OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS MEETING

Thursday, April 5, 2018
9:00 am – 11:15 am
CLSb 3A002

9:00 am  Call to Order/ Chairman’s Comments  Wayne Monfries
President’s Comments  Joe Robertson, M.D.
Approval of Minutes (Action)  Wayne Monfries

9:15 am  Gene Repair in Human Embryos  Shoukhrat Mitalipov, Ph.D.
Sanjiv Kaul, M.D.

9:45 am  President Search Update  David Yaden

10:00 am  FY18 February Financial Results  Lawrence Furnstahl

10:15 am  OHSU Healthcare Annual Quality & Safety Report  Renee Edwards, M.D.

10:30 am  Integrity Program Update  Tim Marshall

10:45 am  Performance Indicators  Dan Forbes
Brian Gibbs, Ph.D.

11:15 am  Meeting Adjourned
GENE REPAIR IN HUMAN EMBRYOS

Shoukhrat Mitalipov and Sanjiv Kaul

Center for Embryonic Cell and Gene Therapy
Knight Cardiovascular Institute
Inherited (Genetic) Diseases

✓ There are over 10000 (known) monogenic disorders that can be passed down to children

✓ No cure

✓ Ultimate goal is to prevent genetic disorders!
Global Impact of Monogenic Diseases

760 MILLION
Preventing genetic disorders

- Genetic counseling – explain inheritance and chances, adoption of children, embryos or gametes

- Preimplantation or Prenatal Genetic Diagnosis (selection or abortion)

- Germline Gene Therapy (correcting mutations in gametes or early embryos)
Sudden Death in Athletes

Hank Gathers
Basketball all-star Loyola Marymount University

#1 CAUSE of Sudden Death in Athletes

> 1 MILLION
Number of Americans with HCM
**MYBPC3 mutations causing Hypertrophic Cardiomyopathy**

- Late onset, heterozygous dominant mutation (deletions)

- Responsible for hypertrophic cardiomyopathy (HCM), prevalence in general population is 1:500

- Deletions in MYBPC3 account for ~35% of all cases of HCM
Autosomal Dominant Inheritance

- Hypertrophic Cardiomyopathy
- Huntington’s Disease
- Breast cancer
- Neurofibromatosis
- Retinoblastoma

Peter Braude
2015 Summit on Human Gene Editing
Preimplantation development 5 days

Germ line

Extraembryonic Lineage

Fetal and postnatal development
Preimplantation Genetic Diagnosis
(also known as embryo screening and selection)

discard embryos with mutation

embryos without mutation
Genome editing tools to induce damage on mutant gene

CRISPR/Cas

- Custom guide RNA hybridizing to 20 bp target
- DNA breaks catalyzed by Cas9
- PAM sequence required adjacent to 20 bp target
Molecular Mechanisms of DNA Repair: expectations

DSB (CRISPR) → Paternal → Maternal

NHEJ (ligation) → indels

95-99%

HDR

1-5%

External template

HDR

homolog template

??
Molecular Mechanisms of DNA Repair: reality

DSB (CRISPR)

Paternal
Maternal

NHEJ (ligation) indels

HDR
External template

36%
0%

HDR

homolog template

64%
Independent validation of Interhomolog Repair

RAD51 Enhances Zygotic Interhomolog Repair

Jonathan J. Wilde\(^1\), Tomomi Aida\(^1\), Martin Wienisch\(^1\), Qiangge Zhang\(^1\), Peimin Qi\(^1\), and Guoping Feng\(^1,2\)*

Affiliations:
\(^1\)McGovern Institute for Brain Research, Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology (MIT), Cambridge, Massachusetts 02139, USA

\(^2\)Stanley Center for Psychiatric Research, Broad Institute of MIT and Harvard, Cambridge, Massachusetts 02142, USA

*Correspondence to G.F.: fengg@mit.edu
**MYH7**, myosin heavy chain, cardiac muscle, beta
Mutation type: 15819 C>T (1bp substitution)
Chromosome 14, Exon 22

Patient (44 yrs)

(+), heterozygous

Dan Liang et al., unpublished
MYH7 editing: blastomere genotypes in mosaic embryos

Dan Liang et al., unpublished
Mosaicism: origin and prevention

Ma et al., Nature 2017
Gene correction highlights

- High targeting efficacy (82-100%)
- High inter-homolog HDR efficiency (64%)
- Results are independently reproduced
- Mosaicism reduced
- Advantage over conventional PGD

Ma et al., Nature 2017
## Germline Gene Therapy

<table>
<thead>
<tr>
<th>Cons</th>
<th>Pros</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PGD alternative is available</td>
<td>• Complements PGD by rescuing mutant embryos</td>
</tr>
<tr>
<td>• Conventional treatments available</td>
<td>• $500K conventional HCM therapy vs. $30K for GGT</td>
</tr>
<tr>
<td>• Somatic gene therapy is more safe</td>
<td>• Targeting and repair of trillions somatic cells vs. one or two in embryos</td>
</tr>
<tr>
<td>• Imperfect repair with high NHEJ and possible off target effects</td>
<td>• Efficiency and safety must be improved before clinical applications</td>
</tr>
</tbody>
</table>
Center for Embryonic Cell and Gene Therapy

REI-OBGYN

Paula Amato
Dianna Wu
David Lee
Sacha Krieg
David Battaglia

KCVI

Sanjiv Kaul
Stephen Heitner

The Salk Institute

Juan Carlos Belmonte
Jun Wu
Keiichiro Suzuki

Center for Genome Engineering

Institute for Basic Science

Jin-Soo Kim
Sang-Wook Park
A.-Reum Park
Daesik Kim
Sang-Tae Kim

BGI

Jianhui Gong
Ying Gu
Xun Xu

IvGen

Cengiz Cinnioglu
Refik Kayali

Cincinnati Children’s Hospital

Taosheng Huang
Xinjian Wang

Rowan University

Dmitry Temiakov
Karen Agaronyan
FY18 February YTD Financial Update

OHSU Board of Directors / April 5, 2018
FY18 February YTD Financial Results

- Financial results through the first eight months show operating income of $57 million, nearly $18 million above budget.

- However, within this result, OHSU Healthcare is now $(8) million off target, yet $3 million above FY17. This gap is offset by gains elsewhere, some of which should be maintained and thus we have revised budget targets for FY18.

- OHSU revenues are up 7% year-over-year, reflecting higher casemix, surgical cases, and ambulatory visits (offset in part by shift to Medicare) combined with solid growth in revenues from grants and tuition.

- We have received the first two months of enhanced IGT payments.

- Administrative & support areas continue to hold spending below budget, as Accelerate OHSU performance improvement efforts proceed.

- OHSU-held cash & investments are up approximately $55 million reflecting stronger receivables management and a solid days cash on hand of 208 days.

- Consolidated net worth rose $174 million or nearly 6% through February to over $3.3 billion, on strong operations, the State grant to the Knight Cancer Challenge applied to construction of research facilities, and investment returns at OHSU and the Foundations.
## February YTD Operating Income $18M > Budget

<table>
<thead>
<tr>
<th>February YTD (8 months)</th>
<th>FY17 Actual</th>
<th>FY18 Budget</th>
<th>FY18 Actual</th>
<th>FY18 Budget</th>
<th>FY18 - FY17</th>
<th>FY18 / FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient revenue</td>
<td>$1,298</td>
<td>$1,357</td>
<td>$1,388</td>
<td>$31</td>
<td>6.9%</td>
<td></td>
</tr>
<tr>
<td>Medicaid R&amp;E IGT</td>
<td>57</td>
<td>57</td>
<td>61</td>
<td>4</td>
<td>7.4%</td>
<td></td>
</tr>
<tr>
<td>Grants &amp; contracts</td>
<td>268</td>
<td>280</td>
<td>285</td>
<td>5</td>
<td>6.4%</td>
<td></td>
</tr>
<tr>
<td>Gifts applied</td>
<td>64</td>
<td>71</td>
<td>59</td>
<td>(12)</td>
<td>-7.4%</td>
<td></td>
</tr>
<tr>
<td>Tuition &amp; fees</td>
<td>47</td>
<td>49</td>
<td>50</td>
<td>1</td>
<td>6.6%</td>
<td></td>
</tr>
<tr>
<td>State appropriations</td>
<td>24</td>
<td>24</td>
<td>25</td>
<td>1</td>
<td>4.1%</td>
<td></td>
</tr>
<tr>
<td>Other revenue</td>
<td>80</td>
<td>85</td>
<td>90</td>
<td>6</td>
<td>12.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Operating revenues</strong></td>
<td><strong>1,837</strong></td>
<td><strong>1,922</strong></td>
<td><strong>1,958</strong></td>
<td><strong>36</strong></td>
<td><strong>6.6%</strong></td>
<td></td>
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<tr>
<td>Salaries &amp; benefits</td>
<td>1,080</td>
<td>1,145</td>
<td>1,151</td>
<td>6</td>
<td>6.6%</td>
<td></td>
</tr>
<tr>
<td>Services &amp; supplies</td>
<td>520</td>
<td>567</td>
<td>578</td>
<td>11</td>
<td>11.1%</td>
<td></td>
</tr>
<tr>
<td>Provider tax</td>
<td>57</td>
<td>49</td>
<td>50</td>
<td>1</td>
<td>-13.4%</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>96</td>
<td>101</td>
<td>102</td>
<td>1</td>
<td>6.8%</td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>(1)</td>
<td>-7.7%</td>
<td></td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td><strong>1,774</strong></td>
<td><strong>1,882</strong></td>
<td><strong>1,901</strong></td>
<td><strong>18</strong></td>
<td><strong>7.1%</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Oper. income (budget basis)</strong></td>
<td>63</td>
<td>40</td>
<td>57</td>
<td>18</td>
<td>-9.3%</td>
<td></td>
</tr>
</tbody>
</table>

| OregonHeart investment | 2           | 0           |
| Due from Salem Health  | 11          | 0           |
| State grant to KCC     | 29          | 68          |

| Total oper. income (pre-GASB 68) | $105 | $125 |
We have revised budget targets for the various components of the University based on February YTD results in order to achieve the budgeted $100 million operating margin for FY18.

Healthcare will hold their February YTD $(8) million variance and All Other University will achieve a positive $13 million variance by the end of the fiscal year.

This will be accomplished by implementing several Accelerate OHSU initiatives and reduced spending in administrative and overhead expense.

<table>
<thead>
<tr>
<th>Feb YTD Budget Variance (000)</th>
<th>Feb YTD</th>
<th>New Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHSU Hospital</td>
<td>$(6,435)</td>
<td></td>
</tr>
<tr>
<td>Tuality / Adventist Healthcare</td>
<td>(1,891)</td>
<td></td>
</tr>
<tr>
<td>Subtotal - healthcare</td>
<td>(8,326)</td>
<td>(8,000)</td>
</tr>
<tr>
<td>School of Medicine unrestricted</td>
<td>4,275</td>
<td>2,500</td>
</tr>
<tr>
<td>Other schools, centers &amp; institutes</td>
<td>(381)</td>
<td>(1,000)</td>
</tr>
<tr>
<td>Administration &amp; support</td>
<td>19,331</td>
<td>11,000</td>
</tr>
<tr>
<td>Restricted funds (mostly grants)</td>
<td>2,874</td>
<td>500</td>
</tr>
<tr>
<td>Subtotal - other university</td>
<td>26,099</td>
<td>13,000</td>
</tr>
<tr>
<td>Total OHSU</td>
<td>$17,773</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
Medicaid Expansion + Shift Toward Medicare

OHSU Hospital Payer Mix Before and After Start of ACA

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-sponsored</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY12</td>
<td>44.4%</td>
<td>30.5%</td>
<td>20.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td>FY13</td>
<td>43.8%</td>
<td>31.6%</td>
<td>19.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>FY14 H1</td>
<td>43.9%</td>
<td>31.2%</td>
<td>19.8%</td>
<td>5.1%</td>
</tr>
<tr>
<td>FY14 H2</td>
<td>42.4%</td>
<td>31.4%</td>
<td>24.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>FY15</td>
<td>41.5%</td>
<td>31.8%</td>
<td>25.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>FY16</td>
<td>41.1%</td>
<td>31.9%</td>
<td>26.0%</td>
<td>1.2%</td>
</tr>
<tr>
<td>FY17</td>
<td>40.4%</td>
<td>32.1%</td>
<td>25.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td>FY18 Feb</td>
<td>40.4%</td>
<td>33.5%</td>
<td>24.7%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
### OHSU Patient Activity

<table>
<thead>
<tr>
<th></th>
<th>FY17 Actual</th>
<th>FY18 Budget</th>
<th>FY18 Actual</th>
<th>Actual / Budget</th>
<th>Actual / Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient admissions</td>
<td>19,710</td>
<td>19,786</td>
<td>19,330</td>
<td>-2.3%</td>
<td>-1.9%</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>5.99</td>
<td>6.00</td>
<td>5.93</td>
<td>-1.2%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Average daily census</td>
<td>474</td>
<td>477</td>
<td>462</td>
<td>-3.1%</td>
<td>-2.6%</td>
</tr>
<tr>
<td>Day/observation patients</td>
<td>24,235</td>
<td>24,649</td>
<td>26,363</td>
<td>7.0%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Emergency visits</td>
<td>31,118</td>
<td>31,846</td>
<td>31,317</td>
<td>-1.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Ambulatory visits</td>
<td>573,531</td>
<td>605,417</td>
<td>625,515</td>
<td>3.3%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Surgical cases</td>
<td>21,911</td>
<td>22,901</td>
<td>23,417</td>
<td>2.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Casemix index</td>
<td>2.06</td>
<td>2.07</td>
<td>2.18</td>
<td>5.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Outpatient share of activity</td>
<td>48.8%</td>
<td>49.9%</td>
<td>51.1%</td>
<td>2.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td>CMI/OP adjusted admissions</td>
<td>79,372</td>
<td>81,784</td>
<td>85,971</td>
<td>5.1%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>
Normalized Cash Balance Up Year Over Year

Oregon Health & Science University
Change in YoY Normalized Cash (Four-Week Moving Average)
(Millions)

CY Moving Average PY Moving Average Variance

-$40$ $-20$ $0$ $20$ $40$ $60$ $80$ $100$ $120$ $140$ $160$ $180$ $200$ $220$ $240$ $260$ $280$ $300$ $320$ $340$ $360$

$11-30-14$ $12-31-14$ $01-31-15$ $02-28-15$ $03-31-15$ $04-30-15$ $05-31-15$ $06-30-15$ $07-31-15$ $08-31-15$ $09-30-15$ $10-31-15$ $11-30-15$ $12-31-15$ $01-31-16$ $02-28-16$ $03-31-16$ $04-30-16$ $05-31-16$ $06-30-16$ $07-31-16$ $08-31-16$ $09-30-16$ $10-31-16$ $11-30-16$ $12-31-16$ $01-31-17$ $02-28-17$ $03-31-17$ $04-30-17$ $05-31-17$ $06-30-17$ $07-31-17$ $08-31-17$ $09-30-17$ $10-31-17$ $11-30-17$ $12-31-17$ $01-31-18$ $02-28-18$
### Cash Up $55M with Net Worth Up $174M

#### FY18 Cash Flow (millions) Feb YTD
- Oper. income (budget basis) $57
- State grant to KCC 68
- Depreciation 102
- OHSU investment return 15
- CHH-2 project funds applied 94

#### Sources of OHSU cash
- Regular principal repaid (6)
- Capital spending (261)
- Other working capital, net (16)

#### Uses of OHSU cash
- (283)

#### Sources less uses of cash
- 55

<table>
<thead>
<tr>
<th>Balance Sheet (millions)</th>
<th>6/30/17</th>
<th>2/28/18</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating cash &amp; investments</td>
<td>$825</td>
<td>$872</td>
<td>$47</td>
</tr>
<tr>
<td>Quasi-endowment funds</td>
<td>86</td>
<td>94</td>
<td>7</td>
</tr>
<tr>
<td>Moda surplus note, net</td>
<td>34</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td><strong>OHSU cash &amp; investments</strong></td>
<td>945</td>
<td>999</td>
<td>55</td>
</tr>
<tr>
<td>Trustee-held bond funds</td>
<td>19</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>KCC project fund</td>
<td>124</td>
<td>56</td>
<td>(68)</td>
</tr>
<tr>
<td>CHH-2 project fund</td>
<td>144</td>
<td>50</td>
<td>(94)</td>
</tr>
<tr>
<td><strong>Total cash &amp; investments</strong></td>
<td>1,232</td>
<td>1,125</td>
<td>(108)</td>
</tr>
<tr>
<td>Net physical plant</td>
<td>1,742</td>
<td>1,901</td>
<td>159</td>
</tr>
<tr>
<td>Interest in Foundations</td>
<td>1,403</td>
<td>1,437</td>
<td>34</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>(1,009)</td>
<td>(1,003)</td>
<td>6</td>
</tr>
<tr>
<td>GASB 68 pension items, net</td>
<td>(298)</td>
<td>(298)</td>
<td>0</td>
</tr>
<tr>
<td>Working capital &amp; other, net</td>
<td>70</td>
<td>153</td>
<td>84</td>
</tr>
<tr>
<td><strong>OHSU net worth</strong></td>
<td>3,141</td>
<td>3,315</td>
<td>174</td>
</tr>
</tbody>
</table>

#### Operating income (budget basis) 57
#### State grant to KCC 68
#### OHSU investment return 15
#### Gain (loss) from Foundations 34
#### Other non-operating items (0)

**Total change in net worth** $174
OHSU Healthcare Annual Quality Report
Creating a culture of performance improvement

S. Renee Edwards MD MBA
VP, Chief Medical Officer OHSU Healthcare
# FY17 Accomplishments

## #12

**VIZIENT ANNUAL QUALITY & ACCOUNTABILITY SCORECARD**
Attained #12 ranking, placing OHSU in the top tier for academic medical centers across the nation

+0.0346%

**VALUE-BASED PURCHASING (VBP)**
Performed above average, resulting in a 0.0346% increase in base operating DRG payments for FY2018.

### $12.8 MILLION

**HOSPITAL TRANSFORMATION PERFORMANCE PROGRAM (HTPP)**
Met performance target on 8/11 metrics, earning a $12,771,063 incentive payment from the state.

☆☆☆☆☆

**CMS STAR RATING**
Achieved 4/5 stars in the CMS Star Rating, placing OHSU within the top 25th percentile across the nation.

**HAC REDUCTION PROGRAM**
Performed above the 75th percentile cut-off, avoiding a financial penalty.
# FY 2018 – Tier 1 Improvement Priorities

<table>
<thead>
<tr>
<th></th>
<th>SAFETY</th>
<th>QUALITY</th>
<th>SERVICE</th>
<th>AFFORDABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Inpatient</strong></td>
<td>Zero preventable harm</td>
<td>The right care at the right time</td>
<td>Access to world class</td>
<td>10% cost reduction</td>
</tr>
<tr>
<td></td>
<td>- CLABSI</td>
<td>- Mortality O/E</td>
<td>experience</td>
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<td></td>
<td>- CAUTI</td>
<td>- Medicaid 30-day</td>
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<td></td>
<td>- c. Difficile</td>
<td>- Readmissions</td>
<td></td>
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<td></td>
<td>- SSI</td>
<td>- All-Cause 30-day</td>
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<td></td>
<td></td>
<td>- Readmissions (All Patients)</td>
<td></td>
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<td><strong>DCH</strong></td>
<td></td>
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<td>Ambulatory Access</td>
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<td>- Inpatient Discharge</td>
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<td>- Prediction</td>
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<td>- Children’s Surgery Center</td>
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<td>- Verification</td>
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<td>- Trauma Center Verification</td>
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<tr>
<td><strong>Ambulatory</strong></td>
<td></td>
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<td>Ambulatory Access</td>
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<tr>
<td></td>
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<td></td>
<td>- Overall Patient Experience</td>
<td></td>
</tr>
</tbody>
</table>
## OHSU TIER 1 QUALITY & SAFETY PRIORITIES

**Improvement in all Tier 1 Quality & Safety Priorities.**

<table>
<thead>
<tr>
<th></th>
<th>FY2016</th>
<th>FY2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLABSI (All Adult and Pediatrics rate per 1,000 central line days)</td>
<td>1.66</td>
<td>1.42</td>
</tr>
<tr>
<td>CAUTI (All Adults rate per 1,000 catheter days)</td>
<td>1.60</td>
<td>1.20</td>
</tr>
<tr>
<td>C. Diff (All Adults rate per 1,000 patient days)</td>
<td>1.25</td>
<td>0.97</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality O/E (Adult only)</td>
<td>0.91</td>
<td>0.85</td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% New Patients Seen Within 14 Days*</td>
<td>43.2%</td>
<td>46.1%</td>
</tr>
<tr>
<td>Medical Practice Overall Patient Experience (Top Box)</td>
<td>76.6%</td>
<td>79.2%</td>
</tr>
<tr>
<td><strong>Affordability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOS O/E (All patients)</td>
<td>1.03</td>
<td>1.01</td>
</tr>
</tbody>
</table>
## Surgical Site Infections

<table>
<thead>
<tr>
<th>Procedure</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Laminectomy</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total Hip</td>
<td>1.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total Knee</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Abdominal Hysterectomy</td>
<td>3.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Adult Colon</td>
<td>6.1%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Adult Craniotomy</td>
<td>2.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Adult Spinal Fusion</td>
<td>1.9%</td>
<td>2.4%</td>
</tr>
<tr>
<td>CABG</td>
<td>2.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Pediatric Cardiac</td>
<td>–</td>
<td>2.5%</td>
</tr>
<tr>
<td>Pediatric Laminectomy</td>
<td>3.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pediatric Colon</td>
<td>6.3%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Pediatric Spinal Fusion</td>
<td>–</td>
<td>5.9%</td>
</tr>
<tr>
<td>Pediatric Ventricular Shunt</td>
<td>1.7%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Domain</td>
<td>Content/Areas of Focus</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Mortality</strong> 26.25%</td>
<td>• O/E Ratios from Clinical Outcomes Report (COR)</td>
<td></td>
</tr>
</tbody>
</table>
| **Effectiveness** 21%| • 30-Day Readmission Rate (all cause) for select services  
• Excess Days for select service lines  
• Process of Care/Core Measures (ED throughput & VTE-05)                                                                                                   |
| **Safety** 26.25%  | • 5 AHRQ Safety Measures  
  • (Pressure Ulcers, Respiratory Failure, Hemorrhage/Hematoma, Iatrogenic Pneumothorax, Post-op Sepsis)  
• CLABSI  
• CAUTI  
• C. difficile  
• SSI (Colon Surgery and Abdominal Hysterectomy)  
• VTE-6  
• THK Complications                                                                                                                                 |
| **Equity** 5.25%    | • Process of Care/Core Measures by gender, race, and payer (socioeconomic class)                                                                                                                                         |
| **Patient Centeredness** 15.75% | • 9 HCAHPS Questions                                                                                                                                                                                                  |
| **Efficiency** 5.5% | • LOS O/E for select service lines *(Direct Cost removed for this year only)*                                                                                                                                       |
2017 AMC Quality and Accountability Performance Scorecard
Oregon Health & Science University

Star rating: ★★★★★
Overall rank: 12
Overall score: 65.76%

Domain performance:
- Mortality: 16.67% of 26.25%
- Efficiency: 5.32% of 5.50%
- Equity: 4.92% of 5.25%
- Patient centeredness: 12.46% of 15.75%
- Safety: 14.49% of 26.25%
- Effectiveness: 13.70% of 21.00%

Overall score: 65.76%

Top performers:
- MAYOCLINIC_MN: 80.88%
- NYU: 75.00%
- FH_FROEDTERT: 71.39%
- RUSH: 70.71%
- PENNSTATE: 69.86%
- UTAH: 69.65%
- UCHEALTH_COLORADO: 68.94%
- LEHIGH: 66.78%
- UTMB_HEALTH: 66.45%
- KANSAS: 66.44%
- NEBRASKA: 66.13%
- OREGON: 65.76%

Domain performance table:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Rank</th>
<th>Weight</th>
<th>Score</th>
<th>Weighted score</th>
<th>Vizient median</th>
<th>Vizient top performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>12</td>
<td>100.00</td>
<td>65.76</td>
<td>65.76</td>
<td>55.30</td>
<td>80.88</td>
</tr>
<tr>
<td>Mortality</td>
<td>29</td>
<td>26.25</td>
<td>64.28</td>
<td>16.87</td>
<td>51.09</td>
<td>93.41</td>
</tr>
<tr>
<td>Efficiency</td>
<td>44</td>
<td>5.50</td>
<td>60.34</td>
<td>3.32</td>
<td>51.72</td>
<td>93.82</td>
</tr>
<tr>
<td>Safety</td>
<td>48</td>
<td>26.25</td>
<td>55.19</td>
<td>14.49</td>
<td>54.24</td>
<td>76.68</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>12</td>
<td>21.00</td>
<td>65.24</td>
<td>13.70</td>
<td>49.84</td>
<td>75.01</td>
</tr>
<tr>
<td>Patient centeredness</td>
<td>13</td>
<td>15.75</td>
<td>79.10</td>
<td>12.46</td>
<td>51.37</td>
<td>89.57</td>
</tr>
<tr>
<td>Equity</td>
<td>70</td>
<td>5.25</td>
<td>93.75</td>
<td>4.92</td>
<td>94.44</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Integrity Program Update
Annual Report to the OHSU Board of Directors

DATE: April 5, 2018
PRESENTED BY: TIM MARSHALL, Interim Chief Integrity Officer
Integrity at OHSU

**Integrity:** To commit to and remain true to a set of values and principles through our actions, with unwavering dedication to being upright and honest.

- *OHSU Code of Conduct (Section 1.1)*

Every OHSU Member, including the OHSU Board of Directors, is responsible for adhering to the highest ethical, organizational, and operational standards in the performance of duties and responsibilities at OHSU.

- *OHSU Roles and Responsibilities guidelines*
The **Chief Integrity Officer** is responsible for the development, coordination, and oversight of the Integrity program at OHSU. The Chief Integrity Officer serves as a **knowledgeable resource** for organizational and operational matters related to integrity issues and **evaluates and elevates issues** to appropriate personnel for review and resolution.

The members of the **Board of Directors, President and Executive Vice Presidents** are responsible for articulating the values, mission and vision of the institution; **fostering high ethical, organizational and operational integrity**; and ensuring **compliance** with policies, laws, regulations and other appropriate standards. Executive leadership is ultimately responsible for **integrity** at OHSU.

*OHSU Roles and Responsibilities guidelines*
How do we accomplish this?

Compliance is an enterprise-wide responsibility

*This is not an all-inclusive list.*
To have an effective compliance and ethics program, an organization shall:

(1) exercise due diligence to prevent and detect criminal conduct; and
(2) otherwise promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.

Such compliance and ethics program shall be reasonably designed, implemented, and enforced so that the program is generally effective in preventing and detecting criminal conduct. The failure to prevent or detect the instance offense does not necessarily mean that the program is not generally effective in preventing and detecting criminal conduct.

Program Effectiveness

The Office of Inspector General (OIG) defines effectiveness by these “Seven Elements of an Effective Compliance Program”

1. Written policies & procedures
2. Program oversight & governance, including:
   a. Oversight by a governing authority
   b. Assignment of overall responsibility to high-level personnel
   c. Delegation of operational responsibility to specific individuals, allocation of resources
3. Training and communication
4. Monitoring and auditing
5. Hotline or other effective reporting mechanism
6. Disciplinary measures; appropriate corrective action
7. Prevention: Periodic risk assessment and modification of program to reduce risks
Effective Oversight and Compliance

• **Tone at the Top**
  – Board engagement and Executive support
  – Lead by example

• **Tone in the Middle**
  – Leadership, collaboration, facilitation

• **Compliance framework**
  – Code of Conduct
  – Policies and procedures
  – Education and outreach
  – Auditing and monitoring
  – Mechanism and process for issue-reporting
  – Investigations

Internal mechanisms for preventing, detecting, and reporting offenses to optimally achieve business goals
Integrity Direct Operations

• Receive, review and recommend action on compliance matters to leadership, in collaboration with other compliance areas and Integrity programs
• Risk assessment and process improvement initiatives
• Lead Integrity Program Oversight Council (IPOC)
• Manage shared services
  – Code of Conduct support
  – Policy development and support
  – Education and training (Integrity Booster, Integrity Foundations, and support)
  – Integrity Hotline
• Participate in various compliance related committees
• Reporting and metrics
Integrity initiatives in FY18

- Integrity/Compliance Collaboration and Awareness
- Education and training program review
- Tuality Compliance oversight
- New Clinical Enterprise Integrity Healthcare Compliance course development
- Monitoring and Auditing
Questions
## Performance Indicators

### Fiscal Year 2018, Quarter 2

#### People

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Engagement</th>
<th>Unconscious Bias</th>
<th>Recruitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>On track</td>
<td>Survey spring 2018</td>
<td>79 trained</td>
<td>86%</td>
</tr>
<tr>
<td>Plan complete</td>
<td>4.14 rating</td>
<td>2,600 individuals trained</td>
<td>85%</td>
</tr>
</tbody>
</table>

#### Healthcare

<table>
<thead>
<tr>
<th>Access</th>
<th>Mortality</th>
<th>Adult Patient Satisfaction</th>
<th>Pediatric Patient Satisfaction</th>
<th>Ambulatory Satisfaction</th>
<th>Transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.3%</td>
<td>0.91</td>
<td>79.6</td>
<td>80.3</td>
<td>79</td>
<td>95.8%</td>
</tr>
<tr>
<td>15% increase</td>
<td>0.86</td>
<td>79.1</td>
<td>79.5</td>
<td>79.8</td>
<td>96%</td>
</tr>
</tbody>
</table>

#### Research

<table>
<thead>
<tr>
<th>Grants Submitted</th>
<th>Grant $</th>
<th>Publications</th>
<th>Turnaround Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>753</td>
<td>$202,442,000</td>
<td>1,379</td>
<td>136</td>
</tr>
<tr>
<td>1,976</td>
<td>$420,000,000</td>
<td>2,874</td>
<td>90 days</td>
</tr>
</tbody>
</table>

#### Education

<table>
<thead>
<tr>
<th>Student Recruitment</th>
<th>Applicants</th>
<th>First Time Pass</th>
<th>Decrease Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>339 ✔</td>
<td>Due spring 2018</td>
<td>Due spring 2018</td>
<td>$505,452 ✔</td>
</tr>
<tr>
<td>296</td>
<td>9,759</td>
<td>Varies by degree</td>
<td>$551,550</td>
</tr>
</tbody>
</table>

#### Finance

<table>
<thead>
<tr>
<th>EBITDA</th>
<th>Patient Revenue</th>
<th>Research and Education Revenue</th>
<th>Daily Cash on Hand</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.60%</td>
<td>7%</td>
<td>1.8%</td>
<td>203</td>
</tr>
<tr>
<td>9.9%</td>
<td>5%</td>
<td>3.1%</td>
<td>200</td>
</tr>
</tbody>
</table>

[Legend]:
- On or above target
- Improved, not at target
- Below target
- Below FY17 and target
- Data to come
Unconscious Bias Campus-Wide Initiative: A brief update
OHSU Board of Directors

DATE: APRIL 5, 2018 PRESENTED BY: DR. BRIAN GIBBS, VICE PRESIDENT OF EQUITY & INCLUSION
What is the Unconscious Bias Campus-Wide Initiative (UBCI)?

• The UBCI is led by the Center for Diversity and Inclusion with support from executive leaders, the OHSU Board of Directors, Faculty and Staff.

• UBCI is based on findings from several campus-wide surveys, including two diversity climate surveys, an employee engagement survey and a faculty survey last year. They showed that more work needs to be done to build a culture of inclusion, equity and respect.

• The UBCI is one of many ongoing efforts to create a more inclusive OHSU community and to remove barriers to individual and group success in all mission areas.
Why we are measuring it?

- Fiscal Year 2018 Performance Indicators Goal to “Increase number of employees trained in unconscious bias - 2600 individuals trained.”

- To effectively address climate and inclusion-related issues and promote equity among URMs and Women.

- To refine and improve training and post-training engagement opportunities to meet institutional aspirations that support our Vision 2020 goals.
How we are doing?

On track to have 2600 trained by May 31, 2018!!

- We have a structure for rolling this out
- We have 9 trained trainers
- Recruited and trained 200 Champions
- Hired a communications specialist
- 1600+ employees have been trained-to-date
- Building an Ambassador program to facilitate and sustain change through post-training engagement at the workstation or departmental level
How are we doing?: Departments Represented

Trained/Registered

- Food & Nutrition
- Campus Services
- Affirmative Action & Equal Opportunity
- Human Resources
- Environmental Services
- Facilities
- School of Medicine
- School of Nursing
- Department of Public Safety
- 14c/5a/5c Medicine
- Avel Gordly Center for Healing
- IT-G
- Transportation & Parking
- Care Management Social Workers
- I.P.O.C., OBGYN, Pediatrics
- Diagnostic Radiology
- Knight Cancer Institute
- Central Financial Services
- Legal

In queue (*a sample)

- Department of Medical Informatics & Clinical Epidemiology
- Clinical Informatics
- Clinical Enterprise Integrity
- Casey Eye Institute
- Department of Surgery
- School of Public Health
- Family Medicine
- Information Privacy Security
- Integrity
- Library
- Neurology
- Academic Affairs
- Physician Assistant Program
- Patient Experience/Patient Business Services
- Psychology
- Emergency Department
- Research
- UCEDD
- Teaching and Learning Center
- Adult BMT
- Neonatal ICU
- South OR
## UBCI Numbers Update

### Unconscious Bias Projections (January-June 2018)

<table>
<thead>
<tr>
<th>Month</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
<th>Apr-18</th>
<th>May-18</th>
<th>Jun-18</th>
<th>Total</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Employees/Month</strong></td>
<td>N/A</td>
<td>434</td>
<td>481</td>
<td>684</td>
<td>592</td>
<td>592</td>
<td></td>
<td>2600</td>
<td></td>
</tr>
<tr>
<td><em>to reach goal by May 2018</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employees Registered</strong></td>
<td>N/A</td>
<td>224</td>
<td>372</td>
<td>925</td>
<td>729</td>
<td>344</td>
<td>125</td>
<td>2719</td>
<td>105%</td>
</tr>
<tr>
<td><strong>Employees Trained</strong></td>
<td>79</td>
<td>198</td>
<td>352</td>
<td>787</td>
<td>142</td>
<td></td>
<td></td>
<td>1558</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Remaining</strong></td>
<td>2521</td>
<td>2323</td>
<td>1971</td>
<td>1184</td>
<td>1042</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Legend

- **Below Monthly Target**
- **Monthly Target Met or Exceeded**

Last revised April 3, 2018
UBCI Trainers

Crystal Roberts, Program Manager, Center for Diversity and Inclusion
Eric Annala, Center for Diversity and Inclusion
Erin Hoover Barnett, School of Medicine, Dean's Office
Mary Lind, MA, MS, Center for Workplace Enhancement
Octaviano Merecias-Cuevas, Center for Diversity and Inclusion
Dr. Shea Lott, Avel Gordly Center for Healing
Tatiana Grabowski, Food and Nutrition Administration
Dr. Trisha Wong, Department of Pediatrics
Why is this important?

• VIDEO (2 minutes)-
  https://echo360.org/media/b068c1c8-865f-49ae-9828-d06eb4ec2055/public
Questions?
Thank You