



OHSU Public Meeting of the Board of Directors

Friday April 24, 2026

9:30am-12:00pm

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

or

Public BOD YouTube

<https://www.youtube.com/live/PtWRDdpN0fQ>

Public BOD Dial-in Only

Join by phone

+1-503-388-9555 Portland Oregon Toll

Access code: 2869 095 7571



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

Public Agenda

Friday April 24, 2026

9:30am-12:00pm

Robertson Life Sciences Building, Room 3A001

2730 S. Moody Ave., Portland, OR 97201

Public BOD YouTube

<https://www.youtube.com/live/PtWRDdpN0fQ>

Public BOD Dial-in Only

Join by phone

+1-503-388-9555 Portland Oregon Toll

Access code: 2869 095 7571

9:30am-12:00pm

Chairs Comments and President's Comments Susan King, M.S., RN, CEN, FAAN
Shereef Elnahal, M.D. M.B.A.

Public Testimony Susan King, M.S., RN, CEN, FAAN

Standing Reports

- Faculty Senate Erin Madriago, M.D., FASE
Amy Miller Juve, Ed.D., M.Ed.
- Research Workers United Abigail Moore, M.S.
Molly Shallman
- Association of University Registered Nurses of the
Oregon Nurses Association Duncan Zevetski, AURN President
Evey McKellar, AURN Bargaining Team Member
- AFSCME 328 Jennie Olson

Financial Results Jim Carlson
Jeff Jones, M.B.A.

Building Bridges to Healthcare Careers Angela Sklenka, M.H.R.
Ernest Perry, Jr., PMP, SPHR
Andy Friedman, United We Heal Training Trust

Strategic Planning Update Bridget Barnes, Ph.D., M.B.A., CHCIO
Shereef Elnahal, M.D., M.B.A.

Information Privacy and Security Report Laura Stadum, J.D., CHPC
Kuli Mavuwa, J.D., CHCIO

Adopt New Committee Membership (**ACTION**) Susan King, M.S., RN, CEN, FAAN

12:00pm Meeting adjourned



Date: April 13, 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 elections
- Faculty Senate representation on numerous committees
 - Premier Financial Optimization Initiative Executive Steering Committee, ONPRC Council, Executive Leadership search committees
- Faculty Senate Town Halls
 - Next April 28th, 5pm, Vey Auditorium

Areas of focus and updates:

- Leadership transitions
- Quality at OHSU
- Faculty Compensation



April 13, 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 for this opportunity to address you directly. As the newest union on campus, our full contract went into effect earlier this month. As this is our first contract, we are working with our OHSU partners to implement this contract, and we look forward to working with OHSU throughout this process.

However, there are two issues we would like to bring to your attention that negatively affect our members and the innovative research that our members perform day in and day out.

- First, we will be speaking on behalf of west campus research workers concerning:
 - The lack of communication between leadership and west campus employees between the February 9th board meeting and the present,
 - The continued downplaying of west campus research activities and accomplishments compared to those of other areas, and
 - The inability to effectively fill job vacancies, leading to increased stress for remaining research staff.
 - **We call on Dr. Elnahal to hold a monthly town hall at West Campus where he responds to questions and concerns of West Campus faculty and staff as a way to start re-building the trust that has been lost through this process.**
- Second, we will be sharing a collaborative statement crafted by RWU's executive board directly addressing the proposed layoffs in the Knight Cancer Institute's Cancer Early Detection Advanced Research Center (CEDAR) and the planned elimination of the Serial Measurements of Molecular and Architectural Responses to Therapy (SMMART) Cancer Clinical Trials.
 - Addressing the proposed layoffs in CEDAR and elimination of SMMART trial.
 - The roles SMMART and CEDAR play in OHSU's leadership in cancer research.
 - How these programs enhance cancer care at OHSU and beyond.

- Expanding cancer care facilities while cutting research on early detection and precision oncology is contradictory to OHSU's mission.
- What role research workers play in ongoing research and clinical trials and how layoffs undermine progress of these programs.
- How impacts in CEDAR and SMMART affect OHSU patients.
- **We call on the BoD and Dr. Elnahal to save researcher jobs and institutional expertise and preserve CEDAR/SMMART programs.**

The mission of OHSU includes "Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information sciences, and translate these discoveries, wherever possible, into applications in the health and commercial sectors." The potential closure of the ONPRC and the elimination of the CEDAR and SMMART programs do not align with this mission statement. In fact, it will make this mission more difficult to achieve.

Thank you for the opportunity to address the Board. We look forward to working with you on solutions to the issues raised today so that we can do our part to elevate Oregon as the heart of health innovation.

Respectfully,



Lynne Swarbrick
President, Local 6022



Wes Horton, M.S.
Vice-President, Local 6022



Date: April 14, 2026

To: OHSU Board of Directors

From: Association of University Registered Nurses of the Oregon Nurses Association

RE: Boarding in the Emergency Department

Since the Covid pandemic, the OHSU emergency department has seen a catastrophic increase in patients admitted to inpatient services being boarded in the department. This has led to the department, on most days, being actively the largest acute care unit in the hospital. Emergency department staff have been raising safety concerns for the last several years and those concerns have gone unheard. OHSU is making choices that have led to poor patient outcomes, multiple safety events and an increase in staff burnout. We are seeking collaborative solutions to reduce boarding times and improve patient outcomes.

Boarding in the ED

OHSU BOD
Presentation

Current State

The OHSU Emergency Department is currently:

- Routinely at 200% with 20 boarders in a 32 bed department
- Performing full cares for admitted patients in triage, the waiting room and in hallways with no patient privacy

Date / Hospital	All Beds (% capacity)	ED Total Census (% capacity)	ED Admitted Census
4/1/2026			
OHSU	416 (82%)	86 (277%)	33
Legacy Emanuel Medical Ctr	204 (94%)	37 (128%)	1
Legacy Good Samaritan	126 (93%)	19 (44%)	0
4/4/2026			
OHSU	456 (90%)	68 (219%)	42
Legacy Emanuel Medical Ctr	214 (92%)	27 (93%)	2
Legacy Good Samaritan	122 (93%)	16 (37%)	0
4/5/2026			
OHSU	405 (81%)	56 (181%)	22
Legacy Emanuel Medical Ctr	205 (95%)	20 (69%)	0
Legacy Good Samaritan	101 (87%)	17 (40%)	0
4/9/2026			
OHSU	486 (90%)	63 (203%)	27
Legacy Emanuel Medical Ctr	221 (94%)	23 (79%)	0
Legacy Good Samaritan	144 (95%)	10 (23%)	0
4/10/2026			
OHSU	453 (83%)	60 (194%)	23
Legacy Emanuel Medical Ctr	195 (89%)	20 (69%)	1
Legacy Good Samaritan	121 (87%)	20 (47%)	0
4/15/2026			
OHSU	446 (84%)	68 (219%)	25
Legacy Emanuel Medical Ctr	170 (73%)	21 (72%)	0
Legacy Good Samaritan	126 (88%)	21 (49%)	0
4/16/2026			
OHSU	444 (83%)	72 (232%)	27
Legacy Emanuel Medical Ctr	175 (74%)	27 (93%)	1
Legacy Good Samaritan	131 (86%)	22 (51%)	0
4/18/2026			
OHSU	433 (81%)	75 (242%)	23
Legacy Emanuel Medical Ctr	171 (84%)	29 (100%)	0
Legacy Good Samaritan	132 (87%)	22 (51%)	0

Current State

The OHSU ED is caring for the entire community with little support from area hospitals

- OHSU is routinely at above 100% capacity with double digit boarders while area hospitals are below census with few or no boarders
- Average boarding time is 19 hours.
- Boarding of greater than 4 hours is known to cause adverse outcomes, including increased delirium, increased patient deterioration and an increase in <30 day readmissions

Date / Hospital	All Beds (% capacity)	ED Total Census (% capacity)	ED Admitted Census
4/3/2026			
OHSU	446 (88%)	60 (194%)	35
Providence St Vincent	406 (85%)	17 (20%)	8
Providence Portland	336 (77%)	33 (69%)	12
Southwest Medical Center	308 (86%)	32 (70%)	2
Sunnyside Medical Center	257 (97%)	43 (86%)	10
Adventist Health Portland	123 (49%)	9 (28%)	3
Legacy Emanuel Medical Ctr	215 (96%)	15 (52%)	0
Legacy Salmon Creek	201 (96%)	17 (16%)	8
St John Medical Center	96 (61%)	9 (31%)	3
Legacy Good Samaritan	140 (91%)	8 (19%)	0
OHSU HMC	N/A	N/A	N/A
Legacy Meridian Park	N/A	N/A	N/A
4/5/2026			
OHSU	416 (83%)	56 (181%)	25
Providence St Vincent	427 (92%)	55 (65%)	7
Providence Portland	360 (84%)	39 (81%)	8
Southwest Medical Center	244 (68%)	56 (122%)	5
Sunnyside Medical Center	217 (89%)	69 (138%)	11
Adventist Health Portland	101 (40%)	27 (84%)	0
Legacy Emanuel Medical Ctr	206 (97%)	22 (76%)	0
Legacy Salmon Creek	175 (87%)	48 (44%)	8
St John Medical Center	84 (55%)	44 (152%)	2
Legacy Good Samaritan	102 (88%)	18 (42%)	0
OHSU HMC	96 (71%)	14 (88%)	0
Legacy Meridian Park	83 (79%)	20 (57%)	0
4/6/2026			
OHSU	425 (85%)	78 (252%)	27
Providence St Vincent	438 (94%)	95 (113%)	7
Providence Portland	364 (84%)	58 (121%)	16
Southwest Medical Center	233 (65%)	64 (139%)	2
Sunnyside Medical Center	220 (89%)	74 (148%)	5
Adventist Health Portland	102 (41%)	40 (125%)	0
Legacy Emanuel Medical Ctr	205 (88%)	28 (97%)	0
Legacy Salmon Creek	168 (83%)	64 (59%)	14
St John Medical Center	83 (52%)	48 (166%)	9
Legacy Good Samaritan	112 (84%)	28 (65%)	0
OHSU HMC	100 (75%)	24 (150%)	0
Legacy Meridian Park	90 (85%)	24 (69%)	0

Patient Discrimination

Patients are being discriminated against because OHSU administration is under-resourcing inpatient units and not collaborating with inpatient charges to ensure rapid admission where possible.

Reasons for refusing admission

- ✓ Lack of a translator
- ✓ Lack of a Patient Safety Assistant
- ✓ Lack of a lift
- ✓ Lack of staff

Lack of administrative support, necessary resources, and collaboration results in patients with greater needs being left in the ED while patients with fewer get a bed.

Vista Pavilion Has Not Solved the Problem

- 128 beds were added and were nearly filled within 3 days
- The number of high acuity patients previously seen by 13/14K doubled without a requisite increase in Emergency Department capacity
- These patients MUST present to the ED for minor fevers and headaches
- Patients have described our ED as “third world” and “the thunderdome”
- ED capacity remained at over 100% with double digit boarders when Vista opened

OHSU is Failing Patients

- OHSU has failed in its duty to care for the community, and is not meaningfully collaborating with area hospitals to spread the impact of boarding patients
- OHSU is ultimately responsible for its own throughput, and has to care for the patients who are already here before seeking patients elsewhere, or, to put it in executive's words, "becoming a destination hospital"
- OHSU is not adequately resourcing the ED or inpatient units to ensure they have the resources to provide for our most at risk patients
- Continued inaction will lead to more adverse outcomes, leaving our patients and care teams shouldering the burden for community care



April 21st, 2025

Dear Members of the OHSU Board of Directors:

On behalf of the roughly nine thousand members of Local 328, I seek your partnership in addressing critical concerns regarding the proposed formation of the Knight Cancer Group as a separate entity and its potential impact on our shared public mission and represented workforce.

As public corporations, both OHSU and the Knight Cancer Group will bear the fundamental obligation to serve the health and welfare needs of all Oregonians. Local 328 shares your commitment to this mission and believe our represented workforce is integral to fulfilling it effectively and equitably.

Our primary concern centers on ensuring that all work currently performed by AFSCME represented members, as well as future positions that meet the recognition clause of our collective bargaining agreement, remains within our represented workforce as the Knight Cancer Group develops its operational structure, and continue once established. Given that the OHSU Board will hold only one seat on the Knight Cancer Group's board of directors, we seek assurance that existing labor agreements and work jurisdiction protections will be honored and maintained.

Our local is deeply troubled by recent layoff announcements affecting our members in CEDAR (Center for Early Detection and Advanced Research) and SMMART programs. These reductions would eliminate positions held by skilled, represented workers who directly serve the health concerns of Oregonians. We OHSU and Knight Cancer can and should continue funding these essential programs, as they directly address the health needs of our community and align with our public mission.

We are concerned that these workforce reductions may be driven by a shift toward prioritizing more lucrative cancer treatment areas rather than early detection and comprehensive understanding of treatments. We fear that the Knight Cancer Group's pursuit of industry and private funding sources may further emphasize profitable treatments, potentially driving up cancer care costs and limiting access for Oregon's most vulnerable populations.

Therefore, we respectfully request:

- **Transparency and Partnership:** Access to the Memorandum of Understanding governing the Knight Cancer Group's formation, with particular attention to provisions protecting current collective bargaining agreements and work jurisdiction.
- **Workforce Protection:** Written commitment that all work currently performed by represented employees, and future positions meeting our recognition clause, will remain within the AFSCME Local 328 bargaining unit.

- **Mission Alignment:** Assurance that both OHSU and the Knight Cancer Group will maintain their commitment to serving all Oregonians' health needs, not just those aligned with the most profitable treatment modalities, or healthcare lines.
- **Reinvestment in Comprehensive Care:** Reconsideration of recent cuts to CEDAR and SMMART programs, and commitment to funding essential services that fulfill your public corporation obligations.
- **Ongoing Dialogue:** Establishment of regular communication between union leadership and both boards to ensure our shared public mission remains the priority.

As public corporations and 501(c)(3) organizations, both OHSU and the Knight Cancer Group carry the obligation to serve the public good of Oregon. Both entities' designations as a public corporation with tax-exempt status requires prioritization of the healthcare needs of Oregonians—the community they have been established to serve, and from which they derive their public benefit mandate. Our represented workforce stands ready to support this mission, and we believe that maintaining strong labor partnerships will enhance both institutions' ability to fulfill their public obligations.

We would welcome the opportunity to meet with you to discuss these concerns and explore solutions that protect both our members' livelihoods and Oregonians' access to comprehensive, affordable cancer care.

Thank you for your consideration of these vital issues. I look forward to your response and to working together in service of Oregon's health and welfare.

Sincerely,

A handwritten signature in cursive script that reads "Jennie Olson". The signature is written in black ink and is positioned above the printed name.

Jennie Olson

President, AFSCME Local 328



April 16, 2026

To: Members, OHSU Board of Directors

From: Jeffrey Jones, Interim Chief Financial Officer

Re: Materials for April 24th Meeting

Enclosed is a combined presentation on the financial results through March and fiscal year '27 budget planning for next Friday's public meeting of the Finance and Audit Committee, to be held at 8:00 am.

Operating income for the nine months ending March 31st is \$65 million, which is \$103 million above budget. Through March, revenues are up 14.1% year over year driven by continued strong clinical volumes and acuity. Operating expenses are up just 10.9% over prior year, reflective of the increased clinical volume and ongoing expense management initiatives. The combined revenue versus expense growth differential over prior year resulted in the 3.1% positive swing in operating margin from a -1.7% loss to the current 1.4% positive margin.

The FY27 budget plan is reflective of these current operating activities and includes modeling for growth throughout the fiscal year following the Vista opening as we rededicate the vacated units. We're also layering-in FTEs and direct expense increases to support key growth areas. Objectives also include implementation of OHSU's strategic plan and financial optimization initiatives (FOI). After annualizing the full-year effects of current year wage-rate commitments and factoring in market-based inflationary factors for next year, early modeling results in a 0.6% operating margin of \$41 million on a \$6.9 billion operating revenue base.

This level of earnings supports a total annual capital spend of \$213 million which includes \$163 million for the annual capital budget, \$24 million for the tail end of Vista Pavilion phase 1 and \$26 million for the Emergence Room expansion.

A final budget will be proposed for consideration in June.



FY26 March YTD Results & Preliminary FY27 Budget

FY26 Financial Imperatives

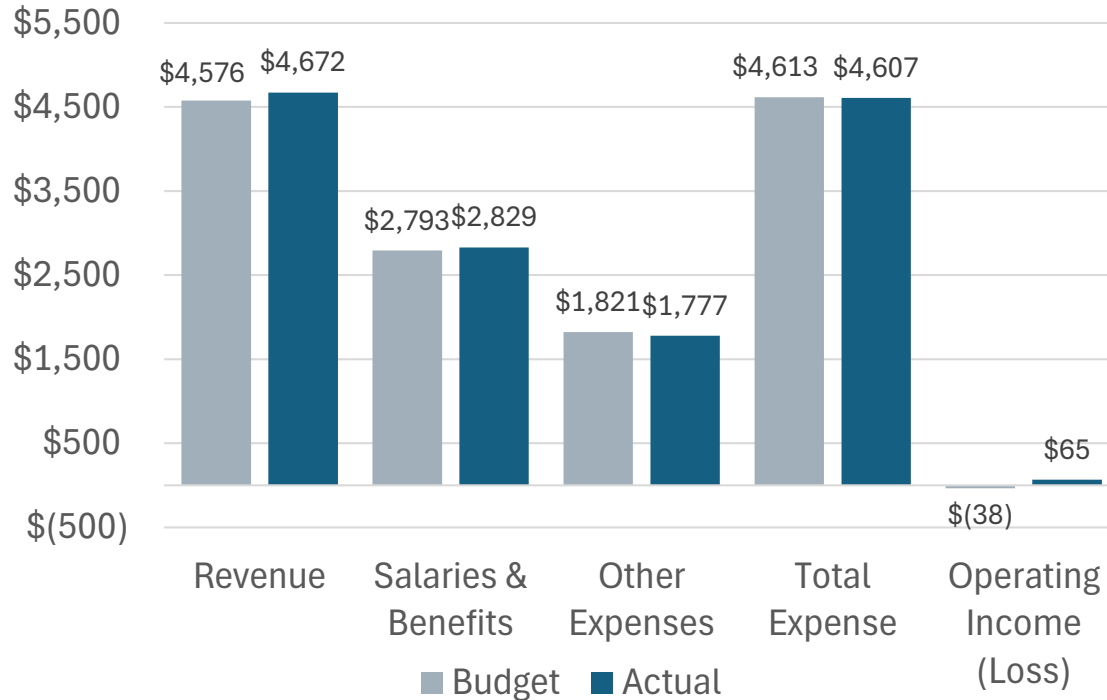
- Operating results through March continue to reflect the positive trend for the year with results well above budget and showing consistent progress toward each of our five financial imperatives:
 - Achieving strategic growth in complex, higher margin services
 - Increasing productivity to meet our missions 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 March YTD Results

- Operating income through 9 months is \$65 million and \$103 million above our budget reflecting strong revenue performance coupled with continued expense management efforts. Figures through March include previously delayed wage increases associated with various collective bargaining agreements and \$10 million of Vista Pavillion start-up costs.
- Operating revenues are up 14.1% year over year driven by strong clinical revenues, growing 20.6%, and offset by slower non-clinical revenue growth. Clinical revenues are driven largely by significant patient revenue drivers including CMI at 2.68, strong surgical volume at 0.6% despite space constraints, and wRVUs at 8.2% above prior year.
- Operating expenses are up just 10.9% over prior year, reflective of the increased clinical volume and ongoing expense management initiatives.
- The combined revenue versus expense growth differential over prior year resulted in the 3.1% positive swing in operating margin from a -1.7% loss to the current 1.4% positive margin.

FY26 March Year to Date Financial Results

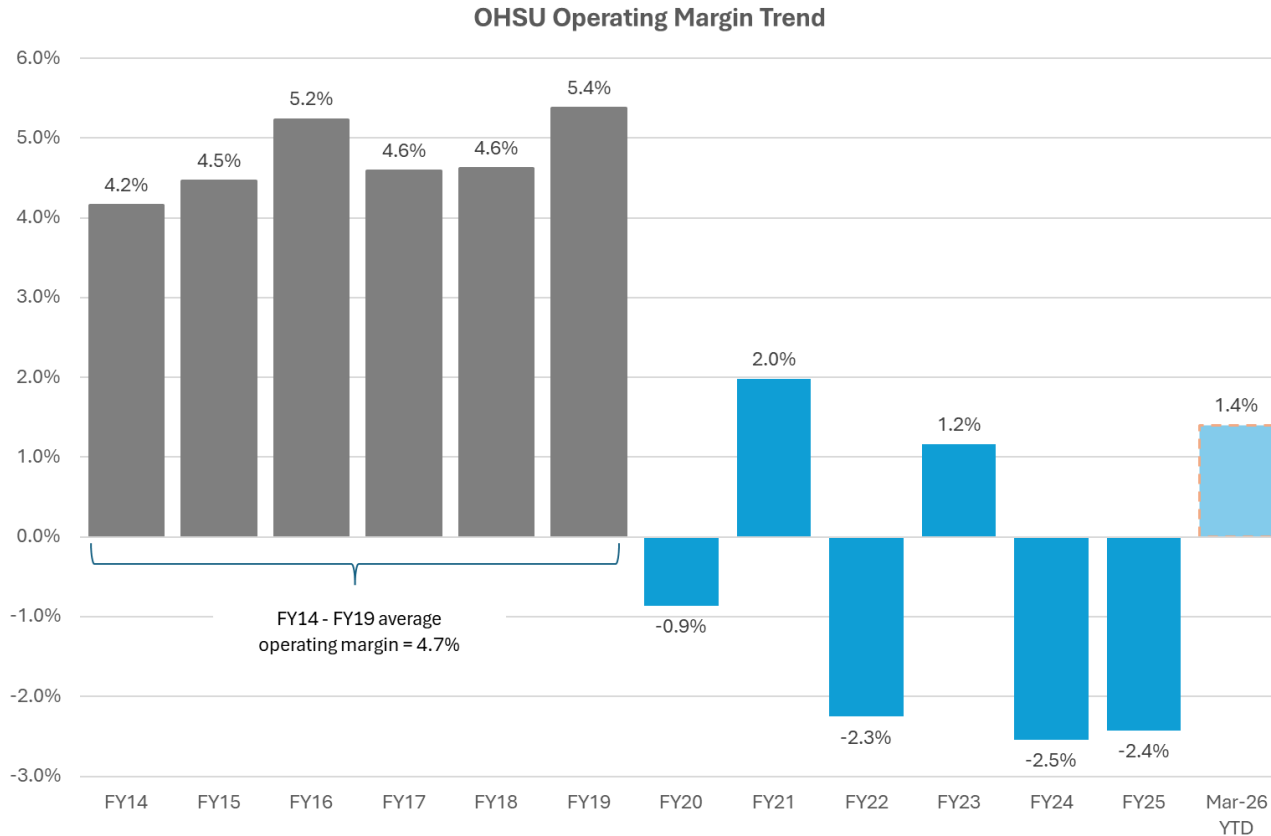
(millions)



March Operating Income Positive vs Last Year & Budget

March YTD (9 Months) (millions)	FY25 Last Year	FY26 Budget	FY26 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$2,786	\$3,252	\$3,359	\$108	20.6%
Medical contracts	147	168	165	(3)	12.3%
Grants & contracts	443	426	428	3	-3.3%
Gifts applied	98	91	88	(3)	-9.8%
Tuition & fees	64	68	67	(1)	5.2%
Sales, services & other	271	263	254	(9)	-6.1%
State support	285	308	310	2	8.7%
Operating revenues	4,094	4,576	4,672	96	14.1%
Salaries & benefits	2,542	2,793	2,829	36	11.3%
Rx & medical supplies	867	1,052	996	(56)	14.8%
Other services & supplies	558	568	576	8	3.2%
Depreciation	164	167	173	6	5.2%
Interest	33	33	33	(1)	-1.0%
Operating expenses	4,165	4,613	4,607	(7)	10.6%
Operating income (loss)	\$(71)	\$(38)	\$65	\$103	
<i>Operating margin</i>	-1.7%	-0.8%	1.4%	2.2%	
<i>EBITDA margin</i>	3.1%	3.6%	5.8%	2.3%	

Operating Margin Trend Improving from Prior Year & Budget



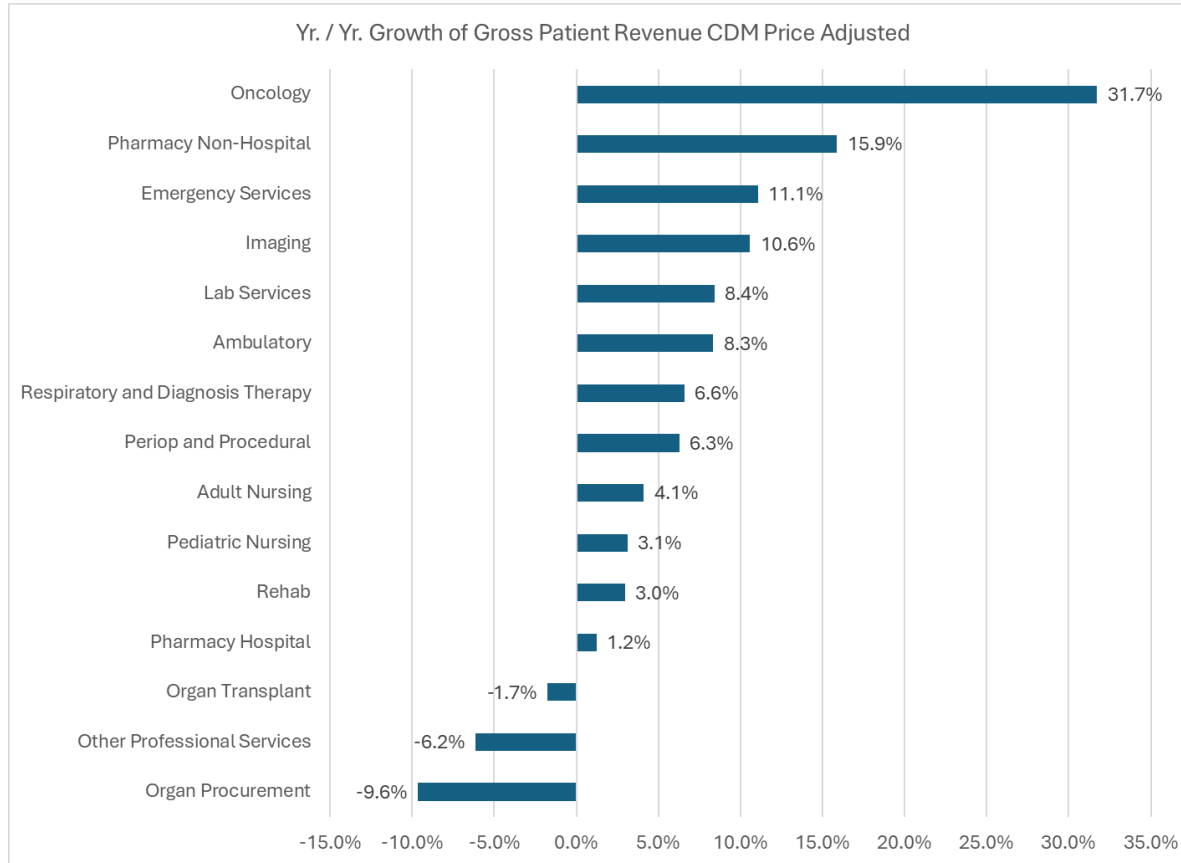
Clinical Activity and Net Patient Revenue Improvements from Prior Year

- Net Patient Revenues are up 20.6% over prior year, 10.2% of which is related to higher volume with the remaining 10.4% the result of continued stronger collections, acuity mix, revenue cycle performance, and commercial rate improvements.
- Revenue Cycle established FY27 initiatives through AI and 3rd party safety net solutions to ensure accurate charge capture, DRG assignment and insurance eligibility in addition to implementing enhanced financial assistance procedures which resulted in combined \$44.4M improved revenue year over year through 9 months.
- Patient acuity increased 4.3% from 2.55 to 2.68 year over year, increasing revenue per case, the result of targeted expansion in services such as CAR-T, BMT, Gene Therapy and complex cardiac and neuro surgeries increasing acuity and revenues.
- Payor negotiations drove improved managed care collections by a full percentage point.

Broad-Based Gains Across Patient Volume Metrics

Patient Activity March YTD (9 Months)	FY25 Last Year	FY26 Budget	FY26 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	21,612	22,067	21,299	-3.5%	-1.4%
Average length of stay	6.91	6.80	6.94	2.1%	0.4%
Average daily census	501.4	498.0	498.0	0.0%	-0.7%
Day / observation patients	38,361	39,830	38,921	-2.3%	1.5%
Surgical cases	28,621	29,292	28,782	-1.7%	0.6%
Emergency visits	44,304	44,091	45,891	4.1%	3.6%
Ambulatory visits	929,157	969,100	996,122	2.8%	7.2%
Casemix index (CMI)	2.55	2.62	2.66	1.5%	4.3%
Outpatient share of activity	59.2%	61.3%	61.4%	0.2%	3.7%
CMI/OP adjusted admissions	135,231	149,388	146,914	-1.7%	8.6%
Rate-adjusted gross charges	7,110	7,855	7,835	-0.2%	10.2%

Gross Patient Revenue up 10.2% from Prior Year (Price adjusted)

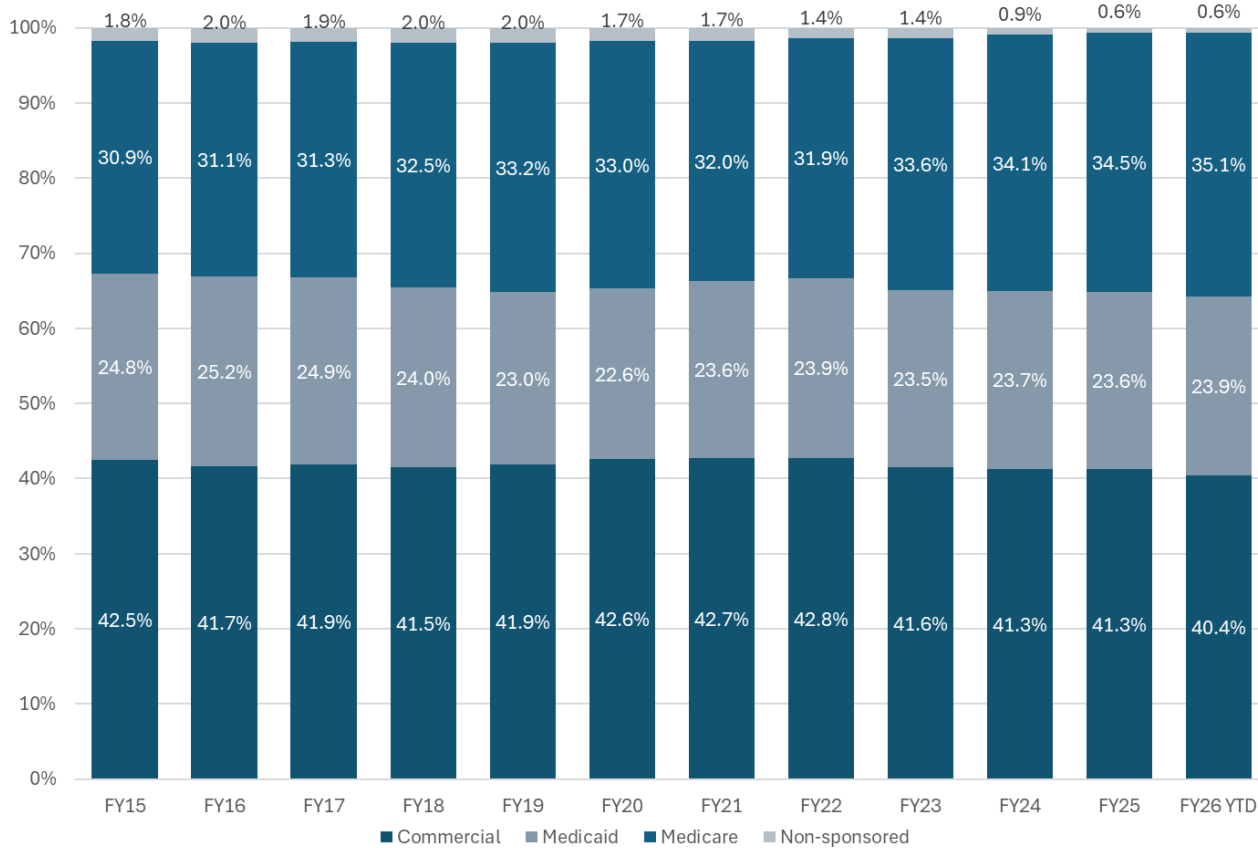


Clinical Growth Against Budget Shows Results of Complex Care Focus

- Overall activity is growing strongly at +10% year-over-year across all services to meet rising demand.
- AMC-level demand is accelerating even faster, with +31% activity growth in cancer care.
- Imaging, lab, professional services, surgery, and procedural areas are up +8%; improving capacity, access, and throughput in these high-volume services remains a major strategic focus.

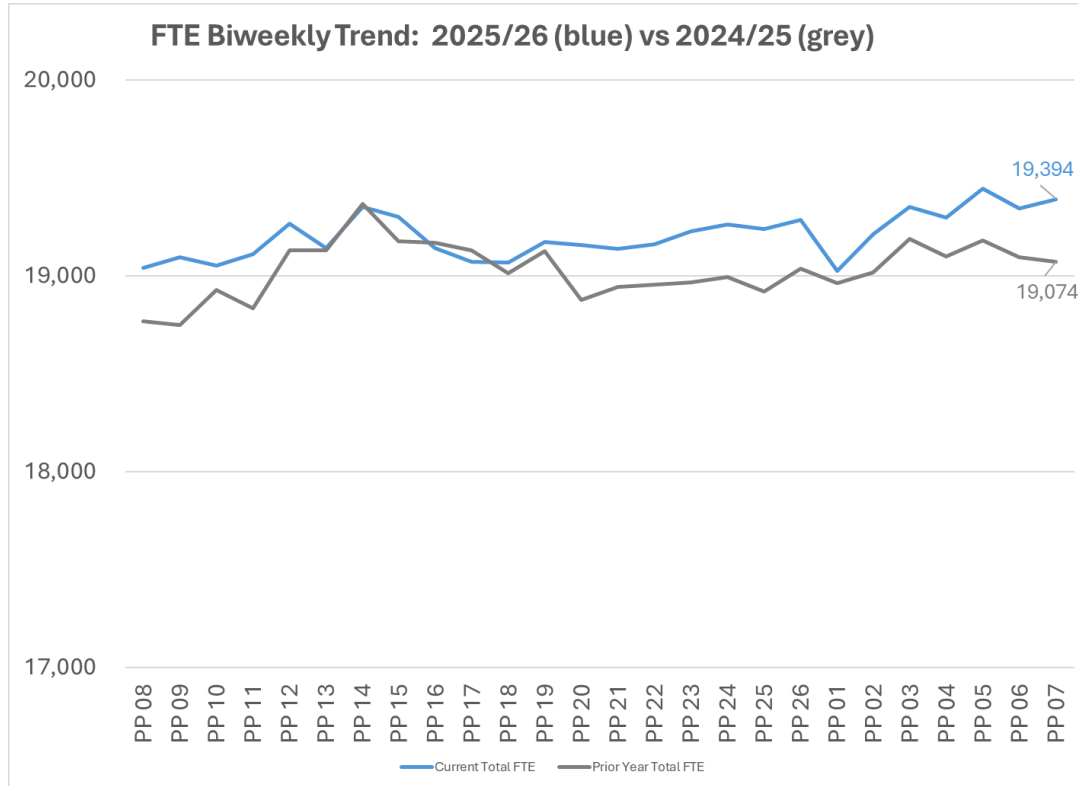
March YTD Volume Growth by Service Area (FY26 / FY25)	% of Hosp. Charges	Budgeted Growth	Actual Growth	Actual vs Budget
Non-hospital pharmacy	30%	23.8%	15.9%	-3.7%
Professional (imaging, lab, etc.)	16%	6.1%	8.6%	5.3%
Oncology services	7%	19.6%	31.7%	13.3%
Subtotal - higher growth areas	52%	17.6%	15.3%	0.8%
Surgery & procedural	20%	4.3%	6.3%	4.8%
All other hospital services	28%	13.0%	3.9%	-5.4%
Subtotal - lower growth areas	48%	9.4%	4.9%	-1.4%
Rate-adjusted gross charges	100%	10.3%	10.1%	-0.2%
Specific Areas of Note		Actual Growth	CMI	
CART-Cell Therapy		18.4%	39.9	
Traumatic Head Injuries		8.9%	4.0	
Complex Cardiac Services		7.4%	6.1	

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 12 months. Adjusting for the 234 FTE hired to support the Vista Pavillion through March, FTE growth is at 0.45%.



Productivity Tracking & Controls

- Productivity is tracked biweekly across the organization; areas missing target are escalated to a Productivity Council.
- Biweekly Productivity Council: departments below target for 3 continuous pay periods are asked to attend
 - Council produces action plans to restore productivity; plans are reviewed by executive leadership and provide support if needed.
- Workforce Management team has built a decision system to prioritize hiring and FTE replacements
 - Positions are evaluated against a productive FTE target and a benchmark ranking
 - Weekly senior leadership reviews to approve hires/replacements or pause requests
- Process drives faster, data-driven hiring decisions and structured recovery process for underperforming units.

FY26 March Year to Date Cash flow and Balance Sheet Results

- For FY26 March YTD, cash and investments are down \$22 million.
 - Positive cashflow drivers include:
 - Positive operating performance
 - Strong investment returns
 - Negative cashflow drivers:
 - Working capital cyclicity through the end of the period.
 - Capital expenditures to finish funding Vista Pavillion with cash.
- As a result, days cash on hand as decreased from 137 to 126.
- Net position is up \$239 million through 9 months however has declined from December by roughly \$86 million, the result of lower earnings in January and February from slower revenues and increased expenses with the implementation of delayed collective bargaining agreements.

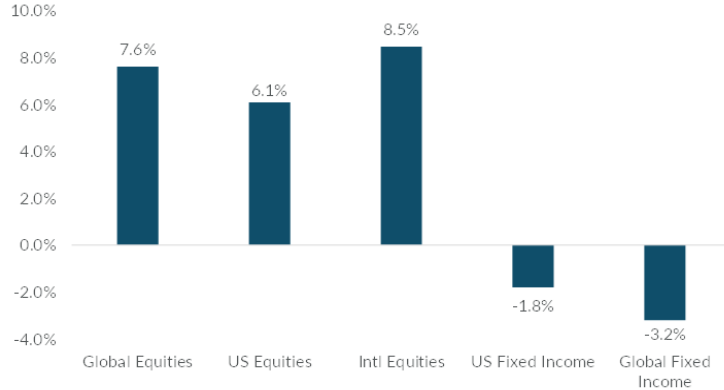
FY26 Results: Balance Sheet & Cashflow

Balance Sheet (millions)	6/30/25	3/30/26	9 - Month Change
OHSU-held cash & investments	\$1,210	\$1,188	\$(22)
OHEP construction fund	0	0	0
Net property, plant & equipment	2,627	2,668	41
Interest in OHSU Foundation	1,576	1,671	95
Long-term debt	(1,313)	(1,286)	27
PERS pension liability	(574)	(574)	0
Working capital (A/R) & other, net	556	654	98
Consolidated net worth	\$4,081	\$4,320	\$239
Operating income (loss)			65
OHSU investment return			79
Grant & gift funded capital			1
Foundation gain (loss)			95
Other non-operating items			(1)
YTD change in net worth			\$239

FY26 March YTD Cash Flow	(millions)
Operating income	\$65
Depreciation	173
Investment return	79
Sources of cash	318
Long-term debt repaid	(27)
Capital spending	(129)
Patient A/R & other, net	(183)
Uses of cash	(339)
Net cash flow	\$(22)
<i>6/30/25 Days cash on hand</i>	<i>137</i>
<i>3/31/26 Days cash on hand</i>	<i>126</i>

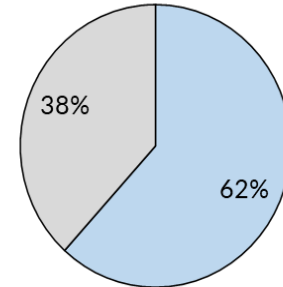
FY26 March YTD Investment Returns Up 6.6%

Major Index Returns (YTD)



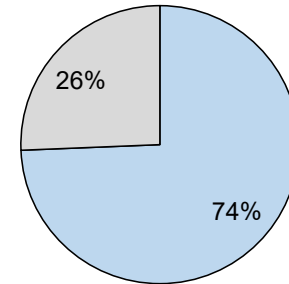
Asset Pool	6/30/2025 Balance	3/31/2026 Balance	FY26 YTD TR (%)	Benchmark YTD TR (%)
OHSU-Held Funds				
Short-Term Asset Pools	266,535	274,364	2.9%	2.8%
Long-Term Asset Pools	971,943	913,713	6.2%	5.9%
Mission Related Investments	124,212	132,466	9.2%	9.2%
Total OHSU Assets	\$1,362,690	\$1,320,543	5.7%	5.5%
Foundation-Held Funds				
Non-Endowment Asset Pools	250,707	290,373	3.0%	2.9%
Endowment Assets	1,396,540	1,635,724	8.0%	6.9%
Total Foundation Assets	\$1,647,247	\$1,926,097	7.2%	6.3%
Total OHSU Investable Assets	\$3,009,937	\$3,246,640	6.6%	6.0%

Asset Allocation - OHSU-Held Funds



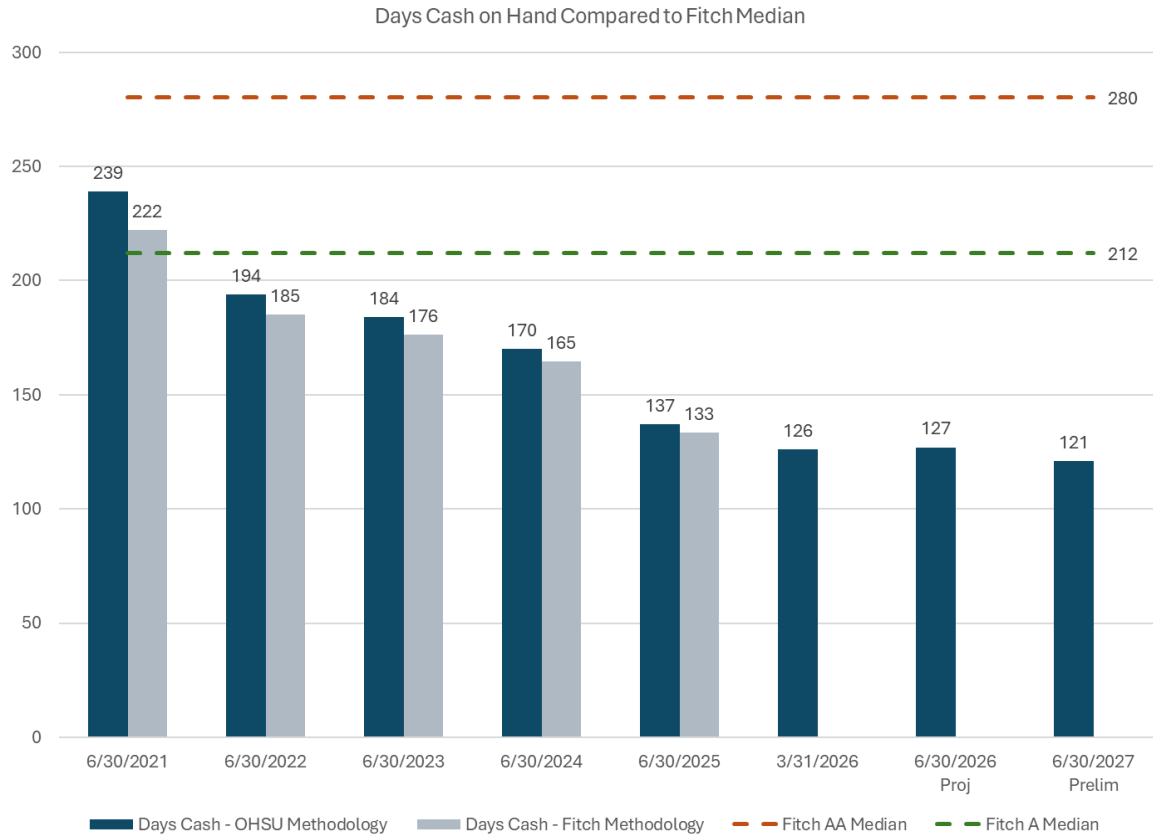
Equity Fixed Income

Asset Allocation - Foundation-Held Funds



Equity Fixed Income

Days Cash on Hand



Introduction to Preliminary FY27 Budget Plan

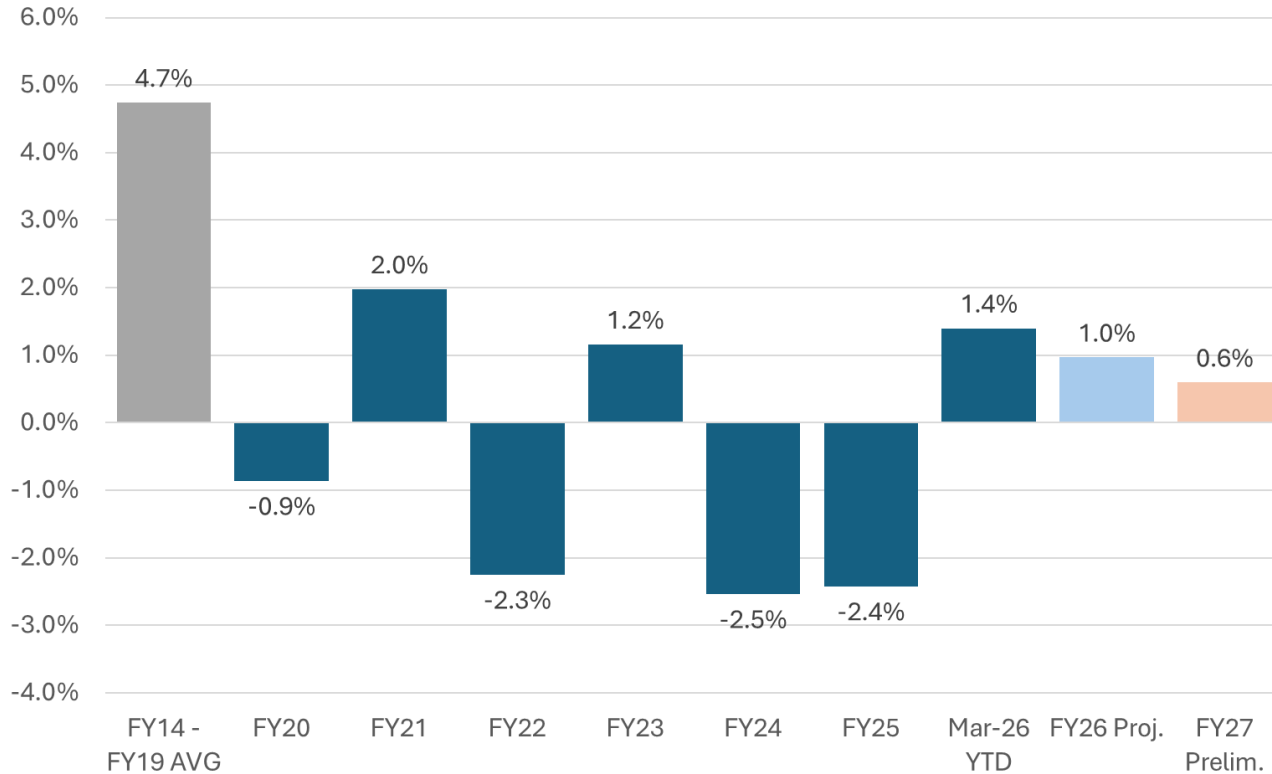
- The preliminary FY27 budget plan aims to continue the current positive earnings trend by cautiously setting a 0.6% operating margin at \$41 million on a \$6.9 billion operating revenue base. Core assumptions include:
 - Starting from current run rates to strategic growth in complex, higher margin services
 - Increasing productivity to meet our missions within cost growth parameters
 - Layering in FTE growth strategically to support key growth areas
 - 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
- This level of earnings supports a total annual capital budget of \$213 million which includes \$163 million for the annual capital budget, \$24 million for the tail end of Vista Pavillion phase 1, and \$26 million for the Emergency room expansion.

Strategic Objectives for FY27 & Beyond

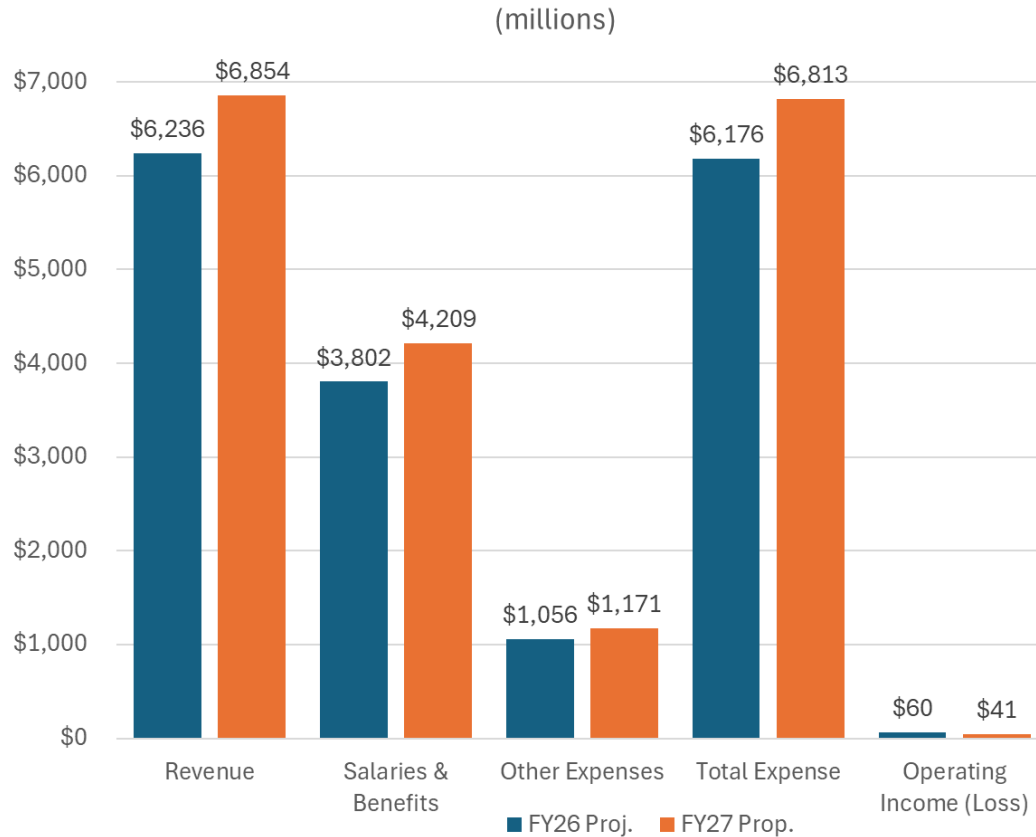
- FY27 budget plan includes several key objectives and goals necessary to achieving a positive operating margin next year and building back to prior performance in future years.
- Key strategic objectives include:
 - Implementation of OHSU's strategic plan and Financial Optimization initiatives (FOI) leveraging initiative savings for strategic investment. The FY27 budget plan includes both of these critical components investing \$10 million toward the strategic planning effort offset by a modest \$26 million in FOI saving for a net \$16 million of improvement revenue and expense.
 - Full year of Vista Pavillion operations to support Cancer program expansion and the Knight Cancer start up through foundation funding as OHSU works to toward becoming National-Class Cancer Center.
 - Completion of Vista Pavillion bed back fill plan to bring all 128 beds online by the end of the year.

Operating Margin Trend Improving from Prior Year & Budget

OHSU Operating Margin Trend



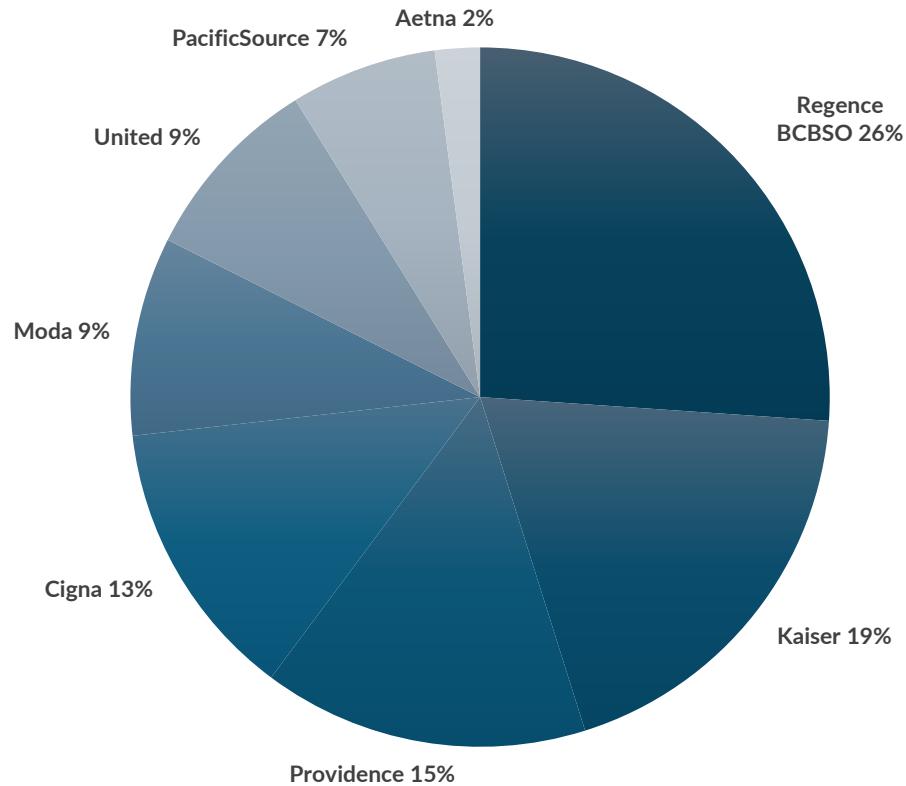
FY26 Projected compared to FY27 Preliminary Budget



FY27 Aiming to achieve a 0.6% Operating Margin

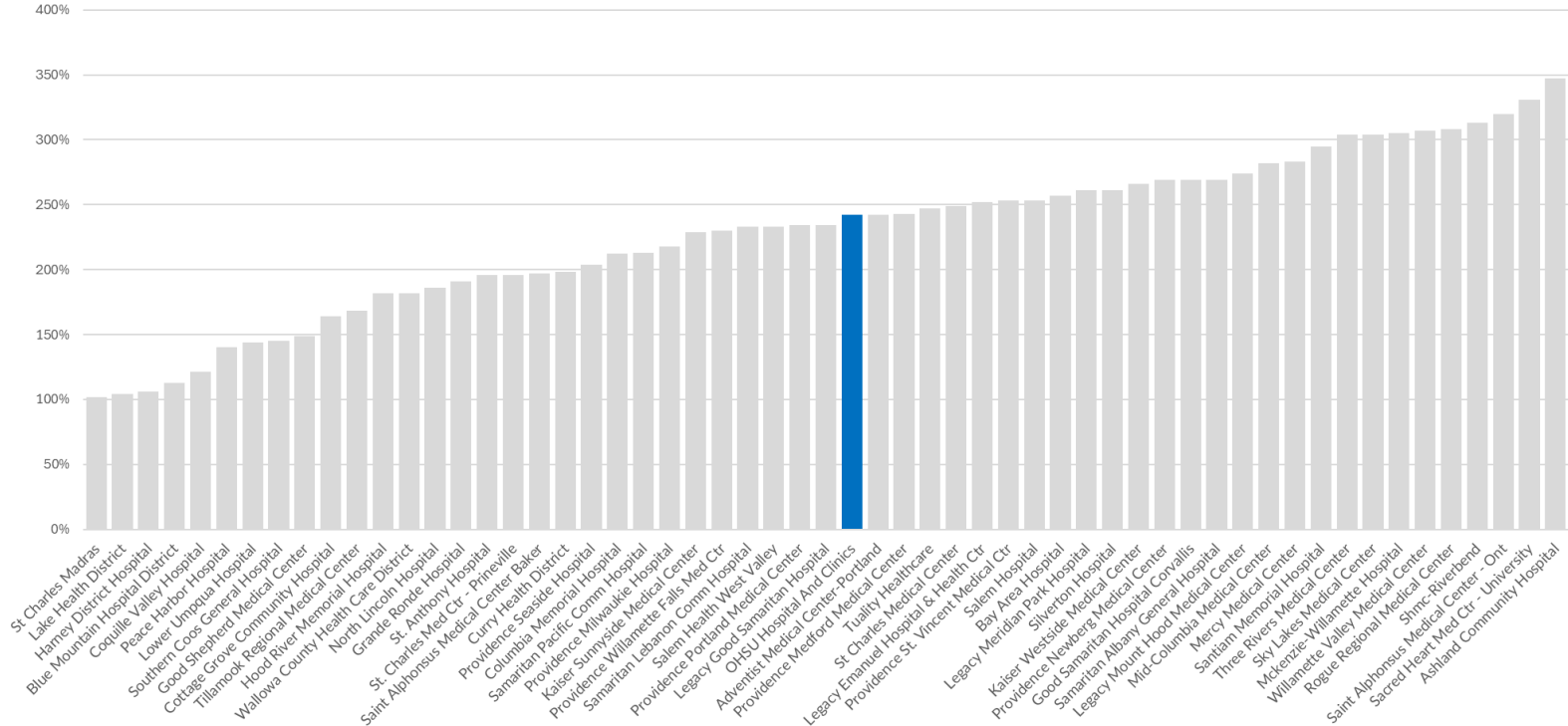
FY26 Projection & FY27 Preliminary (millions)	FY25 Last Year	FY26 Budget	FY26 Projection	FY27 Preliminary	FY27 Prelim. / FY26 Proj.
Net patient revenue	\$3,785	\$4,384	\$4,513	\$5,084	12.7%
Medical contracts	196	225	217	228	4.9%
Grants & contracts	578	566	569	591	3.8%
Gifts applied	139	122	109	117	7.0%
Tuition & fees	84	89	88	90	3.2%
Sales, services & other	346	353	327	330	0.8%
State support*	380	411	414	414	0.0%
Operating revenues	5,508	6,149	6,236	6,854	9.9%
Salaries & benefits	3,440	3,755	3,802	4,209	10.7%
Rx & medical supplies	1,183	1,414	1,319	1,432	8.6%
Other services & supplies	757	751	777	865	11.4%
Depreciation	219	229	236	263	11.4%
Interest	44	45	44	44	0.0%
Operating expenses	5,642	6,194	6,176	6,813	10.3%
Operating income (loss)	\$(133)	\$(45)	\$60	\$41	
<i>Operating margin</i>	-2.4%	-0.7%	1.0%	0.6%	
<i>EBITDA margin</i>	2.4%	3.7%	5.4%	5.1%	

Oregon Commercial Payor Landscape



Securing Inflation-Appropriate Rate Increases: Benchmarking

Oregon Hospitals Inpatient and Outpatient Services Relative to Medicare with Service Volume



Mission

As part of its multifaceted public mission, OHSU strives for excellence in education, research and scholarship, clinical practice and community service. Through its dynamic interdisciplinary environment, OHSU stimulates the spirit of inquiry, initiative and cooperation among students, faculty and staff.

Setting the example for integrity, compassion and leadership, OHSU strives to:

- Educate tomorrow's health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.
- Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information sciences, and translate these discoveries, wherever possible, into applications in the health and commercial sectors.
- Deliver excellence in health care, emphasizing the creation and implementation of new knowledge and cutting-edge technologies.
- Lead and advocate for programs that improve health for all Oregonians, and extend OHSU's education, research and health care missions through community service, partnerships and outreach.

ONE OHSU

Vision

Elevate Oregon as the heart of health innovation.

Values

Compassion	We see the whole person.
Integrity	We do the right thing.
Inclusion	We design so everyone belongs.
Respect	We lead with dignity.
Collaboration	We build together.
Adaptability	We stay curious and adjust intentionally.

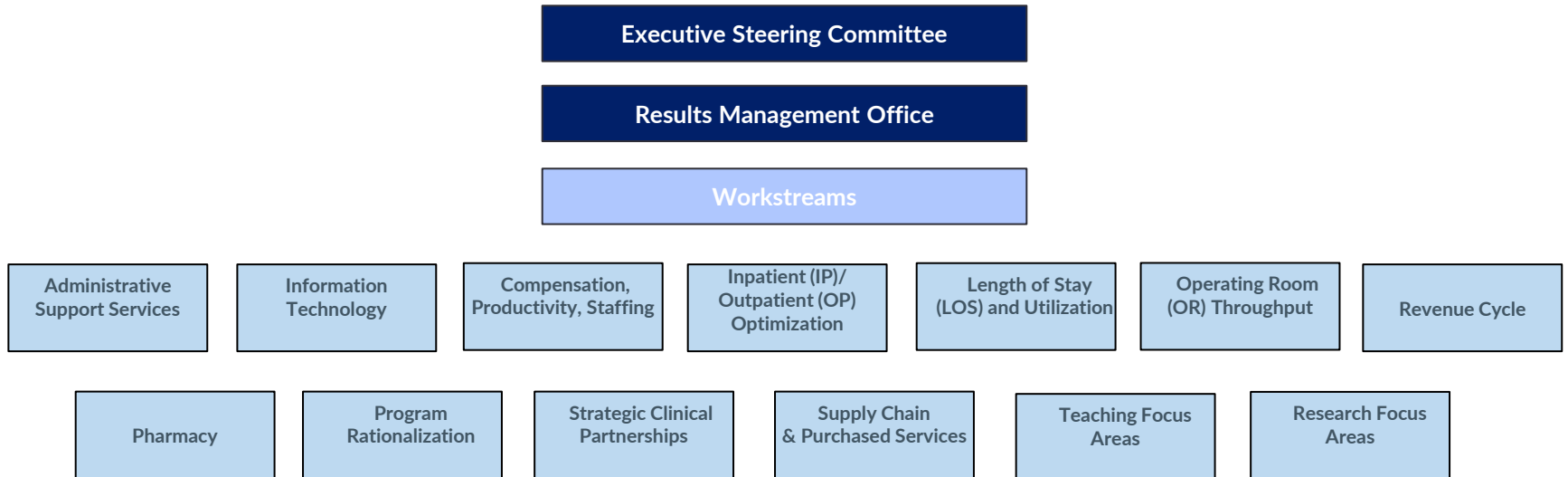


Priorities

- Improve **access** and **efficiency** across our services for patients and in service to each other.
- Enhance **care quality** and commit to a culture of zero harm to our patients.
- Innovate on the **learning experience** to improve quality and outcomes for students and trainees.
- Build **new platforms** for scientific inquiry into the future.
- Lead Oregon in an **AI-enabled transformation** in service to our people, patients and mission.
- Be the **best place** to learn and work.

Financial Optimization Initiative: Cost Structure Alignment

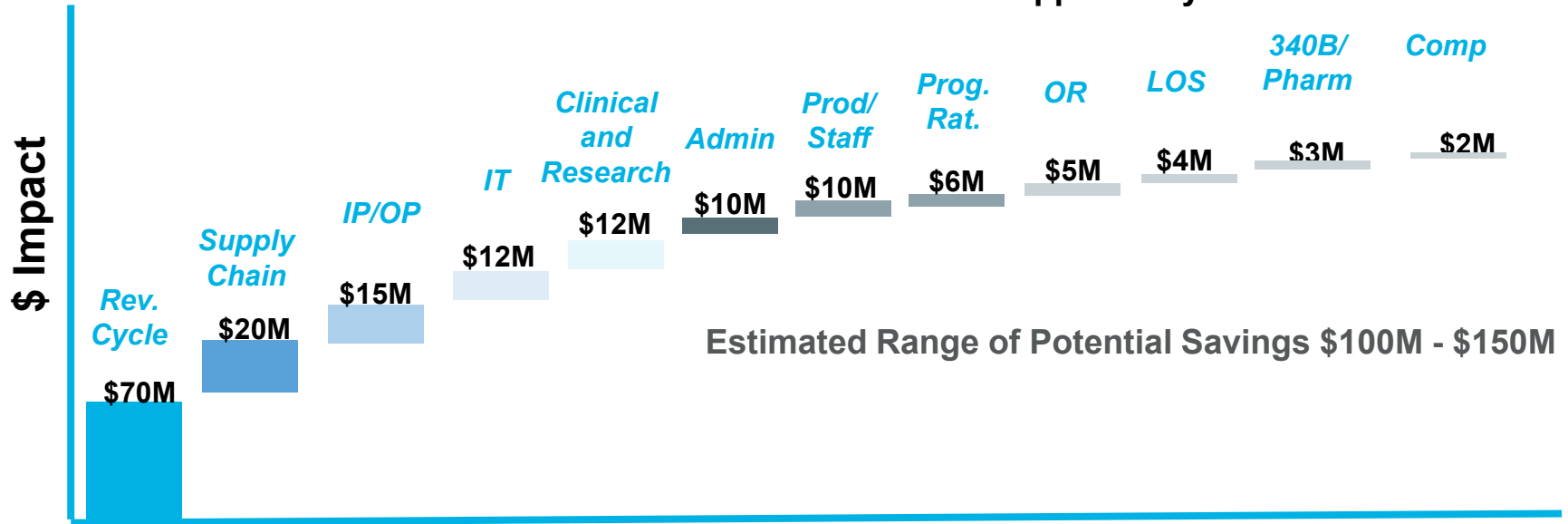
- In December 2025, OHSU kicked off an engagement with Premier Healthcare Solutions. Throughout the multi-month initiative, Premier has conducted interviews, reviewed data and analyzed many aspects of our operations to give us recommendations in March.
- The goal of the Premier engagement is to help OHSU mitigate future financial risks inclusive of the impact of the OBBB, potential site of care payment differentials, Medicare reimbursement rates, and reductions in NIH indirect recovery rates.
- The products of this initiative will yield long-term stability to reinvest in our people, programs, and facilities. We want to operate from a position of stability and strength.



Financial Optimization Initiative: Opportunity

- OHSU acted quickly to implement cost controls in FY25, including effective position control and a budget management program that has effectively turned the organization to a positive financial performance during FY26.
- The opportunity is to plan for the next five years and implement a more sustainable transformation program. This aligns the organization to achieve sustainable, consistent financial performance and provides a stronger platform for the Knight Cancer Group growth and the strengthening of its research and education programs.

Initial Assessment of Annualized Opportunity



VPV Proposed Backfill Timeline

2026-April 07



Oncology

Vista Pavilion Opens

net new beds = 56

- 128 new beds in VPV
- 72 beds closed on 13/14K and 7C

2026-June 16*



Neuro IMC

7C beds reopen

net new beds = 68

- 128 new beds in VPV
- 60 beds closed on 13/14K

2026-August 01*



Heart & Vascular IMC

13K & 14K reopen

net new beds = 98

- 128 new beds in VPV
- 30 beds closed on 11K

2026-December 01*



Neuro MS & IMC

11K reopens

net new beds = 128

- 128 new beds in VPV



FY27 Balancing Capital Investment with Days Cash Needs

- Positive earnings will support a modest capital budget for FY27 necessary to support strategic plan, financial optimization, and maintain critical infrastructure.
- Negative drivers:
 - Earnings trend is lower than what is needed to replenish cash reserves from prior year losses.
 - The remaining build out of Vista capital expenditures continue to be funded by cash.
- As a result, days cash on hand will hold steady next year at 121, far below median.

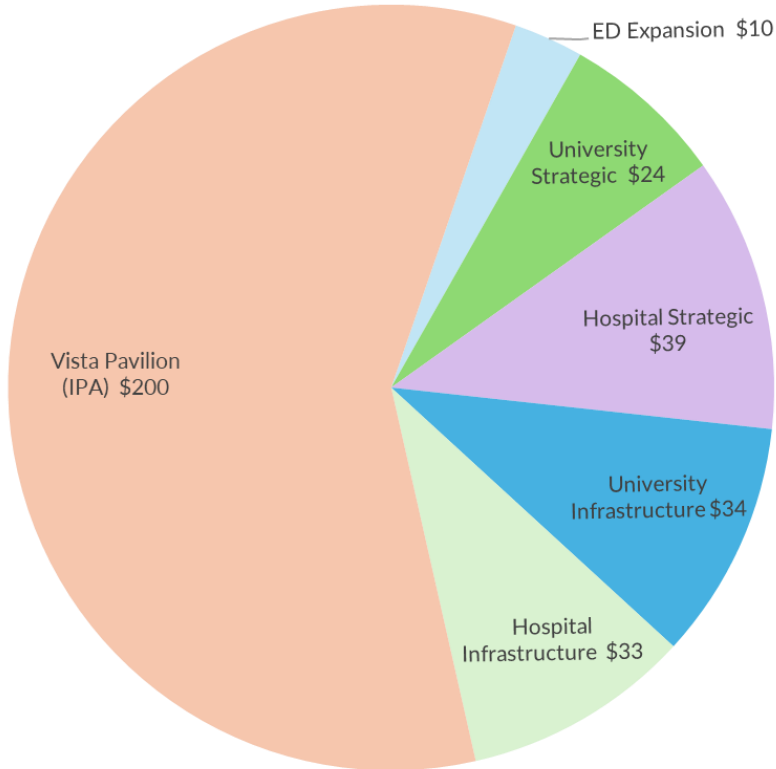
FY27 Preliminary Cash Flow	(millions)
Operating income	\$41
Depreciation	263
Investment return	72
Sources of cash	376
Long-term debt repaid	(27)
Capital spending	(214)
Patient A/R & other, net	(62)
Uses of cash	(302)
Net cash flow	\$74
<i>6/30/26 Days cash on hand Proj.</i>	<i>127</i>
<i>6/30/2027 Days cash on hand Prel.</i>	<i>121</i>
<i>Moody's 2023 Aa median</i>	<i>261</i>
<i>S&P 2023 AA median</i>	<i>254</i>

Preliminary FY27 Capital Budget is set at \$214 million

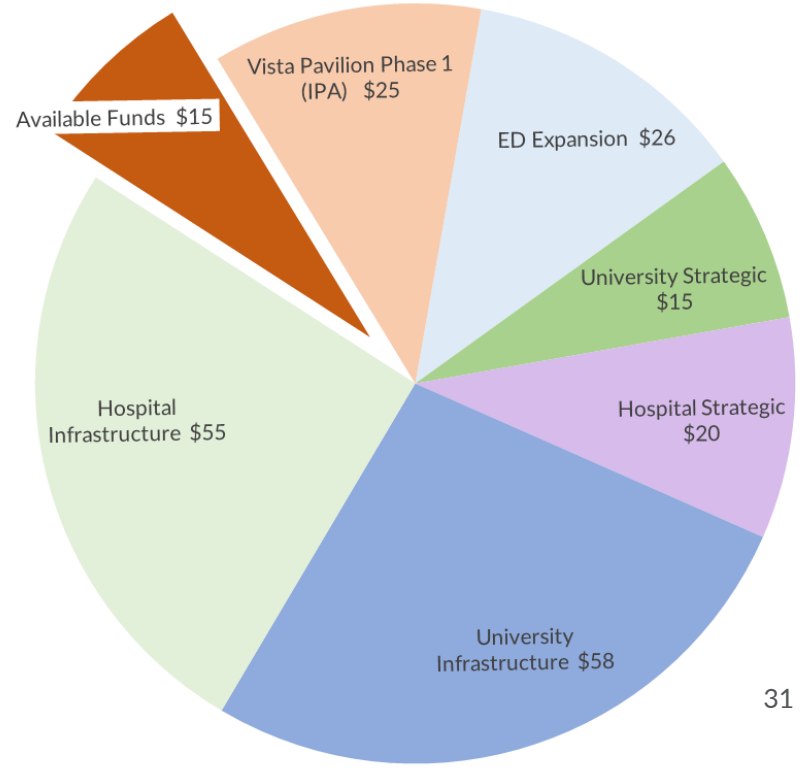
- The total annual capital budget, inclusive of Vista Pavillion and the ED Expansion, is estimated at \$214 million. This represents just 81% of depreciation, standard metric for capital investment would be a minimum 100%, continuing the conservative approach balancing cash reserves with investment needs.
- FY27 annual capital budget for allocation is set at \$163 million, \$30 million above last year's allocation of \$130 million.
- The preliminary FY27 budget plan:
 - Increases funding to support infrastructure and patient-critical needs
 - Reserves \$10 million for strategic plan initiatives
 - Earmarks budgeted for the completion of the Vista Pavillion (shell and original floors in Phase 1)
 - Includes funds to further the Emergency Department expansion
 - Sets aside a pool of \$15 million to fund strategic projects currently under review by the executive team

Preliminary FY27 Capital Compared to FY26

FY26 Capital Budget (total = \$340m)



FY27 Preliminary Capital Budget (total = \$214m)



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
- Increased volatility from other regulatory changes and insurance market shifts

Recent State & Federal Government Activities

- **State:** The Oregon State Legislature closed its 35-day state legislative session on March 6, 2026. With the state facing a potential budget deficit and increased expenses due to HR 1, OHSU was able to preserving funding for our core state mandated missions.
- **Federal: Medicaid**
 - Federal agencies continue implementation process for H.R. 1
 - Rural Health Transformation Fund dollars awarded to Oregon
- **Federal: 340B Drug Pricing Program**
 - 340B Rebate Model Pilot suspended under federal court challenge and settlement
- **Federal: FY2026 Federal Budget and Appropriations**
 - Status-quo funding for health and education agencies and programs
 - Longer-term extensions of federal health program authorizations, including telehealth

On Track to Close FY26 Strong & Building Momentum for FY27 & Beyond

- The results for the first nine months of the current fiscal year are trending favorably as we have stabilized our finances.
- Future performance is coming into focus 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.
- With FY27 budget planning now underway, we will continue to be guided by these core imperatives:
 - Achieving targeted, strategic growth in backfill areas following Vista opening
 - Implementing a new strategic plan grounded in our updated vision
 - Driving continued incremental improvement through focused initiatives
 - Securing payment rates that reflect the unique role as Oregon's only Academic Health Center



Date: April 15, 2026
To: OHSU Board of Directors
From: Angela Sklenka, MHR – EVP & Chief People Officer
Ernest Perry, Jr., PMP, SPHR, VP Talent Acquisition & Culture
RE: Building Bridges to Healthcare Careers: 2023 - 2026

What Is Building Bridges

Building Bridges to Healthcare Careers is a three-year, \$3M workforce development partnership between OHSU, United We Heal, AFSCME 328, and Unite Oregon. Funded by the Oregon Higher Education Commission, the project represents one of the state's largest investments in healthcare workforce development, focused on high-need roles critical to OHSU's operations and patient care mission.

The partnership's goal is to recruit, train, certify, and transition 83 individuals from frontline support roles and Portland-area BIPOC and lower-income communities into healthcare careers. In doing so, Building Bridges tests whether deep labor partnership, barrier-free training models, and operational alignment could accelerate internal mobility and strengthen workforce diversity at scale. The results are impressive.

What It Has Done

Building Bridges received interest from approximately 1,500 internal and external applicants, underscoring significant unmet demand for accessible healthcare career pathways in the Portland Metro Area. To date, more than 70 participants have completed training and/or certification across four pathways: Dental Assistant (DA), Medical Assistant (MA), Certified Nursing Assistant (CAN), and Phlebotomy, with additional cohorts completing in the final project period. At its conclusion, 110 participants will have fully completed one of Building Bridges' four pathways (133% of goal). Participants typically transitioned from roles such as food and nutrition services, environmental services, and patient support into clinical positions—often representing significant job advancement into long-term healthcare career trajectories.

What Is Its Legacy

The impact of Building Bridges extends well beyond the life of the grant.

As a result of this work:

- MA vacancy rates have declined substantially and are at historically low levels (<3%).

- OHSU's laboratory services now operate an in-house phlebotomy training curriculum that enables it to grow its own talent.
- The School of Dentistry has internalized and self-funded a DA training pathway to address ongoing operational risk and workforce scarcity.

Together, these outcomes demonstrate that the most durable return on this public investment was not solely the number of individuals trained, but the internal talent-building capabilities OHSU now retains.

The real return was not the grant — it was the workforce infrastructure that remains after the grant ends.

What We Have Learned

Building Bridges demonstrates that workforce development efforts are most effective when they:

- Remove structural barriers to internal mobility,
- Align training models with real, operational needs, and
- Treat labor as a true design and delivery partner.

When these conditions are present, organizations can simultaneously grow talent, advance workforce diversity, and strengthen trust with labor and community partners. The outcomes of Building Bridges indicate this approach is viable, effective, and replicable.



CPO Update to the Board of Directors

Building Bridges to Healthcare Careers: 2023 - 2026

Presented by: Angela Sklenka, MHR – EVP & Chief People Officer
Ernest Perry, Jr., VP Talent Acquisition & Culture

DATE: April 15, 2026

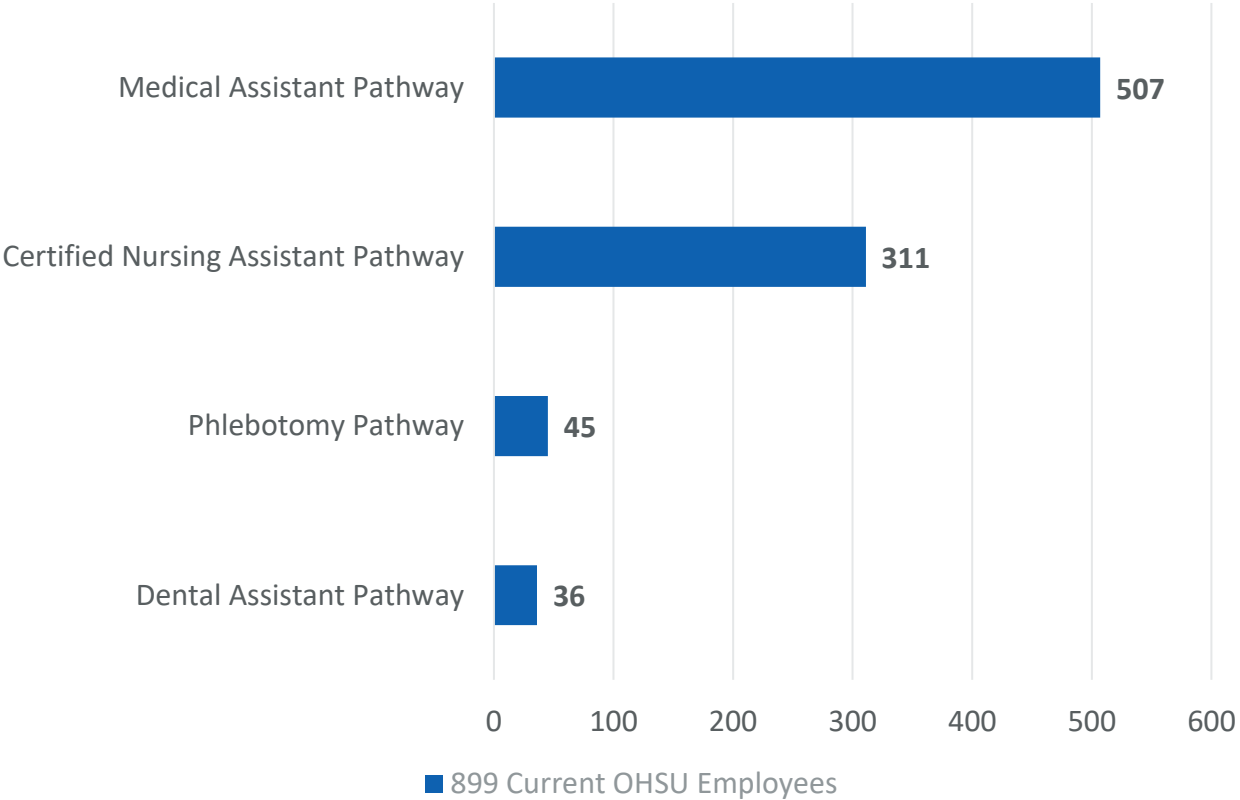
Building Bridges: A Strategic Investment in Workforce Mobility

- Three-year, \$3M workforce development partnership funded by the Oregon Higher Education Commission's Future Ready Oregon Grant program.
- Designed to address high-need, hard-to-fill healthcare roles at OHSU.
- Leverages our labor partnership with AFSCME 328 to reduce barriers to internal mobility for employees.
- The partnership shares a commitment to reducing barriers and building capacity, not just filling seats in the program.

Pathways Chosen Based on Workforce Risk Analysis

- Training roles reflect:
 - High Turnover
 - High Vacancy
 - High Operational Impact
- Includes:
 - Certified Nursing Assistant (CNA)
 - Dental Assistant (DA)
 - Medical Assistant (MA)
 - Phlebotomist

OHSU's Building Bridges Aligned Workforce*



*Aligned workforce reflects current OHSU job classifications associated with Building Bridges training pathways.



What We Have Delivered

- 1,500+ applicants → a clear, community need was met.
- Hired 100% of DA participants, 88% of MA participants, nearly 50% of CNA participants, and 40% of Phlebotomy participants into critical healthcare jobs at OHSU.
- Upward career growth for employees in patient support roles, and Portland Metro residents who have been underrepresented in the healthcare industry workforce.
- ~15%+ average wage growth for employees formerly in nonclinical, patient support roles.

What Endures After the Grant

- OHSU can now deliver its own, in-house Phlebotomy training experience.
- School of Dentistry has operationalized and self-funded its own internal DA training pathway.
- MA vacancies hit a historic low (<3%).
- Stewardship of public dollars will continue to return value to the community through the lasting workforce infrastructure and partnerships we have built.

What We Learned, and What We Can Do Because of It

- Removing barriers to career mobility + labor partnerships = better outcomes for people.
- Strategic investments in workforce development can advance:
 - Talent Pipelines
 - Labor Partnerships
 - Community Trust
 - Inclusion
- This model is unique, but replicable.

Thank You to the Entire Building Bridges Partnership Team

Alycia Rivera-Tutsch

Amanda Macy

Andy Friedman

Chloe Vignola

Claire Irvan

Edward Marcell, Jr.

Ernest Perry, Jr.

Evan T. Green

Fiona Mahaffy

Heather Berry

Jen Prissel

Kate Baker

Marietta Rodriguez

Marissa Fuqua Miller

Melissa Preciso-Temple

Michael Ramirez

Nephthali Esterlin

Nichelle White

Nicole Tate

Phil Roark

Raj Shah

Rakhi Desai

Regina Lagging

Rita Wells

Sabrina Roderick

Sally Gray

Steve Osgood

True Nguyen

Wesley Phillips

and, so many more...





Date: April 13, 2026

To: OHSU Board of Directors

From: Bridget Barnes, SVP and Chief Information Officer

RE: Strategic Planning Status Update

On behalf of the President's Office, we appreciate the opportunity to share with the OHSU Board of Directors an update on the status of the strategic planning program. The focus of this presentation is on:

- Mission, Vision, Values and Priorities, and
- The Strategic Planning Process.

Additional details will be provided during the planned presentation to the OHSU Board of Directors on April 24, 2026.

OHSU Board Meeting: Strategic Planning

April 24, 2026



Mission, Vision, Values, and Priorities

- Mission
- Vision
- Values
- Priorities

Agenda

Strategic Planning Process

- Strategic Plan
- Workflow
- Goals
- Workgroup Process
- Timeline

ONE **OHSU**

Next Board Meeting

Mission, Vision, Values, and Priorities

ONE **OHSU**

Mission

As part of its multifaceted public mission, OHSU strives for excellence in education, research and scholarship, clinical practice and community service. Through its dynamic interdisciplinary environment, OHSU stimulates the spirit of inquiry, initiative and cooperation among students, faculty and staff.

Setting the example for integrity, compassion and leadership, OHSU strives to:

- Educate tomorrow's health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.
- Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information sciences, and translate these discoveries, wherever possible, into applications in the health and commercial sectors.
- Deliver excellence in health care, emphasizing the creation and implementation of new knowledge and cutting-edge technologies.
- Lead and advocate for programs that improve health for all Oregonians, and extend OHSU's education, research and health care missions through community service, partnerships and outreach.

ONE OHSU

Vision

Elevate Oregon as the heart of health innovation.

ONE **OHSU**

Values

ONE OHSU



Priorities

- Improve **access** and **efficiency** across our services for patients and in service to each other.
- Enhance **care quality** and commit to a culture of zero harm to our patients.
- Innovate on the **learning experience** to improve quality and outcomes for students and trainees.
- Build **new platforms** for scientific inquiry into the future.
- Lead Oregon in an **AI-enabled transformation** in service to our people, patients and mission.
- Be the **best place** to learn and work.

ONE OHSU

Strategic Planning Process

ONE **OHSU**

Strategic Plan

*A strategic plan is a comprehensive document that serves as an organization's roadmap for long-term success. It defines the organization's direction by outlining its mission, vision, and core values, and then maps out specific, measurable **goals** and the actions required to achieve them.¹*

Mission



Vision



Values



Tactics /
KPIs



Goals



Priorities



Timelines



Budgets

Workflow

ONE OHSU

Goals

The “Ask”

Identify 3 – 5 strategic goals in each “priority” area that OHSU can incorporate into a new Strategic Plan that will begin implementation in July of 2026.

What is a Goal?

A Goal in a strategic plan is a specific, measurable, and time-bound target that outlines how an organization will achieve its broader, long-term priorities. Goals bridge the gap between high-level vision and actionable, daily tasks, serving as milestones that track progress.

Workgroup Process

ONE OHSU

Six workgroups with two leads:

- Access and Efficiency (Elaine King, Angeline Hill)
- Quality (Renee Edwards, Andy Lauer)
- Learning Innovation (Dana Director, Joyce Hollander-Rodriguez)
- Scientific Platforms (Monika Davare, Chris Slatore)
- AI Transformation (Bridget Barnes, David Dorr)
- Be the Best (Rob Davis, Megan Furnari)

Leads co-created the process with their workgroup members:

- Two and a half weeks to identify goals
- Large, inclusive teams
- Asynchronous collaboration (Word, Excel, Teams, SharePoint)
- Team meetings
- Breakout sessions / Miro boards

Next steps – OHSU member and community feedback:

- Survey
- Town halls / Feedback sessions

Timeline

Date	Task
Complete	Kickoff meeting with workgroup members
Complete	Planning meetings with workgroup leads
Complete	First meeting of each workgroup
Complete	Second meeting of each workgroup
Complete	Workgroups identify 3 – 5 preliminary Goals for each Priority
4/14/2026	EVPs provide feedback on preliminary Goals
4/16/2026	Workgroups revise Goals based on EVP feedback
4/17/2026	President and EVPs approve preliminary Goals for Socialization and Survey
4/23/2026	President shares Workgroups and preliminary Goals at Town Hall
4/23/2026	Launch Survey and Feedback Groups to provide input on Goals
4/24/2026	President delivers progress update to OHSU Board
5/7/2026	Close Survey and Feedback Group input
5/14/2026	Workgroups adjust Goals based on Survey and Feedback Group input
5/14/2026	Workgroups develop Goal-level KPIs
5/19/2026	President and EVPs finalize Goals and KPIs
5/20/2026	President presents Goals and KPIs at Town Hall
6/5/2026	Workgroups develop Timelines and Budget estimates for each Goal
6/12/2026	President and EVPs finalize Timelines and Budgets
6/12/2026	Strategic planning team finalizes strategic plan
6/17/2026	OHSU Board approves plan
7/1/2026	Implementation begins

Yellow indicates workgroup deliverable

Next Board Meeting

ONE **OHSU**

Next Board Meeting

President Elnahal to present the full strategic plan:

- Mission
- Vision
- Values
- Priorities
- Goals
- Tactics
- KPIs
- Timelines
- Budgets



Date: April 24, 2026

To: OHSU Board of Directors

From: Laura Stadum, Associate Chief Privacy Officer
Nikki Lee, Associate Chief Privacy Officer

RE: Annual Privacy Office Presentation

The OHSU Privacy Office is responsible for ensuring OHSU's compliance with applicable state and federal privacy laws and regulations, including HIPAA, FERPA, Information Blocking regulations, and 42 CFR Part 2 (Substance Use Disorder), among others. The mission of the Privacy Office is to promote the appropriate use of OHSU information in alignment with OHSU's policies, mission, strategic initiatives, standards, and values.

This presentation will provide a foundational understanding of OHSU's Privacy Office program, including an overview of incidents and breaches, training efforts, and program activities. It will also offer updates on regulatory developments and compliance programs currently underway, along with a preview of priority areas of focus for FY27.



Information Privacy and Security

DATE: April 24, 2026

PRESENTED BY: Laura Stadum, J.D., CHPC, Associate Chief Privacy Officer
Nikki Lee, J.D., CHPC, CIPP/US, Associate Chief Privacy Officer



Agenda

- Introductions
- Incidents and Breaches Summary
- Artificial Intelligence
- Training Program Update
- Privacy Enforcement & Regulatory Update
- Questions

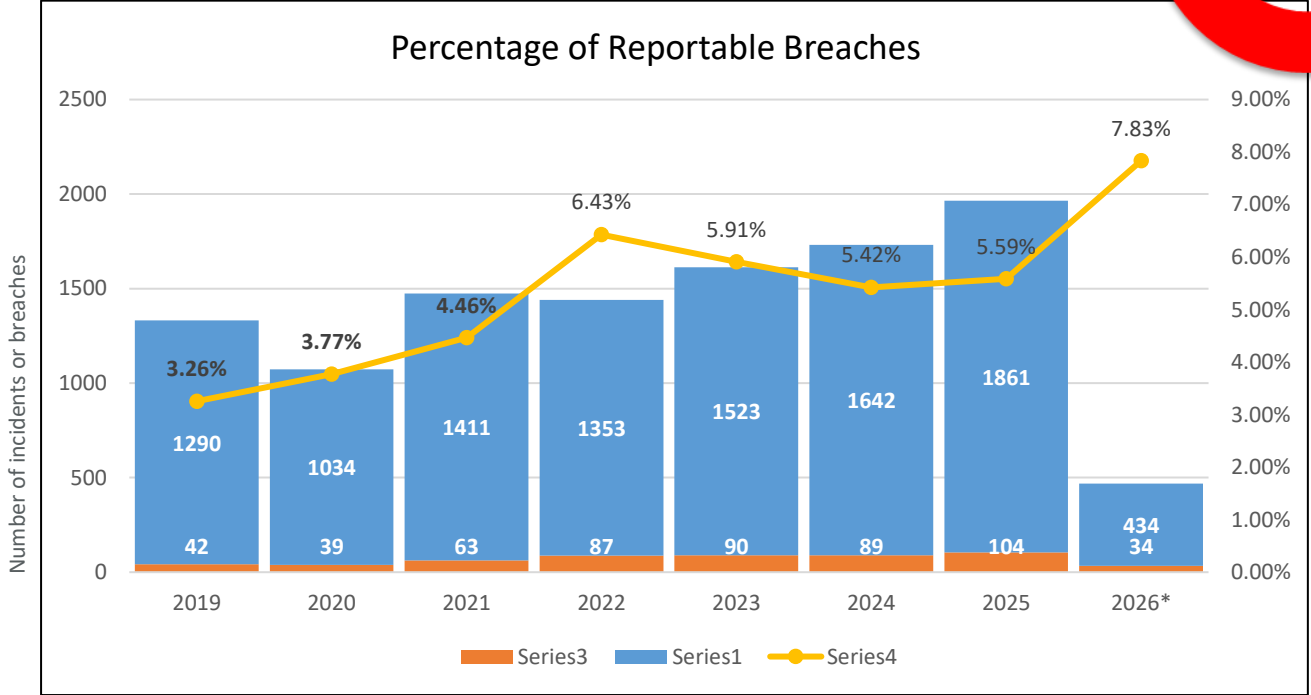
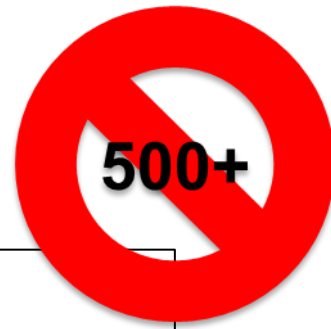


Introductions

- **Privacy Investigations and Operations (Laura Stadum)**
 - Investigations of privacy and security incidents
 - Monitoring and auditing access to health records
 - Development and implementation of privacy and security policies
 - Workplace training and phishing program
- **Privacy Advisory and Strategic Initiatives (Nikki Lee)**
 - Advises on IPS policy, State and Federal Privacy laws, including HIPAA, 42 CFR Part 2 (Substance Use Disorder) Information Blocking, FERPA and Research-Privacy questions
 - Runs strategic compliance projects to adjust policies, practices and education in response to regulatory updates
 - Conducts Privacy walkthroughs and facility reviews
 - Responds to patient rights requests



Incidents and breaches



*as of April 8, 2026





Artificial Intelligence

- Artificial Intelligence Governance Committee
- Development of OHSU wide AI policy
- O2 AI communication campaign, forums, Town Halls
 - FAQs, guidance and content addressing Privacy and Security risks and policies
- Implementation of technical controls for data loss prevention



Training Program Highlights

- Topic focused department trainings and university wide meetings
- OHSU Now/Operations updates and communications, highlighting reminders on reporting, phishing/social engineering and appropriate use of AI
- Simulated phishing exercises
 - Continued improvement in reporting of phishing exercises and suspicious links
- Information Privacy and Security Essentials – workforce wide training required of all members
 - IPSE 2026 launched April 1

OHSU Action: Privacy Enforcement Trends

OCR/OIG Enforcement Priorities	OHSU Actions
Addressing Information Blocking	<ul style="list-style-type: none">• Ongoing compliance program• Monitoring & Education
Protecting Substance Use Disorder Records (42 CFR Part 2)	<ul style="list-style-type: none">• Ongoing compliance program• Updated Notice of Privacy Practices, Policies and Forms• Implemented Epic safeguards• Training & Education



OHSU Action: Regulatory Updates & Priorities

Priorities	OHSU Actions
<p>Promoting Patient Access to Medical Records</p> <ul style="list-style-type: none">Proposed changes would weaken certain ID verification safeguards for 3rd Party Apps accessing OHSU medical records	<p>OHSU Letter to Federal contractor overseeing these changes, listing concerns and recommendations.</p>
<p>Promoting Innovation through Deregulation</p> <ul style="list-style-type: none">Federal rule (HTI-5) removes privacy & security criteria from Health IT Certification ProgramAmends Information Blocking exceptions	<p>OHSU Public Comment to proposed federal rule addressing patient privacy concerns.</p>



Thank You



**RESOLUTION 2026-04-02
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

(Approval of Committee Appointments)

WHEREAS, the Board wishes to identify and appoint new Board members to serve on the Finance and Audit Committee, the Governance Committee, the Human Resources Committee, and the Board of the University Health System.

NOW, THEREFORE, BE IT RESOLVED:

The following persons shall be appointed to the following committees and shall serve at the pleasure of the Board of Directors:

Finance and Audit Committee

Jim Carlson (Chair)
Justin Hurley Braswell
Betsy Johnson
Maria Rodriguez

Governance Committee

Sue Steward (Chair)
Chris Abbruzzese
Claire Irvan
Malik Seals

Human Resources Committee

Justin Hurley Braswell (Chair)
Susan King
Sadhana Shenoy
Sue Steward

Board of the University Health System

Susan King
Justin Hurley Braswell
Jim Carlson
Maria Rodriguez

This Resolution is adopted and will be effective on this 24th day of April, 2026.

Director	Yes	No	Abstain
Susan King			
Chris Abbruzzese			
James Carlson			
Shereef Elnahal			
Justin Hurley Braswell			
Claire Irvan			
Betsy Johnson			
Maria Rodriguez			
Malik Seals			
Sadhana Shenoy			
Sue Steward			

Signed by the Secretary of the Board on April 24, 2026.

Connie Seeley
Board Secretary

Glossary of Terms

A3 – Single page strategy

AAEO – Affirmative Action and Equal Opportunity

AAV - Adenovirus-associated virus

ACA - Affordable Care Act. The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) or nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010

ACGME – Accreditation Council for Graduate Medical Education

ADA – Americans with Disabilities Act

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.

CAN – Certified Nursing Assistant

CPI - Consumer Price Index measures the average prices of goods & services in the United States.

CPA- Chief People Officer

CY - Current Year.

DA – Dental Assistant

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 firm's profit that includes all expenses except interest and income tax.

EBITDA - Earnings before Interest, Taxes, Depreciation and Amortization.

ED - Emergency Department. A department in OHSU specializing in the acute care of patients who present without prior appointment.

EHR - Electronic Health Record. A digital version of a patient's medical history.

EHRS – Environmental Health and Safety

EMR – Electronic medical record

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

Envelope - HIV surface protein that is the target of bNAbs

EPIC - Epic Systems. An electronic medical records system.

EPMO – Enterprise Program Management Office

ER - Emergency Room.

ERG – Electroretinography is an eye test used to detect abnormal function of the retina.

ERG – Employee Resource Groups

ERM - Enterprise Risk Management. Enterprise risk management in business includes the methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives.

EVP – Executive Vice President

FTE - Full-time equivalent is the hours worked by an employee on a full-time basis.

FY - Fiscal Year. OHSU's fiscal year is July1 – June30.

GAAP - Generally Accepted Accounting Principles. Is a collection of commonly-followed accounting rules and standards for financial reporting.

GASB - Governmental Accounting Standards Board. Is the source of generally accepted accounting principles used by state and local governments in the United States.

GDP - Gross Domestic Product is the total value of goods and services produced within a country's borders for a specified time period.

GIP - General in-patient

GME - Graduate Medical Education. Any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States This education includes internship, residency, subspecialty and fellowship programs, and leads to state licensure.

GPO –group purchasing organization

H1 – first half of fiscal year

H2 – second half of fiscal year

HAC – hospital acquired conditions

HAI – hospital acquired infections

HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems

Hospice GIP – Hospice General In-patient

HR - Human Resources.

HRBP – Human resources business partner

HRSA - Health Resources and Service Administration, federal agency under Health and Human Services

HSE – Harvard School of Education

HSPH – Harvard School of Public Health

IA - Internal Arrangements. The funds flow between different units or schools within OHSU.

ICU - Intensive Care Unit. A designated area of a hospital facility that is dedicated to the care of patients who are seriously ill

IGT - Intergovernmental Transfers. Are a transfer of funds from another government entity (e.g., county, city or another state agency) to the state Medicaid agency
IHI – Institute for Health Care Improvement
IMPACT - International Maternal Pediatric Adolescent AIDS Clinical Trials Network
INR – International Normalised Ratio
IP – In Patient
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
MA – Medical Assistant
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.