The Ohio State University
Wexner Medical Center Board

June 6, 2017

WEXNER MEDICAL CENTER BOARD

Leslie H. Wexner
Janet B. Reid
W. G. Jurgensen
Cheryl L. Krueger
Abigail S. Wexner
David B. Fischer
Stephen D. Steinour
Robert H. Schottenstein
Alex Shumate (ex officio, voting)
Michael V. Drake (ex officio, voting)
Geoffrey S. Chatas (ex officio, voting)
K. Craig Kent (ex officio, non-voting)
E. Christopher Ellison (ex officio, non-voting)
David P. McQuaid (ex officio, non-voting)
Michael A. Caligiuri (ex officio, non-voting)
Amanda N. Lucas (ex officio, non-voting)
Elizabeth O. Seely (ex officio, non-voting)
Martha C. Taylor (ex officio, non-voting)

Location: Richard M. Ross Heart Hospital
Ross Heart Hospital Auditorium

Time: 9:00am-1:00pm

Executive Session 9:00am-11:30am

Public Session

1. Approval of April 5, 2017, Wexner Medical Center Board Meeting Minutes - Mr. Wexner 11:30-11:35am
2. President and Chairman Introductory Comments - Dr. Drake, Mr. Wexner 11:35-11:45am
3. Wexner Medical Center Report - Dr. Kent, Mr. McQuaid 11:45-11:55am
4. Health System Financial Summary and Draft FY2018 Budget Review - Mr. Larmore 11:55-12:05pm
5. Wexner Medical Center Updates
    a. Facilities - Mr. Schottenstein, Mr. Kasey 12:05-12:15pm
    b. Scorecard - Mr. McQuaid, Dr. Kent 12:15-12:30pm
    c. Quality - Dr. Moffatt-Bruce, Mr. McQuaid 12:30-12:40pm
    d. WexMed Live Initiative - Ms. Hill-Callahan 12:40-12:45pm
    e. Pelotonia 2017 - Mr. Perez 12:45-12:55pm
6. Approval to Enter Into Professional Services and Construction Contracts - Mr. Kasey 12:55-1:00pm

April 5, 2017 meeting, Wexner Medical Center Board

Mr. Wexner called the meeting of the Wexner Medical Center Board to order on Wednesday, April 5, 2017, at 1:42 pm.

Present: Leslie H. Wexner, Alex Shumate, Janet B. Reid, William G. Jurgensen, Cheryl L. Krueger, Abigail S. Wexner, Corbett A. Price, David B. Fischer, Robert H. Schottenstein, Michael V. Drake, Sheldon M. Retchin, K. Craig Kent, E. Christopher Ellison, David P. McQuaid, Amanda N. Lucas, Elizabeth O. Seely and Marti C. Taylor. Michael A. Caligiuri and Geoffrey S. Chatas were absent. Stephen D. Steinour was late.

Ms. Link:

Good afternoon, everyone. We are going to get started. I would like to convene the meeting of the Wexner Medical Center Board and note that a quorum is present. The minutes of the January meeting were distributed to all members of the board and, if there are no additions or corrections, the minutes are approved as distributed. I would like to now call on Mr. Shumate for some introductory comments.

Mr. Shumate:

Thank you, Madame Secretary.

Good afternoon, everyone. It is great to see everyone and thank you for joining us at our Wexner Medical Center Board meeting. I would like to thank you, Mr. Chairman, and I am pleased to note that I was able to attend the Association of Governing Board's National Conference on Trusteeship this past weekend. Many of you may recognize AGB, as it is called, and some of you have attended their conferences in the past. Ohio State has been a very active participant. In fact, the leader at the national level, with this organization, which represents over 1,300 colleges, universities and foundation boards. You will be proud to know that The Ohio State Board of Trustees was recognized at the most recent meeting with the John W. Nason Award for Board Leadership. That deserves a round of applause. This award recognizes and honors, and I quote, "boards at the pinnacle of excellence, serving at the pinnacle of excellence. These are boards that go beyond and above what boards should do and instead take board driven measures to advance their institutions in ways that truly matter." Importantly, the award notes that it recognizes the entire board for its governance work. This particular award was judged by a distinguished panel led by Governor Phil Bredesen, whom some of you know, the former governor of Tennessee. I raise this today because one of the key drivers of this recognition was the creation and the work of this Wexner Medical Center Board. I must publically recognize Bob Schottenstein, who was chair when that creation took place, and also Les Wexner for your excellent job of chairing the center board. A special thank you to all of you, both of you, and all of my fellow trustee members. Again, thank you so much for your leadership. The President of the Association of Governing Boards, Rick Legon, will be joining our public board meeting later this week for the formal and official presentation of the award. I am pleased to have taken just a moment of time to recognize the outstanding contributions of this board. We thank you and, as you often say, Les, "let's continue to get better." Thank you.

Ms. Link:

Thank you, Mr. Shumate. I would now like to call up Dr. Borchers and Dr. Flanigan to the presenters' table for the sports medicine overview.

Dr. Kent:

I will take the opportunity to introduce our guests. First of all, welcome, everyone, to the Jameson Crane Sports Medicine Institute. As you can see already, this is an extraordinary facility but it is only matched by the extraordinary team of physicians that staff this facility. We are honored today to have two of those individuals to tell us a little bit about the sports medicine program. The first is Dave Flanigan. I will begin by saying that the sports medicine team is really a combination of surgeons and primary care physicians, and that's really a very unique combination of physicians. The way that they structure their care is that patients with sports injuries are initially evaluated by a primary care physician and then, if they need

surgical care, they are referred on to a surgeon. It is really that teamwork that I think is the essence that differentiates our sports medicine program from those around the country. Dave Flanigan is an orthopedic surgeon. He is the director of the OSU cartilage restoration program and also head of resident research for the Department of Orthopedics, and key position for the OSU men's hockey team as well as the volleyball team. Dr. Borchers, is a family medicine physician, the director of sports medicine in the Department of Family Medicine, and also the director of the primary care sports training program. Dr. Borchers was recently appointed as head team physician for the entire OSU athletic department and spends a fair amount of time at the football stadium. He called the key play in the Michigan and OSU game, right? I think that is correct. Anyway, a warm welcome to both of our guests.

Dr. Borchers:

Thank you very much, Dr. Kent, and thank you to the Wexner Medical Board for having us today. You are sitting in what we believe to be the largest, most expansive, multi-disciplinary sports medicine center in the United States. You are sitting in a biomechanics lab that usually has athletes and other individuals going through this lab to look at their biodynamics and biomechanical motions that pertains to injury and performance. Behind you, you see an area that is one of the most expansive physical therapy areas in this area [the Midwest], which normally would have a number of patients, physical therapists and others working and doing procedures in order to get them back on the field, but obviously with our meeting today, we've helped those patients and those folks from performing here.

We want to spend just a few minutes talking about our sports medicine program and sports medicine mission with you. You can see that our mission here is to improve people's lives by enhancing physical activity across the lifespan. [This is] not just for athletes at Ohio State, but for all of our patients. Whatever the problem, whatever the age, we want to keep folks active and moving. Our goal is to be the top academic sports medicine program in this nation and we believe we are moving in that direction.

As Dr. Kent mentioned, our model is unique in that it is a multidisciplinary model. We are more than just a one-specialty facility. You can see the numbers of specialties and clinicians that we have that work here at OSU sports medicine from different physicians with different backgrounds, to physical therapists, athletic trainers, sports psychologists, exercise scientists, bio mechanists and researchers. It's the combination of this group of people under one roof being able to work together that allows us to make advances in our field. We are grateful for this facility and believe that this is allowing us to provide a unique service, not only to our city here and our region, but throughout the nation.

This facility in and of itself has allowed us to grow. You can see here at the Jameson Crane Sports Medicine Institute we have a number of staff, including 45 physicians or clinical staff, 40 other surgical staff, 5 staff working in our imaging department, 26 clinical physical therapists, 9 full-time research staff and another 26 support staff. This facility has already allowed us to expand and maintain growth here at the Jameson Crane [Institute] and we are looking forward to continued growth in this facility. Our specialty programs are very unique and the things we are able to provide here are unique to sports medicine. You can see some of them here. Many people believe or think about sports medicine as the injury of a joint - either hip, knee or shoulder. Certainly, we have programs that address that. We have unique programs as well, such as performing arts medicine, sports psychology, endurance medicine, concussion programs, and programs in orthobiologics, cartilage restoration and other performance programs that are very unique to this facility and unique to our program. Ohio State's sports medicine provides a model for growth. We are sitting in a wonderful facility and certainly this is the hub, but we certainly are supported by our community outreach facilities where our consumers demand instant access to our services. We provide those here and at numerous other facilities throughout the greater Columbus area and regionally. It allows us to be where our competitors are, to make certain that those folks who need access to us are there and allows us to align with our ambulatory strategic plan to continue our growth out of this campus area.

Many people believe or think about OSU sports medicine, as Dr. Kent mentioned, on football Saturdays, and yes, we are the team physicians for the Buckeyes. But we are also the team physicians for many other organizations and provide service to many other organizations for outreach. You can see here, not

only at the high school level and collegiate level, but certainly also at the professional level, and then also other groups here-the School of Music, the Department of Dance, Pelotonia and Special Olympics. Those are just some other athletic groups that need our services. We are continuing to strategically grow with these groups to expand our footprint in sports medicine throughout our region.

Mr. Schottenstein:

I have a question as I look at the high schools - some of the largest high school systems in the region. What do we do from an outreach standpoint? Are we trying to establish additional relationships with suburban school systems and what are we doing when that happens?

Dr. Borchers:

Yes, we are strategic about working with high school systems and we are certainly interested in those relationships. What makes us unique is our multidisciplinary approach. We do not just bring medical services. We bring strength and conditioning services to those high schools and they are very much interested in the other services that we have here. For example, this biomechanics lab that you're sitting in, where athletes can come through and be screened? Our sports psychologists that are available to them and their athletes. It's the multidisciplinary approach we bring that I think interests these high schools most. Our services have differentiated ourselves from other competitors here in town.

Mr. Schottenstein:

Are we happy with the logos on this page?

Dr. Borchers:

We are certainly happy with the logos on this page as of today. I would hope that when you come back here in a year from now, we'd have more logos on this page. We are looking to grow this footprint and strategically to do so with partners that value what we bring to them. Certainly, those are things that we are looking at, especially at the high school level. If they approach us, if they have an interest in what we are doing, we're certainly open to those conversations.

Dr. Drake:

I will make a contrarian [statement], a specific contrarian [statement], about being happy with the logos on this page. When I look at the collegiate ones, I see that we are represented by a multitude of different logos, which is one of the things that drives me bananas. I'd love us to expand to other logos, meaning other organizations. The concept of expanding to move logos in the ways that we differentiate ourselves, so that people do not know who we are, is what drives me crazy. Therefore, that's not you, but I just wanted to make that comment that it drives me crazy, so I hope that we can decide that we are one university and we would like to represent ourselves as one university, my goodness. But otherwise, I agree completely.

Dr. Borchers:

We won't wear any logos on our hats or our shirts but the Block O.

Our Jameson Crane Sports Medicine Institute has already shown us clinical growth. We have seen already, as you can see here, growth in our clinic visits over our previous year and physical therapy visits. Already to date, we've performed over 600 surgeries through our outpatient surgery center here and we've added more than 1,000 patients to the Wexner Medical Center. These are new patients to this Wexner Medical Center through the Jameson Crane Sports Medicine Institute, so those are not new patients just to us here in sports medicine, but new patients to the system. We would certainly expect that to expand and continue to grow as we move forward.

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Last, as far as clinical programming goes, our patient satisfaction continues to improve - you can see here - from our surgery center assessment to our sports medicine clinic and physical therapy assessment. We continue to improve our patient satisfaction. These numbers are good, but they are not good enough for us. Until we are at or above that 99th percentile, that is our goal and that is what we are striving for in this facility. We believe we are working in that direction and that is where we are headed.

Dr. Drake:

The shadow number is where we were before?

Dr. Borchers:

No, that is where we would rank nationally. We are in the 99th percentile nationally for surgery center, although they gave us 98.9%. I would now like to turn the presentation over to Dave Flanigan, my colleague from orthopedic surgery for a few slides on research and education.

Dr. Flanigan:

Thank you, Dr. Borchers. Like our other areas of sports medicine, we also, in our educational standpoint, really touch a broad range of different people. We have fellowship programs in orthopedics, primary care sports medicine, and three separate fellowship programs in physical therapy. We have residents who come from multiple different areas of our university who rotate through here. That can be even from our residents in physical therapy, our orthopedic residents, our PM&R (physical medicine and rehabilitation) residents and family practice residents. At any given time, in any given year, we have about 60% of our orthopedic residents who are actually touched by this facility here and being trained by our physicians within this building.

Students from not only the medical school but also undergraduate programs and other allied health professionals are all trained by some of our staff here, as with our physicians. Every year, we host four different symposiums, really as a way to bring an update to very key areas in sports medicine to many different physicians and allied health professionals. These areas are concussions, ACL (anterior cruciate ligament) injury and prevention, endurance medicine and our hip preservation symposium.

Finally, we have a robust community outreach program. These are not only through—as you can see—Dr. Kaeding on this slide, but just even with our coaches, any type of community outreach. We are always trying to get out there, not only for our brand, but just to get them further information. I want to highlight a couple of things about our research as well. At the current time, we have over 11 industry trials sponsored here within the Jameson Crane Sports Medicine Institute that equal about $2.2 million. Sixteen grants have come in and I have gotten word from one of our PhDs that they have gotten good scores on a new grant that will likely be adding to the center as well. When I started here, we had one industry-sponsored trial. If you look at where we have grown over the course of 12 years, we really are one of the leaders as far as industry trials and sports medicine, and we continue to grow within our grant money. It is always hard to benchmark this with our competitors because sports medicine is usually housed in different departments and sometimes very hard to carve where this is compared to our competition. We believe this puts us in the top 10% of our peers nationwide.

As you can see, we have multiple research partners. These have actually come through numerous collaborations. These have started through some of these multicenter studies of which OSU has been one of the founding members in leading enrollers. These include the MOON for both knee and shoulder - these are Multicenter Orthopedic Outcomes Networks, looking at ACL injury, rotator cuff injuries, and labrum tears as well within the shoulder. I would also like to highlight some of our military connections, especially the Air Force base at Wright-Patterson. We are doing a lot of collaborative research with our athletic department looking at human performance. Lastly, I have been asked just to show how OSU sports medicine has made both the national and international impact. If you could play the video, please.

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(Video Presentation)

Dr. Kent:

Thank you, Jim and Dave. That was fantastic. I want to acknowledge Chris Kaeding, who is in China spreading OSU's word internationally, for his efforts in growing the sports medicine program. That was a wonderful presentation. Do you mind if we ask a few questions?

You said at the beginning that you thought of yourselves as one of the best sports medicine programs in the country, maybe even internationally. I am certain that is true from what we have heard this morning. What is going to make you the best? What is going to differentiate you and put you at the top?

Dr. Flanigan:

I think Dr. Kaeding has given us a great vision and it all comes with teamwork, number one. We really are very keen in recruiting the right people here so we can continue to grow in all these areas, not only with clinical expertise with our patients and with our athletes, but also for our research expansion as well. We look at how we can continue to expand in that area. We have obviously really started with a great base here. We have great strength in industry trials, as with this motion capture lab you can see here, and we want to take it a step further. Some of those further steps are through these collaborations we have within the university as well. Those university collaborations through different departments have started with piloting a lot of different research areas, which I think again will make a huge impact as we start getting some further funding down the road with these collaborations. Finally, it is going to be recruiting the right people here as we continue to expand. I think those are going to be some of the key things that help us expand into that top place.

Dr. Kent:

Any other questions? Yes.

Ms. Krueger:

Yes, question. Do you have a full time person or people dedicated to going out and reaching out and getting new accounts for high schools or for colleges or for professional teams? How are those teams coming to us? Do we have someone out there full time doing that, or right now is it just more or less they have heard about us and knocking on our door?

Dr. Borchers:

Both. We do have outreach coordinators that work out in the community and reach out to the community to answer their questions. We do have a lot of folks that come to us directly. We do have development folks that are also out there working for sports medicine. We have different arms that are out in the community to help answer those questions. We do not have a full time person that is out there necessarily spreading the word, and I know Dr. Kaeding's vision is to have someone full time that would be potentially out there being able to do those things for OSU sports medicine.

Ms. Krueger:

My second question is, if you are a former athlete of Ohio State, say Beanie Wells or Joey Bosa for example, and they come back here in the summertime if they live here, would they use the facility or would they be able to take advantage of the facility as well?

Dr. Borchers:

That is one of our goals. Obviously, we engage with all of our student athletes when they are here and one of the things that we pride ourselves on is that our student athletes come back here when they are

not participating. So we see all of our student athletes when they are back here from their professional ranks or even when they are done with sports. When they have issues, they come back here. That's one of our goals - to serve those student athletes, obviously, when they are finished here.

Ms. Krueger:

Thank you.

Dr. Kent:

Other questions?

Mr. Stockmeister:

Are you staffed on Saturdays? After a Friday night football game, a football player gets hurt. I live in a rural area, our kid gets hurt, puts ice on it, comes into the doctor the next day and there is no physician or there is no imaging. So can we get them referred? So can we go to the rural hospitals and get them to refer here?

Dr. Borchers:

Yes, absolutely. We are available on Saturdays, especially in the fall when it is football and soccer seasons, when we see those highest numbers. But even in the other sports seasons, we're available and have availability.

Dr. Kent:

Jim, Dave - wonderful presentation. Thank you so much.

Dr. Retchin:

I'll start my report. Let me just echo, first, Mr. Shumate's comments about the caliber of the board and development. I hope you will agree that in the last couple of years, this board has really matured, has become engaged and has really challenged our team to up our game as well. These board documents also have matured in terms of organization and discipline. One of the issues in getting board materials aggregated on time is going to be all the individuals that have to contribute to the board document. That's my purview, and Gail Marsh has helped us out by getting on time. Sometimes we close the books late in the month, but whatever it is we have to go and I always have one fall back. When I go to a member of the team and say, "I have to get materials in. We got to get them in." They say, "Well, I'll get to it." All I have to do is say, "If you don't get it in, I'm going to call Heather Link." There is fear in their eyes and the materials come the next day. I say all of that because we are going to lose Heather. This is her last board meeting. She is moving to be the chief of staff for the president at Kent State, Bev Warren, whom I've known for many years. Heather has done just a terrific job organizing the board through at least my stint here in the last two years, and I want to ask you to give a warm round of applause for Heather. We know you will do well, Heather, and we are just grateful you are not going far.

I have just got a few announcements and we're going to go right to the scorecard. First, I just wanted to announce David McQuaid has been named to the Vizient University Health System Consortium Board of Managers. Vizient is one of the largest professional organizations for academic health centers and the board of managers is made up of 22 executive officers across academic health centers. We are delighted that David has joined that and provided leadership for that organization. A warm round of applause for David, please. Every year, as you know, our medical students match for residencies, and I know that you have probably heard through the grape vine but our match day results were impressive; 163 out of 168 candidates matched on the first round, a rate that is far above the national average. We saw an increase this year in number of students matching to highly competitive programs. A quarter of the class matched to the top 20 programs in the country. That is pretty impressive. Our graduates are heading to 25 different

states to complete their residencies - 44% have chosen to stay in Ohio, 37% of our graduating class are going into primary care or primary care specialties. Dean Kent, do you have any remarks on that?

Dr. Kent:

I will just add to that, and I think most everyone in the room knows, that our College of Medicine was ranked 31st in the country out of 146 and that is a two point positive move over the last year. I think it just speaks to the quality of students that are recruited here. They are incredible. I'll just note the statistic that you mentioned, which is that a quarter of our class went to the top 20 institutions in the country. I think that is really incredible and shows very positive direction.

Dr. Retchin:

Thanks. That is terrific. A couple of other announcements. On transplants, we performed a five-way kidney transplant chain on February 14, our second largest donor chain to date. January was record breaking for organ transplants - we did 30% higher than any other month in history. In fact, the transplant program has grown over 27% in the last year alone under Ken Washburn's leadership.

Bill Abraham received the American College of Cardiology's Distinguished Scientists Award at the college's Annual Scientific Session in Washington D.C.

I do not see Mike Caligiuri here; I think he is just wrapping up his inauguration. You may know Mike became president of the American Association of Cancer Research this month. When you see Mike, please congratulate him.

A couple of other noteworthy recognitions, Dr. Susan Colatar in infectious diseases here was named as only one of six central Ohio women to receive the 2017 YWCA Women of Achievement Award. I think that was done today. That is terrific. If you see Susan, please congratulate her.

Our own Gail Marsh was named a 2017 OSU Glass Breaker. Glass Breakers is a prestigious honor that is part of President Drake's 2020 Vision. A warm round of applause for Gail Marsh. With those announcements, I will ask David McQuaid to go over our scorecard. David?

Mr. McQuaid:

Thank you, Sheldon. You have your copy of the scorecard in your book, if you could turn to that page. I just want to start my remarks with fulfilling the requests that the board had regarding putting aspirational targets on the scorecard. If you will look at the extreme right of the scorecard, we have included that for you to take a look. What that is made up of includes a custom compared group of the top 20 academic medical centers in the country. Where data for the top 20 is not available, what we do is we have other third party aggregators, if you will, such as Vizient, formerly the University Health Systems Consortium, or Health Care Advisory Board and the like. These particular aspirational targets will be used in the future to drive the five-year plan. I would tell you, as we hear a little bit more later with regards to strategic planning, the pivot for us next year on the corporate scorecard is to intimately tie the scorecard to the strategic plan, and to really drive those metrics and those tactics that help us to achieve all of the aspirational goals that we have on the card. I wanted to note that.

I will highlight a few areas. Let me start with people and the engagement score area. This week we have a pulse engagement survey going out. Our full survey that includes faculty in the fall will be happening. This past Monday, the pulse survey was sent out and that currently does not include faculty. But those are referred to as the tier three departments and, for this particular survey, were the departments that were most challenged during the last full survey.

I want to give a shout out to Dr. Leon McDougall. Dr. McDougall is doing a great job with diversity and inclusion and really I am grateful to him, that entire group, and their leadership. They are really focusing on three dimensions of diversity. Those being culture, climate and communication. They have four

diversity networks that they have put together: African American, LGBTQ, young professional, and Hispanic – American. There are several others being developed, but each week we get a great update from him and his team. I wanted to give him credit for the leadership he is providing in that regard.

Finally, in the people section, I just wanted to make a couple of comments about turnover. Turnover, for year-to-date, quarters one and two, is about 6.7%. That turnover is inclusive of faculty and staff that are leaving the institution. It includes retirement. It does not include any internal movement or temporary appointments. Faculty turnover specifically is at 6.3%. That excludes any trainees, so that would be residents and fellows. It only includes full-time faculty that have 0.75 clinical FTE (full-time equivalent) and above, so that equates to about 118 faculty turnover. On staff, [turnover is] about 6.8%, and then we have broken that down by area and location. The bottom line is that we have really worked hard with HR, Mamoon Syed, his team, Dan Dolan, lots of people, to really try to understand the highest areas of turnover. Some of those would include patient care associates, food service workers, environmental service workers and nursing. We are working hard to come up with strategies but, as you know, the reason we put that on the scorecard is that there is a cost of doing business. Having a great workplace and having tactics and mechanisms to make sure that we are retaining our employees is really important. Quickly, on HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), we continue to do a very good job on patient experience and patient satisfaction, but some challenges continue. We set the bar very high at 94% for the CG CAHPS (Clinician and Group Assessment of Healthcare Providers and Systems) so that's really more of the outpatient experience, but teams are doing a good job there.

The dean mentioned the College of Medicine. To give you a little bit more detail, really what does that include when we move from 33 to 31? It's important to note that the undergraduate GPA moved from 3.77 to 3.8, the acceptance rate has gone from 6.5% to 6.2% so that's a little bit more difficult, and then the faculty to student ratio has moved from 2.5 faculty to 2.6 faculty per student. When we also look into the detail and how we move the needle there and the things that we have to be focused on, we really try to look at the peer assessment scores and MCAT scores. So, the MCAT scores have improved. As far as the peer assessment scores, we dropped a little bit there from 36 to a 34 ranking. Those are sort of the things that make it up. [We] dropped a little bit in NIH (National Institute of Health) funding, so there are a number of attributes that one looks at in those rankings and we continue to make progress.

Dr. Drake:

This may be technical. For the faculty to student ratio, what categories of faculty are included in that? Are there faculty included in that ratio that have no contact, for instance, with medical students, which it sounds like must be the case.

Dr. Kent:

First of all, I will have to admit that I do not know the answer to that question, but I am going to take an estimate. I would think it includes all clinical faculty, but it only includes those clinical faculty that have exposure to medical students.

Dr. Drake:

I think it would be interesting just to see what that is and it is just out of curiosity.

Dr. Kent:

I would like to make an additional comment. A large part of the medical school rankings is reputation and - little doubt - we did have some improvement this part-year in the reputational score. I think before we make significant further advances, we're probably going to have to grow our research profile because it really is a differentiator in terms of reputation of the school, their research strength. Both are important, but I actually think our medical school rankings are actually going to follow our research rankings in terms of the reputational portion.

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Mr. McQuaid:

That is a good point. NIH dollars and NIH dollars per faculty member are critically important; in fact, [they] probably make up another 40% of that.

My last comment will be simply around some of the very important patient flow and access issues. Remember we put these things on the scorecard not because they are easy, but because they challenge the organization. These are things that, if we have a growth mentality, we want to bring more volume into the institution. We have to open up access and we had a great presentation the other day at QPAC (Quality and Professional Affairs Committee) by the emergency department. They are doing a good job. They own half of that. The inpatient sides of the facilities own the other half of that in terms of bed availability, which leads us to length of stay. We're doing better but we have some challenges particularly in the last month or so within UH (University Hospitals). We have teams of people that are working very hard and I am confident that with the leadership that's working on this, we are going to be able to get that number to where it is so that we can get more patients in.

Finally, I'll close my comments with conversation around the access to primary care physicians and to specialty physicians. The dean and I have put together a group, along with Dr. Ellison, in a team of folks that are meeting every month now and are working really hard to understand what we can do across these practices. We just received last night, and I'll send it around to people - a group called Merritt Hawkins just completed their 2017 Survey of Physician Appointment Wait Times, looking at very large metropolitan areas and medium metropolitan areas. I would tell you that we have set a very aggressive target, but I could tell you we're in the hunt. When I look at these numbers particularly for primary care, with the shortage of primary care physicians nationally - we look at some of the specialists numbers; we're challenged - but I believe that we have lots of good work going on there so that would conclude my remarks. I would be happy to answer any questions.

Dr. Retchin:

Any questions for Mr. McQuaid? Seeing none, that completes my report, Mr. Chair.

Dr. Drake:

Let me just make a comment that I was holding in and say that I appreciate the report and the texture and detail that are there, because we can actually see opportunities and progress towards those opportunities and goals. I think it will be very helpful for us as we go through these next several months.

Dr. Retchin:

Mark?

Mr. Larmore:

Good afternoon everyone. You can see on the screen or behind the finance tab in the books are the highlights through February, which is two-thirds of the way through the year. On the first slide, you can see that green is usually a good sign, so from an admissions standpoint, we're running ahead of budget and ahead of prior year. Usually we like to focus more on the prior year, so 3.6% growth in admissions. On the surgical side, you can see 4.7% growth year-over-year. On the 28,000 surgeries, 18,000 of that is on the outpatient side and 10,000 plus on the inpatient side. The outpatient visits are slightly behind budget, but still growing about 2% year-over-year. The subsequent slide, I will go through the breakdown of that 1.1 million visits or procedures that we have. Our worked hours per adjusted admission - again adjusted admissions normalizes our ambulatory activity to the equivalent of an admission - you can actually see that we are positive to budget and slightly below where we were last year.

A little more red on the second slide. I think operating revenue, we have grown 6.1% and are tracking slightly ahead of budget. On the controllable costs side, this leaves out our capital costs. You can see

just slightly off budget, but our expenses have grown 9.2% from prior year. If we look at that on a per adjusted admission basis though, our growth is about 2.7%, not the 9.2%. Then, included in that 2.7% - if you look at just the drug costs, drug costs alone are up 9.2%. So that is carrying a chunk of that 2.7% growth. On the excess of revenue over expenses, you will see on the pages we are slightly behind budget about $2 million and we are about $15 million behind prior year, I think. I will highlight a couple of things there. We have had a number of prior year adjustments that have come through this year. Remember, our cost reports with the government payers stay open for a number of years, and when they decide that they are going to come around and audit them, they do so, we think. On the James cost report, two things: when we do the process, we actually removed some costs on our costs report that we felt we should adjust, and then they changed the policy on allowing one of the taxes, or franchise fee, that we pay and this allowed that back to fiscal year 2015. So we're seeing the three-year adjustment on that and those adjustments were about $22 million. Then one of the subsidy pools to the medical center which reimbursed us for our charity care - they call the UPL program - that came in about $16 million lower than where we had forecasted. Although we are running slightly behind budget and behind last year, those items that I spoke about are about $38 million worth of adjustments that two-thirds of those have come through as a negative adjustment there. We are not $25 million behind because there are some items that we built into the budget that are actually performing better, certainly from a revenue standpoint, than we had forecasted. Our days cash on hand, you can see that we continue to grow. We are at 120 days and we are about $760 million in cash.

The next slide on page four is the health system P&L and you can see that the bottom line we are at $108 million and the budget was $110 million, so $2 million behind budget. The revenue is about $11 million positive to budget. Supplies are running $17.7 million over budget and then our funding needed through the MCI (Medical Center Investments) program is about $1 million favorable and our earnings on investments are about $4.5 million favorable.

A comment on the big negative variances on the expense side from a salary and benefits standpoint, we have seen the volume grow a little bit faster than we had expected, and so we will staff for those admissions. In addition, I would say that length of stay is up slightly higher than we wanted. Again, more days left in the system require more staffing. Also, we are bringing on more bed capacity this year than we had anticipated when we built the budget, so as we bring those beds on board, we need to on board the staff. All the nursing staff is going through their normal orientation period where you are basically doubled up during that time period, so some of that is we're consciously spending those dollars to get more bed capacity online. Just about every day, but more on Mondays through Fridays, we have a number of patients in ED (emergency department) waiting to get up to beds, so we have made the decision to open more beds.

On the supply side, you can see that we are $10 million over our budget and we can track that back to procedural volume, predominantly on organ transplants. Our transplants are up considerably over prior year and to our budget, and some of our prosthetic devices that we're implanting is where that business is tracking ahead of target. So although it is over budget, we can track it to the cases and revenue that comes in, so we're not concerned about that.

The next slide is some of the stats that I have talked about in admissions in surgery being positive to budget. Outpatient visits [are] slightly behind. Then you can see our length of stay, we are budgeted to be at 6.2 days and we're at 6.28, but given the volume that we had, it adds up to quite a few days where we have to provide care. Our case mix is slightly behind budget and prior year, and I will not read the adjusted admission numbers to you.

On page six is a little bit of an eye chart, but the question usually is how do we do 1.2 million ambulatory visits? So I think in the actual column on the left, you can see that ambulatory surgery about 18,000, 74,000 emergency room visits, and 83,000 procedures done. You can see below that certainly radiology and oncology being a big chunk of that. Clinic visits are 287,000. The big rehab program and the radiology lab are the next large numbers. On the bottom where we have physician visits, these are physician practices that are included within the specialty care network and the primary care network, so family medicine, sports, maternal and fetal medicine, neurosurgery, and a spine program. They are included in

the hospital operation nurses and physician practice. That is why you have physician visits included on the health system side.

Slide number seven is the medical center. Again, this is including the College of Medicine and the physician practice. So for results, both of those corporations are doing well, with $137 million bottom line which is $29 million positive to what we had budgeted and about $6 million ahead of last year. So that's good news. You can see our stats on the couple of lines below. The physician encounters - so these are the physician encounters in the practice plan - are $1.37 million, so about 14,000 behind budget but when you look on the year-over-year growth, 11% growth year-over-year.

Slide eight splits the three corporations. I already spoke about the health system, so you can see the physician practice in the middle is running $5.3 million positive to budget and the College of Medicine is actually running $26 million positive to what we had projected. Again, the first two companies are running on accrual basis, and the college runs more on a cash basis. So where there are funds within the College of Medicine and depending on what the spending plan is during the year, we think of it like a checkbook sometimes, where the balance goes up and down. This is not on that [slide] and so this depends on what programs we're planning and do they actually get implemented at the speed we projected in the budget.

Slide nine is the practice plan. So again, about a $14 million bottom line budgeted at $8.6 [million], $5.3 million positive to budget, and last year we were at [$7.6 million], so improvement year-over-year. I think you can revenue fairly close to budget. The positive variance on the expense side is salaries and benefits, and we haven't recruited as many physicians as we had planned this year. This is on the physician side and the staffing that comes along with the physician recruits is on the other line. On the purchase services, it is about $4 million over budget. Some of that is actually hiring some temporary staff to the extent that we have not filled positions. We actually hired a firm that is doing a physician compensation program for us, so [this includes] the consulting cost for that. Chartis is the company that is doing that and is included in the purchase services.

Page 10 is the College of Medicine and, as I said, we had anticipated actually drawing down the cash in the college this year to the tune of $10 million and it has actually increased the cash in the College of Medicine by $15 [million]. You can see revenue is about $20 million positive. Our endowment income was about $1 million more than we had expected. Our indirect costs tied to grants is about $2 million positive to what we had expected. The general funds allocation is about $2 million, so all positive on those categories. Actually, some of the dollars in the practice funds of $4 million coming over to support the academic mission is about $4 million over what we targeted.

Mr. Jurgensen:

How many FTEs have we been on? Physician FTEs for business. I assume that we are.

Dr. Kent:

I think that we have open positions now for about 160 positions, somewhere in that range so in some specialty areas we are full up, and in many, we need multiple recruits.

Mr. Jurgensen:

So, involuntary turnover?

Dr. Kent:

Well, I think it is a combination of loss of individuals over the last couple of years. I think that loss rate has been a little higher than we would hope it to be, but we have also been growing. You know, the demand is fairly substantial, and so it is really a culmination of the two.

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Dr. Drake:

I noticed that in the encounters category, you said, gosh, that is 11% up but that's 150,000 more encounters than last year. That is a whole other business and that is substantial growth.

Dr. Kent:

In some ways, it's especially upside that it is a good problem to have, but it is a problem. One of the reasons that the length of time to schedule an appointment with one of our physicians is so great is that we are down 160 positions. This is an area that I think all of us are very focused on and trying to find ways to solve.

Mr. Larmore:

On the college, you will see positive variance or shortage on the teaching, research and academic side. On the practice plan you will see the clinical side to that. Last comment on the College of Medicine, which is about $5 million positive on expenses, and so definitely tracking ahead of what we had targeted which is good news. The last slide is the balance sheet and this is on the combined medical center. The top line is cash. Although it shows a $41 million decline, we moved $250 million to the long-term investment pool, which is the fourth line down so you can see that's up $132 million. So net for the medical center, we're positive about $90 million dollars this year. I am probably not going to highlight anything else in the balance sheet. Certainly, unrestricted net assets continue to grow as the bottom line has improved.

Dr. Retchin:

Any questions for Mr. Larmore?

Mr. Wexner:

Yes, I was just curious about being down 160 docs, which is how many? I mean, I know it is at 160. What will be the total complement, 1,000 or 1,600?

Dr. Kent:

Our clinical portfolio is about 1,050, so it is fairly significant.

Ms. Vilagi:

Dr. Kent, a quick question on Jerry's point. Given that there is a shortage of primary care physicians, is there anything that we as an institution can do? Other than encouraging students, is there anything structurally that we can do to make it more appealing to enter primary care?

Dr. Kent:

Well, it is interesting. In the College of Medicine, we actually have a program now where, after three years of medical school, you can enter a primary care residency. So sort of a fast track, you know. We only have a small number of slots, but it's an experimental program with the idea of encouraging people to more quickly be able to enter that specialty. I also think that from an economic standpoint, we have tried to create a number of incentives for individuals that might come and join us in primary care, including a bonus for people that would come to OSU and some deference of college debt that they can achieve. We have tried to create a series of financial incentives and I think, David, you'd have to weigh into this, but I think we have had some success in that and we're actually heading in a positive direction.

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Mr. McQuaid:

Yes, you will hear a little bit later in the program here about [inaudible] care organization, development of clinically integrated network, expansion of our footprint. We have been working very closely with internal medicine and family medicine, and creating exactly the type of incentives that Dr. Kent is referring to. To further the number of primary care, I think a menu of options is going to have to be available - as we create these mechanisms and delivery systems for an integrated collaborative patient care type of model - to bring in other community physicians and other network facilities and their physicians into these types of models for delivery and care.

Dr. Kent:

I will also make another comment about the deficit of 160. I mean, that is a large number and we are trying to solve that problem. I think that there are a number of different initiatives. One is we're trying to create a culture where people want to come to OSU and people want to be a part of our organization because it is a great place to work and they can achieve their academics. I think we are making progress in that regard and that is going to be very positive. I also think that we need to do a better job of recruiting and working with Mamoon and others. We've created a number of policies around recruiting regarding search committees and recruiting efforts that I think are going to pay off over the long term in terms of identifying a really great candidate. The third area that's really important is, as you well know, is developing a compensation plan that makes people comfortable, that is transparent and fair. I'll chat a little bit more about that later in the day, but I think that we are on the way to accomplishing that. That's going to make it very appealing for people who want to be at Ohio State. The combination of those three things, I think we will have a lot of success over the next year.

Dr. Reid:

I have a question for you as well. We're talking now primarily now about clinicians, you know, so that people can get in, get seen, and get out. I'd like to shift a little bit to talk about researchers, you know, physician researchers. Do we have a way of measuring what our regretted loss rate is for them? You know, really great researchers who we may be losing but we wish we had not. For example, do we keep track of any national academy researchers that we have lost or any others that we have lost? How do we measure that? Then the flip of that is how well we are doing at getting acceptances of those high quality researchers?

Dr. Kent:

Really great question. Unfortunately, or fortunately, you are preempting my College of Medicine report later on, but I will give you some thoughts. We have lost a few all-star researchers over the last year, many of them in the cancer area. Some of those researchers have gone on to positions that are very prestigious positions, and for some of those individuals at least, we're honored by the fact that we have made them successful at OSU and they've had other great opportunities. But we do need to replace those researchers. We have a number of initiatives underway. In fact, to preempt my comments, one of those initiatives - and I know you will be excited about this - is around diabetes. We launched a new initiative about a month ago where we are recruiting five very senior funded diabetes researchers to put together this cluster or team with the goal of being one of the best diabetes research institutes in the country. We have already had a lot of success. We have actually brought two teams through, one from Harvard and one from the Sanford Burnham Institute. Both groups are very interested. We are in the process of negotiating with one of the groups, and we have many more to come through. That is just one example. We have had some loss and that is a cultural thing too. I think it is really important on the research side that we create a culture where people like to collaborate, and that they feel there is a fairness and equity and support for research. That is one of the major initiatives that I've had is to try to create that culture and I think we've had some early success.

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Dr. Reid:

I would like, as we continue over the next year, to dig into that just a little bit further. Now is not the time, but sometimes we lose fantastic researchers because they're bought, or paid more someplace else, or some other kind of circumstances that we really can't control. Sometimes we lose people because we just could have kept them, but they didn't feel that this was the right fit or whatever factors that we can control. Just wanting to dig into what factors can we control such that those that we can keep, we'd be able to.

Dr. Kent:

I would love to have further conversation about this. I think you are right on target. When it comes to retaining and having great faculty, making sure that you're proactive and you retain those people and you create that culture is so important, so we should chat more about it.

Dr. Drake:

Just a word to add to that, so there's short-term and long-term and kind of hard and soft parts of that solution. Tomorrow and on Friday, we will hear about some of the longer term solutions, places for those people to go, or places for them to stay - and we're sitting in actually one of them now, which was a part of the discussion two and a half years ago. It is the kind of place that attracts people to come. I think that is critically important and I think it is implicit, but I want to make sure to say for the board members that we're speaking about physicians and physician shortage and patient wait time, but there are a whole series of other people in the health care delivery team that help. So I don't like the term particularly but, physician extenders more broadly, where we can both create opportunity for patients to be seen, but also to support the physicians that we have in having the kind of impact in their daily lives that work well for them. Those are all parts of the solution.

Dr. Retchin:

Any other questions or comments?

Okay, Chair, should we move on? I will introduce the next section, then turn to my colleague, Dr. McPheron. We are going to discuss projects that are really an outgrowth of the Framework 2.0, which is the long-term guiding vision that imagines transforming research and learning, as well as patient care and capacities over the next decade and beyond. It's a comprehensive plan. You've all been able to absorb some of it over the last couple of months since it was introduced by the president. To advance the Framework 2.0 for the medical center and, indeed, across the campus, you'll hear about four projects that we want to explore, and we want to do that in conjunction with experts. We want to get some of the best in class experts to help us program around these four different projects and conceptually try to make this so that there is some precision in what we do, ensuring that whatever we do, that we can do this judiciously as well as expeditiously. To kick it off on two academic projects, I'll turn to Provost Bruce McPheron.

Dr. McPheron:

Thank you, Sheldon. Let me just start by saying there are actually three academic projects that are coming before the board this week.

One of them is outside of the purview of this board, but the members will certainly hear about it tomorrow in our facilities and master planning. We'll talk about a study on our arts district that will move forward on the west side of 15th and High Street - a really terrific opportunity that has been long in discussion and planning. For today's consideration, there really are two things that align with the academic mission and it's just terrific that this board actually has driven that conversation forward through its planning exercises through the facilities committee that works with this board and aligning with Framework 2.0. The first I will mention is health sciences education complex. As we have gone through master planning and talked

about education of the next generation, it is absolutely clear that best in class programs bring people together from different health sciences disciplines for education. We clearly need to enhance the ability in our College of Medicine for next century educational opportunities, but they need to be educated alongside our nurses, our pharmacists, occasionally even our veterinarians. You think about some of the things that are happening in health sciences today, the chronic diseases - Craig just mentioned diabetes. We think about diabetes, obesity, a lot of the lifestyle-sort of diseases that require a lot of different perspectives. Anti-microbial resistance is something that crosses boundaries, emerging pathogens, even the question of addiction and the opioid consideration. The goal here is to take advantage of the fact that we have this collection of seven health sciences colleges. As we look to modern education and medicine, [we need to] make sure that it's not just our doctors, but it's all of the other professionals that need to be a part of this conversation. It fits in beautifully with the commitment that the university has already made to Postle Hall in dentistry, so this is exactly the time to really be scoping a lot of those conversations.

The second project would be in an interdisciplinary research building. When Craig was interviewing here, we talked first about Fallon, Nevada. We share a little connection there. He grew up there, and my son is stationed there in the Navy. The rest of the conversation, Craig, as I remember it, we never got past interdisciplinary research. We talked and talked about the impact of crossing barriers and boundaries - boundaries that we have artificially set - to do great research. When Framework 2.0 emerged, it contemplated building a research and development corridor that encompasses, for the first time in our thinking as far as I can tell, what we call the midwest campus, that space between the Olentangy River and Route 315. As we think about that, there is a lot of investigation that is required because we have not really explored the infrastructure there. This is the perfect project to really kick that off, and you heard Craig talk about this. If we are going to be world class College of Medicine, if we are going to be world class medical center, if we are going to be world class university, we need to focus on the research enterprise. That is what drives institutions like ours. That is what creates the reputation and all other attributes follow from that. As we think about this particular facility, we have the possibility to work with planning professionals to determine how that might be scaled. Is it something that we would build in a modular sense, to give us a sense of the scope? We developed an initial planning team that is very robust across the disciplines in the university who will come together to really work with those planning professionals to think about how we might be able to take maximum effect of this new facility that we're anticipating. Sheldon?

Dr. Retchin:

Bruce, thanks. I do want to remind the board on two things. One is that these four projects - in addition to the project Bruce named for consideration for the Board of Trustees tomorrow. These four projects around the medical center have been part and parcel of the strategic planning efforts. Second, I believe, Mr. Chair, at the end of this discussion, we will ask for a motion to approve and recommend these projects and the planning of these projects to the Board of Trustees tomorrow and Friday. The third project has to do with our ambulatory footprint. If there is any undeniable movement in the healthcare industry, it is moving more and more services to an outpatient setting. Dr. Drake likes to talk about the days when he was training in ophthalmology and they used to keep cataract patients in the hospitals for months, in the early days. Dr. Drake did train quite a long time ago. The movement on this - it is incredible all the kinds of procedures that we are now sending patients home after a very brief 23 hour stay and we have to address that in terms of technologies and facilities. The third project will be to seek an outside vendor that will give us guidance on optimizing our outpatient ambulatory facilities so that we can, as Dr. Kent and Mr. McQuaid were talking about, meet the demand that is there. If you ask me any issue that we have at the medical center of paramount importance, it is that it's capacity, not demand. The demand is there. We need to expand capacity and ambulatory, as I said, is a very strong part of our vision for the future. The fourth one is a hospital. We were fortunate to open up the James Hospital now two and a half years ago and it has been a resounding success. I believe it was maybe my third or fourth board meeting when I took the board on a tour of Doan and Rhoades and Dr. Reid made her famous comment, "I couldn't heal in this place." Where we have facilities that are now going on 65 or 70 years old since they were originally commissioned, that would be Doan Hall and part of the University Hospital complex that should be our flagship. We are going to need not only replacement, but we are going to need some calculation of further capacity on inpatient side. Two, if our projections are anywhere near as close at projecting out

the growth of the region and central Ohio, we will be looking at programming and inpatient facility as well. Those are the four projects in description. I know we will need a motion to approve the funds for programming. That figure is on the page I believe behind your tab labeled contracts and the estimated project costs. Again, this is for programming purposes over the coming foreseeable months. Jay, do you have any comments on that?

Mr. Kasey:

No, I think there has been a lot of great work done by Mr. Lampert and his team of planners, and it has been discussed with the Facilities Committee by Mr. Schottenstein. I think we are all aligned and in pretty good shape to move this one forward.

Dr. Retchin:

Mr. Chairman, would you like a motion to approve?

Ms. Link:

May I have a motion?

Upon motion of Mr. Price, seconded by Mr. Shumate, the Wexner Medical Center Board members adopted the foregoing motion by unanimous voice vote.

Dr. Retchin:

Thank you. We have two more transactions if I can, Mr. Chair. Go behind the one labeled 1615 Fishinger. I guess I will turn to you, Jay.

Mr. Kasey:

Thank you. We bring for you a request to consider the sale of two properties. Both were acquired by the Medical Center in 1987 as outpatient primary care physician practices. The Bethel Road property is at the corner of Bethel and Reed. The Fishinger property is at the corner of Northwest. Both of these properties supported two or three positions at a time. Both have six to seven exam rooms in their facilities. In today's world of how we treat primary care, that's not sufficient to keep what is now a much more efficient model of primary care of six to seven physicians operating on a site that is busy and supported with the ancillary services that they need to treat their patients. These practices were anticipated and have been successfully consolidated into the new Arlington building, the Kingsdale building. These properties are anticipated to go back on the market. The Fishinger property already has some interests. The appraised value of the Fishinger property is $505,000 and the appraisal on the Bethel property is $520,000. I can answer questions about this. This request has been reviewed by the Facilities Committee. Mr. Schottenstein has seen it along and Mr. Lampert has reviewed it, so we bring it to your request for consideration.

Dr. Retchin:

Any questions for Mr. Kasey on these two properties? Hearing none, can we maybe bundle them in a single motion to approve?

Ms. Link:

May I have a motion to approve the sales of real property?

Upon motion of Mrs. Wexner, seconded by Dr. Drake, the Wexner Medical Center Board members adopted the foregoing motion by unanimous voice vote.

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Dr. Retchin:

Thank you. The last issue for approval is regarding our burn center for verification. For that purpose, I will turn to Marti Taylor.

Dr. Taylor:

Our burn program, you all may know, is the largest burn program in the state of Ohio. We are one of five burn programs in the state. Three of those sites are actually pediatric programs, and then there are two adult programs. Every three years, the program goes through a very rigorous process through the American Burn Association and the American College of Surgeons where they come in and look at our standards of care and look at our organizational structure and what-have-you. That certification will happen this summer or perhaps early this fall. Prior to that, there is always a verification from the board to acknowledge and support the burn center going forward, so we are asking for that reverification again today.

Dr. Retchin:

We need a motion to approve.

Upon motion of Mr. Shumate, seconded by Mr. Wexner, the Wexner Medical Center Board members adopted the foregoing motion by unanimous roll call vote, cast by board members Dr. Retchin, Dr. Drake, Mr. Schottenstein, Mr. Fischer, Mr. Price, Mrs. Wexner, Ms. Krueger, Mr. Jurgensen, Dr. Reid, Mr. Shumate, and Mr. Wexner.

Dr. Retchin:

Mr. Chair, that ends our agenda for public session. If we could get a five-minute break, then we will enter into executive session.

(The board adjourned into executive session to consider business sensitive trade secrets required to be kept confidential by federal and state statutes, to discuss quality matters which are required to be kept confidential under Ohio Law, to consult with legal counsel regarding pending or imminent litigation, to discuss personnel matters regarding the employment and discipline of public officials.)

Wexner Medical Center Board
Public Session
Health System Financial Summary

June 6, 2017

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Financial Highlights

For the YTD ended: April 30, 2017

Admissions	
Budget	1.0%
Prior Yr	3.6%
Actual	51,176
Budget	50,681
Prior Yr	49,399

Surgeries	
Budget	2.4%
Prior Yr	4.0%
Actual	36,258
Budget	35,412
Prior Yr	34,858

O/P Visits	
Budget	-3.6%
Prior Yr	1.7%
Actual	1,456,331
Budget	1,509,976
Prior Yr	1,432,408

Worked Hrs / Adjusted Admit	
Budget	0.0%
Prior Yr	0.4%
Actual	200
Budget	200
Prior Yr	201

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Financial Highlights

For the YTD ended: April 30, 2017

Operating Revenue	
Budget	1.3%
Prior Yr	6.6%
Actual	$2,270,371
Budget	$2,240,315
Prior Yr	$2,130,138

Controllable Costs	
Budget	-1.5%
Prior Yr	-9.4%
Actual	$1,763,138
Budget	$1,737,631
Prior Yr	$1,611,775

Excess Revenue over Expense	
Budget	4.0%
Prior Yr	-4.8%
Actual	$161,728
Budget	$155,581
Prior Yr	$169,831

Days Cash on Hand		
Jun FY16	3.2%	
PY MTD	11.5%	
Actual	118.0	$755M
Jun FY16	114.3	$674M
PY MTD	105.8	$618M

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Statement of Operations

For the YTD ended: April 30, 2017

(in thousands)

OSUHS	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	$ 2,270,371	$ 2,240,315	$ 30,056	1.3%	$ 2,130,138	6.6%
Operating Expenses						
Salaries and Benefits	1,014,504	999,424	(15,080)	-1.5%	946,303	-7.2%
Resident/Purchased Physician Services	66,789	65,263	(1,526)	-2.3%	56,157	-18.9%
Supplies	251,975	233,791	(18,184)	-7.8%	229,804	-9.6%
Drugs and Pharmaceuticals	223,072	230,810	7,738	3.4%	192,871	-15.7%
Services	246,005	248,266	2,261	0.9%	229,879	-7.0%
Depreciation	118,363	111,723	(6,640)	-5.9%	116,068	-2.0%
Interest	33,279	32,931	(348)	-1.1%	34,748	4.2%
Shared/University Overhead	31,213	38,344	7,131	18.6%	37,781	17.4%
Medical Center Investments	123,441	124,183	742	0.6%	116,695	-5.8%
Total Expense	2,108,641	2,084,735	(23,906)	-1.1%	1,960,306	-7.6%
Excess of Revenue over Expense	$ 161,728	$ 155,581	$ 6,147	4.0%	$ 169,831	-4.8%
Financial Metrics						
Adjusted Admissions	96,628	94,490	2,138	2.3%	91,132	6.0%
Operating Revenue per AA	$ 23,496	$ 23,710	$ (214)	-0.9%	$ 23,374	0.5%
Total Expense per AA	$ 20,645	$ 20,774	$ 129	0.6%	$ 20,264	-1.9%
Operating EBIDA Margin	18.8%	18.8%	-0.02%	-0.12%	20.4%	-7.7%
Days Cash on Hand	118.0				105.8	11.5%
Debt Service Coverage	6.0	5.9	0.1	2.4%	5.9	2.5%

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Activity Summary

For the YTD ended: April 30, 2017

OSUHS	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
CONSOLIDATED ACTIVITY SUMMARY						
Activity						
Admissions	51,176	50,681	495	1.0%	49,399	3.6%
Surgeries	36,258	35,412	846	2.4%	34,858	4.0%
Outpatient Visits	1,456,331	1,509,976	(53,645)	-3.6%	1,432,408	1.7%
Average Length of Stay	6.29	6.20	(0.084)	-1.4%	6.31	0.3%
Case Mix Index (CMI)	1.79	1.86	(0.07)	-3.7%	1.86	-3.7%
Adjusted Admissions	96,628	94,490	2,138	2.3%	91,132	6.0%
Operating Revenue per AA	$ 23,496	$ 23,710	(214)	-0.9%	$ 23,374	0.5%
Operating Expense per AA	$ 20,645	$ 20,774	129	0.6%	$ 20,264	-1.9%

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Outpatient Visit Summary

For the YTD ended: April 30, 2017

	YTD					
CATEGORY	ACTUAL	BUDGET	ACT-BUD VAR	BUDGET % VAR	PRIOR YEAR	PY % VAR
Surgeries	22,492	21,883	609	2.8%	21,661	3.8%
ED Visits	92,305	101,696	(9,391)	-9.2%	94,924	-2.8%
Procedures	106,830	105,161	1,669	1.6%	104,185	2.5%
Cath Lab	2,877	3,391	(514)	-15.2%	3,281	-12.3%
EP Lab	2,357	2,224	133	6.0%	2,157	9.3%
Interventional Radiology	3,589	3,745	(156)	-4.2%	3,650	-1.7%
Radiation Oncology	40,144	36,936	3,208	8.7%	36,726	9.3%
All Other	57,862	58,865	(1,003)	-1.7%	58,370	-0.9%
Clinic Visits	361,881	367,729	(5,848)	-1.6%	351,731	2.9%
Clinic/Office Visits	338,861	341,547	(2,686)	-0.8%	325,268	4.2%
Chemo Visits	23,020	26,182	(3,162)	-12.1%	24,631	-6.5%
Rehab Services	167,379	169,433	(2,054)	-1.2%	156,965	6.6%
Radiology	142,492	142,826	(334)	-0.2%	135,003	5.5%
Lab	216,219	224,630	(8,411)	-3.7%	223,779	-3.4%
Pharmacy	20,305	20,024	281	1.4%	19,315	5.1%
Other OP Visits	3,965	5,523	(1,558)	-28.2%	5,244	-24.4%
Physician Visits	322,464	351,071	(28,607)	-8.1%	319,602	0.9%
TOTAL OUTPATIENT VISITS	**1,456,331**	**1,509,976**	**(53,645)**	**-3.6%**	**1,432,408**	**1.7%**

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU Wexner Medical Center

Combined Statement of Operations

For the YTD ended: April 30, 2017

(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	$2,804,481	$2,733,313	$ 71,168	2.6%	$2,633,844	6.5%
Operating Expenses						
Salaries and Benefits	1,468,829	1,472,974	4,145	0.3%	1,383,291	-6.2%
Resident/Purchased Physician Services	66,789	65,263	(1,526)	-2.3%	56,157	-18.9%
Supplies	272,886	251,021	(21,865)	-8.7%	251,199	-8.6%
Drugs and Pharmaceuticals	231,599	238,606	7,007	2.9%	214,963	-7.7%
Services	311,959	312,788	829	0.3%	292,726	-6.6%
Depreciation	126,576	121,490	(5,086)	-4.2%	128,021	1.1%
Interest/Debt	42,783	42,401	(382)	-0.9%	44,334	3.5%
Shared/University Overhead	31,213	38,344	7,131	18.6%	37,781	17.4%
Other Operating Expense	23,419	25,233	1,814	7.2%	19,724	-18.7%
Medical Center Investments	11,168	9,098	(2,070)	-22.8%	13,018	14.2%
Total Expense	2,587,221	2,577,218	(10,003)	-0.4%	2,441,214	-6.0%
Excess of Revenue over Expense	$ 217,259	$ 156,096	$ 61,163	39.2%	$ 192,628	12.8%
Financial Metrics						
Adjusted Admissions	96,628	94,490	2,138	2.3%	91,132	6.0%
OSUP Physician Encounters	2,194,624	2,223,740	(29,116)	-1.3%	1,998,291	9.8%
Operating Revenue per AA	$ 23,496	$ 23,710	$ (214)	-0.9%	$ 23,374	0.5%
Total Expense per AA	$ 20,645	$ 20,774	$ 129	0.6%	$ 20,264	-1.9%

This statement does not conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU Wexner Medical Center

Combined Statement of Operations

For the YTD ended: April 30, 2017

(in thousands)

	ACTUAL	BUDGET	ACT-BUD VARIANCE	BUDGET % VAR	PRIOR YEAR	PY % Var
Health System						
Revenues	$2,270,371	$2,240,315	$ 30,056	1.3%	$2,130,138	6.6%
Expenses	2,108,641	2,084,735	(23,906)	-1.1%	1,960,306	-7.6%
Net	161,728	155,581	6,147	4.0%	169,831	-4.8%
OSUP						
Revenues	$ 350,633	$ 335,932	$ 14,701	4.4%	$ 331,875	5.7%
Expenses	317,197	321,741	4,544	1.4%	315,017	-0.7%
Net	33,436	14,191	19,245	---	16,858	98.3%
COM/OHS						
Revenues	$ 183,477	$ 157,066	$ 26,411	16.8%	$ 171,831	6.8%
Expenses	161,383	170,742	9,359	5.5%	165,891	2.7%
Net	22,095	(13,676)	35,771	---	5,939	---
Total Medical Center						
Revenues	$2,804,481	$2,733,313	$ 71,168	2.6%	$2,633,844	6.5%
Expenses	2,587,221	2,577,218	(10,003)	-0.4%	2,441,214	-6.0%
Net	217,259	156,096	61,163	39.2%	192,628	12.8%

This statement does not conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU Physicians, Inc.

Consolidated Statement of Operations

For the YTD ended: April 30, 2017

(in thousands)

OSUP	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Revenues						
Total Revenue	$ 350,633	$ 335,932	$ 14,701	4.4%	$ 331,875	5.7%
Expenses						
Faculty Salaries and Benefits	$ 234,284	$ 240,575	$ 6,291	2.6%	$ 220,786	-6.1%
Non Faculty Salaries and Benefits	73,050	77,871	4,821	6.2%	70,001	-4.4%
Supplies	6,487	6,480	(7)	-0.1%	6,218	-4.3%
Drugs and Pharmaceuticals	8,527	7,796	(731)	-9.4%	22,092	61.4%
Purchased Services	31,825	26,503	(5,322)	-20.1%	28,851	-10.3%
Depreciation	3,126	3,535	409	11.6%	3,598	13.1%
Interest	287	310	23	7.4%	361	20.5%
Other Operating Expense	23,419	25,233	1,814	7.2%	19,724	-18.7%
Medical Center Investments	(63,807)	(66,562)	(2,755)	-4.1%	(56,614)	12.7%
Total Expenses	317,197	321,741	4,544	1.4%	315,017	-0.7%
Gain/(Loss)	$ 33,436	$ 14,191	$ 19,245	135.6%	$ 16,858	98.3%

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University College of Medicine

Statement of Operations

For the YTD ended: April 30, 2017

(in thousands)

COM	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Sources						
General Funds and Appropriations	$ 88,486	$ 81,978	$ 6,508	7.9%	$ 84,539	4.7%
Support from related entities	38,392	23,360	15,032	64.3%	34,113	12.5%
Other	56,599	51,727	4,872	9.4%	53,178	6.4%
Total Sources	$ 183,477	$ 157,065	$ 26,412	16.8%	$ 171,830	6.8%
Uses						
Faculty Salaries	$ 60,117	$ 63,465	$ 3,348	5.3%	$ 57,578	-4.4%
Non Faculty Salaries	50,820	51,826	1,006	1.9%	51,420	1.2%
Benefits	36,056	39,813	3,757	9.4%	37,203	3.1%
Supplies	14,424	10,750	(3,674)	-34.2%	15,177	5.0%
Services	34,129	38,019	3,890	10.2%	33,996	-0.4%
Debt	9,217	9,160	(57)	-0.6%	9,225	0.1%
Capital	5,087	6,232	1,145	18.4%	8,355	39.1%
Medical Center Investments	(48,466)	(48,523)	(57)	-0.1%	(47,063)	3.0%
Total Uses	161,383	170,742	9,359	5.5%	165,891	2.7%
Gain/(Loss)	$ 22,095	$ (13,676)	$ 35,771	---	$ 5,939	---

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU Wexner Medical Center

Combined Balance Sheet

As of: April 30, 2017

(in thousands)

	April 2017	June 2016	Change
Cash	$ 659,862	$ 683,692	$ (23,830)
Net Patient Receivables	398,947	362,813	36,134
Other Current Assets	434,486	321,795	112,691
Assets Limited as to Use	389,277	255,498	133,779
Property, Plant & Equipment - Net	1,516,929	1,490,521	26,408
Other Assets	415,185	432,303	(17,118)
Total Assets	$ 3,814,686	$ 3,546,622	$ 268,064
Current Liabilities	$ 302,313	$ 314,143	$ (11,830)
Other Liabilities	124,022	99,335	24,687
Long-Term Debt	863,022	904,418	(41,396)
Net Assets - Unrestricted	1,956,333	1,711,408	244,925
Net Assets - Restricted	568,995	517,318	51,677
Liabilities and Net Assets	$ 3,814,686	$ 3,546,622	$ 268,064

This Balance sheet is not intended to conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University
Wexner Medical Center
FY2018 Budget

June 6, 2017

Draft

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSUWMC Combined Income Statement

For the years ended June 30,

DRAFT

	Forecast 2017	Budget 2018	% Change
OPERATING STATEMENT			
Total Operating Revenue	$3,366,276	$3,587,908	6.6%
Operating Expenses			
Salaries and Benefits	1,807,719	1,938,387	7.2%
Supplies and Pharmaceuticals	595,448	630,336	5.9%
Services	351,935	379,575	7.9%
Depreciation	158,097	180,093	13.9%
Interest/Debt	51,256	49,052	-4.3%
Other Operating Expense	129,919	138,039	6.3%
Medical Center Investments	13,261	10,849	-18.2%
Total Expense	3,107,636	3,326,331	7.0%
Excess of Revenue over Expense	$ 258,640	$ 261,577	1.1%
Financial Metrics			
Adjusted Admissions	117,172	120,319	2.7%
Total Revenue per AA	$ 23,348	$ 23,748	1.7%
Total Expense per AA	$ 20,368	$ 20,660	1.4%

This statement does not conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSUWMC Combined Income Statement

For the years ended June 30,

DRAFT

	Forecast 2017	Budget 2018	% Change
Health System			
Revenues	$2,735,715	$2,914,881	6.5%
Expenses	2,529,276	2,675,265	5.8%
Net	206,439	239,616	16.1%
OSUP			
Revenues	$ 417,328	$ 435,443	4.3%
Expenses	381,844	430,166	12.7%
Net	35,484	5,277	-85.1%
COM/OHS			
Revenues	$ 213,233	$ 237,585	11.4%
Expenses	196,517	220,900	12.4%
Net	16,716	16,685	-0.2%
Total Medical Center			
Revenues	$3,366,276	$3,587,908	6.6%
Expenses	3,107,636	3,326,331	7.0%
Net	258,640	261,577	1.1%

This statement does not conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

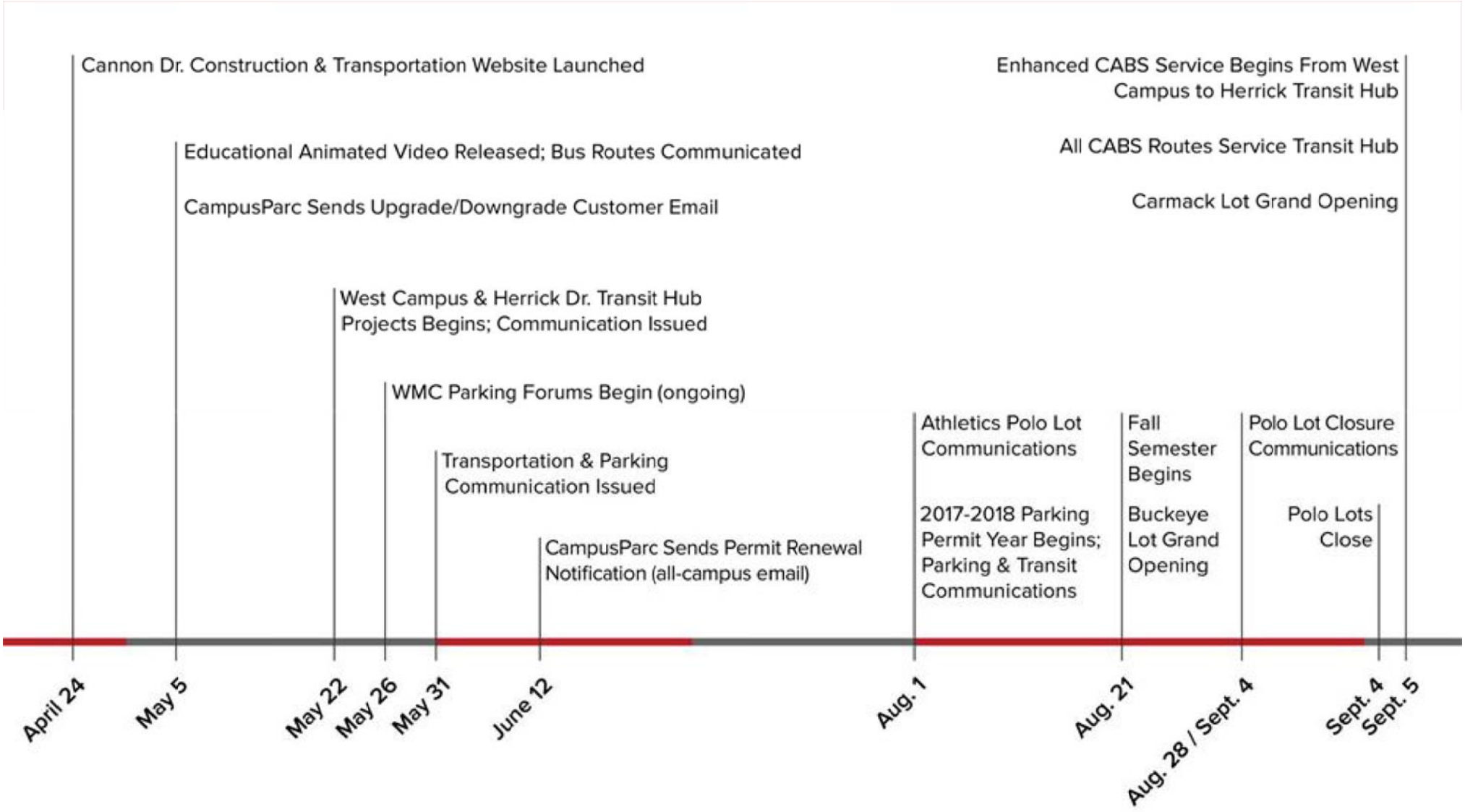
THE OHIO STATE UNIVERSITY

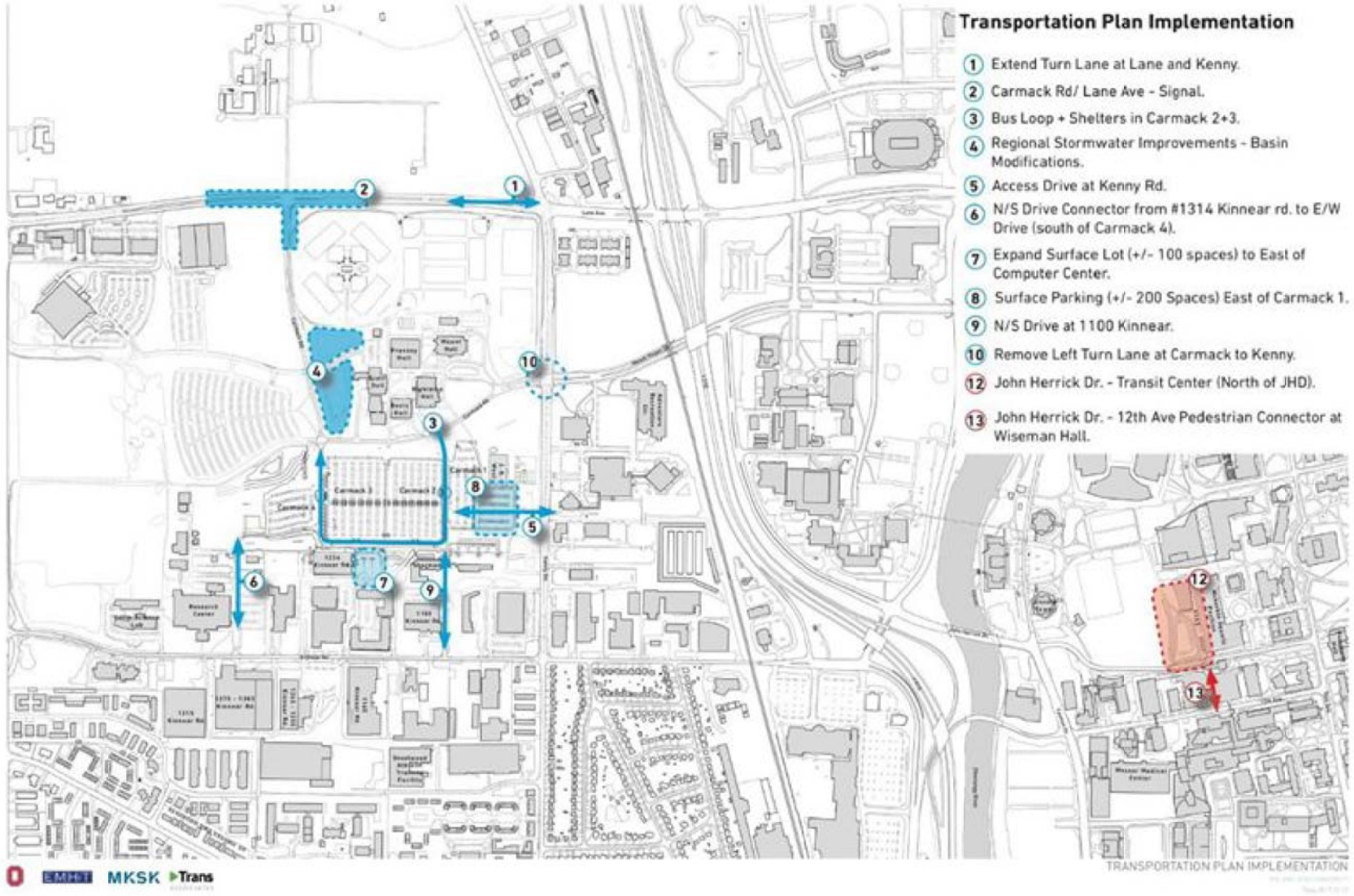
Cannon Drive Update

Wexner Medical Center Board

June 6, 2017


CABS Rider Guidelines


Cannon Dr. Construction & Transportation Website Launched
Educational Animated Video Released; Bus Routes Communicated
CampusParc Sends Upgrade/Downgrade Customer Email
West Campus & Herrick Dr. Transit Hub Projects Begins; Communication Issued
WMC Parking Forums Begin (ongoing)
Transportation & Parking Communication Issued
CampusParc Sends Permit Renewal Notification (all-campus email)
Athletics Polo Lot Communications
2017-2018 Parking Permit Year Begins; Parking & Transit Communications
Fall Semester Begins
Buckeye Lot Grand Opening
Polo Lot Closure Communications
Polo Lots Close
Enhanced CABS Service Begins From West Campus to Herrick Transit Hub
All CABS Routes Service Transit Hub
Carmack Lot Grand Opening
April 24
May 5
May 22
May 26
May 31
June 12
Aug. 1
Aug. 21
Aug. 28 / Sept. 4
Sept. 4
Sept. 5


Transportation Plan Implementation
1 Extend Turn Lane at Lane and Kenny.
2 Carmack Rd/ Lane Ave - Signal.
3 Bus Loop + Shelters in Carmack 2+3.
4 Regional Stormwater Improvements - Basin Modifications.
5 Access Drive at Kenny Rd.
6 N/S Drive Connector from #1314 Kinnear rd. to E/W Drive (south of Carmack 4).
7 Expand Surface Lot (+/- 100 spaces) to East of Computer Center.
8 Surface Parking (+/- 200 Spaces) East of Carmack 1.
9 N/S Drive at 1100 Kinnear.
10 Remove Left Turn Lane at Carmack to Kenny.
12 John Herrick Dr. - Transit Center (North of JHD).
13 John Herrick Dr. - 12th Ave Pedestrian Connector at Wiseman Hall.
TRANSPORTATION PLAN IMPLEMENTATION
EMHT MKSK Trans

OSU WEXNER MEDICAL CENTER - ENTERPRISE PERFORMANCE SCORECARD
FY2017- April Year-To-Date Results

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

KRA	Champion	Metric(s)	FY16 Year End Actual	FY17 YTD-Apr Actual	Status	FY17 Year End Target	Aspirational Benchmarks - Preliminary	Rationale
PEOPLE	M. Syed	Engagement Score	4.15 (56th Percentile)	In the Spring Pulse Survey, 51% of tier III groups moved to tier 1 or 2. Aggregate score increased from 3.56 to 3.69. Full census survey will be conducted Fall 2017.		60th Percentile	4.29	Top Decile
		Diversity and Inclusion	-	Diversity and Inclusion plan developed to focus on three broad themes - Culture, Climate and Communication of Diversity	◀▶	Develop and implement a diversity plan to make the Medical Center a model of inclusive excellence	-	-
		Employee Turnover Rate - Faculty and Staff[1]	13.70%	9.40%	◀▶	13.10%	8.20%	Top Decile
SERVICE AND REPUTATION	M. Nash/ K. Kipp	HCAHPS Score[2]	76.9%	79.80%	◀▶	79.5%	83%	Top Decile
	D. Like/ A. Forrest	CGCAHPS Score[3]	91.4%	91.40%	◀▶	94.0%	94%	Top Decile
	D. McQuaid/ B. Necamp	Community Health Needs Assessment (CHNA)	-	Plan to address key community health needs in the priority areas of Mental Health, Obesity, Infant Mortality, Chronic Diseases and Infectious Diseases will be finalized in June. Feedback from key stakeholders being solicited on draft plan ideas.	◀▶	Develop and implement action plans to address priorities identified by CHNA	-	-
	D. McQuaid/ S. Moffatt-Bruce	USNWR Best Hospitals - # Specialties Ranked	8	Data will be available Summer 2017		10	16	Ranked in all specialties
	C. Kent	USNWR Best Medical Schools	#33	#31	◀▶	#32	21	2 spots per year for 5 years
QUALITY AND SAFETY	S. Moffatt-Bruce	Readmissions[4]	13.20%	12.60%	▼	12.45%	7.43%	Best in Class
		Mortality[5]	0.80	0.78	▲	0.77	0.73	Best in Class
		PSI-90[6]	0.73	0.65	▲	0.66	0.52	Top Decile
		CAUTI[7]	0.595	0.303	▼	0.580	0.268	Keep constant at current rate since we are already best
		Gain from Quality-Based Reimbursement Programs	($191,267)	Next data update Spring 2017		Positive Net Gain	$2 Million	Maximum Gain Possible
		Payment Transformation Episodes	1 episode	6 episodes under development	◀▶	5 episodes	-	-
		Total Value in Each Bundled Payment Episode (Quality/ Cost)	-	0 episodes have met quality targets 3 episodes have met cost targets	◀▶	**Quality:** Overall combined quality metrics (episode specific) meeting 80% or greater **Cost:** Total cost <= 125% Medicare reimbursement	All episodes meet/exceed quality and cost targets	-
INNOVATION AND STRATEGIC GROWTH	M. Taylor/ E. Seely/ K. Kipp	Inpatient Admissions	59,358	51,176	▲	61,193	Updated in conjunction with Long Range Financial plan approval	
		# Hospital Transfers	11,908	12,720	▲	12,411	-	-
	D. Like/ A. Forrest	New Patient Visits w/ a Physician, NP or PA[8]	132,880	96,689	▲	136,866	166,000	6,000 new visits per year for 5 years
	C. Kent/ P. Mohler	Total NIH Awards (excl. sub-awards)	$98.7M	$85.3M	▲	$101.1M	Top-25 NIH Funded Institution	Draft Strategic Plan Goal
PRODUCTIVITY AND EFFICIENCY	K. Kipp/ M. Nash	Inpatient Length of Stay	6.29	6.29	▼	6.18	5.1	Top Quartile
	D. Like/ K. Sharp/ A. Forrest	Access - Days to 1st appointment for new patients with a physician - Primary Care	51 Days	43 days	▲	21 Days	7 Days	Top Quartile
		Access - Days to 1st appointment for new patients with a physician - Specialty Care	35 Days	35 days	◀▶	14 Days	14 Days	Top Quartile
	E. Adkins/ J. Walsh	Median time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	436 Minutes	423 Minutes	▲	344 minutes	266 minutes	Top Quartile
	C. Kent/ P. Mohler	Total NIH Submissions	455	421	▲	466	TBD	-
FINANCIAL PERFORMANCE	M. Larmore/ P. Robertson	Integrated Net Margin	$244.5M(7.7%)	$217.3M(7.7%)	▲	$213.3M	-	-
		Operating Expenses per AA	$19,861	$20,645	▲	$20,721	Updated in conjunction with Long Range Financial plan approval	
		Health Plan Per Member Per Year Costs[9]	$5,105	$5,067	▼	$5,207	TBD	-
		Net Revenue Improvement (Rev Cycle)	$3.9M	$25.6M	▼	$7.5M	-	-
	P. Hill-Callahan	Philanthropy $	$103.5M	$158.1M	▲	$115.0M	Updated in conjunction with Long Range Financial plan approval	

Meets or Exceeds Goal
Caution
Below Goal - Action Needed
Data Pending

▲ Performance Up from last Scorecard Update
◀▶ No Performance Change from last Scorecard Update
▼ Performance Down from last Scorecard Update

1. Employee turnover updated through March 2017
2. HCAHPS updated through March 2017
3. CGCAHPS March 2017
4. Readmissions updated through February 2017
5. Mortality updated through March 2017. Goal updated to reflect Vizient change
6. PSI-90 updated through March 2017. Goal updated to reflect Vizient change
7. CAUTI updated through December 2016. Goal updated to 0.58 correcting previous error of showing 0.57
8. New Patient Visits updated through March 2017
9. Health Plan Per Member Per Year Costs -- these numbers are reported in CY levels; FY17 YTD-Jan represents 1/1/16-12/31/16

Enterprise Performance Scorecard - 1 of 1

2016 Vizient Quality Leadership Award

May 2017

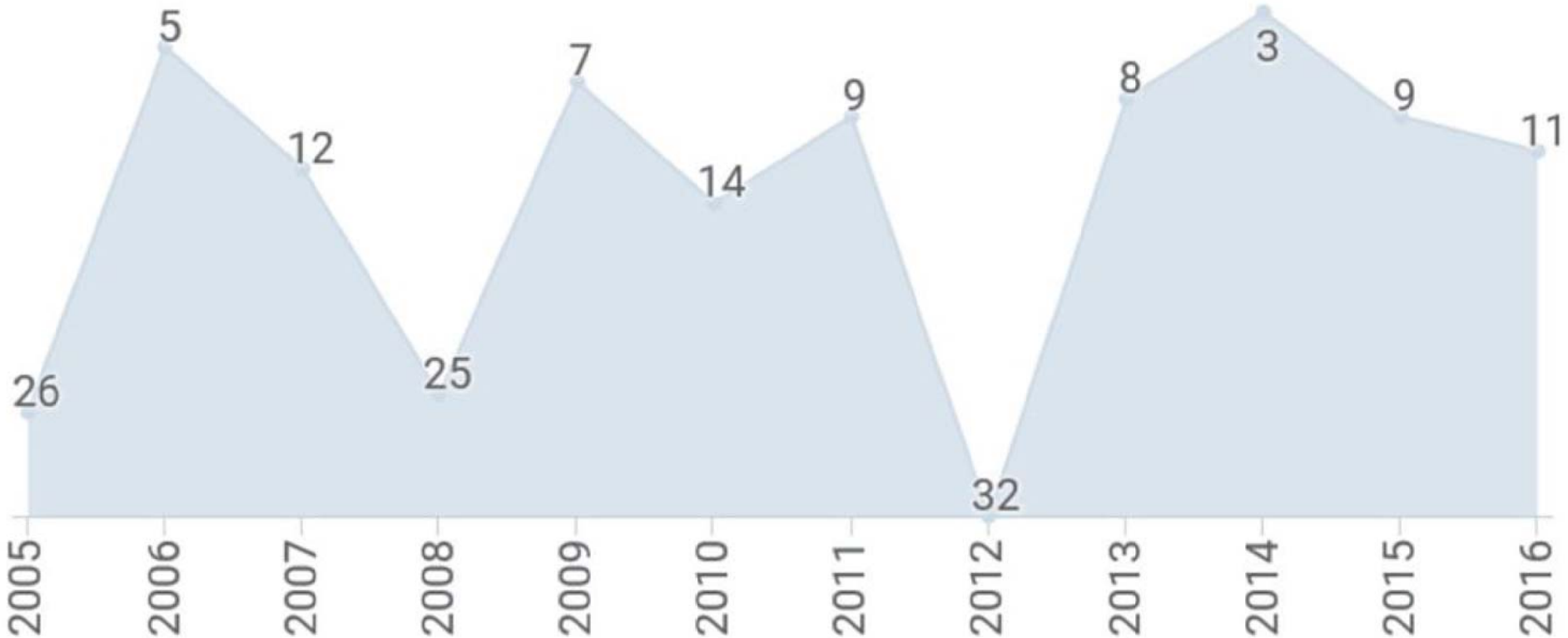
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Top Performing Academic Medical Centers in 2016 Quality and Accountability Study

1. University of Utah Health Care
2. NYU Langone Medical Center
3. Mayo Clinic Hospital-Rochester
4. Froedtert & the Medical College of Wisconsin Froedtert Hospital
5. Rush University Medical Center
6. WVU Medicine West Virginia University Hospitals
7. Penn State Milton S. Hershey Medical Center
8. Cedars-Sinai Health System
9. Houston Methodist
10. Nebraska Medicine
11. **The Ohio State University Wexner Medical Center**
12. University of Michigan Health System
13. University of Vermont Medical Center

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Historic Overall Rank



Distribution of Scores

Stars	Number of Hospitals
★★★★★	13
★★★★	12
★★★	52
★★	19
★	6

Star Rating	Overall Rank	Overall Score
★★★★★	11	66.08%

Domain Performance

Domain Weighting and Metrics

Mortality 25%

- Mortality Index in 10 Service lines
- Aggregate Index for 10 additional Service lines

Safety 25%

- Patient Safety Indicators
- Infections
- Complications

Effectiveness 20%

- Readmissions
- Excess Days
- Timely & Effective Care

Patient Centeredness 15%

- HCAHPS Survey

Efficiency 10%

- LOS Index
- Direct Cost Index

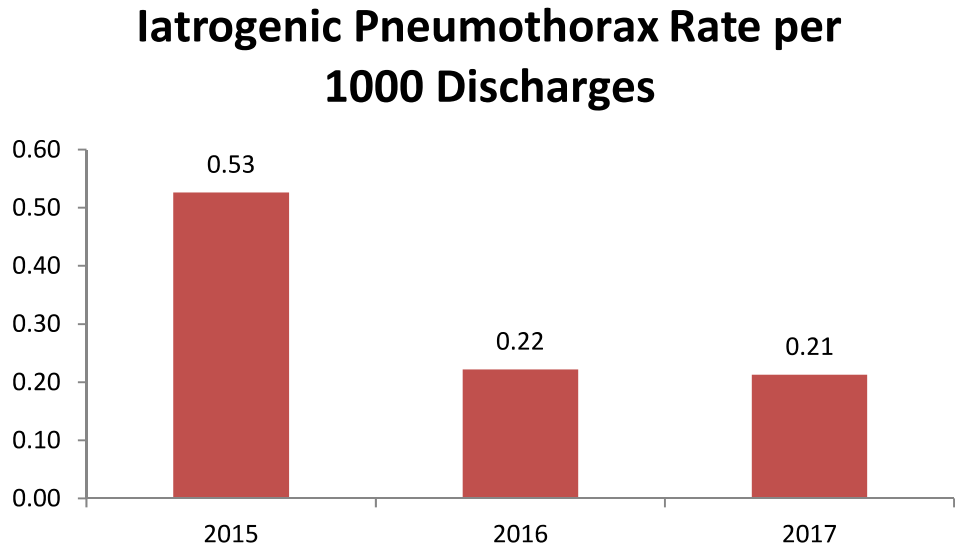
Equity 5%

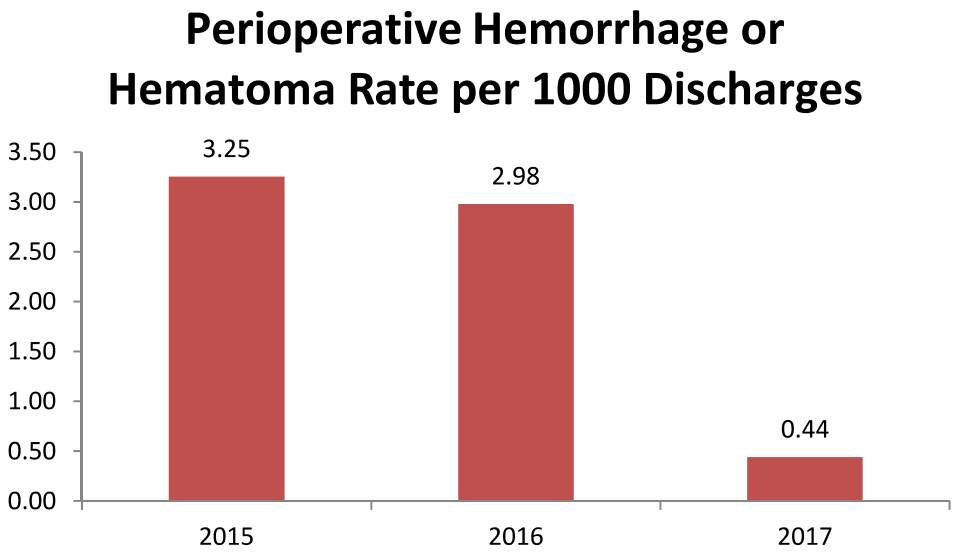
- Differences in Gender, Race, Socio-economic Status

Rankings by Domain by Year

	2010	2011	2012	2013	2014	2015	2016
Mortality	5	11	44	8	3	4	18
Effectiveness	23	9	16	21	41	46	28
Safety	55	68	57	18	9	15	8
Equity	1	1	1	1	57	1	1
Patient Centeredness	15	29	31	35	23	31	54
Efficiency	N/A	9	42	12	2	8	9
Overall	**14**	**9**	**32**	**8**	**3**	**9**	**11**

Patient Safety Domain

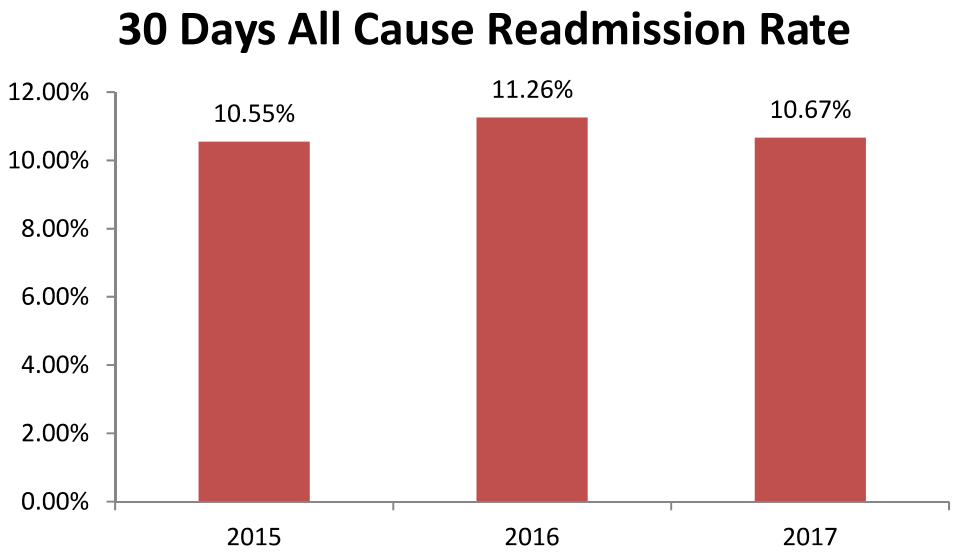




- 60% reduction in Iatrogenic Pneumothoraces
  - Standardized venous access for pacemaker insertion
- 86% Reduction in Perioperative Hemorrhage or Hematoma
  - Standardized use of anticoagulation and factors

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Effectiveness Domain



- Reductions in Readmission rate strategies:
  - High Risk patients flagged in EMR
  - Nurse Navigators
  - E-Consults
  - Telehealth
- Readmissions reduction strategies to be implemented:
  - Clinical transformation post-acute care plan
  - CHF nurse in ED

WEXMED LIVE INITIATIVE

Patty Hill-Callahan

VP of Medical & Health Sciences Advancement

Wexner Medical Center

THE OHIO STATE UNIVERSITY


THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
WEXMED ⟨ LIVE ⟩
WEXMED ⟨ LIVE 2016 ⟩
Discovery & Innovation in Medicine


{1
BUILD AWARENESS
}


{2
INCREASE
ENGAGEMENT
}

{3 PHILANTHROPY }

VIDEO HIGHLIGHT

WEXMED LIVE ROAD SHOW

100K+ Reached by 2018

WEXMED <LIVE> ROADSHOW

SOCIAL MEDIA

LIVE STREAM

WEXMED <LIVE> ONLINE CHANNEL

THANK YOU!

Patty Hill-Callahan

VP of Medical & Health Sciences Advancement

Wexner Medical Center

The Ohio State University
Wexner Medical Center Board

June 6, 2017

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Approval to Enter Into Professional Services Contracts
OSU East - West Wing Expansion/Renovation

Approval to Enter Into Construction Contracts
700 Ackerman Renovation

Synopsis: Authorization to enter into professional services and construction contracts, as detailed in the attached materials, is proposed.

WHEREAS in accordance with the attached materials, the university desires to enter into professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Project Cost	
OSU East - West Wing Expansion/Renovation	$2.5M	$26.0M	Auxiliary funds

WHEREAS in accordance with the attached materials, the university desires to enter into construction contracts for the following project; and

	Construction Approval Requested	Total Project Cost	
700 Ackerman Renovation	$19.3M	$21.8M	Auxiliary funds

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the professional services and construction contracts for the projects listed above be recommended to the University Board of Trustees for approval; and

BE IT RESOLVED, That the president and/or senior vice president for business and finance be authorized to enter into professional services contracts and construction contracts for the projects listed above in accordance with established university and state of Ohio procedures, with all actions to be reported to the board at the appropriate time.

Project Data Sheet for Board of Trustees Approval

OSU East - West Wing Expansion/Renovation

OSU-170319 (CNI#16000036)

Project Location: University Hospital East

- **approval requested and amount**

professional services	$2.5M

- **project budget**

professional services	$2.5M
construction w/contingency	$23.5M
total project budget	$26.0M

- **project funding**
  - ☐ university debt
  - ☐ development funds
  - ☐ university funds
  - ☒ auxiliary funds
  - ☐ state funds

- **project schedule**

BoT prof services approval	06/17
design	07/17 - 05/18
construction	06/18 - 09/19

- **project delivery method**
  - ☐ general contracting
  - ☐ design/build
  - ☒ construction manager at risk

- **planning framework**
  - this project is included in the FY 2017 Capital Improvement Plan

- **project scope**
  - renovation of 12,500 GSF and expansion of 13,900 GSF on the second floor of the west wing of the hospital tower
  - expansion and redesign of the operating rooms and pre-operative/PACU space; consolidates imaging areas; improvements to patient arrival experience and entrance aesthetics

- **approval requested**
  - approval is requested to enter into professional services contracts

- **project team**

University project manager:	Jack Bargaheiser
A/E:	TBD
CM at Risk:	TBD

Project Data Sheet for Board of Trustees Approval

700 Ackerman Renovation

OSU-170354 (CNI#16000036)

Project Location: Ackerman Place, 660 Ackerman Road, 600 Ackerman Road

- **approval requested and amount**

construction	$19.3M

- **project budget**

professional services	$2.5M
construction w/contingency	$19.3M
total project budget	$21.8M

- **project funding**
  - ☐ university debt
  - ☐ development funds
  - ☐ university funds
  - ☒ auxiliary funds
  - ☐ state funds

- **project schedule**

BoT prof services approval	01/17
design	03/17 - 09/17
BoT construction approval	06/17
construction	08/17 - 02/19

- **project delivery method**
  - ☐ general contracting
  - ☐ design/build
  - ☒ construction manager at risk

- **planning framework**
  - this project is included in the FY 2017 Capital Improvement Plan

- **project scope**
  - full building renovation of 700 Ackerman to house OSU Physicians, Central Scheduling and Customer Service, Health Plan, Corporate Operations, and Hospital Compliance
  - project also includes interior renovations in 660 Ackerman and 600 Ackerman
  - construction work will be phased; phase 1 work includes replacing exterior glass, roof replacement, elevator modernization, and mechanical/electrical systems upgrades; phase 2 work includes tenant improvements in 700 Ackerman

- **approval requested**
  - approval is requested to enter into construction contracts.

- **project team**

University project manager:	Nikolina Sevis
A/E:	Baxter, Hodell, Donnelly & Preston
CM at Risk:	Corna/Kokosing Construction