026

RE: Financial Results

We are including the financial results slides here for reference. As a reminder, these will be reviewed by the public meeting of the Finance & Audit Committee on the morning of the full public meeting. All board members are invited and encouraged to attend the Finance & Audit Committee; the presentation will not be repeated at the full board meeting.

OHSU

January 30, 2026

To: Members, OHSU Board of Directors

From: Jeffrey Jones, Interim Chief Financial Officer

Re: Materials for January 30th Meeting

Enclosed are two attachments for next Friday's public meeting of the Finance & Audit Committee.

The first attachment provides an update on FY 26 financial results through the first six months. OHSU's year-to-date operating income is $122 million, which is $145 million above the budgeted loss of $23 million. However, this does not yet include the full impact of wage increases tied to tentative labor agreements we've reached. We've estimated these commitments as roughly $50 million in "missing expense" for the six-month period. After adjusting for that, our normalized operating income is $72 million, still solidly above the budgeted loss, and $105 million above prior year's loss of $33 million.

The key drivers of this performance are very encouraging. On the revenue side, operating revenues are up 16.3% year-over-year, driven by increased patient acuity of 5.5%, surgical volumes of 1.7% and ED visits of 4.1%. Also, work Relative Value Units (wRVUs), our key physician productivity measure, is 7.9% above budget.

The second document is an internal Audit & Advisory Services update. The team will review the FY 26 Audit Project Plan progress, review their risk assessment and project plan development process and their updated project watch list.

FY26 Half Year Financial Results

OHSU Finance & Audit Committee and Board of Directors / January 2026

FY26 Financial Imperatives

- December results continue to reflect the positive trend for the year ending the first half of the fiscal year well above budget and showing progress toward each of our five financial imperatives:
  - Achieving strategic growth in complex, higher margin services
  - Increasing productivity to meet our missions within cost growth parameters
  - Keeping FTE growth below 2% year over year
  - Disciplined targeting of benchmarked salaries and benefits recognizing the productivity of OHSU's represented & unrepresented workforce
  - Securing payment rates that reflect the unique role as Oregon's only Academic Health Center

Overview of FY26 December YTD Results

- Operating income for the first 6 months is $122m and $145m above our budget. However, this does not include wage increases on contracts that we have tentative agreements with. We estimate that these would roughly be $50m of "missing expense" for 6 months which would lower our operating income to an adjusted $73m.

- Operating revenues are up 16.3% year over year driven by strong clinical revenues. This is driven largely by significant patient revenue drivers including CMI at 2.70, strong surgical volume at 1.0% and wRVUs at 7.9% above budget.

- Operating expenses, adjusting for the "missing expense" are up 12.6%, still lower than our budget driven by stronger expense management.

FY26 Half Year Financial Results

(millions)

Chart showing Budget and Actual values (millions):

Category	Budget	Actual
Revenue	$3,047	$3,137
Salaries & Benefits	$1,854	$1,830
Other Expenses	$1,216	$1,184
Total Expense	$3,070	$3,014
Adj. Operating Income (Loss)	$(22)	$73

Budget ■ Actual

4
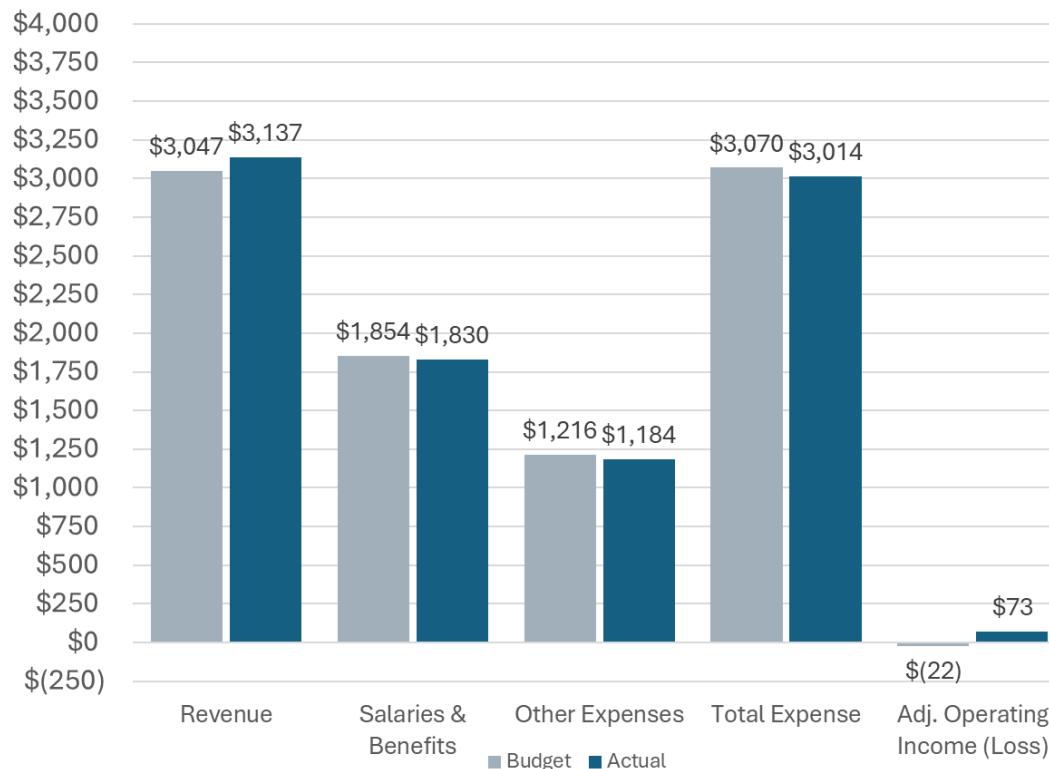
FY26 Half Year Operating Income Positive vs Last Year & Budget

December YTD (6 Months) (millions)	FY25 Last Year	FY26 Budget	FY26 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	$1,829	$2,163	$2,258	$95	23.5%
Medical contracts	97	110	108	(2)	12.2%
Grants & contracts	294	286	285	(1)	-3.1%
Gifts applied	66	61	55	(6)	-17.0%
Tuition & fees	42	44	44	(0)	5.0%
Sales, services & other	180	178	180	2	0.3%
State support*	190	205	207	1	8.7%
Operating revenues	**2,696**	**3,047**	**3,137**	**90**	**16.3%**
Salaries & benefits	1,679	1,854	1,830	(24)	9.0%
Rx & medical supplies	560	704	664	(40)	18.6%
Other services & supplies	361	379	383	4	6.1%
Depreciation	109	111	115	4	6.0%
Interest	22	22	22	(0)	-0.8%
Operating expenses	**2,730**	**3,070**	**3,014**	**(56)**	**10.4%**
Operating income (loss)	**$(33)**	**$(23)**	**$123**	**$145**	
Operating margin	*-1.2%*	*-0.7%*	*3.9%*	*4.6%*	
EBITDA margin	*3.6%*	*3.6%*	*8.3%*	*4.6%*	
Adjusted Operating income (loss)	**$(33)**	**$(23)**	**$73**	**$95**	
Adj. Operating margin	*-1.2%*	*-0.7%*	*2.3%*	*3.1%*	
Adj. EBITDA margin	*3.6%*	*3.6%*	*6.7%*	*3.0%*	

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Operating Margin Trend Improving from Prior Year & Budget

OHSU Operating Margin Trend

Bar values: FY14 4.2%, FY15 4.5%, FY16 5.2%, FY17 4.6%, FY18 4.6%, FY19 5.4%, FY20 -0.9%, FY21 2.0%, FY22 -2.3%, FY23 1.2%, FY24 -2.5%, FY25 -2.4%, FY26 Adjusted 2.3%

FY14 - FY19 average operating margin = 4.7%
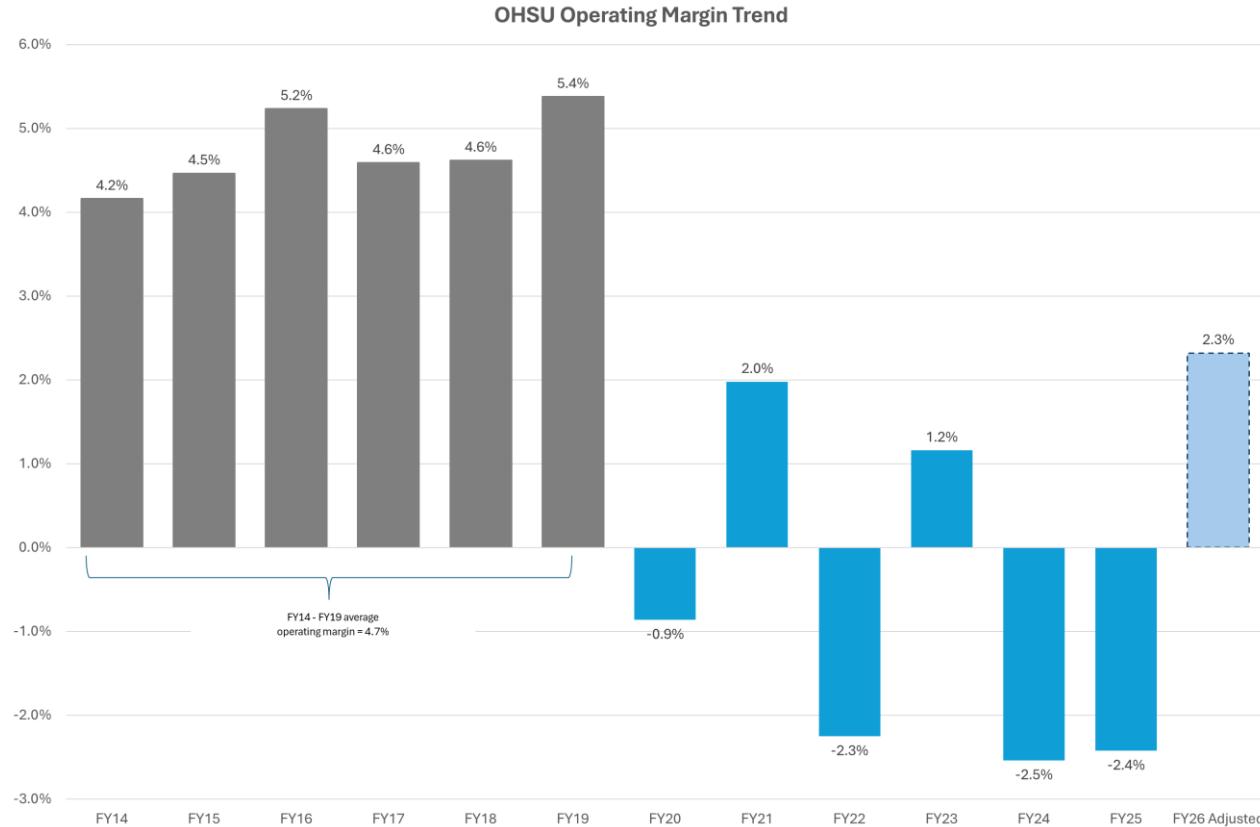
Broad-Based Gains Across Patient Volume Metrics

Patient Activity December YTD (6 Months)	FY25 Last Year	FY26 Budget	FY26 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	14,234	14,534	14,258	-1.9%	0.2%
Average length of stay	6.94	6.80	6.91	1.6%	-0.4%
Average daily census	495.2	498.0	496.4	-0.3%	0.2%
Day / observation patients	25,792	26,241	26,062	-0.7%	1.0%
Surgical cases	19,183	19,312	19,502	1.0%	1.7%
Emergency visits	28,988	29,610	30,181	1.9%	4.1%
Ambulatory visits	618,536	649,370	657,044	1.2%	6.2%
Casemix index (CMI)	2.56	2.60	2.70	3.8%	5.5%
Outpatient share of activity	59.4%	61.4%	61.4%	0.0%	3.4%
CMI/OP adjusted admissions	89,794	97,926	99,575	1.7%	10.9%
Rate-adjusted gross charges	4,627	5,233	5,224	-0.2%	12.9%

# Clinical Growth Against Budget Shows Results of Complex Care Focus

- Overall activity is growing strongly at +13% year-over-year across all services to meet rising demand.
- AHC-level demand is accelerating even faster, with +21% activity growth in cancer care and other complex subspecialty programs—unique to Oregon's only academic medical center.
- Imaging, lab, professional services, surgery, and procedural areas are up +13%; improving capacity, access, and throughput in these high-volume services remains a major strategic focus.

December YTD Volume Growth by Service Area (FY26 / FY25)	% of Hosp. Charges	Budgeted Growth	Actual Growth	Actual vs Budget
Non-hospital pharmacy	29%	28.4%	21.9%	-5.0%
Professional (imaging, lab, etc.)	16%	6.6%	12.6%	5.6%
Oncology services	7%	22.4%	40.5%	14.8%
Subtotal - higher growth areas	52%	20.6%	20.9%	0.3%
Surgery & procedural	20%	8.7%	16.7%	7.4%
All other hospital services	28%	14.4%	7.7%	-5.9%
Subtotal - lower growth areas	48%	12.1%	11.3%	-0.7%
Rate-adjusted gross charges	100%	13.1%	12.9%	-0.2%

Ambulatory Visits Steadily Increasing for last 10 years Showing Strong Demand


Ambulatory Year over Year Visit Growth
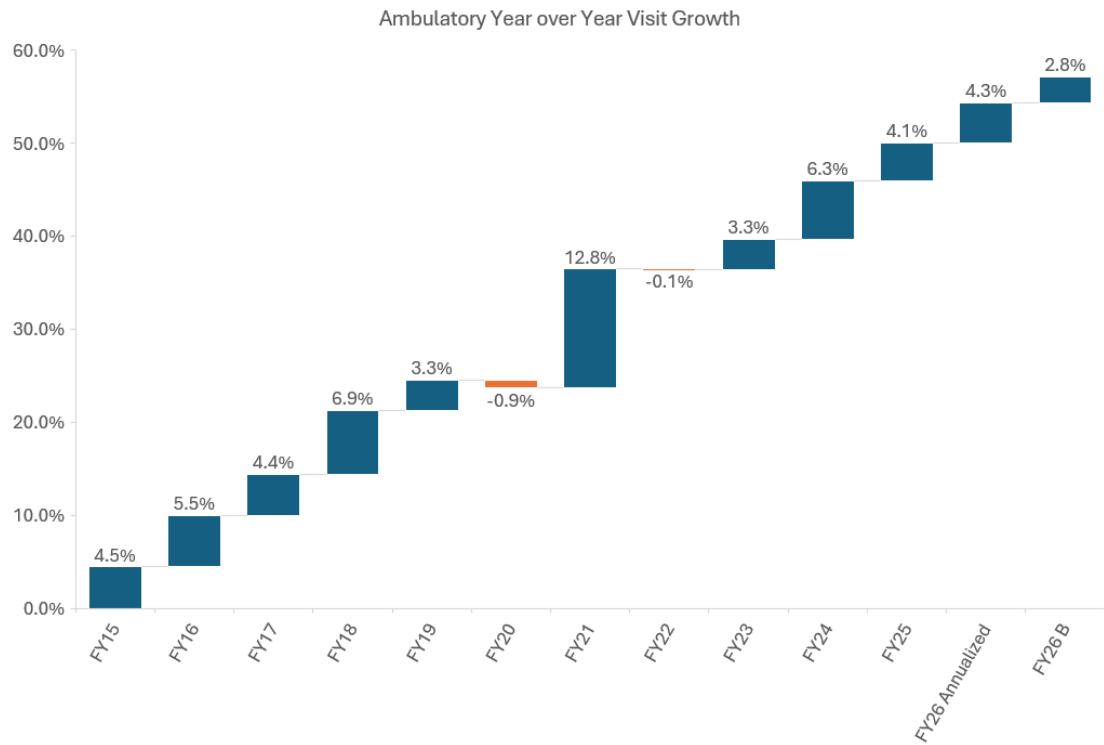
Payor Mix Holding Steady
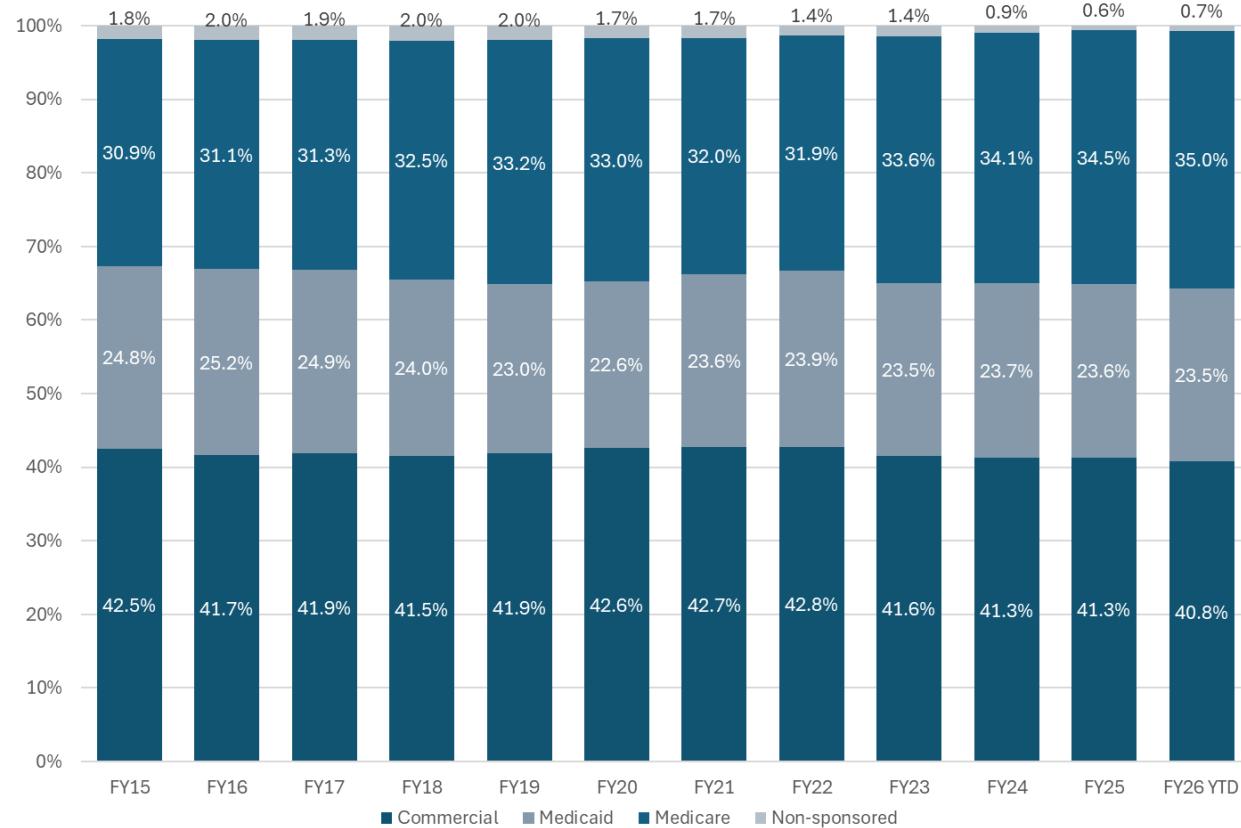
Strong Expense Management – Position Management

- Resource management has remained strong with FTE growth holding at less than 2% for the last 9 months.

Trend in FTE by Biweekly Pay Period: 2025 (blue) vs 2024 (grey)

19,286

19,040

Current Total FTE — Prior Year Total FTE
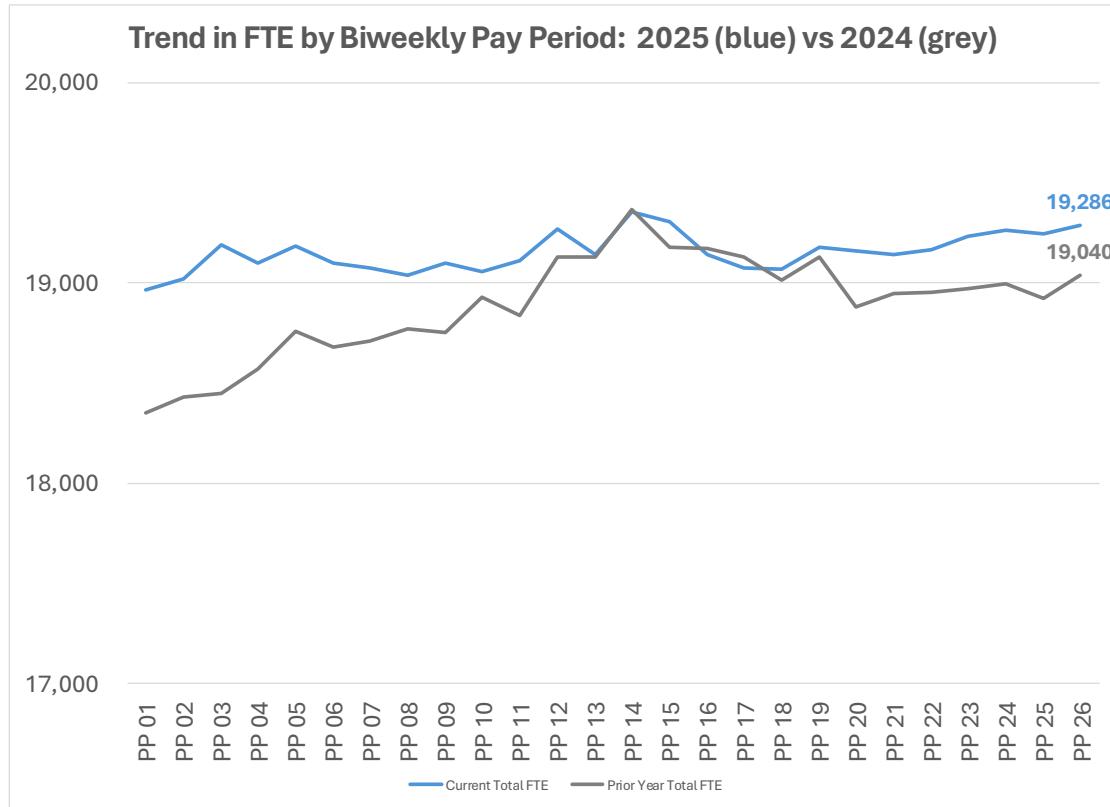
FY26 Results: OHSU Cash & Investments

- In FY25, OHSU's non foundation cash and investments dropped by $252 million.

- For the current fiscal cash and investments are up $303 million through December driven by:
  - Strong Investment returns
  - Catch up of federal approval for QDP payments in the IGT mechanism
  - Positive operating performance

- As a result, days cash on hand increased from 137 to 151 which is still only 60% of the median for comparable A-rated organizations.

FY26 December YTD Cash Flow	(millions)
Operating income	$123
Depreciation	115
Investment return	94
Construction funds applied	0
Grant & gift funded capital	0
Sources of cash	333
Long-term debt repaid	(26)
Capital spending	(149)
Patient A/R & other, net	145
Uses of cash	(30)
Net cash flow	$303
6/30/25 Days cash on hand	137
12/31/2025 Days cash on hand	151
Moody's 2023 Aa median	261
S&P 2023 AA median	254

Net Worth Up $280 million Prior to Contract Increases

Balance Sheet (millions)	6/30/25	12/31/2025	6 - Month Change
OHSU-held cash & investments	$1,210	$1,513	$303
OHEP construction fund	0	0	0
Net property, plant & equipment	2,627	2,661	34
Interest in OHSU Foundation	1,576	1,656	80
Long-term debt	(1,313)	(1,287)	26
PERS pension liability	(574)	(574)	0
Working capital (A/R) & other, net	555	411	(144)
Consolidated net worth	$4,081	$4,379	$298

Operating income (loss)	123
OHSU investment return	94
Grant & gift funded capital	0
Foundation gain (loss)	80
Other non-operating items	(0)
YTD change in net worth	$297.6

FY26 December YTD Investment Returns Up 6.2%

Major Index Returns (YTD)

Index	YTD Return
Global Equities	11.2%
US Equities	10.9%
Intl Equities	9.9%
US Fixed Income	3.4%
Global Fixed Income	0.3%
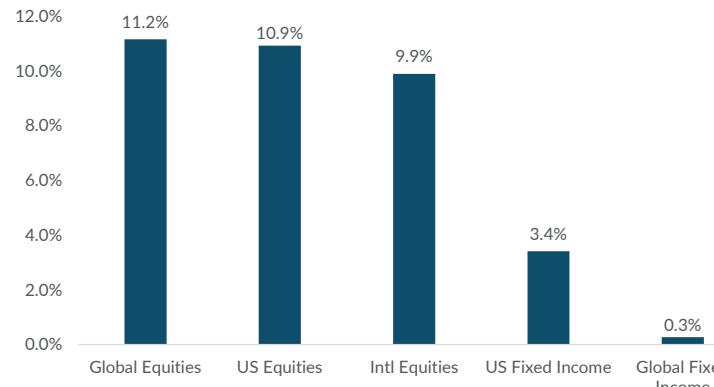
Asset Allocation – OHSU-Held Funds

Equity 50% — Fixed Income 50%

Asset Allocation – Foundation-Held Funds

Equity 74% — Fixed Income 26%
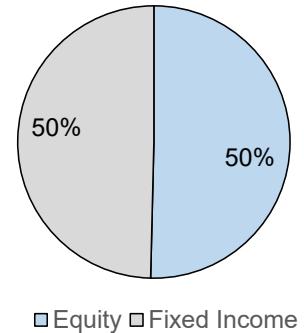
Asset Pool	6/30/2025 Balance	12/31/2025 Balance	FY26 YTD TR (%)	Benchmark YTD TR (%)
OHSU-Held Funds				
Short-Term Asset Pools	266,535	596,619	2.2%	2.1%
Long-Term Asset Pools	971,943	935,075	8.5%	8.7%
Mission Related Investments	124,212	133,820	7.4%	7.4%
Total OHSU Assets	**$1,362,690**	**$1,665,514**	**6.5%**	**6.6%**
Foundation-Held Funds				
Non-Endowment Asset Pools	250,707	317,340	3.5%	3.3%
Endowment Assets	1,396,540	1,614,999	6.5%	9.0%
Total Foundation Assets	**$1,647,247**	**$1,932,339**	**6.0%**	**8.2%**
Total OHSU Investable Assets	**$3,009,937**	**$3,597,853**	**6.2%**	**7.4%**

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Days Cash on Hand Rebounding

Days Cash on Hand Compared to Fitch Median

15
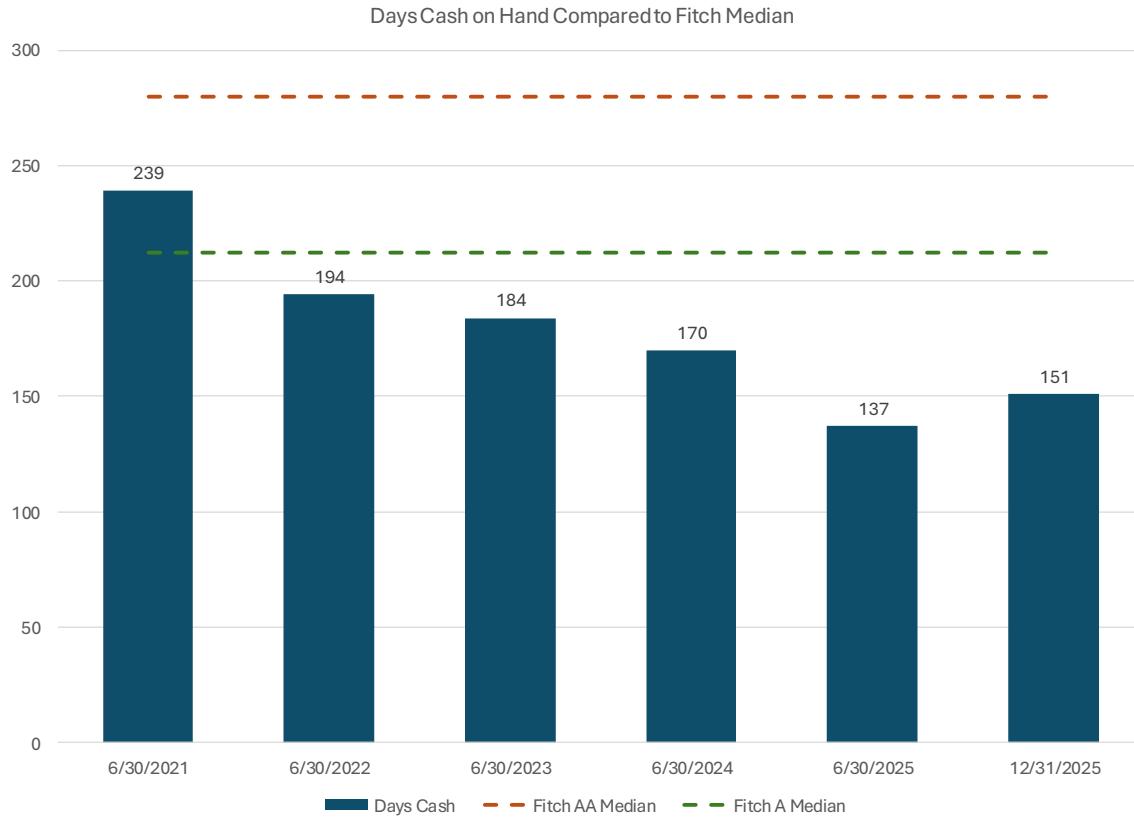
Headwinds Facing OHSU the Rest of FY26, FY27 & Beyond

- Persistent expense growth continues to challenge revenue increases, which is pressuring cash flow and the ability to fund essential capital expenditures

- A highly competitive and challenging recruitment and labor environment nationally is creating ongoing operational and cost pressures

- Significant uncertainty surrounding direct federal and state funding levels and policy directions

- Increased volatility from other regulatory changes, insurance market shifts, and policy developments

On Track to Close FY26 Strong & Building Momentum for FY27

- First-half results are trending favorably, even after adjusting for the unrecorded cost impacts from collective bargaining agreement settlements.

- Performance for the second half of the year will become clearer in the coming months as we develop next year's budget; however, year-to-date gains have already offset 30% of the losses incurred over the prior two years.

- FY27 budget planning has commenced, and we will continue to be guided by these core imperatives:

  o Achieving strategic growth in complex, higher margin services

  o Increasing productivity to meet our missions within cost growth parameters

  o Keeping FTE growth below 2% year over year

  o Disciplined targeting of benchmarked salaries and benefits recognizing the productivity of OHSU's represented & unrepresented workforce

  o Securing payment rates that reflect the unique role as Oregon's only Academic Health Center

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OHSU

To: Members of the Board

From: Renee Edwards MD MBA, SVP Chief Medical Officer

        Clea McDow VP Quality, Safety and Improvement

Date: January 30, 2026

RE: Annual Quality and Safety Report

OHSU Health Quality and Safety priorities for the fiscal year include:
-   Harm Reduction, including surgical site infection, hospital-acquired conditions, mortality and sepsis recognition and treatment
-   Patient and Employee Experience
-   Chronic Disease Management & Preventative Care
-   Success in Mandatory CMS Programs

Surgical Site Infection and Hospital Acquired Conditions Committees have developed and are ready to implement renewed standard work bundles and dashboards for tracking and monitoring compliance in these areas. The Sepsis Management Guidance team has focused on sepsis screening in the ED and integrating sepsis response into our new Vista Pavilion workflows and critical care response team. Mortality O/E remains stable but we continue to focus on several tactics to gain further improvement.

Because patient and staff satisfaction are inherently linked to improved clinical outcomes, our focus is on the survey metric of "staff work well together". We are beginning to see meaningful improvement in our survey data.

Ambulatory focus remains on chronic disease management and preventative care due to its connection to the Vizient scorecard, transitions of patient care between inpatient and outpatient, and payor strategy to performance on population health metrics. OHSU Health is on track to be the top performing Integrated delivery system within our CCO for the second consecutive year.

We are maturing a foundation for achieving top performance in CMS mandatory programs inclusive of IOTA (Improving Organ Transplant Access) launched July 2025 and TEAM (Transforming Episodes Accountability Model) launching January 2026. We are also participating in two additional mandatory CMS structural measures.

Our focus remains on achieving Vizient 50% ranking for both inpatient and ambulatory scorecards. Performance for FY25 improved to 62% inpatient and dipped slightly to 62% ambulatory.

Annual Quality & Safety Report

Renee Edwards, MD, MBA

SVP, CHIEF MEDICAL OFFICER, OHSU HEALTH

Clea McDow, MPA:HA

VP, QUALITY, SAFETY & IMPROVEMENT

All experiences are connected

Patient experience

Hospitals with staff that **rate prevention & reporting high**…

…are **3.5x more likely** for patients to say "staff worked together to care for me"…

…and when patients say "staff worked together," those hospitals see **10% fewer falls with injury** on average

Employee experience

Clinical outcomes

From: Press Ganey, 2025

FY26 OHSU Health Quality & Safety Priorities

Harm Reduction

- Hospital Acquired Conditions (including Surgical Site Infections)
- Mortality
- Sepsis

Patient & Employee Experience

- Staff Working Well Together

Chronic Disease Management / Preventative Care

- Diabetes Control
- Cervical Cancer Screening

Success in Mandatory Programs

- Transforming Episode Accountability Model (TEAM)
- Improving Organ Transplant Access (IOTA)
- Patient Safety Structural Measure (PSSM)
- Age-Friendly Structural Measure (AFSM)

All improvement work relies on supporting problem-solving in a human-centered way

Harm Reduction

Surgical Site Infection (SSI) Standardized Investigation Developed & Implemented

HAC Rapid-Cycle Sprints focused on Prevention

7 component Harm Prevention Implementation Plan (infrastructure & practice) launching **Feb 2026**

Developed & Implemented ED Sepsis Screening at earliest point (nursing triage)

Includes real-time monitoring and retrospective metrics

Integrating sepsis identification & response into new Critical Care Activation Team (CCAT) and Vista **Pavilion clinical workflow development**

All Patient Vizient Observed Mortality Rate

All Patient Mortality O/E - 2025 Risk Model
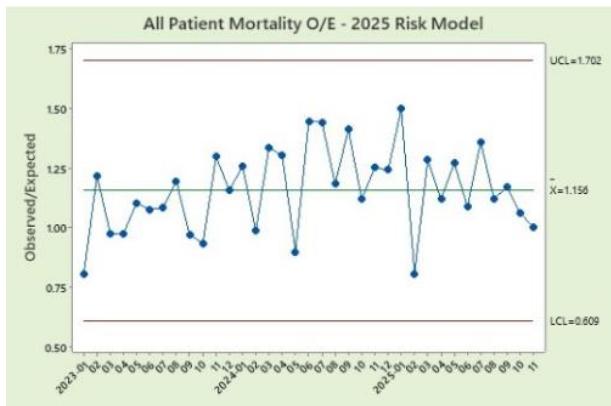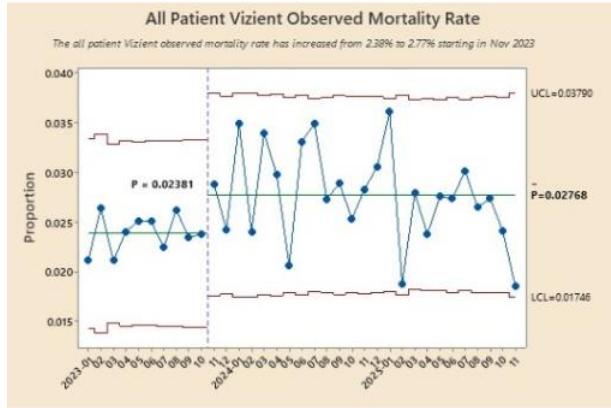
Mortality

- Observed mortality and mortality O/E stable

- FY25 focused tactics include:
  - Implemented 100% review of all patients who pass away in the hospital to identify any contributing system factors or other opportunities
  - Partnership with Revenue Integrity to investigate documentation / coding opportunities related to risk model & quality metric
  - Starting January 2026: standard documentation of goals-of-care questions for incoming critical care transfers

Staff Working Well Together

Patient feedback shows that strong teamwork improves communication, coordination, and consistency—so patients experience fewer handoffs, less confusion, and more clarity. Because it influences many other parts of the patient experience, Staff Working Well Together was identified as a key driver for broader improvement.

OHSU Avg Response by Year and Month
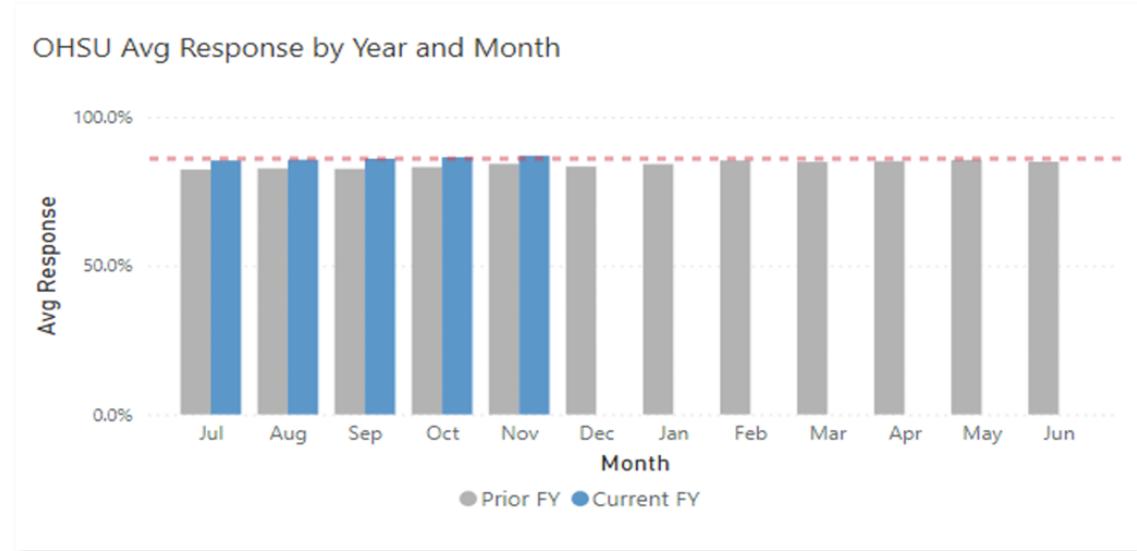
Chronic Disease Management & Preventative Care

EBP Guidelines Prioritized across OHSU Health

- Considerations included in selection: **patient need,** opportunity to impact, **quality metric performance, payor contracts**; aligned with Vizient AQA

2 guidelines endorsed & implemented, aligned with quality priorities for FY26:

- **Diabetes Care (**HgA1C <7)
- **Cervical Cancer Screening (**screening and follow-up)

Next two guidelines prioritized & approved for 2026:

- Breast Cancer Screening
- Hypertension Control

OHSU Health on track to be the top performing Integrated Delivery System (IDS) for the 2nd year in a row:

2025 CCO Incentive Metrics Performance Summary - Rolling 12-Month Rates through September							Updated 11.21.2025	
Incentive Metric	Confidence Level	2025 Target	Health Share				OHSU	
Prenatal and Postpartum Care: Postpartum Care	3	87.0%	88.1%	85.7%	87.3%	100.0%	88.6%	92.3%
Child and Adolescent Well-Care Visits, Ages 3-6	3	71.9%	69.6%	70.6%	68.6%	66.0%	65.3%	71.0%
Diabetes Care: HbA1c Poor Control	2	21.8%	23.0%	24.4%	25.8%	19.8%	20.2%	18.3%
Assessments for Children in ODHS Custody (Measure Year Rate)	4	93.2%	95.8%	97.8%	89.6%	96.4%	95.7%	92.7%
Child-Level Social-Emotional Health	3	6.0%	6.3%	5.7%	6.4%	8.9%	10.0%	4.9%
Childhood Immunization Series (Combo 3)	2	63.0%	62.3%	59.3%	68.5%	57.6%	62.5%	67.1%
Immunizations for Adolescents (Combo 2)	4	40.7%	41.8%	42.1%	48.0%	38.8%	38.6%	38.2%
Initiation and Engagement in SUD Treatment: Initiation	2	48.5%	44.5%	44.4%	45.8%	40.9%	52.0%	37.1%
Initiation and Engagement in SUD Treatment: Engagement		18.8%	18.6%	19.3%	18.2%	13.8%	21.9%	14.5%
Screening for Depression and Follow Up Plan	3	71.6%	71.9%	76.7%	59.0%	61.1%	75.0%	74.2%
Social Determinants of Health: Social Needs Screening	4	Reporting	Met	Met	Met	Met	Met	Met
MLA: OHA Certified/Qualified Interpreter Services Rate	2	20.8%	10.9%	13.8%	0.9%	10.6%	22.4%	15.8%

Success in Mandatory Programs

Creating infrastructure for new CMS episodes of care models

Transforming Episodes Accountability Model Live 1/1/26

2 new structural measures - progress made and more work to do in the coming year

Patient Safety Structural Measure

Age-Friendly Structural Measure

Focus Over Next Year

Continue progress on goal of Vizient 50th%ile
- 2025 Adult Inpatient Scorecard Rank: 73 (62%ile)
- 2025 Ambulatory Scorecard Rank: 40 (61%ile)

Continued focus on achieving goal includes active priorities
- Mortality
- Hospital Acquired Conditions
- Staff Working Well Together

Additional Aligned Active Initiatives
- Transitions of Care
- Hospital Follow-Up Template
- Integrated Quality & Operations Dashboard

Thank You

Appendix

Vizient Scorecards: Adult Inpatient & Ambulatory

Annual Patient Safety Report: CY25 Volumes & trends

2025 Vizient Adult Inpatient Scorecard

vizient.

2025 Comprehensive Academic Medical Center Quality and Accountability
Oregon Health & Science University Performance Scorecard

Star rating	Overall rank	Overall score
★★★	73	48.47%

Domain performance

Mortality
6.31% of 25%

Efficiency
3.45% of 10%

Variation in care
5.00% of 5%

Overall score
48.47%

Patient
centeredness
9.75% of 15%

Safety
11.15% of 25%

Effectiveness
12.80% of 20%

Color based on domain rank

| 1-8 | 9-19 | 20-32 | 33-46 | 47-60 | 61-73 | 74-86 | 87-99 | 100-110 | 111-118 |

Top performers

NYU	79.36 %
NORTHWESTERN_MEMORIAL	76.64 %
HOU_MTHDST_HMH	74.46 %
IH_IMED	72.84 %
STANFORD	72.78 %
RUSH_RUMC	70.99 %
HERMANN	70.36 %
UTAH	69.67 %
UCSD	69.02 %
UCSF	68.03 %
CH_GRANDRAPIDS	67.36 %
USC_KECK	67.35 %

Domain performance table

Domain	Rank	Weight	Score	Weighted score	Vizient median	Vizient top performer
Overall	73	100.00%	48.47%	48.47%	52.17%	79.36%
Mortality	106	25.00%	25.26%	6.31%	48.51%	96.82%
Efficiency	101	10.00%	34.50%	3.45%	53.21%	88.72%
Safety	78	25.00%	44.60%	11.15%	49.34%	80.73%
Effectiveness	16	20.00%	64.02%	12.80%	51.35%	80.42%
Patient centeredness	36	15.00%	65.03%	9.75%	52.49%	96.48%
Variation in care	1	5.00%	100.00%	5.00%	96.11%	100.00%

Historical overall rank

2025 Vizient Ambulatory Scorecard

vizient.

2025 Ambulatory Quality and Accountability Performance Scorecard
Oregon Health Sciences University Medical Group

| Star rating	Overall rank	Overall score
★ ★ ★	40	48.28%

Domain performance

Access to care
11.41% of 30%

Variation in care
4.21% of 5%

Overall score
48.28%

Continuum of care
8.06% of 15%

Efficiency
9.31% of 25%

Quality
15.30% of 25%

Color based on domain rank

| 1-5 | 6-12 | 13-19 | 20-26 | 27-34 | 35-41 | 42-48 | 49-55 | 56-62 | 63-66 |

Top performers

NYUMC	67.42 %
UCLA	66.24 %
UCIHEALTH	64.70 %
UTAH	63.23 %
MIAMI	61.96 %

Domain performance table

Domain	Rank	Weight	Score	Weighted score	Vizient median	Vizient top performer
Overall	40	100.00%	48.28%	48.28%	50.68%	67.42%
Access to care	56	30.00%	38.03%	11.41%	48.54%	76.21%
Continuum of care	26	15.00%	53.70%	8.06%	47.01%	78.69%
Quality	19	25.00%	61.19%	15.30%	49.83%	88.01%
Efficiency	62	25.00%	37.23%	9.31%	49.27%	67.96%
Variation in care	10	5.00%	84.21%	4.21%	73.68%	94.74%

Historical overall rank

2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
7	29	25	7	11	13	26	34	31	40

PSI Reports by Year
2015-2026

1.5% decrease in reporting as compared to CY 24

Year	Reports
2015	7689
2016	8953
2017	9404
2018	9637
2019	11410
2020	11161
2021	10424
2022	11808
2023	13847
2024	15333
2025	15103

PSIs by Event Type
CY25

Event Type	Count
Care Coordination / Communication	3472
Medication Related	3111
Laboratory Test	1247
Omission / Errors in Assessment, Diagnosis, Treatment, Monitoring	1115
Equipment / Devices	921
Complications of Care (Unanticipated, Non Surgical)	724
Fall	563
Medical Records / Patient Identification	509
Transfusion	350
Radiology / Imaging Test	287
Event Relating to Surgery or Invasive Procedure	285
Supplies	261
Behavioral Event	187
Skin Integrity	183
Infection Control	173
Equipment Safety	147
Inappropriate Staff Behavior	145
Environmental Issues	139
Adverse Reaction	124
Medication-Related Issues	118
Food / Nutrition	114
Respiratory Care	102
Other / Miscellaneous	100
Infrastructure Failure	95
Anesthesia Event	47
Complication of Surgery or Anesthesia	41
Fall (Visitor)	23
Security Issues	18
Inappropriate Behavior	10
Injury	9
Maternal	8
Call to Medical Response Team	8
Other	6
Healthcare-Associated Infection (HAI)	3
Neonatal	2
Exposure to Blood or Body Fluids	1

Top 5 Event types by percentage:
- 23% Care coordination/communication
- 20.6% Medication Related
- 8.3% Laboratory Test
- 7.4% Omission/errors in assessment, diagnosis, treatment, monitoring
- 6.1% Equipment/Devices

PSIs by Event Type - Harm Score 6+
CY25

Event Type	Count
Fall	177
Medication Related	110
Complications of Care (Unanticipated, Non Surgical)	107
Care Coordination / Communication	99
Omission / Errors in Assessment, Diagnosis, Treatment, Monitoring	85
Skin Integrity	77
Equipment / Devices	39
Adverse Reaction	32
Laboratory Test	18
Event Relating to Surgery or Invasive Procedure	17
Radiology / Imaging Test	15
Behavioral Event	14
Respiratory Care	13
Fall (Visitor)	12
Anesthesia Event	11
Complication of Surgery or Anesthesia	11
Transfusion	7
Supplies	4
Environmental Issues	4
Medical Records / Patient Identification	4
Other / Miscellaneous	4
Food / Nutrition	4
Inappropriate Staff Behavior	3
Injury	2
Equipment Safety	1
Maternal	1
Neonatal	1
Infection Control	1

Falls are the most common type of event with injury reported (7th most common event type overall)
2025: 20.3%
2024: 18.4%
2023: 24.6%
2022: 28%

PSIs by Harm Score
CY25

Harm Score	Count
1 - Unsafe condition	3430
2 - Near miss	1193
3 - No harm evident, physical or otherwise	4260
4 - Emotional distress or inconvenience	3261
5 - Additional treatment	1635
6 - Temporary harm	852
7 - Permanent harm	2
8 - Severe permanent harm	3
9 - Death	8
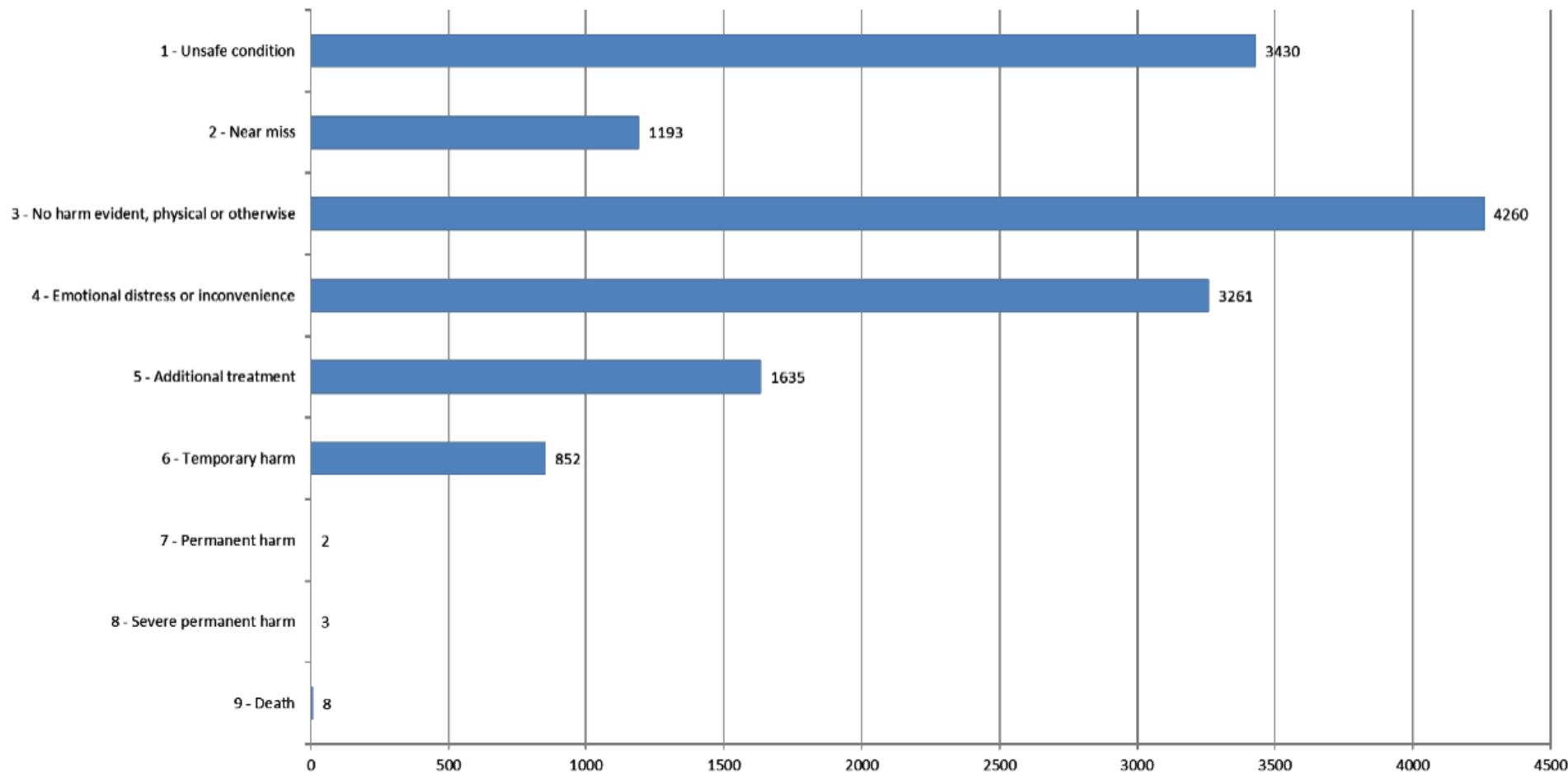
Date: January 30, 2026

To: OHSU Board of Directors

From: Angela Fleischer, VP and Title IX Coordinator for the Office of Civil Rights
                Investigations and Compliance

RE: Office of Civil Rights Investigation and Compliance presentation

As the primary function tasked with ensuring compliance with state and federal law related to civil rights, including but not limited to, the Americans with Disabilities Act, Title IX of the amendments to the Education Act of 1972, and the Civil Rights Act of 1964, the Office of Civil Rights Investigations and Compliance (OCIC) responds to guidance and requirements provided by the federal Department of Education, and Health and Human Services' Office of Civil Rights, as well as Oregon state law. Based on the responsibilities of this function and its impact on OHSU members, it is expected that the OHSU Board of Directors and executive management provide oversight and governance for the Office of Civil Rights Investigations and Compliance at OHSU.

Angela Fleischer, VP of OCIC will present that data reflected in OCIC's inaugural annual report, note key achievements during the 25 FY/AY, and discuss goals moving forward. Key take aways are these:

1. We are now compliant with state and federal laws governing process and training for the areas covered by OCIC.
2. An institution our size should likely see more reporting; I hope to see those numbers increase year on year.
3. The next step in institutional change requires everyone's participation. The main focus for this year, is to normalize the concept of ongoing learning related to civil rights. Nearly every time OCIC receives a report there is recommended training or education to the individual or department, regardless of a policy violation. All leaders are members are needed to help generate of culture of ongoing learning and understanding that the offering of education is not disciplinary.

Office of Civil Rights Investigations and Compliance (OCIC): AY/FY 2025 Report

Angela Fleischer, MSW, LCSW, CFP-A, VP
OCIC/Title IX Coordinator

January 30, 2026

Who We Are & What We Do

Investigations

Prevention & Education

Confidential Advocacy (CAPE)

ADA & Section 504 Compliance

Ensures institutional compliance with civil rights laws and policies

Addresses discrimination, harassment, retaliation, and sexual misconduct

Provides education, prevention, investigations, confidential advocacy, and accessibility support

Investigations: Report Volume

Reports received in AY 2025

- 562 total reports

  - 433 Discrimination, Harassment & Retaliation (DHR)

  - 115 Sexual Misconduct / Title IX

  - 14 referred to other offices

- Reports received via Integrity Helpline and OCIC inboxes

- OCIC investigates and recommends outcomes; discipline handled by partner offices

Legend: ● DHR ● Sexual Misconduct & Title IX ● Referred

14
115
433
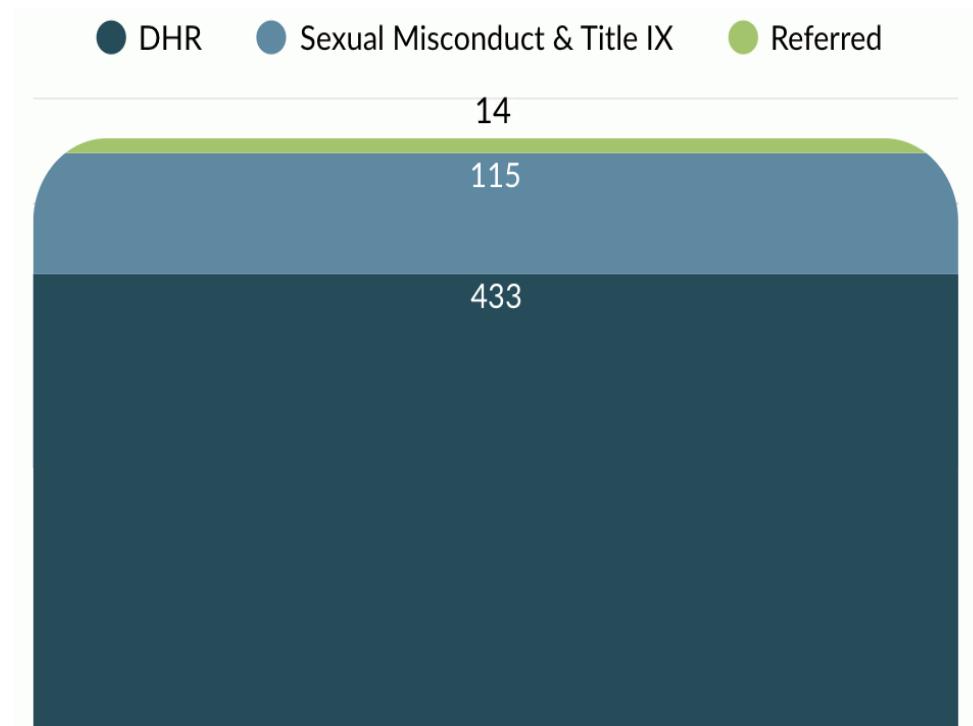
EthicsPoint and Maxient, September 2025

Investigations: Key DHR Issue Types

Top DHR issues

- Retaliation

- Race & color discrimination

- Non-protected class concerns (often referred to HR)

EthicsPoint and Maxient, September 2025
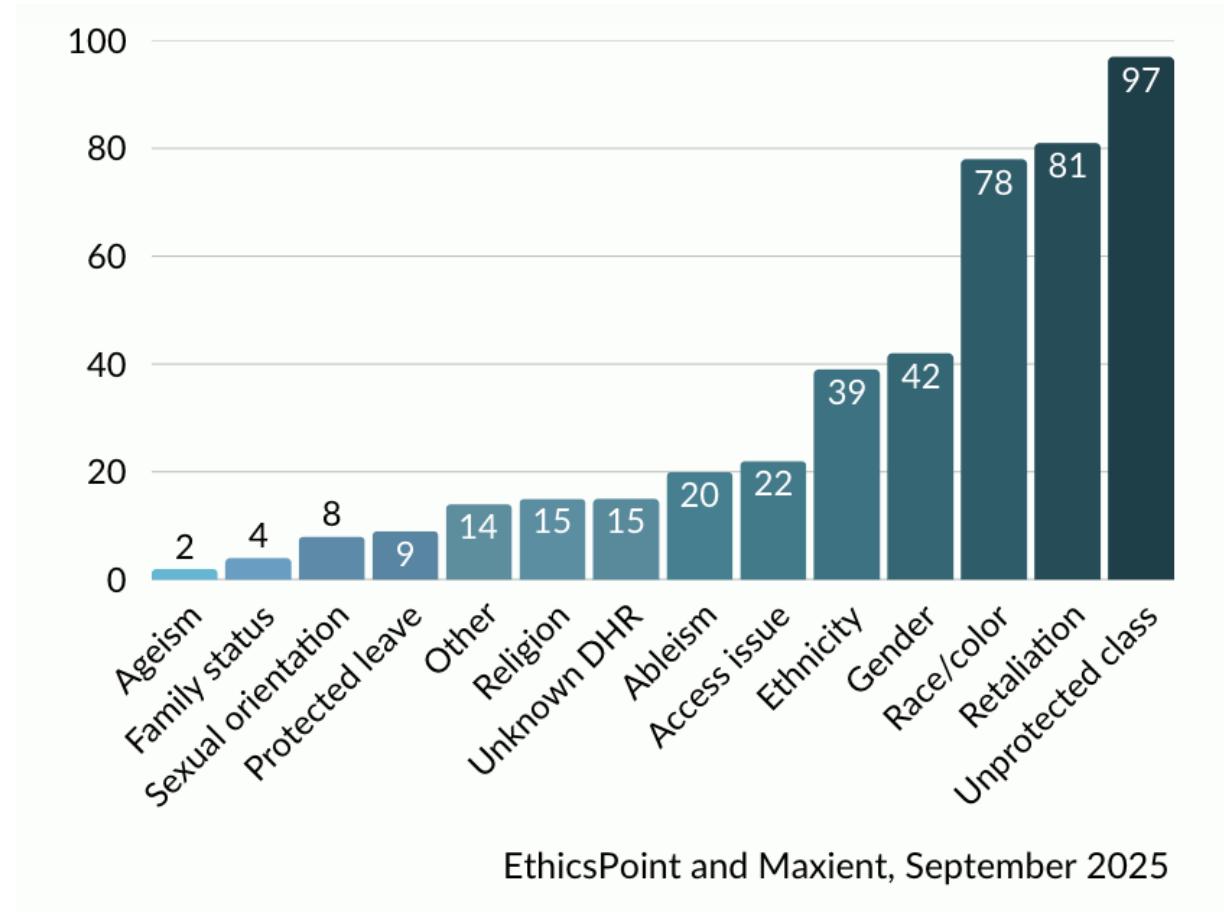
Investigations: Sexual Misconduct

Sexual misconduct reports

- Sexual harassment ≈ 70% of reports

- Smaller numbers of stalking, IPV, assault, and pregnancy/parenting issues

EthicsPoint and Maxient, September 2025
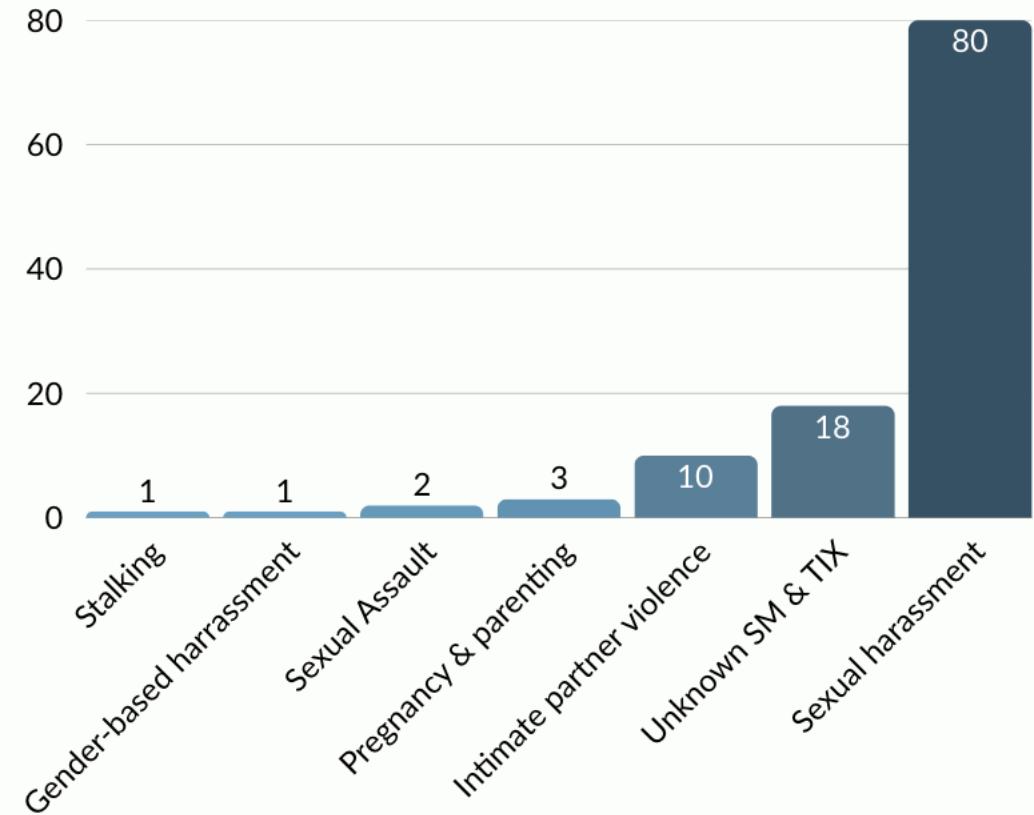
Who is Reporting?

Impacted parties

- 56% classified employees

- 10% unclassified employees

- 8% students

- 4% residents/postdocs/fellows

- 22% external or former affiliates
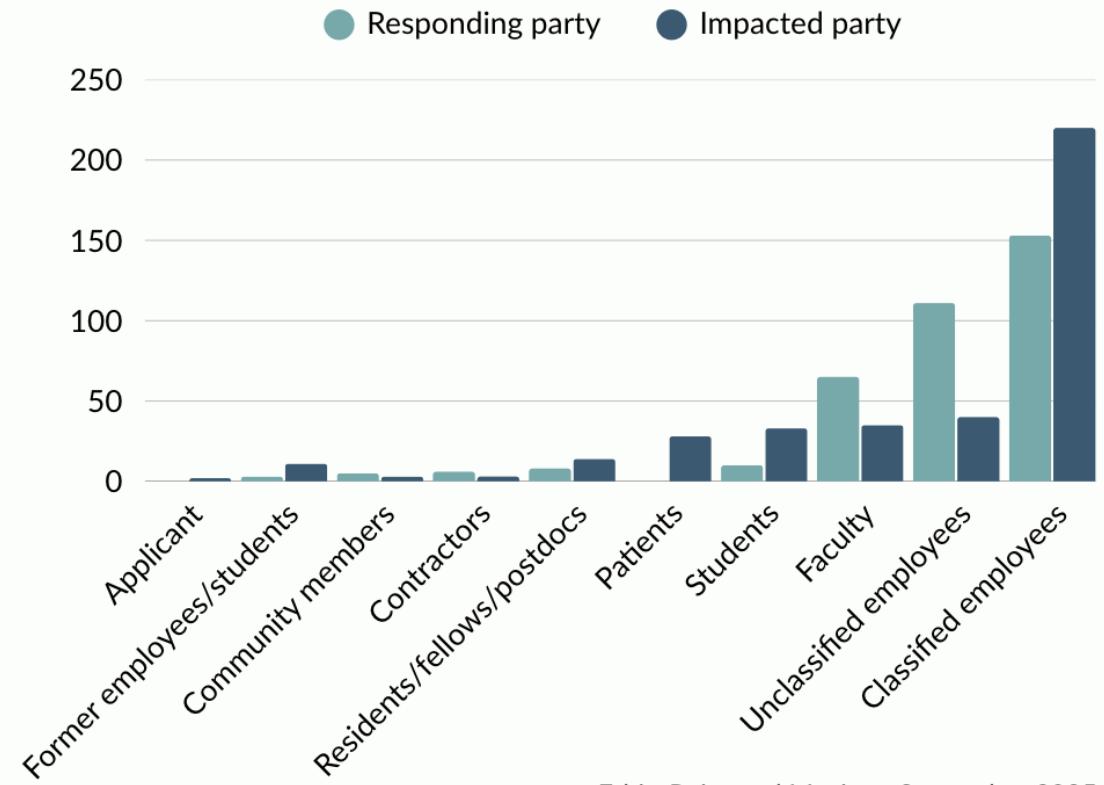
Key insights

- Patterns reflect power-based workplace dynamics

- When external reporters are removed, employee data closely mirrors OHSU workforce demographics

EthicsPoint and Maxient, September 2025

Investigations: Outcomes

55.6% informal resolution

- Educational conversations

- Facilitated dialogue

- Training

Other outcomes

- No engagement

- Referral to formal processes

- Insufficient information

- Unsubstantiated /Unfounded

- Substantiated (1.1%)

Commitment

- Supportive measures offered to all parties

- OCIC often continues support after case closure

Unsubstantiated 4.4%
Substantiated 1.1%
Unfounded 2.9%
Insufficient info 5.6%
Referred 7%
Informal resolution 55.6%
No engagement 23.5%
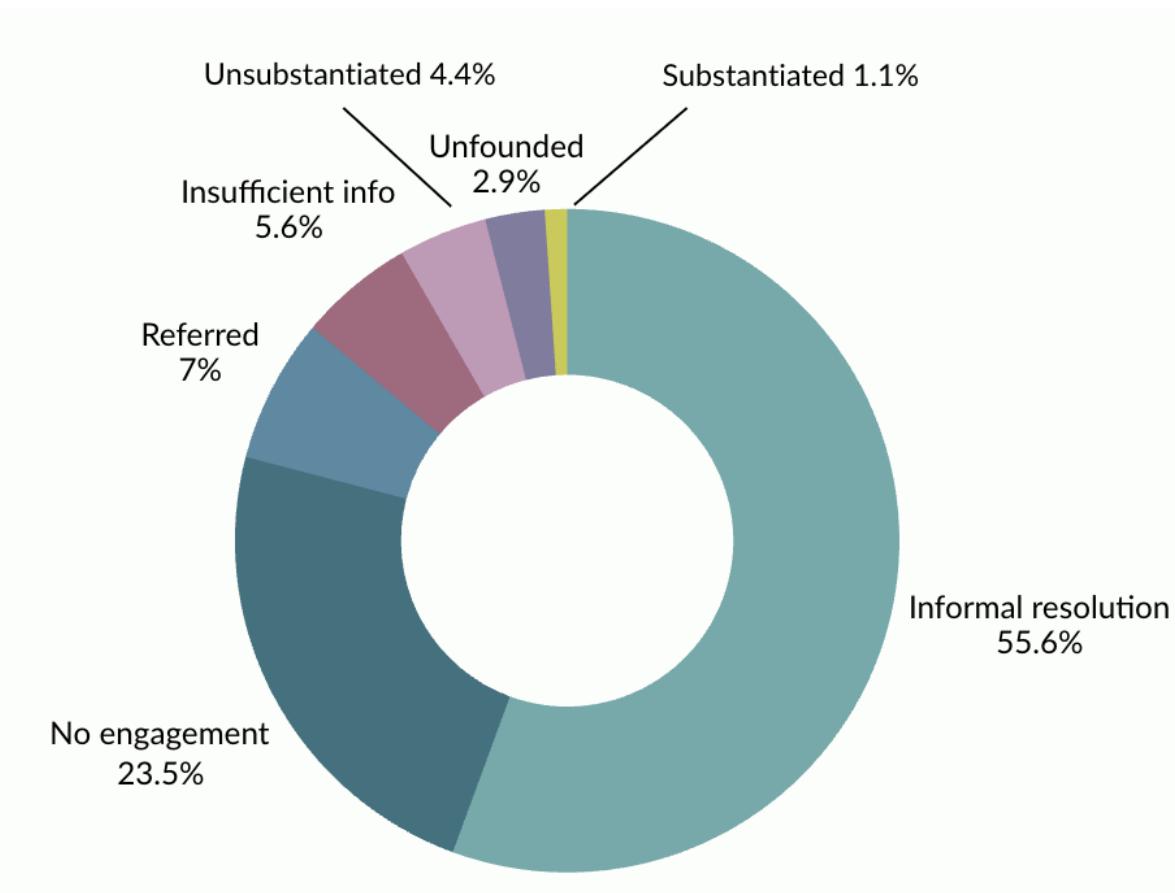
EthicsPoint and Maxient, September 2025

Prevention & Education

Building a culture of respect

- 149 presentations delivered

- 4,306 OHSU members reached

Training topics

- Reporting pathways

- Title IX obligations

- Bystander intervention

- Bias, microaggressions, and communication skills

Required trainings- typical completion rates across institutions

- Employees: ~93% completion

- Students: 61–69% completion (focus area for improvement)
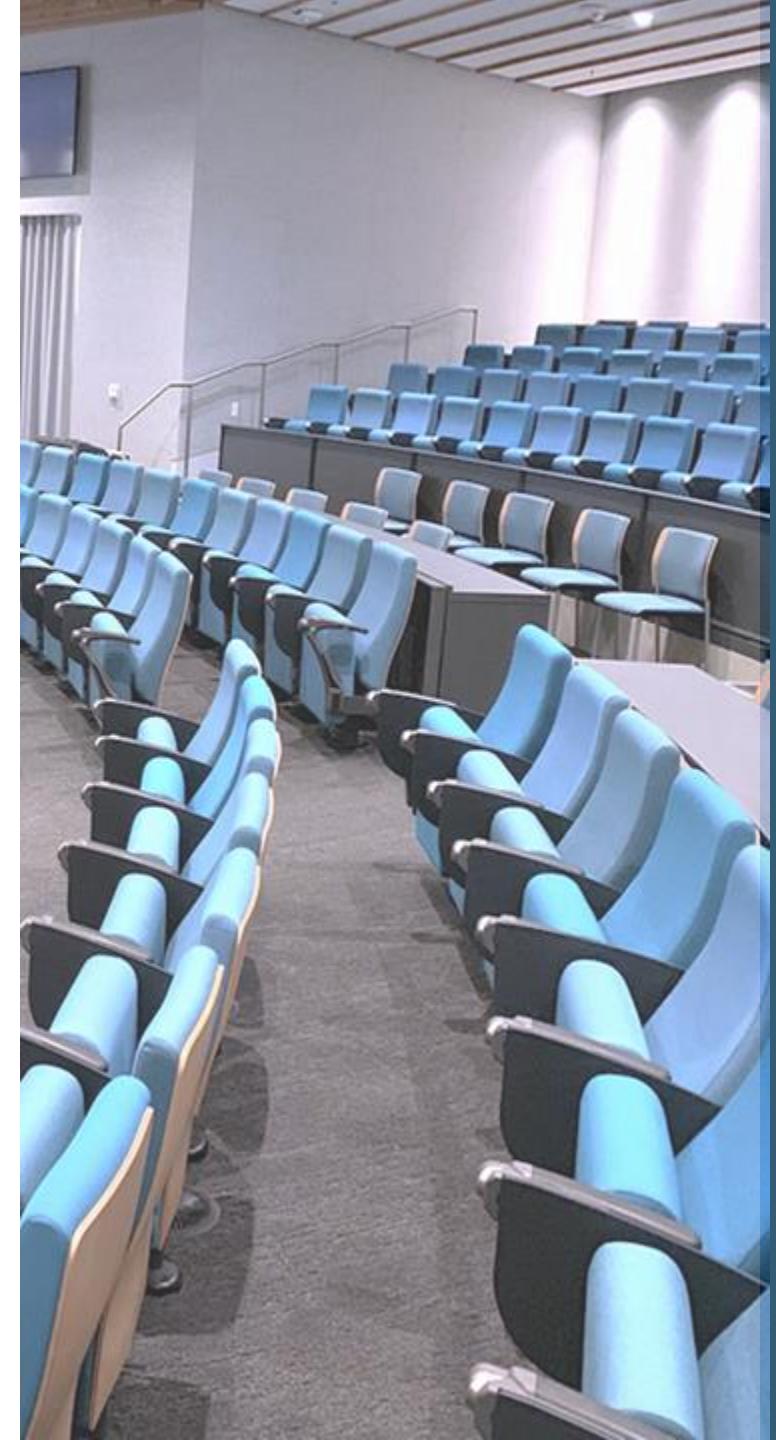
Confidential Advocacy (CAPE)

New program impact

- Launched January 2025

- 52 employees served in first 6 months

- 344 total contacts
  - 89% direct advocacy meetings

Most common needs

- Emotional support

- Policy and process navigation

- Referrals and safety planning
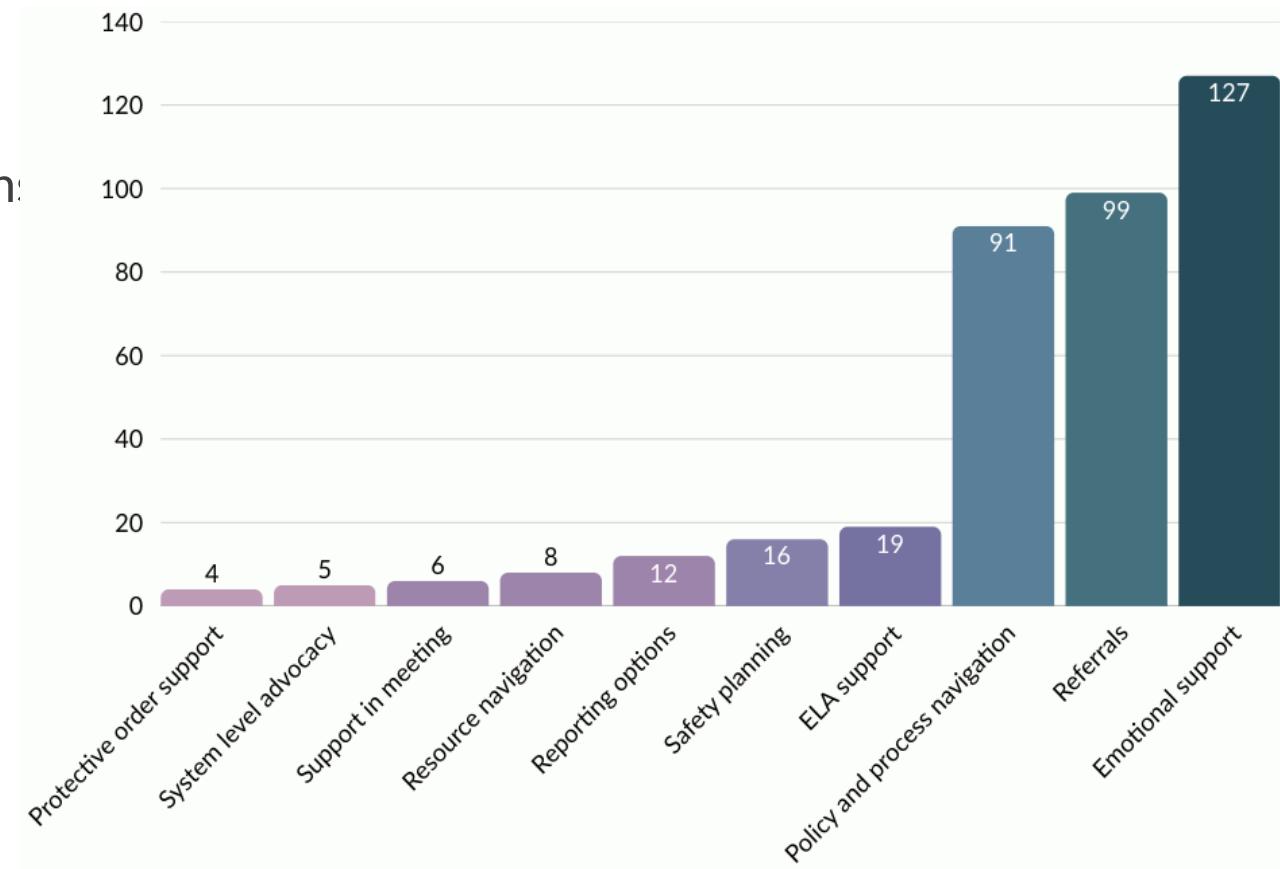
ADA & Section 504 Compliance

Accessibility progress

- Multi-year ADA architectural assessments launched

- Physical accessibility improvements funded and implemented

- Digital Accessibility Committee established

- New tools, training, and guidance on digital access

Systems improvements

- New accommodation appeals process

- Service animal policy updates

- Inclusive emergency planning initiatives

Key Achievements

Notable progress in AY 2025

- Average case closure time reduced

  - 54 days → **36 days**

- ADA program revitalized

- CAPE established and contributing to employee retention

- Updated DHR policy, creation of DHR manual

- Improved coordination across OCIC programs

- Transition to Maxient case management system
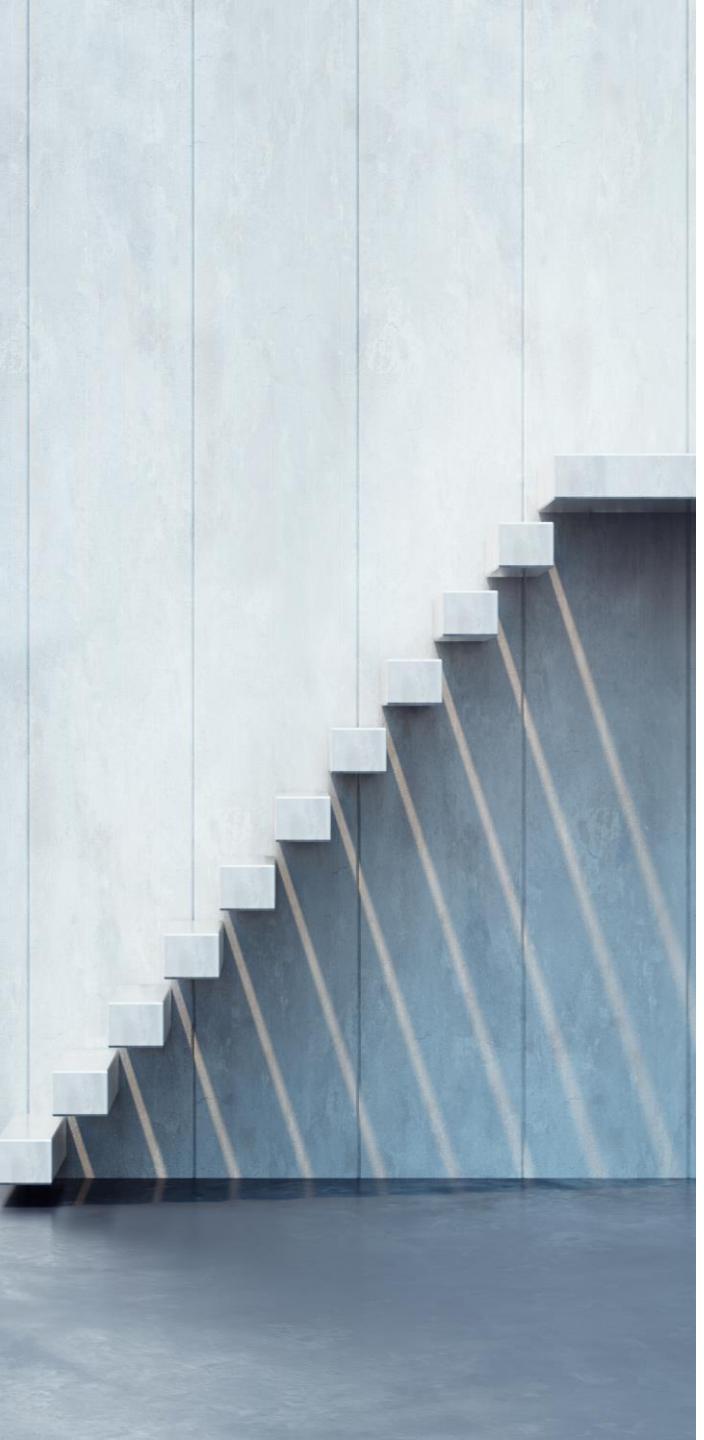
Looking Ahead: AY 2026

- Increase reporting and service utilization

- Increase participation in prevention, education, and response from all members- it takes all of us

- Often, people at all levels imagine change, without imagining changing themselves.

- Targeted prevention in high-need areas

- Launch Sexual Violence Prevention Committee

- Improve student training completion

- Expand ADA/504 compliance oversight

- Continuous quality improvement through post-investigation review

If you have any questions, please reach out to our office.

General questions:

ocic@ohsu.edu

Questions about sex & gender-based discrimination:

titleix@ohsu.edu

OCIC
ANNUAL REPORT

Angela Fleischer, LCSW, CFP-A
Vice President & Title IX Coordinator
January 1, 2026

Academic Year 2025

July 1, 2024 – June 30, 2025

OFFICE OF CIVIL RIGHTS INVESTIGATIONS & COMPLIANCE

Table of Contents

Introduction

Department Overview

The **Office of Civil Rights Investigations and Compliance** (OCIC) provides institutional oversight related to compliance; and administers programs and procedures relating to discrimination, harassment, and retaliation of protected characteristics (i.e., legally protected traits or attributes), sexual misconduct, and ADA/Section 504 compliance. Our programs advise the OHSU community on OHSU policies about protected characteristics, review and investigate reports related to policy violations, offer education, training and other resources, and provide confidential advocacy for employees related to bias, discrimination, harassment, retaliation, and interpersonal violence. To accomplish this mission, OCIC is divided into four unique program areas:

Investigations reviews, investigates, and makes recommendations regarding concerns of prohibited discrimination, harassment, and retaliation based on protected characteristics and activities, including sexual misconduct. The investigations team consists of Confidential Intake Specialists (CIS) and Equal Opportunity Officers (EOOs). CIS screen reports for discriminatory misconduct, refer to supportive resources, and complete initial information gathering interviews, while EOOs conduct investigations into the alleged misconduct, and provide educational conversations when indicated. The Director of Investigations makes the determination of responsibility and recommendations for action.

Prevention and Education (P&E) is responsible for educating OHSU members about prohibited misconduct, reporting pathways, and supportive resources. P&E provides training to educate the OHSU community about relevant policies, to establish and contribute to a culture of respect. P&E also facilitates informal resolutions to OCIC matters, including educational conversations, facilitated dialogues, and responsive departmental trainings.

Confidential Advocacy (CAPE) provides confidential support to employees with concerns of bias, discrimination, harassment, and retaliation, and to employees impacted by interpersonal violence such as stalking, domestic and dating violence, and sexual harassment and assault.

ADA and Section 504 Compliance is responsible for institutional compliance with federal, state, and local law regarding disability rights and accessibility. The ADA and Section 504 Compliance Manager leads institutional strategic work on physical and digital accessibility, oversees accommodation system improvements, and provides consultative services for OHSU members.

Report Scope and Purpose

The OCIC Annual Report provides an overview of the Office of Civil Rights Investigations and Compliance (OCIC) operations for the 2025 academic year (AY 2025). This includes matters received and addressed by each team within the office.

This report reflects the volume and types of reports made to OCIC related to sexual violence, bias, and discrimination - generally the issues addressed under the Discrimination, Harassment, and Retaliation (DHR) Policy. These numbers include reports from students, staff, and faculty. Each report of misconduct is unique, and aggregate data, while helpful in illustrating who is reporting and what is being reported, does not provide a complete narrative of the circumstances, impact, and outcomes of the reported misconduct and those involved.

The report also touches on employee engagement in confidential advocacy, the work of the Prevention and Education team, and ADA and Section 504 compliance projects addressed by OCIC.

Reports to OCIC Investigations Team

The Investigations Team responds to reports of concern related to Discriminatory Misconduct, which includes Discrimination, Harassment, and Retaliation (DHR) based on protected characteristics, as well as sexual misconduct. They assess, refer, and investigate. It is important to note that OCIC is not the office responsible for discipline or sanction as a result of the investigation. When a policy violation has occurred, OCIC informs and works with the appropriate business office, often Human Resources, or the relevant department. The Investigative Team also consults with the Impacted Party to understand their desired outcome based upon the available information, and collaborates on resolutions under the applicable and recommended policy guidelines.

In AY 2025 OCIC received a total of 562 reports by way of the Integrity Helpline and OCIC inboxes. Inboxes are monitored Monday - Friday from 8 a.m. to 5 p.m. Of those 562 reports, 433 were categorized as DHR, while 115 were matters concerning sexual misconduct. The remaining 14 cases were reviewed and assessed to more appropriately be managed by other offices or resources, such as Human Resources or Patient Relations. Note: the following does not reflect HR data and the referrals that Human Resources receives from OCIC are a portion of their caseload.

Figure 1: AY 25 Reports

- DHR
- Sexual Misconduct & Title IX
- Referred

14
115
433
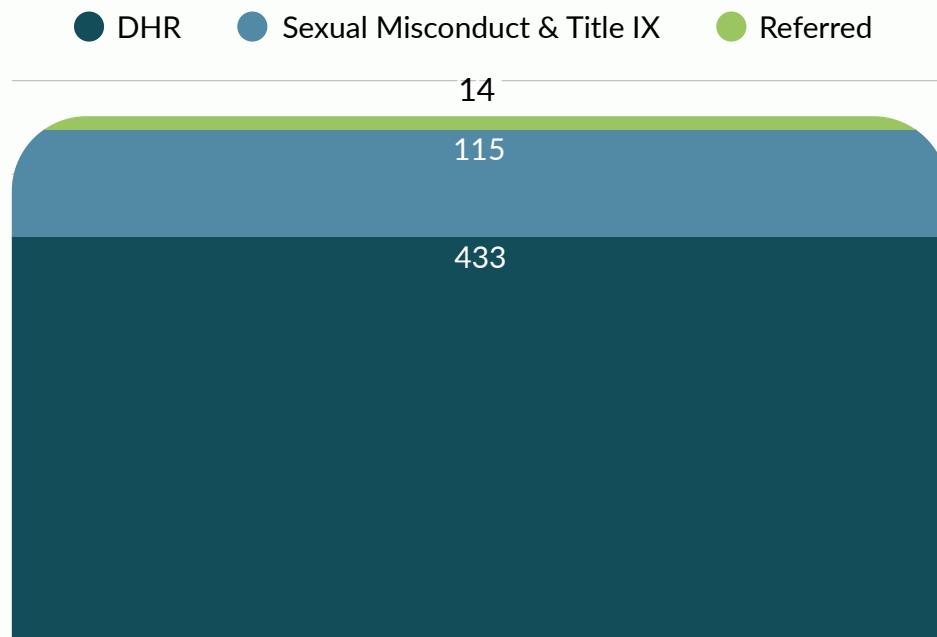
EthicsPoint and Maxient, September 2025

Report Issue Types

Reports to OCIC are categorized into issue types to reflect the nature of the concern. Occasionally reports are assigned more than one issue type.

DHR

Figure 2 details DHR reports made to OCIC in the 2025 academic year. The highest percentage of reports 97 (22%), were determined to not be related to a protected class and were referred to the appropriate office, often Human Resources. Retaliation (81) and discrimination based on race and color (78) were the top two issues reported to OCIC, accumulatively making up 36% of reports.

Figure 2: Discrimination, Harassment, Retaliation
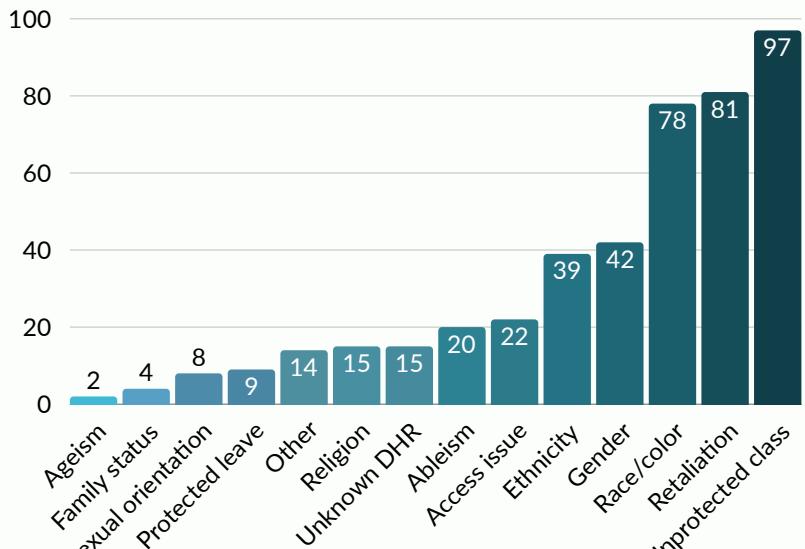
EthicsPoint and Maxient, September 2025

Sexual Misconduct and Title IX

Sexual harassment (80) is the most frequently reported form of sexual misconduct/Title IX concern making up nearly 70% of all reports in AY 2025.

Figure 3: Sexual Misconduct and Title IX
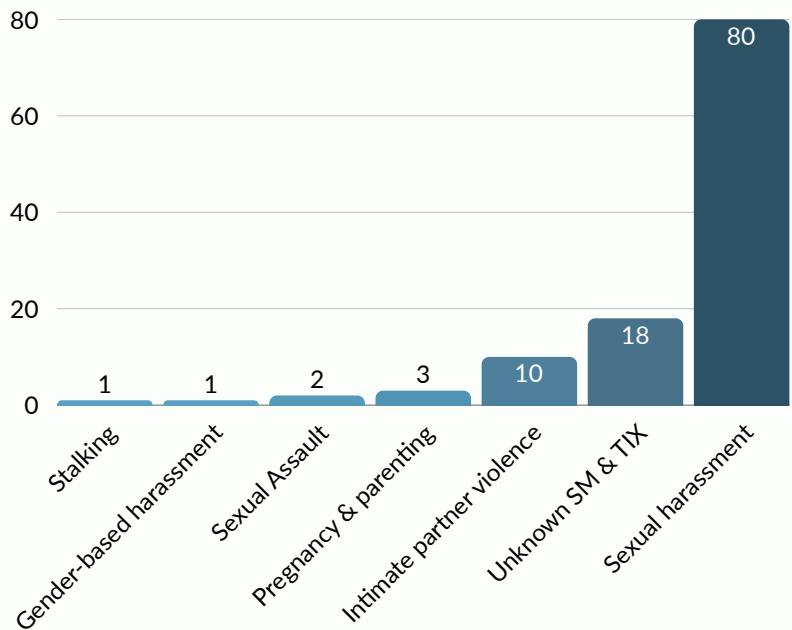
EthicsPoint and Maxient, September 2025

Report Participants

In AY 2025, 56% of impacted parties were classified employees. 10% were unclassified employees, 8% were students, and 4% were residents, postdocs, or fellows. The remaining 22% were applicants, contractors, patients, community members and former students/employees. The affiliation distribution aligns with the types of actions reported, many being power-based dynamics between classified staff and unclassified leadership.

Figures 4 and 5 demonstrate a comparison of the overall affiliations within OHSU to the percentages of reports to OCIC that come from each group. Reports to OCIC from unclassified administration are consistent with census size, while classified employees are slightly underrepresented as reflected in figures 4 and 5. This disproportionality can primarily be attributed to external complainant representation. If the 44 applicants, community members, patients, and former employees/students are removed from the data, classified employees make up 64% of impacted parties and unclassified account for 12%, which closely matches OHSU census data.

All parties are offered supportive measures based on the nature of the report and needs of the party. Supportive measures can include, but are not limited to, referral to confidential advocacy, health and wellness resources, and interim work accommodations. OCIC coordinates with leadership and Human Resources to ensure feasibility when recommending interim work accommodations.

Investigations

Figure 4: Responding and Impacted Parties

● Responding party   ● Impacted party

EthicsPoint and Maxient, September 2025
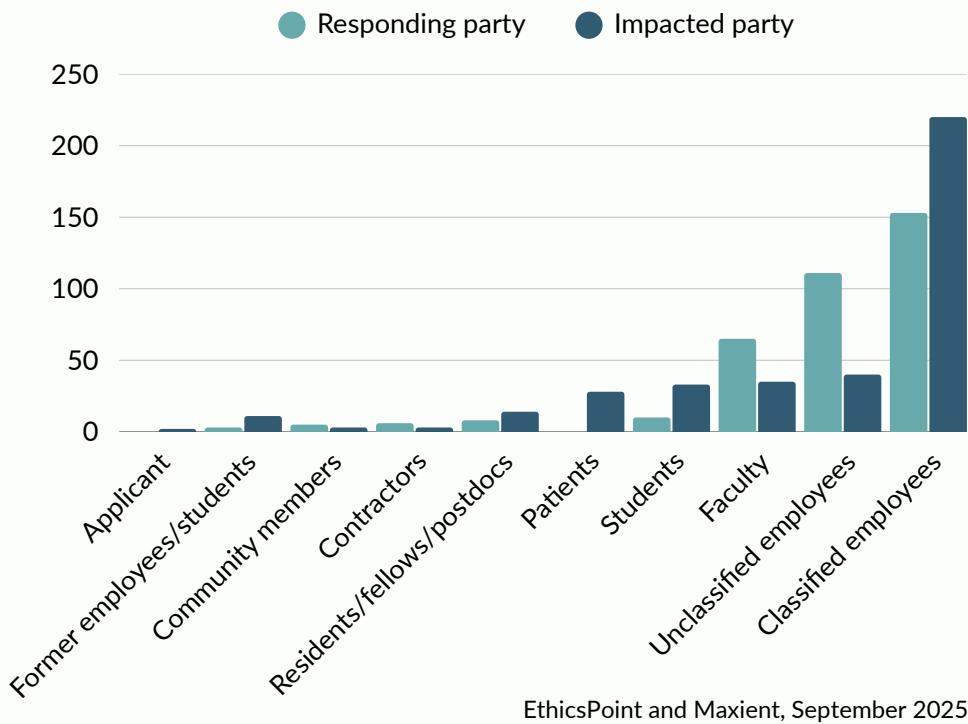
Figure 5: OHSU Member Groups

Fellows	1% — 227
** Students	18% — 4337
Faculty	15% — 3607
Unclassified employees	10% — 2382
* Classified employees	55% — 13105
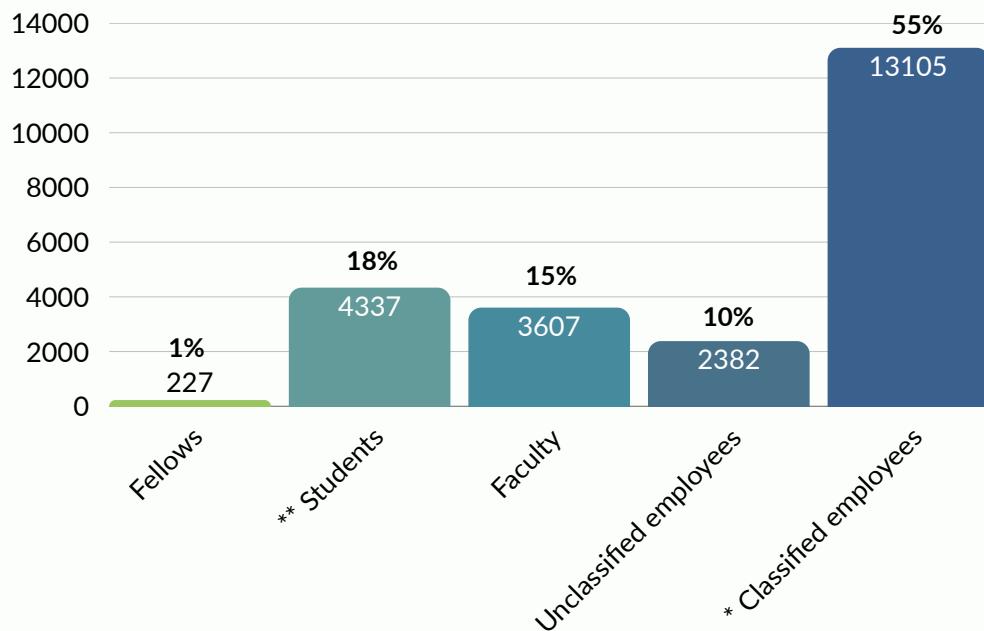
OHSU Human Resources, April 23, 2025

* Residents and Postdocs are included under employees.
** "Students" includes joint program students enrolled in partner institutions.

Report Areas

OCIC data are separated into five areas: Healthcare, School of Medicine, Academics (i.e., School of Dentistry, School of Pharmacy, School of Nursing, and Public Health), Central Services, and Research.

Figure 6 depicts OCIC reports by area, with Healthcare accounting for just over half of all reports in AY 2025, School of Medicine with a quarter of reports, followed by other academic programs/schools.

For comparison, figure 7 represents OHSU census by area. Reports to OCIC generally mirror OHSU census, with the exception of Research and Central Services. Of note, many of the employees in Central Services are involved in the processing of grievances, and it is common in the industry for those areas to underutilize system-based grievance processes.

Figure 6: OCIC Reports by Area

Research 2.7%
Cntrl Services 6.4%
Unknown 2.3%
SoD, SoN, Pharm, PH 12.3%
Healthcare 51.4%
School of Medicine 24.9%

EthicsPoint and Maxient, September 2025
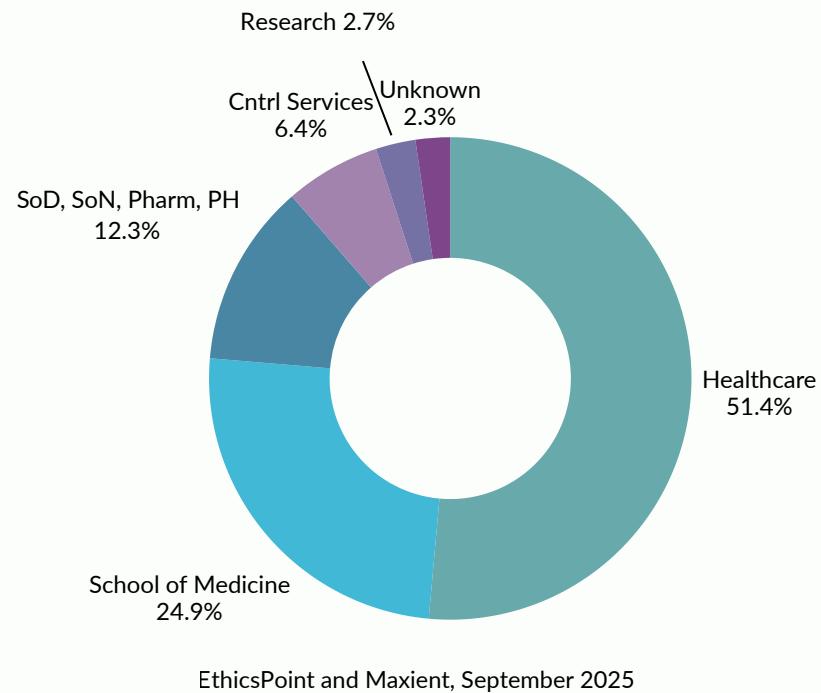
Figure 7: OHSU Census by Area

Research 6.9%
Cntrl Services 10.5%
Healthcare 42.5%
SoD, SoN, Pharm, PH 12%
School of Medicine 28.1%
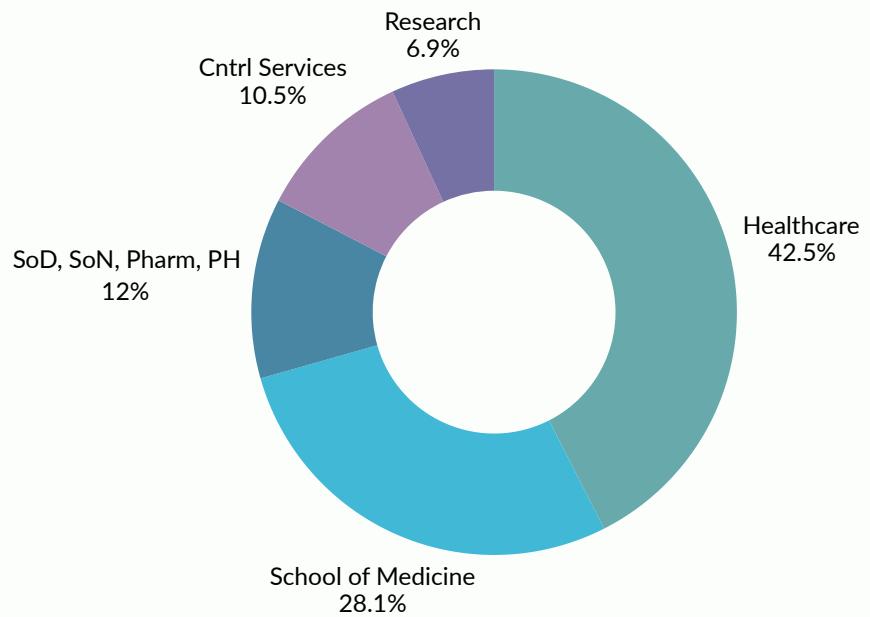
OHSU Human Resources, April 23, 2025

Outcomes

In AY 2025 there were 558 reports resulting in 554 outcomes. This does not include the eight cases that remained open at the close of the academic year. Reports may have more than one outcome, which explains the 554 outcomes for the 550 closed cases. Over half (55.6%) of all reports to OCIC resulted in an informal resolution, such as an educational conversation, facilitated dialogue, or training. All participants, including impacted parties, respondents, and witnesses, receive referrals and other supportive resources to best address their needs. Additionally, many participants continue to receive support from OCIC after a case has been closed as the determination of whether or not a policy has been violated does not often represent the end of a process for the people involved. OCIC continues to support the parties, program leaders, and departments once a case has been closed.

Report Outcomes

- 308 resolved informally

- 130 did not engage

- 39 referred (with formal process)

- 31 insufficient information

- 24 unsubstantiated

- 16 unfounded

- 6 substantiated

Figure 8: Total Outcomes
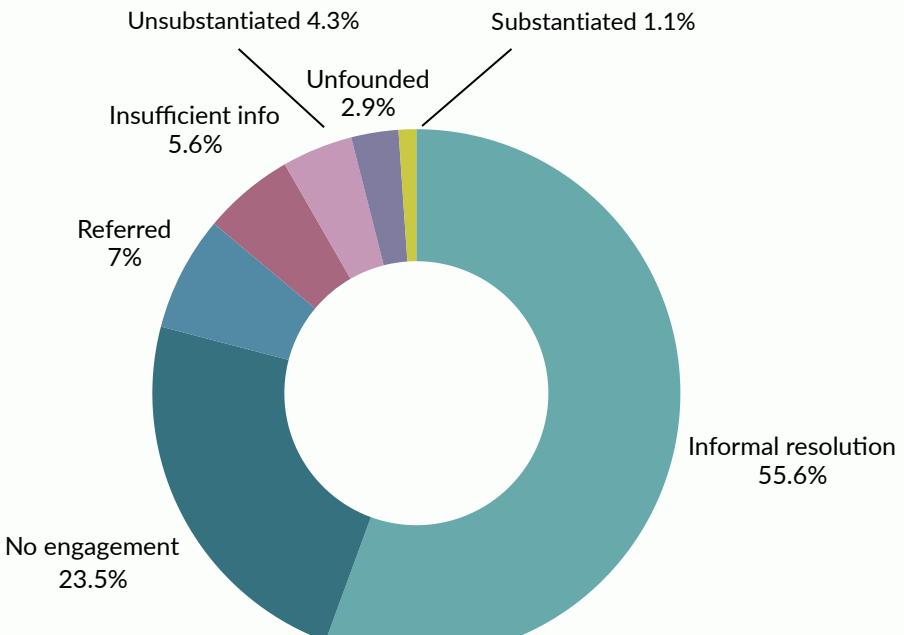
EthicsPoint and Maxient, September 2025

Prevention & Education

Prevention and Education (P&E) is responsible for ensuring compliance with state and federal laws pertaining to civil rights and Title IX. This is done by creating and implementing preventative and responsive education and measuring the success of those efforts. P&E informs OHSU members about prohibited misconduct, reporting pathways, and supportive resources, while building connections and referring to partners throughout the University. In addition, P&E facilitates informal resolutions for complaints and concerns that come to OCIC and provides customized department trainings and workshops upon department leader request.

DHR Policy and Reporting Trainings

P&E strives to make policy and reporting obligations and processes accessible to OHSU members. To accomplish this goal, P&E launched a presentation campaign in May of 2024 to inform OHSU members of the **Discrimination, Harassment, and Retaliation policy** The presentation provides clear information on reporting obligations, what and where to report, how to connect with the Title IX Coordinator, and options for confidential support. The campaign started with a presentation during an All-Leaders meeting followed by an OHSU Now post, and extensive outreach efforts across the institution that included disseminating a reporting **decision-making chart** and promotional flyers and business cards.

72 departments, 30 vice presidents, 8 union leaders, and employee resource groups received outreach from P&E to provide trainings on reporting requirements to their departments and teams. In total, P&E provided 149 presentations to 4,306 OHSU Members in AY 2025.

Targeted Trainings and Workshops

P&E created over 30 unique trainings on topics ranging from reporting pathways and support, understanding the OCIC investigations processes, LGBTQIA+ identity and allyship, nonviolent communication techniques, bystander intervention, implicit bias, managing microaggressions in the workplace, mandatory reporting obligations, Integrity Helpline reporting tool, Sexual Assault Awareness Month, overview of OCIC, and more.

Required Title IX Trainings

P&E is responsible for bringing OHSU into compliance with federal and state regulations relating to sexual violence and Title IX. Starting in August 2024, Title IX-specific annual trainings were assigned to all employees and students. Approximately 93% of employees completed their required training while student completion rates were 61% and 69% for their two trainings. All employees are also assigned a Harassment Prevention training upon hire/after a position change. This training's completion rate was slightly higher at 94%.

Employees: 92.8% (18,570 employees) completed the required "Building Supportive Communities: Clery Act and Title IX" online training, which takes a close look at the issue of sexual harassment, including sexual assault, relationship violence, and stalking in higher education.

Students: 61%, 1,505 students out of 2,484 assigned, completed the required "Sexual Assault Prevention for Graduate Students," which supports graduate students' interactions with advisors, faculty members, peers, and undergraduate students (including responding to disclosures).

69.4%, 1,479 students out of 2,125 assigned, completed the required "Title IX Rights and Protections," which provides students with information about the importance of Title IX and what an institution's obligations are when a formal complaint is filed. Topics include definition of sexual harassment, Title IX regulations and obligations, and grievance procedures.

Prevention & Education

Informal Resolution

Informal Resolution (IR) engagements are flexible, voluntary, non-punitive, remedies-based engagements with individuals and/or teams. Participants can choose to participate in an IR process after they have engaged with OCIC.

- P&E developed the "Informal Resolution Workflow for OCIC" internal document to demonstrate process flow and address questions when a referral for IR is warranted by the Director of Investigations.

- P&E created an internal referral form to share high level information between OCIC partners and P&E staff. This maintains privacy for the referred individual(s) and focuses on the outcome intended by participation in the IR process.

- IRs are often multisession meetings that can range from guided listening sessions and level-setting around policy expectations, to review of reporting obligations and supportive resources. These sessions often serve to increase awareness of bias and discrimination while building skills in upstander (bystander) intervention and conflict navigation for both managers and team members.

- IR trainings are the result of engagements from departments who sought out additional skill development for their teams. Examples include:

  - Connection and Compassion: To Connect and Gain Empathy, Stop Assumptions

  - Mind the Gap: Age Discrimination and Intergenerational Workplaces

  - Support and Communication: Review of OCIC and Reporting Requirements and Nonviolent Communication Skill Development

  - Leadership Retreat: OCIC Policies, Role Play and Practice with Communication Skills

  - Know Your Rights: Protected Characteristics, OCIC Policies, How to Report, and Being an Active Bystander

  - Not Funny: The Limits of "Humor" at Work (including OCIC overview, what is prohibited, how this relates to workplace humor, and how to disrupt sexist, homophobic, or racist "jokes")

  - How to Respond to Disclosures and Support Colleagues (SAAM training, included OCIC overview, what is prohibited, reporting requirements)

Confidential Advocacy

The Confidential Advocacy Program for Employees (CAPE) is a confidential office of no record, providing advocacy to OHSU employees who have experienced DHR, and employees impacted by interpersonal violences such as stalking, domestic and dating violence, and sexual harassment and assault.

CAPE began full operations in January of 2025. Data in this report reflect the first six months of operations, January 1st 2025 - June 30th 2025, rather than a full academic year. In that initial six-month period, CAPE served a total of 52 employees and provided 344 client related contacts. The majority of contacts were one on one meetings with clients in person, virtually, or over the phone, while collateral contacts, such as coordinating support with a referral resource, made up 11% of CAPE services, as outlined in figure 9. Figure 10 depicts a breakdown of issue types during the reporting period.

Figure 9: Client Contacts

Collateral contacts 11.3%

Advocacy meetings 88.7%

Figure 10: Issue Types

Issue Type	Count
Bullying	1
Physical violence (internal)	1
Stalking	2
Sexual violence (external)	2
Retaliation	2
Other	4
Harassment	5
Interpersonal conflict (not w/managers)	6
Issue w/management (not DHR)	6
DV/IPV	8
Discrimination	15
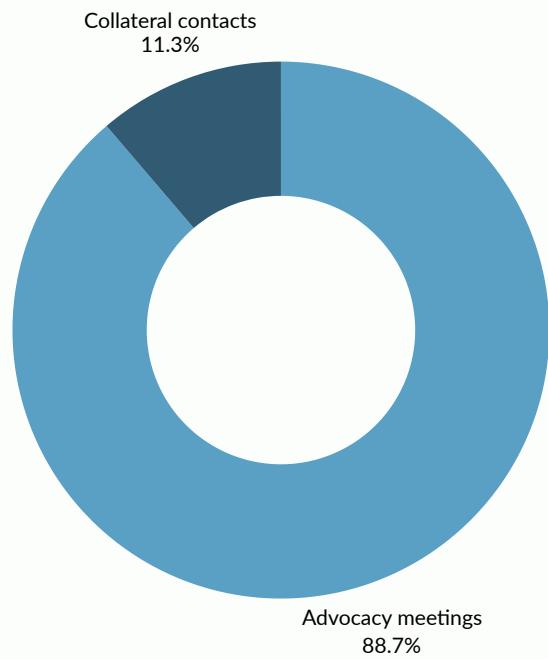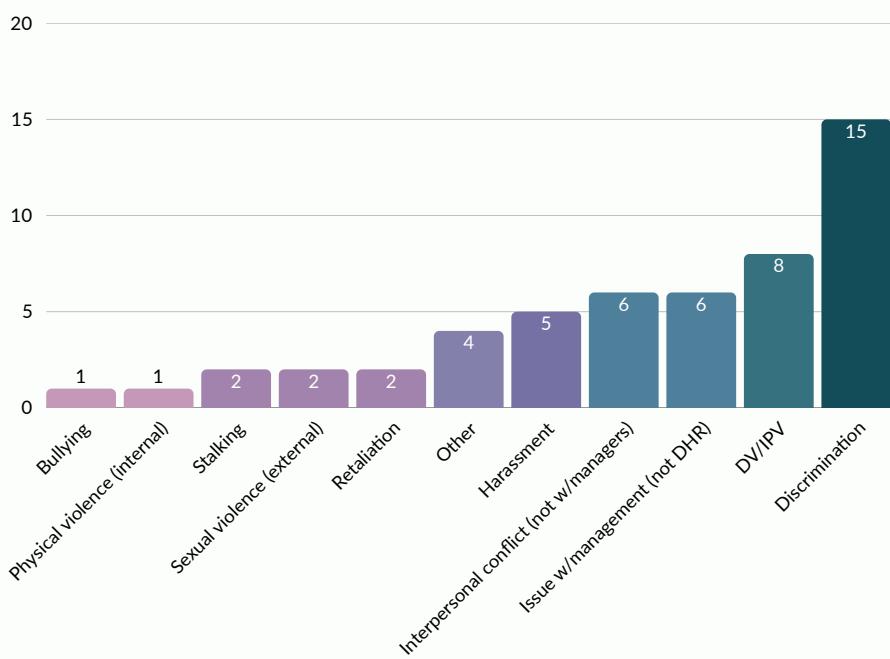
Confidential Advocacy

Services

The most frequent service provided to employees accessing CAPE was emotional support, followed by referrals and policy and procedure navigation. Figure 11 outlines services provided to employees between January 1st and June 30th of 2025, while figure 12 shows the services CAPE referred employees to.

Figure 11: Services
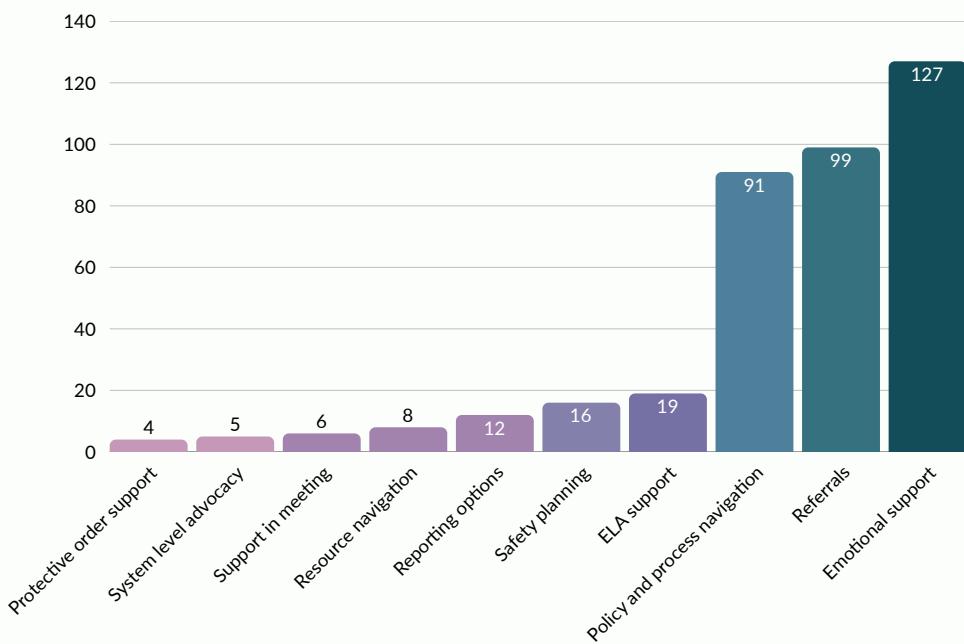
Figure 12: Referrals
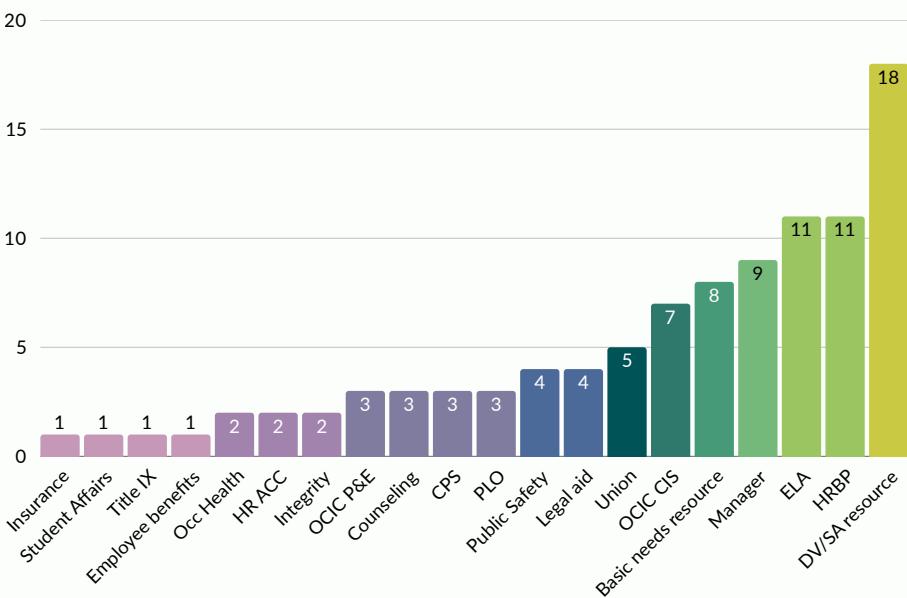
ADA and 504 Compliance

The ADA and Section 504 Compliance Manager is responsible for institutional compliance, including adherence to state and federal law around accessibility. The ADA and Section 504 Compliance Manager also provides consultation to the institution and oversees the accommodation appeals process.

Physical Accessibility

- Launched a multi-year ADA architectural assessment of OHSU facilities. Doernbecher Children's Hospital, OHSU Hospital South, and Parking Garages B, C, and F were all evaluated in 2024-2025, with additional facilities to follow in subsequent years. Assessment results will be used to inform an updated self-evaluation and remediation roadmap for OHSU.

- As voted upon by OHSU's **Physical Access Committee**, directed the allocated funding to improve accessibility in Mackenzie, Baird, and Sam Jackson Hall by installing improved wayfinding signage and automating entry doors to OHSU Anywhere flex use spaces. Read the Committee's **Annual Report** for a full overview of its activities in 2024-2025.

- Conducted accessibility walkthroughs or reviews of new facilities at the Crossings Campus, the Richmond Clinic, an adult changing table installed on the 7th floor of Doernbecher Children's Hospital, and proposed designs for the upcoming Doernbecher Children's Hospital Addition.

Digital Accessibility

- In partnership with the Digital Strategy team, led the Digital Accessibility Committee (DAC) in its efforts to coordinate institutional standards and expectations for digital accessibility.

- Conducted educational outreach to institutional partners – Legal, Risk Management, Procurement, Branding & Marketing – on the topic of digital accessibility.

- Advocated for and secured expert legal guidance on compliance with digital accessibility regulations under **ADA Title II and Section 504.**

- Launched internal **O2 webpage** on digital accessibility, including a prioritization worksheet, list of resources, and frequently asked questions.

- Provided expert input on the Digital Strategy's team new **digital accessibility training** for OHSU employees responsible for public website content management.

Consultations

- Advised directors, managers, healthcare providers, and other leaders on at least 37 access-related cases, questions, or concerns affecting employees, students, patients, members of the public, and volunteers.

ADA and 504 Compliance

Service Animals

- Led campus partners in creating a new OHSU badge category for service animals, which was piloted in July 2024 and adopted permanently in January 2025.

- Revamped OHSU's **policy on animals in healthcare facilities**; policy currently in process of getting final approval.

- Revised an OHSU sleep lab policy to align with institutional service animal policy.

Accommodation Systems

- Established a new institutional policy and ancillary procedures for an **accommodation appeals process** for employees and students.

- Provided expert input to the Office for Student Access (OSA) on the revamp of OHSU's **Student Accommodations Handbook** and student letter templates.

- Created an **Accommodations Compliance training**, which was piloted in Spring of 2025 and formally launched Summer of 2025.

- Refreshed OHSU's **public webpage on patients with disabilities** to provide guidance for patients seeking ADA accommodations.

- Partnered with Patient Relations to explore potential options for better documenting patient accommodations or access requests within Epic.

Inclusive Emergency Planning

- Active member of OHSU's Emergency Planning Advisory Group (EPAG) and the Healthcare Emergency Management Committee, contributing insight on disability-inclusive safety and emergency planning policies, procedures, and protocols.

- Advocated for a Text-to-9-1-1 option within the Department of Public Safety (DPS), leading to a department proposal for a dispatch software upgrade that would improve access to emergency services on OHSU's Portland campuses.

- Revised OHSU's Emergency Action Plan (EAP) template to better meet digital accessibility standards.

Process Improvement

- Launched a new online **disability barrier report form** and process in February 2025.

- Revamped the public **OCIC webpage on ADA compliance** in Summer 2024.

- Developed a referral tool for campus partners (Oregon Office on Disability & Health, University Center for Excellence in Developmental Disabilities) to assist them in redirecting external public inquiries to appropriate OHSU resources.

Conclusion

Review and Moving Forward

Review

OCIC made notable strides during the 2025 academic year. The time to close reported cases decreased substantially; in AY 2024 the average time to close was 54 days, while in AY 2025 the average time to close was 36 days. This is a considerable improvement and the overall goal is to have an average that is at or around 60 days. Workflows are more efficient, including initial report assessment and referral to appropriate offices. The ADA program was revitalized and has made significant strides in many important areas around compliance and access across OHSU. The CAPE program was developed, began serving employees, and has made noteworthy contributions to the retention of staff by providing easy-to-access navigation, safety planning, and referral help to employees who are experiencing many complicated factors. The Prevention and Education Team has created a commendable footprint across the organization and is consistently expanding its offerings and support to individuals and departments. Another significant addition in May 2025: OCIC transitioned to a new software system, Maxient, that allows for much closer case management and tracking. Overall, the work is more easily coordinated among the program areas of OCIC.

OCIC in Academic Year 2026

Over the next year, OCIC will be working to increase discriminatory misconduct reporting to the Investigations Team, increase service utilization of P&E and CAPE, and continue the important work of creating improved accessibility for all OHSU members. OCIC reviews annual data and reports of concerns to see if there are any "hotspots" or trends where similar concerns are reported that necessitate more intervention at the departmental level. The Prevention and Education Team will contact those departments to design a training, or series of trainings, for the area in need. OCIC will also continue efforts to integrate process with each school's conduct system to standardize the student experience across schools. Lastly, an internal quality group will be chartered to conduct post investigation reviews. This will allow for system improvement and strengthening of partnerships across the organization.

Conclusion

The Investigation Team persists in refining its procedures and enhancing communication with partner programs throughout the organization. This effort aims to assist members in comprehending what constitutes a violation of the DHR policy and to facilitate the recommendation of suitable resolutions and outcomes.

Prevention and Education will increase the number of areas to which they are able to provide training and consultation and continue to review the trainings from our office as well as related trainings from other university partners. They will develop an organization wide sexual violence prevention committee (SVPC) with the purpose of promoting institution-wide efforts to prevent sexual violence, harassment, and related misconduct. The committee will have diverse representation across the OHSU enterprise and will be responsible for supporting prevention education, reviewing related data to inform improvement and information dissemination, promoting development opportunities related to sexual violence prevention for faculty, staff, and learners, and providing an annual report to the Title IX Coordinator to summarize its initiatives, impact, and future priorities. A central process for SVPC in AY 2026 will be analyzing the results of the Sexual Misconduct Surveys sent to students and employees.

Additionally, P&E will sunset the Respect at the University module due to significant overlap with other required trainings. This will result in savings of over $66,000 per year, not including the time and cost associated with taking the module. Increasing outreach to the academic mission will support raising the number of students who complete the Title IX trainings. As part of this effort, P&E will meet with student leadership, outreach to every school directly, and seek partnerships for building greater awareness about these required trainings.

CAPE will continue to socialize its services to the OHSU community, and look to increase engagement. Marketing and educational outreach will be informed by analysis of aggregate user data for any notable service gaps when compared to the overall OHSU population and OCIC reports. CAPE will also launch a consumer feedback survey to analyze areas for process improvement, access barriers, and service satisfaction.

The ADA program expanded its scope to include monitoring and ensuring institutional compliance with Section 504, beginning October 2025. It will continue to advance OHSU compliance with physical and digital accessibility regulations, strengthen educational efforts on access compliance, and continue consultative services for OHSU members.

References

Relevant Policies

02-01-002 Equal Access for Students with Disabilities

03-05-045 Conflicting Consensual Relationships

03-05-048 Discrimination, Harassment, and Retaliation

03-05-055 Workplace Accommodations

03-05-058 Accommodation Appeals

03-05-60 Prohibition on Bullying

HC-PRM-100-DOC Service Animals, Therapy Assistance Animals, and Pet Policy

Guiding Documents

OHSU Code of Conduct

DHR Manual

Disability Access Barrier Report Form

Employee Workplace Accommodations Handbook

Student Accommodations Handbook

Physical Access Committee Annual Report

References

Program Contacts

Office of Civil Rights Investigations and Compliance (OCIC)

website: ohsu.edu/office-of-civil-rights-investigations-and-compliance

email: ocic@ohsu.edu

phone: 503.494.5148

Title IX

email: titleix@ohsu.edu

phone: 503.494.5148

OCIC Prevention and Education (P&E)

email: prevention@ohsu.edu

phone: 503.494.5148

Confidential Advocacy Program for Employees (CAPE)

website: tinyurl.com/capewebpage

email: cap-e@ohsu.edu

phone: 503.494.0942

ADA and Section 504 Compliance

website: ohsu.edu/office-of-civil-rights-investigations-and-compliance/ada-compliance-and-accessibility

email: keenon@ohsu.edu

Glossary of Terms

Americans with Disabilities Act (ADA): a federal civil rights law prohibiting disability-based discrimination in employment, services provided by state and local governments, public accommodations, and telecommunications.

Complainant: the party reporting Discriminatory Misconduct.

Discrimination: OHSU prohibits discrimination based on protected characteristics recognized by federal and state law. Discrimination is generally an adverse action taken against an individual or group on the basis of the individual's or group's Protected Characteristic(s). Discrimination takes two forms:

- Disparate treatment occurs when the adverse action is motivated in whole or in part by the Protected Characteristic.
- Disparate impact occurs when a policy, requirement, or regularized practice, although neutral on its face, adversely impacts persons in a protected class without a legitimate purpose.

Discriminatory Misconduct: discrimination, harassment, sexual harassment, sexual misconduct, sexual assault, domestic violence, dating violence, stalking, sexual exploitation, and retaliation prohibited by OHSU policy and Oregon and federal law.

Finding: a conclusion based on the preponderance of the evidence that the alleged conduct did or did not occur (as in a "finding of fact").

Formal Complaint: a written complaint signed by the Complainant or Title IX Coordinator alleging a violation of OHSU's policy on Discriminatory Misconduct and requesting an investigation.

Formal Reports: reports that have come through the institution, the OCIC/Title IX investigative team has been engaged, there has been an evaluation of the necessity of an investigation, and the investigation has taken place if it is determined appropriate. These reports all have a documented resolution, even if that resolution was simply to review and close the matter.

Formal Resolution: the process following a Formal Complaint of conduct that could constitute Discriminatory Misconduct. The Formal Resolution Procedure includes an investigation, determination of responsibility, and sanctions and remedies where appropriate.

Founded: a determination made after a formal investigation finding that the misconduct or violation most likely occurred.

Harassment: unwelcome verbal or physical conduct based on a Protected Characteristic that is so sufficiently severe or pervasive that it substantially interferes, or is likely to substantially interfere, with an individual's employment, education or access to OHSU programs, activities, or opportunities, and would have such an effect on a reasonable person who is in a similarly situated.

Glossary of Terms

Informal Resolution: a flexible process to address reports of conduct that could constitute a violation of OHSU's Discrimination, Harassment, and Retaliation (DHR) Policy. Informal resolution does not include an investigation or a final determination.

In Process: indicates reports that are ongoing and there has not yet been a determination of what resolution will take place. Many of these complainants have received supportive measures or accommodations.

Insufficient Information: OCIC was not able to gather sufficient facts to proceed with any form of resolution due to minimal information being reported.

Intimate Partner Violence (IPV): includes dating violence, domestic violence, and other types of relationship violence. The state of Oregon defines IPV as intentionally or recklessly causing physical, emotional, or physiological harm to a person who is, or has been, involved in a sexual, dating, or other intimate relationship with the Respondent.

Preponderance of the Evidence: is the burden of proof standard used by the OCIC Investigations Team. For a claim to be founded, it has to meet the standard that it is more likely than not to have occurred; in other words there is a greater than 50% chance that the accused individual committed the alleged violation/s.

Protected Activity: any action taken by an employee that is legally safeguarded from employer retaliation. Examples include: engaging in an accommodation or leave process, use of protected leave, reporting misconduct, and participating in an investigatory process.

Protected Characteristics: or protected class, is a personal trait that cannot be used as a reason to discriminate against someone. Examples of protected characteristics identified by federal and Oregon laws include: age, disability, gender, national origin, genetic material, gender identity and expression, military status, pregnancy, race, religion, sex assigned at birth, and sexual orientation.

Report: the disclosure of information regarding conduct that could constitute a violation of the DHR Policy. A report does not constitute a "Formal Complaint" as defined above.

Remedies: supportive solutions provided to a Complainant after a finding of misconduct. These remedies are intended to end the discrimination, prevent it from happening again, and restore equal access to work and education.

Respondent: an individual reported to be the perpetrator of conduct that could constitute a violation of the DHR Policy.

Glossary of Terms

Retaliation: an adverse action taken against an OHSU Member because the individual engaged in a Protected Activity, such as reporting misconduct or taking protected leave. Adverse action means any action that is likely to deter a reasonable person from engaging in a Protected Activity.

Sanctions: disciplinary determinations applied to students and employees found to have violated OHSU's DHR policy. OCIC does not impose sanctions. OCIC may make a recommendation based on a finding. Human Resources and academic programs are responsible for final determinations and subsequent actions.

Section 504 of the Rehabilitation Act: a federal law that prohibits disability-based discrimination in services and programs provided by entities that receive federal financial assistance.

Sexual Assault: any touching of the sexual or other intimate parts of a person or causing a person to touch the sexual or other intimate parts of the actor for the purpose of arousing or gratifying the sexual desire of either party, including sexual intercourse.

Sexual Harassment: unwelcome conduct of a sexual nature that is prohibited under both Title IX and Oregon law. Sexual harassment can include unwelcome sexual advances, requests for sexual favors, or other verbal, nonverbal or physical conduct of a sexual nature where such conduct is so sufficiently severe or pervasive that it has the effect, intended or unintended, of unreasonably interfering with an individual's work or academic performance or it has created an intimidating, hostile or offensive environment and would have such an effect on a reasonable person.

Sexual Misconduct: an incident of sexual harassment, sexual violence, Intimate Partner Violence, sexual exploitation, stalking, harassment, or violence based on sexual orientation or gender identity or expression, or other gender-based harassment or violence.

Stalking: engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others; and/or suffer substantial emotional distress.

Supportive/Interim Measures: are available during an investigatory process and are temporary, non-punitive, individualized services provided to parties involved in a complaint to ensure equal access to education and employment, such as safety and academic accommodations, and work site and schedule adjustments.

Unfounded: a determination made after a formal investigation finding that the alleged misconduct or violation most likely did not occur, based on the preponderance of the evidence standard.

Unsubstantiated: a determination made after a formal investigation, resulting in insufficient evidence to conclude that a policy violation was more likely than not to have occurred, based on the preponderance of the evidence standard. In other words, the institution could not reach a conclusion of responsibility based on the evidence presented.

Frequently Asked Questions

OCIC Annual Report 2025

1. What is the Office of Civil Rights Investigation and Compliance (OCIC)?

   a. OCIC is an independent office reporting to the OHSU President. OCIC provides institutional oversight relating to discrimination, harassment, and retaliation of protected characteristics as well as sexual misconduct, Title IX, and ADA/Section 504 compliance.

2. Is this the number of reports OCIC would expect to receive in a year?
   a. Given the size of the institution, OCIC expects to receive more reports per year. As the OHSU community develops a greater understanding of resources, what OCIC does, and reporting responsibilities, we expect to see an increase in reporting over time.

3. Does OCIC handle workplace or academic accommodations?

   a. OCIC helps with safety-related accommodations under Title IX for employees or students as needed. For all other accommodations, different offices are responsible. Students should contact the Office for Student Access. Employees should contact Employee Leaves and Accommodations. Volunteers, interns, and visiting scholars or practitioners should contact OHSU Visitors and Volunteers.

4. Does OCIC take patient complaints?

   a. No. Patients should report complaints to Patient Relations.

5. If I have a concern, where is the best place to start?

   a. Start with the Confidential Advocacy Program for Employees. CAPE provides support to OHSU employees who have concerns of bias, harassment, discrimination and/or retaliation. CAPE is also a confidential resource for employees experiencing interpersonal violence such as stalking, intimate partner violence, sexual harassment and sexual assault.

6. What if I think my area could use some education on a specific topic?

   a. Schedule time to consult with the Prevention and Education team about topics of interest for you and your area.

7. Why do we have to take yearly sexual misconduct training?

   a. OHSU is committed to addressing and preventing sexual misconduct. Additionally, annual training on the identification and prevention of sexual misconduct is required by federal and state regulations (Title IX and ORS 350.343).

8. How does this data compare to other years?

a. Due to several changes in database systems over the past several years, it is difficult to compile data from prior years. Comparison data will be available moving forward.

9. Why are there so many concerns from represented employees?

a. Most OHSU employees belong to and are represented by a union.

10. Why is data from the School of Medicine separate from the other schools?

a. The data is broken down by reporting structure.

11. What happens when OCIC conducts an investigation and determines an allegation was substantiated and an employee violated the DHR policy?

a. The matter is then referred to Human Resources, which works with management to determine appropriate corrective and disciplinary actions consistent with OHSU's policies and the severity of the conduct. OCIC does not implement sanctions or discipline.

12. What happens when OCIC conducts an investigation and determines an allegation was substantiated and a student violated the DHR policy?

a. Academic partners follow their individual programmatic policies and procedures.

13. Is the data in the Annual Report from this year?

a. No. The data in the Annual Report is from academic year 2025 (July 1, 2024 through June 30, 2025).

14. Why are so many cases not substantiated?

a. Most participants choose to engage in informal resolution, which means that there will not be a formal finding to their concern. Often behaviors do not constitute a violation of the policy; there is insufficient evidence, lack of credible witnesses or private interactions. An unsubstantiated finding doesn't mean the event didn't happen; it means it couldn't be proven by a preponderance of evidence standard. However, recommendations for support and education are regularly made.

15. My question is not listed here. Who can I contact?

a. Contact OCIC: ocic@ohsu.edu.

16. Where can I find more information about OCIC procedures?

a. More information is available in the DHR Manual.

To: OHSU Board of Directors

From: Paul Halverson, Faculty & Dean, OHSU-PSU School of Public Health

Date: 1/20/2026

RE: Establishing Academic Health Departments & School of Public Health Highlights

The slide presentation will provide information about what defines an academic health department, describe ongoing development of such departments in partnership with the school of public health, and provide some recent highlights from the SPH.

What is an Academic Health Department (AHD)?

An Academic Health Department, or teaching health department, represents a formal affiliation between an academic institution and a public health practice organization.

Public Health Foundation, 2025

Like a hospital is to the medical school…

The AHD arrangement is the public health equivalent of the "teaching hospital" affiliation that formalizes the relationship between medical schools and hospitals. **It exists to strengthen the linkage between public health practice and its broad academic base** and is designed to enhance public health education and training, research, and service

Public Health Foundation, 2025
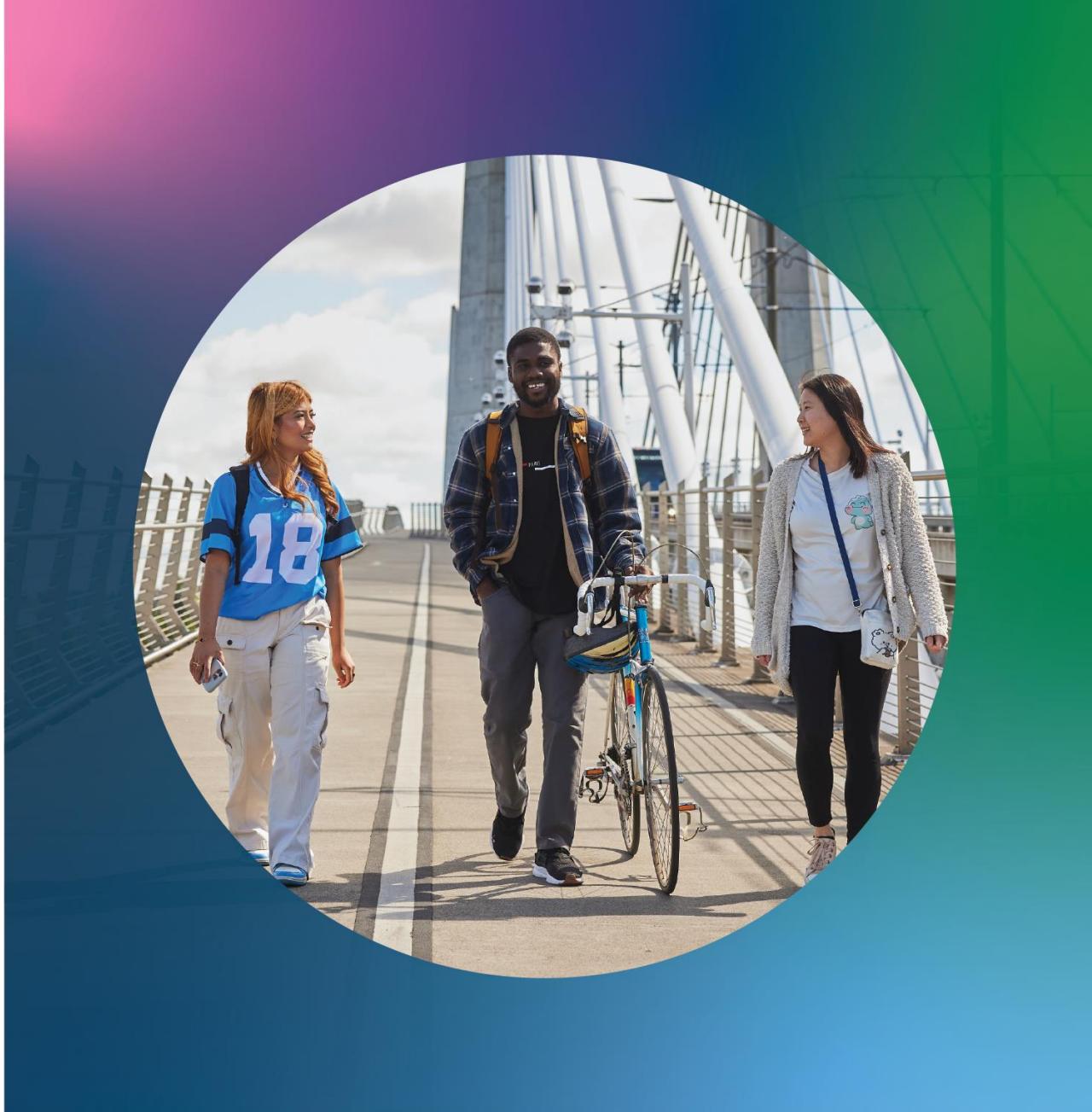
The Public Health System
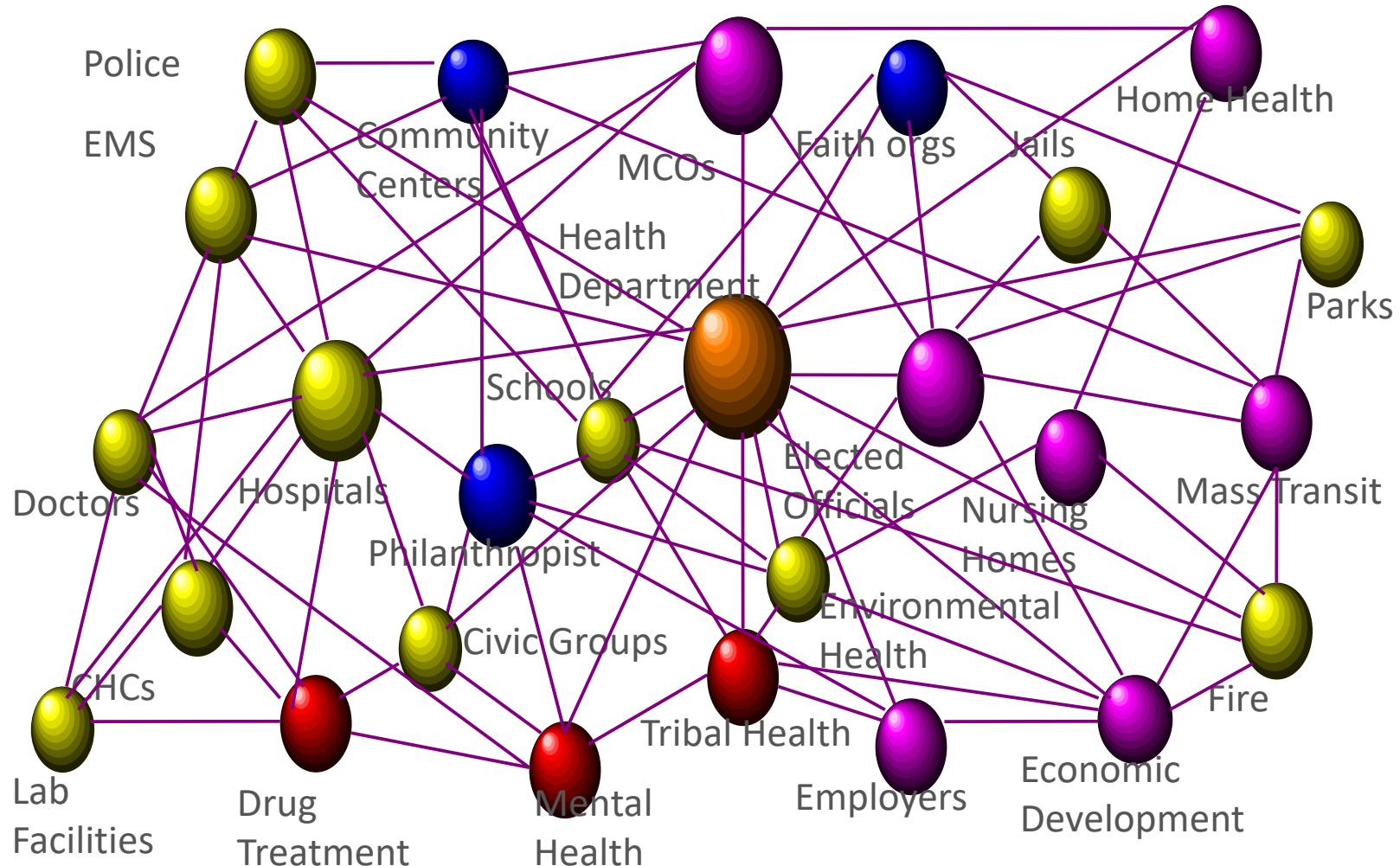
Establishing an ADH with the Multnomah County Health Department:

- Institutionalizes our collaboration

- Enhances our ability to address community health needs in real time

- Strengthens the Oregon's public health workforce capacity and infrastructure

- Utilizes shared resources

- Increases our research & grant competitiveness

- Increase opportunities for SPH Faculty & Students to assist and conduct county assessment and evaluations for research and policy-making that directly impact Oregonians

- Meet accreditation standards

Our Initial Areas of Emphasis includes:

- Behavioral Health- population level
- Homelessness
- Age Friendly- Intergenerational Health
- Environmental health
- Evaluation and Program Analysis
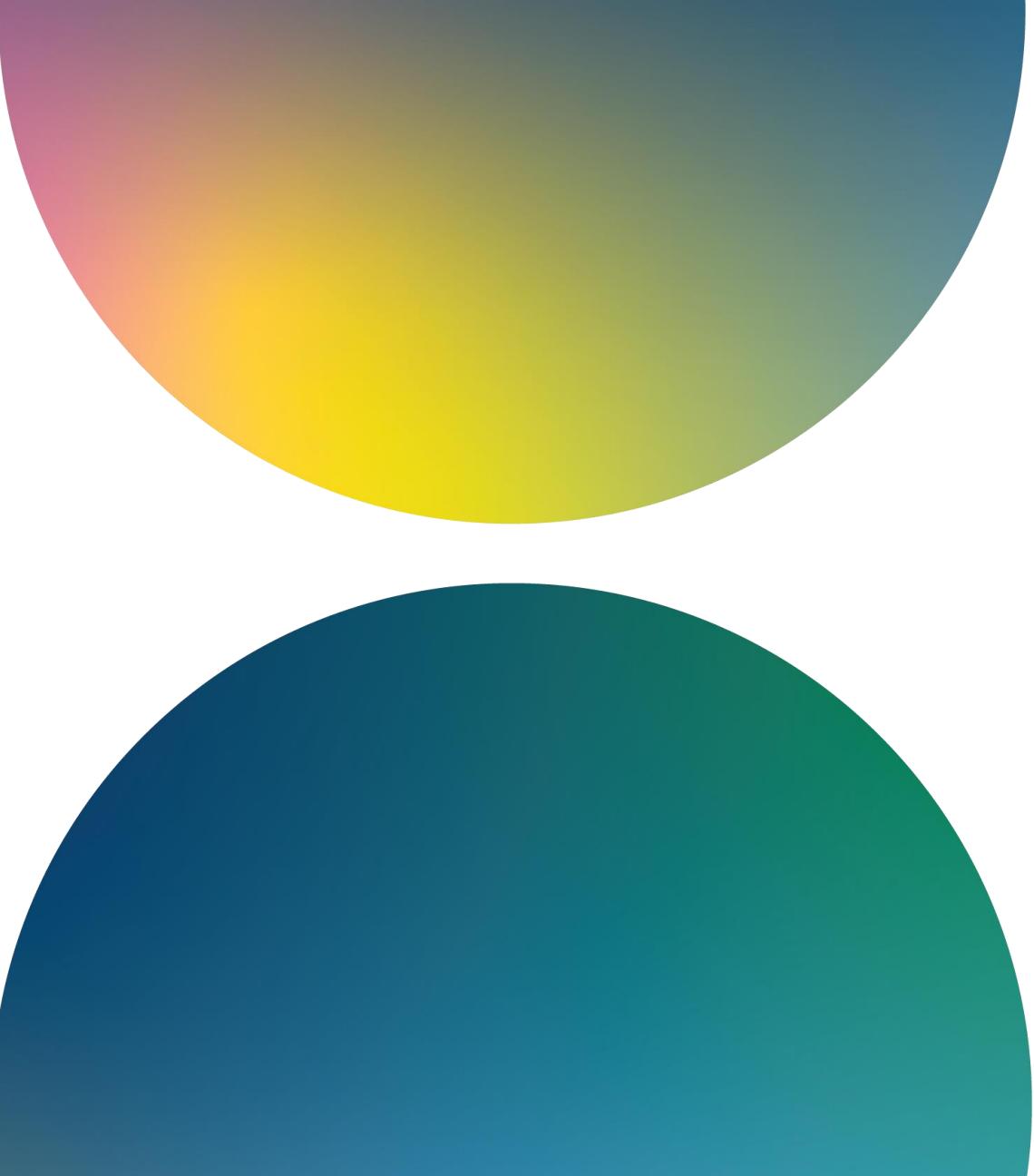
This ADH partnership will

- Increase student enrollment
- Increase our capacity to provide a "practice-ready" education experience
- Maximize efficiency through resource sharing
- Position our faculty and students to influence evidence-based evaluation and policies for the county
- Increase joint research opportunities

all while ensuring that our mission is directly improving the health of all Oregonians.

"Our new academic relationship with OHSU-PSU School of Public Health is a game-changer. Academia fuels our practice, and our experience enriches their programs. By leveraging the combined expertise of our core staff and university faculty, we're building a stronger, more resilient public health and healthcare infrastructure for the future of Multnomah County."

- Rachael Banks, Multnomah County Health Department Director

School of Public Health Highlights

- Celebrating our 10-year anniversary

- School of Public Health for state

- USNWR: ranked 22 (top 25) of accredited public health schools/programs

- Enrollment:
  - Undergraduate - 876 students
  - Graduate (master/doctoral) - 274

- Faculty and Staff
  - Faculty – 66; 70+ secondary/adjunct
  - Staff - 35

- Our faculty secured $12 million dollars in external funding for research

- Strategic goal: **Improve public health and promote health justice in Oregon and beyond.**

- Related strategic initiatives:
  - Rural public health
  - Work with local health depts
  - State public health (OHA)

To: OHSU Board of Directors

Date: January 23, 2026

From: Susan King, Board Chair

           Justin Hurley Braswell, Vice-Chair

RE: Subject: Short-Term Goals for President Elnahal

Dear Members of the Board,

As we approach the conclusion of Dr. Shereef Elnahal's first year as President of OHSU this summer, I want to share an update on the short-term goals that will serve as the basis for his initial evaluation by the Board.

Over the past several months, Dr. Elnahal has worked closely with senior leadership and the Board's leadership to identify a focused set of short-term priorities. Given the remaining time in his first year and the timing of the upcoming evaluation, we collectively determined that establishing a limited number of clear, high-impact goals was both appropriate and necessary. The three short-term goals for which Dr. Elnahal will be evaluated and held accountable are as follows:

Goal 1: Financial Performance

OHSU has operated with a negative operating margin for an extended period, and this trajectory is eroding the long-term health and resilience of our institution and its ability to serve Oregon. Reversing this trend is an urgent priority. The FY26 OHSU Board adopted budget allowed for a 45M budget deficit or 0.7% operating loss.   Operating Income for the first six months of FY26 is $122m. This does not include wage increases on contracts where we have tentative/recently ratified agreements with an approximately $50m impact, producing an adjusted income of $73m.

Presidential Goal: Do better than the board adopted $45M deficit and end the fiscal year with a break-even or 0% operating margin.

Goal 2: Employee Engagement

OHSU has operated for far too long without a comprehensive, current strategic plan, and this work must now be completed with focus and discipline. Strengthening organizational culture, restoring trust, and improving engagement across OHSU's workforce are essential to our success and sustainability. Action plan completion is a leading indicator for employee engagement. It's a tool that drives management accountability to people's experiences improving culture.

Presidential Goal: Increase action plan execution/completion from current 10% rate to 50% execution/completion rate by end of fiscal year, June 30th 2026.

Goal 3: Strategic Planning

The planning process will engage the campus and external community in the creation of the new OHSU strategic plan. It will include an update to our vision and values, including strategic **initiatives** for all three missions that will help us achieve our new vision. We expect emonstrate appropriate progress at the conclusion of a six-month period, and what the next steps in the creation of the plan will be)

Presidential Goal: Update on the strategic plan will be presented to the board at the June 2026 board meeting.

We recognize that the Board was advised it would have input into the President's goals. That commitment remains firmly in place. These short-term goals reflect the immediate needs of the institution and the realities of timing associated with Dr. Elnahal's first-year evaluation. While we welcome discussion of these goals at our upcoming Board meeting, they will not be added to or modified.

Importantly, Board input will be both expected and essential as we move into the development of the strategic plan and the establishment of the President's longer-term goals. That work will occur thoughtfully and deliberately over the coming months, with ample opportunity for Board engagement and guidance.

Thank you for your continued leadership and stewardship of OHSU. I look forward to a constructive discussion at our upcoming meeting and to our continued partnership in advancing the health and mission of OHSU.

OHSU

Date: January 23, 2026

To: OHSU Board of Directors

From: Julie Hanna, Associate Vice president, Government Relations

RE: State legislative agenda and federal affairs update

The state and federal landscape continues to be dynamic and complex.

The Oregon State Legislature will begin its 35-day state legislative session on Monday February 2, 2025. With the state facing a potential budget deficit and increased expenses due to HR 1 OHSU will pursue a state legislative agenda focused on preserving as much funding as possible for our core state mandated missions including Medicaid funding, Graduate Medical Education support and the direct general fund education appropriation. As the state's only academic health center OHSU will provide practical expertise to state legislators across a variety of issues as they consider policy changes that may have an impact on OHSU, its members and the people it serves.

Congress is poised to soon pass an appropriations bill that includes many of the critical funding components that impact OHSU and its missions including NIH, Medicaid and Medicare funding.

2026 OHSU State Legislative Agenda and Federal Affairs Update

JULIE HANNA, AVP, GOVERNMENT AFFAIRS

2026 State Legislative Environment

- Short Timeline:
  - 35 days

- Transportation
  - Dynamic

- Budget, Budget, Budget
  - Revenue forecast on Feb. 4

OHSU Budget Outlook

- General Fund Appropriation
  - $146,474,843
    - Funds Schools of Medicine, Nursing, Dentistry, AHEC and Office of Rural Health, OHSU 30-30-30, CDRC, Oregon Poison Center, OCID, and OBCC
  - Likely challenges over the next two biennia

- Oregon Health Authority Budget
  - Graduate Medical Education
    - Two proposed cuts:
      - 24% of the General Fund and 4.6% of the state funds (GF+OF) in the 2025-2027 LAB
      - 12% of the General Fund and 2.2% of the state funds (GF+OF) in the 2025-2027 LAB

- Timeline
  - Early December – Budget chairs are working through proposed budget adjustments
  - January – Budget proposals will start being formalized
  - Feb. 2 – Short session begins
  - Feb. 4 – Q1 Revenue forecast
  - February – Budget Decisions Finalized

OHSU Legislative Agenda

1. Protect as much state funding as possible within the current likely cuts environment, to support for OHSU's people, programs and missions, including:

   - OHSU Intergovernmental Transfer (IGT) Partnership Program
   - Direct general fund education appropriation including 30-30-30
   - State support for Graduate Medical Education (GME)
   - Maintaining necessary funding for the Oregon Health Plan

2. Maintain OHSU's unique statutory structure

3. Further pause in new legislation that creates new financial obligations for hospitals and universities

   - Working in coordination with other hospitals and health systems as well as labor partners

Key dates

Friday, Jan. 9	Bill drafts returned for pre-session filing
Jan. 13-15 (Tues-Thurs)	January Legislative Days
Friday, Jan. 16	Session filing deadline
Monday, Feb. 2	Session Convenes
Wednesday, Feb. 4	Revenue Forecast
Monday, Feb. 9	First chamber work session posting deadline
Monday, Feb 16	First chamber deadline
Friday, Feb. 20	Second chamber work session posting deadline
Thursday, Feb. 26	Second chamber deadline
Sunday, March 8	Sine die

Federal Update

- Medicaid
  - Federal agencies continue implementation process for H.R. 1
  - Rural Health Transformation Fund dollars awarded to Oregon

- 340B Drug Pricing Program
  - 340B Rebate Model Pilot suspended under federal court challenge and settlement

- FY 2026 Federal Budget and Appropriations
  - Status-quo funding for health and education agencies and programs
  - Increase in NIH agency funding and in areas of leading OHSU research and innovation
  - Longer-term extensions of federal health program authorizations, including telehealth

- Congressional Outlook
  - Second budget reconciliation process possible
  - Watching for legislation impacting academic health centers and safety-net hospitals

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
AFN – Access Functional Needs
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
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
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
CMHI – Center for Mental Health Innovation.
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
EAP – Emergency Action Plan
EBIT - Earnings before Interest and Taxes. A financial measure measuring a firms 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
IPA – In Patient Addition
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
MBCT – Mindfulness-Based Cognitive Therapy
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.