The Ohio State University
Wexner Medical Center Board

November 1, 2017

WEXNER MEDICAL CENTER BOARD

Leslie H. Wexner
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Michael A. Caligiuri (ex officio, non-voting)
Martha C. Taylor (ex officio, non-voting)
Amanda N. Lucas (ex officio, non-voting)

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

Time: 9:00am-2:00pm

Public Session

1.	Approval of August 23, 2017 Wexner Medical Center Board Meeting Minutes	9:00-9:05am
2.	Team-Based Learning - Dr. Kent, Dr. Graham	9:05-9:20am
3.	College of Medicine Report (verbal) - Dr. Kent	9:20-9:30am
4.	Wexner Medical Center Report - Mr. McQuaid	9:30-9:40am
5.	Health System Financial Summary - Mr. Larmore	9:40-9:50am
6.	Authorizations Regarding Professional Services - Mr. Kasey	9:50-9:55am
7.	Clinical Quality Management, Patient Safety and Service Plan - Ms. Krueger, Dr. Gonsenhauser	9:55-10:00am

Executive Session 10:00am-2:00pm

August 23, 2017 meeting, Wexner Medical Center Board

Mr. Wexner called the meeting of the Wexner Medical Center Board to order on Wednesday, August 23, 2017, at 10:37am.

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

Mr. Wexner:

Good morning. I would like to convene the meeting of the Wexner Medical Center Board.

Thank you. At this time, I move that the committee recess 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, and to discuss personnel matters regarding the employment, appointment and compensation of public officials.

Dr. Thompson:

May I have a motion?

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

Dr. Thompson:

Motion carries.

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Mr. Wexner:

We are going to reconvene. I am reminding myself to turn off my phone and you should turn off yours so we are not interrupted. The minutes of previous meeting has been circulated. I assume they can be approved, as distributed.

So, everybody has to talk fast. We begin with Pelotonia, Mark, welcome. Tell us about what happened.

Mr. Ulman:

Good to see everybody. Thank you for the opportunity to update you on what has been another record-breaking year for Pelotonia. Obviously, none of our success as a community and as a movement would be possible without many of you in this room. I want to acknowledge everybody here for their investment in the operations and their investment in riders, volunteers, and partnerships that make what we do possible. We are eternally grateful.

We just celebrated our ninth Pelotonia weekend and it was remarkable. Not the least of which had to do with the fact that we have had the best weather we have ever had. Seventy-five degrees and zero humidity for August in Columbus, Ohio is pretty special; we can't count on that going forward.

What I thought I'd do briefly is give you a quick overview. This year, our theme was *The Greatest Team Ever*. The idea was that it takes every single person who is involved in Pelotonia to make it work. Often times, you'll hear from people who say "I couldn't ride this year" or "I couldn't do this or that". The reality

is whether you volunteer, donate, a virtual rider, or rode, it all adds up to an enormous impact. I'm going to show you a quick video and this is the video that we showed on Friday night of Pelotonia weekend to about 16,000 people who gathered downtown to kick off the weekend.

(Video)

Hopefully, that gives you a sense of the community spirit, the engagement, and the teamwork that it takes to pull this off and to raise millions and millions of dollars for research here at Ohio State. We had a record-breaking year, as I mentioned earlier. We, for the first time, had more than 8,000 riders. We had never before crossed that threshold. We had more than 3,000 volunteers for the first time ever. Fundraising continues until October 7th. Since the slide was created, we are now at $16.6 million. We will end up at over 150,000-160,000 donors from, as you have seen, more than 61 countries.

While we are proud that this is based here in Columbus, it really is growing way beyond. To be honest, a lot of that is a result of people in this room - whether it is team members from LBrands or other institutions who are participating. This year we had rides in Hong Kong and we had an indoor ride in Bangalore. You know, it is remarkable.

We are excited about the future. We also had a pretty special weekend where we had both former Vice President Joe Biden and his wife Dr. Jill Biden with us. They were amazed at what they saw when they were here. We have cancer survivor and Survivor TV show winner Ethan Zohn here to speak and ride. We also had 17 time Tour de France rider George Hincapie here to ride. We had an incredible athlete named Chris Waddell who joined us this year. He is a 14-time Paralympic Gold Medalist. He rode a hand cycle 180 miles, which is one of the more remarkable things I have ever seen. His wife rides with him. She blows by him on the uphill, then he flies by her on the downhill and then they catch up again and again. It was just a special weekend.

As you all know, very well, the results of the weekend really are not about fundraising and the participation numbers, they are really about impact. [It is about] what we are doing to translate that impact into new therapies and treatments that will ultimately save tons and tons of lives. We are really proud of Mike's team and the leadership that he has provided that allows this work to go forward.

While we can talk about any number of these, I want to highlight the last one, which I know you all are familiar with. I think it is inspiring to see the fact that a 50 plus hospital network has been created across the state where we can now invest funds raised by the community to have an impact on people who may or may not live in Columbus or who may or may not actually be treated here. [It is] where the research is done and then we're delivering care where they live and where they need to receive that care, which not only improves their outcomes but also improves their quality of life.

As we go out and recruit riders and donors, one of the things we hear all the time is "tell us more about the impact, tell us about the impact of these dollars". Moving forward, that is going to be our focus. This year we were focused on what we call 'surprise and delight'. You saw some of that in the video with the painting of barns. Thank you to the Wexner's for allowing us to paint that beautiful barn. We have actually had two families contact us since the ride who want to, at their own expense, paint their barns next year. We thought that might happen, which is great, and gives visibility across the state.

We also did other things along the route. We had video boards at the hardest point in the route this year that were playing scenes from Rocky. If you asked anybody about the ride, they will remember that moment. The speed of riding picked up dramatically at that spot. We are excited to continue to surprise and delight our participants next year. Next year is our 10th anniversary and we are already deep in planning for that.

I would just mention lastly that we will be beta testing a new app this fall, starting in October, that will allow anyone in the world, who is physically riding a bike for any purpose: commuting to work, riding with their kids to the park, to school, et cetera, to press start and stop on an app and generate money for cancer research. We are going to pilot it this fall and then launch it nationally and internationally in the

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spring. Our goal is to get a couple hundred thousand people to each raise $50-$100 a year in micro donations that would ultimately add up to $25 million or $30 million, or $40 million, or $50 million per year. We are excited to launch that very soon, more to come on that.

Thank you for your incredible support and leadership that allows all this to be possible. With that, I'll conclude my remarks.

(See Attachment X for background information, page XX)

Mr. Wexner:

The result this year, what do you guess it will be?

Mr. Ulman:

That's a great question. I believe it will be $25.5 million. It could be $26 million, but roughly speaking.

Mr. Wexner:

So, would that beat…

Mr. Ulman:

Last year was $24 million. I think it will be $25.5 million.

Mr. Wexner:

What kind of target do you have for next year then?

Mr. Ulman:

Given that we are launching this app, we would like to see a significant increase - $30 million plus. We are not satisfied...

Mrs. Wexner:

As a Pelotonia board member, I know I speak on behalf of the board and obviously the university, but more importantly on behalf of the community and all of us who live here, that we are truly blessed to have someone of Doug's caliber leading this organization. He is tireless in his efforts and sees the very big picture and is really galvanized an entire movement. We thank you and are appreciative.

Mr. Ulman:

Thank you very much.

Mrs. Wexner:

Oh, it's me again. Quick two second up on the strategic plan, is that where we are? Many of you know we have completed over a yearlong process in strategic planning for the medical center. We completed that in May and have spent the last three months having this plan tested with faculty, staff, and members of the community. We are very excited about it. We have an aspiration to take us to the top 20 academic medical centers in the country therefore, the world. That plan is very pivotal pillar of the university's strategic plan that will be discussed and reviewed more fully tomorrow. I am just sharing the excitement.

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Ms. Marsh:

A big thank you to the patients and the students that also helped us produce it.

President Drake:

OK. We are on then to the College of Medicine report.

Dr. Kent:

Excellent. I think Doug's report on Pelotonia is a great segue into mine, because as he alluded, it is all about the research. I would like to begin my presentation today by featuring two of our researchers at Ohio State.

Many of you know that we, of course, are involved in great science here. Occasionally, science has the chance of being transformational and changing people's lives. There are two journals that, if you are a basic scientist, you would like to publish in - one is {[*The American Journal of] Science* and [the *Journal of*] *Nature*. I think everybody in the room has heard of both of those journals. We were fortunate enough at Ohio State, over the last two months, to have an article in [*The American Journal of] Science* and another one in the [*Journal of] Nature* by two of our investigators.

I will start with Vadim Fedorov, who is part of our cardiology group and our physiology group, and is doing incredibly innovative research. If you look at that picture over on the left, you see a Petri dish that actually has a portion of a human heart. This is a human heart that's not pulsing appropriately. There is a dysrhythmia, the rhythm is not right. What he has found is that he can go in and find the cell that is producing this dysrhythmia, ablate it to make it go away, then channel the heart in a way that the new cell next door takes over and becomes a normal pacer. It takes over for the heart. You think of the clinical application of this. There are literally thousands of people that need pacemakers every year because their heart does not function well. Well, maybe there will be a day when those pacemakers go away because we can transform the patient's normal heart into something that works and functions well. In fact, to that end, the next phase of Dr. Fedorov's studies are in humans, where they are actually going to try to mimic something that is very similar to humans. That is one of our articles.

The next slide please. Chandan Sen, who is part of our Department of Surgery and is very interested and involved with regenerative medicine, has published a paper in *Nature Nanotechnology* and this is equally innovative. What he has over in the left, you can see a mouse that has poor circulation to the leg. He has created a microchip that has nanoparticles in it and the nanoparticles [contain] DNA (Deoxyribonucleic acid). He puts the chip on the leg of the mouse that does not have good circulation. The nanoparticles infiltrate the leg and go to fibroblasts, [which are the cells] just under the skin. The DNA transforms those smooth fibroblasts into cells that then create new blood vessels. The animals have chips, good blood vessel flow, good circulation to the legs and those that do not have the chips do not. This is transformational. We can think about improving circulation as one part of this technology, but it's really a way of delivering drug and transformational cellular regeneration to any part of the body, [for example] the brain. You can imagine the other uses of this. As you can imagine, this was a very notable paper and something that I think that makes OSU very proud.

We just happened to have Dr.'s Sen and Fedorov in the audience. I ask that they stand and be recognized. Thanks so much for coming.

I will use that as a segue to do a little more bragging about our research. It turns out this past year, our overall funding in the College of Medicine is up 20%, which is amazing considering the constraints on research funding now. NIH (National Institutes of Health) funding itself is up over 19% and the research funding around clinical trials is up around 38%; really a great accomplishment. The question is where did that come from? Much of it comes from faculty that have been a part of OSU for a number of years.

For those that are in research, a great accolade is to get your first NIH grant. I am proud to say that over the past year, we have had 20 investigators at OSU that have received their first RO1. If that's not enough to brag about, if you look at the NIH as a total, the average age of an individual that receives their first RO1 is 46 years old. It is amazing how you have to go that long before you receive your first federal grant. The average age of those 20 individuals that received their first RO1 at OSU is 37. We seem a little precocious, I am thinking. This is a very impressive accomplishment.

Update. Lang Li, my first department chair recruit arrived in July. Lang is a chair of Bioinformatics, one of our important departments. Lang brought along with him $2.1 million worth of funding; seven grants from a number of different institutes. We found already in his first few weeks with us he is a very collaborative person. In fact, he has already partnered with [the College of] Arts and Sciences to recruit the next director of the Mathematical Science Institute. That seems odd, but that person is recruited and is now going to be part of the College of Medicine. What he has done was to create this relationship between mathematics and behavioral biology, which then translates into medicine. Congratulations to Lang in a very early success. We look forward to his career at OSU.

We have research recruitments underway in 16 different departments. I think many of you know from our previous conversations we have areas of focus that are developing. One of those is diabetes in metabolism, another Alzheimer's disease, and a third in opioid research. There will be many others but these are areas that we are highlighting.

We have been working on this idea around diabetes for a number of months now and I am happy to say we have a verbal commitment from our first recruit. This is an individual by the name of Doug Lewandowski. He is one of the world's experts on diabetes metabolism and brings with him four RO1's to our institution. He is extremely well funded. It was tough competition, there was Vanderbilt, Penn, Yale, and Ohio State, but he made the right decision, he is coming to Ohio State. We are excited about the beginning of that recruitment.

We are also initiating a search for a new chair of immunology and infectious disease. This is a department that has been very focused on infectious disease in the past and we are expanding it to immunology because we see that as a very important foundation for all of the disease processes. We look forward to seeing a number of great candidates over the next few years.

I am going to pause for a moment and highlight on the educational side that we had our White Coat Ceremony about two weeks ago. My first class at Ohio State, 207 bright bushy tailed and excited medical students, whose average GPA was 3.77. Their average MCAT score, which is the test to get into medical school, was in the 90th percentile. This is a very impressive class and we are excited to bring them into our College of Medicine.

I want to finish by highlighting a couple of individuals who are new to Ohio State. I am going to create an award and it is called the Award for Transformational Leadership. The first person that I would like to speak about is Mark Bechtel. He is a long-standing individual at Ohio State. About three years ago, [he] was recruited away to Penn State to be a leader in one of the programs. He missed being a Buckeye and we recruited him back to be chief of dermatology within the Department of Internal Medicine. Mark has been back here at Ohio State for three months. He has taken a department that had six clinical faculty and in three months has recruited five additional faculty; unbelievable. And, from really fantastic places including UCSF (University of California, San Francisco).

In addition to that, he has recruited two researchers that are doing transformational work in psoriasis and cutaneous malignancy. If that wasn't enough, he created this telemedicine program, which is so important now so that a family physician that has a patient with a dermatologic problem doesn't have to send a patient to a dermatologist but [can] take a picture and send it in by telemedicine and then the diagnosis is made. If that is what he can do in three months, I think in a few years, it is going to be impressive. Accolades to Mark. I asked him to come in and join us today and he said, "No, I got clinic today and I'm double booked and I can't come". I guess you got some insight into his personality.

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The second program that I wanted to highlight is our lung transplant program. Brian Whitson leads that under Ken Washburn's leadership. I will acknowledge to begin with, it is not just Brian. A lung transplant is a large team of people from a lot of different disciplines. It turns out in 2013 we did four lung transplants at this institution, which is just beginning. It turns out, annualized in 2017 we'll do 41 lung transplants. Why the growth? It is all about innovation. There is a new technique called lung perfusion, where you can take a lung that really is not quite good enough for transplant and profuse it and then you put this magic formula in the profusion, the lung gets better, and then all of a sudden it is ok to be transplanted. Twenty-six of the lungs that he has done over the last year have been available because of this profusion technique. The significance of that is interesting. Those 26 lungs could not have been used without this technique and there would be 26 people who did not have the ability to live because of lung transplantation. We are clearly one of the national leaders in this area and our program is growing dramatically. Again, congratulations to Brian and all he has done. I asked Brian to join us, he was here about 20 minutes ago, but guess what, he has a lung transplant that he needed to get back to.

(See Attachment X for background information, page XX)

Onward to our guests. We have two individuals that are going to be with us today. The first who is going to present is Tim Pawlik, the chairman in our Department of Surgery. Tim was recruited here about a year ago. Just a little bit about his pedigree, which is more than impressive, he was a graduate of Georgetown University, went to Tufts Medical School, did his surgery at University of Michigan, and then was a surgeon fellow at MD Anderson. After that, he joined the faculty at Johns Hopkins University where he rose to the rank of professor of surgery and then chief of the Division of Surgical Oncology. Tim has this thing about degrees. In addition to all of the others I have mentioned, he has a Masters in Theology at the Harvard Divinity School and his PhD at John's Hopkins in public health. I think he is well trained.

Tim is incredibly accomplished and very well known in the world of surgery. He has over 450 manuscripts. That is a little young for that many manuscripts. I have never seen an individual so prolific. Leadership roles at many of our important surgical organizations. His area of interest is Pancreatic and Liver Cancer. He is a superb surgeon and investigator in those areas. If I were going to use a few words to describe Tim, I would say innovative, energetic, smart, and an academic leader. Thank you Tim for joining us. Please welcome our Chair of Surgery, Tim Pawlik.

Dr. Pawlik:

From my mother and I thank you for that introduction.

Dr. Kent:

I consulted her.

Dr. Pawlik:

I am thrilled to be here today, to share with you a little bit about what has been going on in the Department of Surgery over the last year and give you a view into the vision and the future of the Department of Surgery here at the Wexner Medical Center at Ohio State University.

To give you some context, the Department of Surgery is made up of nine divisions that you see here: Cardiac, Colorectal, Transplant, and Surgical Oncology, [et cetera]. I think we have three missions. One is clinical program building and delivery of great care to our patients, one is education, and one is research. I am going to touch on those themes during this brief presentation.

The Department of Surgery is a wonderful department of surgery. It is rich in history. We have Dr. Ellison here and Dr. Zollinger, who was the longest standing chair in the Department of Surgery and a true icon and legend in American Surgery and International Surgery. We had the first female chair of surgery here at The Ohio State University. This is a place that is steeped in history.

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Like any Department of Surgery, we have our challenges. We have to continue to grow our programs of distinction when it comes to clinical care. We have to continue to retain and recruit the best faculty so we can complete our missions in education and research and continuing to have innovative care in the clinical arena.

I was pretty happy where I was, but I specifically decided to come to Ohio State because I think Ohio State, and I really believe this, I think people have heard me talk, I think it is an amazing place, now and it is poised to do even greater things. I looked at the Department of Surgery and saw the Wexner Medical Center, an enormous clinical machine, 1,300 beds, a lot of great healthcare delivery. I saw great surgeons who were delivering great care who had amazing quality scores, who were hitting it out of the ballpark. I saw a program that had a large clinical mission, a large residency program, and many fellows training next generation of surgeons. I saw amazing research being done by people like Chandan Sen, and then I saw the university. We see here this road; I specifically picked this picture, this road that opens up into the whole university to leverage all of those resources for the medical center and the Department of Surgery. I think Columbus is a special town also. I think it is a great place to live for me and my four children.

I came here not to implement my vision, but really to build the shared vision with all of you and the members in my department. To do this, I think that we are really going to need talent. At the end of the day, it is all about the people - it is all about people and it is all about relationships. When I look around Ohio State and I look around at the Department of Surgery, we have some amazing people, we have some real all-stars. At the same time, I think that we need to build our bench, we need more depth. We need more depth throughout the entire department and I would argue the entire institution because I think ultimately, it is going to be talent that allows us to accomplish our tripartite mission of teaching, clinical excellence, and education.

What has occurred over the last year and what are we kind of looking for in the future? We are into clinical program building, with some minor tweaks here and there. We have had good growth over the last year. We have had a 5% growth in surgical cases across the board. We have had a growth in our work RVU's (relative value units), the metric by which we assess a surgeon's productivity and we have also increased our charges and our revenue in the department; I think a real success. That being said, I think we need to be more strategic going forward.

With the help of Craig, we've put together specific teams. We have identified four to six different areas that we want to focus on and that will bring together all of the different talent, if you will, from the medical center; people from data analytics, people from outreach, people from marketing, a surgical lead, and administrative health; to come up with a specific plan. I met with the teams yesterday and we have viewed the visual strategy maps that we are building so we can very concretely map out the way forward with regards to specific tactics and specific timelines about how we were going to grow these clinical programs. That is underway and I feel very good that we are going to be able to accomplish that in the time going forward.

We have also identified some innovative programs that we are working on. One is the Robotic Whipple. The Whipple, as some of you may know, is one of the most complex general surgery operations where we remove a third of the pancreas, part of the stomach, part of the biliary tree, and part of the intestines. It is a fairly complex operation that can be associated with some morbidity and a long length of stay. We want to do this in a minimally invasive way using a robot. This has been done at other academic medical centers, we need to be doing it here at the Wexner Medical Center, and we are doing that. Our first Robotic Whipple is booked for October 31. I hope its ok, it is Halloween, and I think it is going to go fine. We are moving at this innovative space, which I think will allow us to further differentiate ourselves as market leaders in pancreas and liver surgery.

Some other exciting things that we are doing clinically is our ECMO (Extracorporeal Membrane Oxygenation) program. This is a program by which we can basically circulate blood outside of the body. Our surgeons and cardiac surgery have been working with the Columbus Division of Fire. It is for those individuals who have a cardiac arrest, or if their heart stops out on 12th Avenue and you have tried CPR

(cardiopulmonary resuscitation) but they are not coming back. We can crash them onto a machine that will basically take the blood out of their body, act as a pump outside of their body, and then put their blood back in and keep them alive even if their heart isn't pumping to give them time to get to the medical center and allow their heart to recover. This is really moving technology out of the hospital and into the field to allow people to live long enough to get here to the Wexner Medical Center.

I think in addition to building innovative programs, we need to work on outreach. I am a huge fan of physician-to-physician communication. In the Department of Surgery this year, with a lot of help from our marketing team, we have put together a mobile app. I challenged all of our surgeons in the department to provide their personal email addresses and their personal phone numbers. This app is now being sent out to all of our referring doctors. On their phone, they can open this app, quarry by doctor name or by specialty and then see Tim Pawlik, have my cell phone number, click my cell phone number and get me directly. We want to make sure that we open the doors to any referring physician that they can contact us directly and we can get their patients into the medical center.

How about research? I think that we are doing pretty well in the Department of Surgery. We are ranked 15th overall in the country amongst Departments of Surgery. There are about 140 departments of surgery in the country and we are ranked 15th. We are not happy with that. We want to be top 10 and I think that we are going to get there.

We have had a lot of productivity in the department, over 300 papers published, and we are doing very well with regards to grant funding. In research, we are focused on basic science research. This is Jianjie Ma who's been doing some work with regards to a specific gene that acts as a molecular Band-Aid, if you will. When there is injury, like injury to the heart after a heart attack, they can give this molecule to help repair the heart. Just before this meeting, I heard from Jianjie that it was awarded another RO1 for five years of funding to continue this research.

We are also interested in translational research. You heard our dean talk about the work that Dr. Whitson and his team is doing with regards to rejuvenating and recuperating the lungs that are marginal so that we can deliver them to our patients.

We are also interested in health services research. This is some work done by Dr. Santry, a person I recruited, whose RO1 funded, to look at the quality access of general surgery in the country. As we know, much of surgery is not done at major medical centers, but is done in rural settings. The federal government has a big interest with regards to how access of care occurs outside of urban centers and Dr. Santry has been doing some important seminal work in this area.

Education. We have had some initiatives this year that we have embarked upon. One is a global surgery program. I think if we are going to be players and attract the best of the best residents to Ohio State, global surgery is something people are very interested in. We have launched two programs and one is in a high-income country. We are going to be sending a resident this year to Sydney, Australia to work there and she will be operating there. We are also sending a resident to a low-income country, Ethiopia. We have opportunities for our residents to experience the delivery of surgical care in both high-income and low-income countries.

We have also started a program for medical students called CUPID (cancer in the under-privileged indigent or disadvantaged). This is directed for underprivileged medical students. It pairs the medical students with a mentor to give them a research opportunity in a lab, a formal didactic program, and then the program is culminated in a visit to Washington D.C. where they go to Capitol Hill and work with the CUPID program to lobby for cancer care for underprivileged individuals in the United States. We did very well this year with regards to our surgical match, out of the six individuals that we matched, four were AOA (American Osteopathic Association), which means they were in the top 15% of their medical school class and two were from top 10 medical schools in the country.

I think faculty development is also very important. We talked about talent; it is all about recruiting and retaining talent. This year, we had a number of great recruits. We recruited Dr. Williams from Cleveland

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Clinic, Dr. Cloyd and Dr. Kneuertz from MD Anderson and from Memorial Sloan-Kettering respectively. As I have mentioned, we also recruited Dr. Santry, who is also RO1 funded and Dr. Sutherland and Dr. Bittner who are nationally known in their specialties of trauma and mentally invasive surgery respectively.

I was a little bit nervous about putting that Michigan thing up there, but the other thing that we started this year to create more opportunities. I engaged with my colleagues, my fellow chairs, at these institutions to create an exchange program. Many times, junior faculty do not have an opportunity to go to another institution to be a visiting professor because they are too young, their CV (curriculum vitae) isn't as thick yet. What we decided is to do is an exchange, a Big Ten exchange. We're going to send an assistant professor to Michigan, they're going to send one to us and then we're going to send an Associate's professor to Northwestern, they're going to send one back to us. I think that will be a great opportunity.

The other thing that we did was we set up a specific K-Award program. This is a career development award for young people who are trying to apply for NIH funding. I am happy to say that this year; we will have two people reapply for their K-Award. We will have one person apply for a new career development award, and we are going to have one individual apply for an RO1 award. When a department that when I entered had no young surgeons and scientists who were funded, within the next year, I think, we are going to have four or five.

The other thing that I am trying to do through philanthropy is start an emerging surgeon, scientist, scholar professorship. This is something that I think is a relatively unique idea. Most professorships go to older people who are rewarded for a great long career. This is an idea to endow professorship to an assistant professor that they will hold for three years allowing them the opportunity to get their career launched. Then, the professorship would be paid forward to a new person after three years. This way we can recruit the very best from across the country and provide them resources that they need to launch their career.

The other thing that I think is important is, like I said, all about relationships. Last year and then this year, we have a big party at my house. I had 180 people in my backyard two weekends ago. I think showing faculty that we value them, not only as professionals and as surgeons but as people, is something that I feel very passionate about.

I will conclude. As the Urban Meyer professor, I must conclude showing Urban Meyer's book. I like this. I have this whole idea that "I don't do 'very good' well". I come here to be very good. We want to be exceptional and I firmly believe that we will have a top 10 surgical program within five years with the vision that we are building and with the support that I have from Mr. McQuaid and Dean Kent. Let there be no doubt about it that is our goal. As I have mentioned, I think the department of surgery is very, very rich in history, has a solid foundation, and we have a very bright future. I am excited to be here. It has only been a year and feels like we have accomplished a lot in a year. It has really been wonderful.

With that, I will conclude and I appreciate the opportunity to address all of you today.

(See Attachment X for background information, page XX)

Dr. Kent:

That was outstanding and expected. It is hard to believe that you have only been here a year, impressive. Any questions for Tim?

Dr. Pawlik:

Everyone has been supportive already. Again, it comes back to the talent in the recruitment. One thing that I'm focusing on is philanthropy and development because I think one thing that gives us a competitive edge is the more endowed professorships and chairs that we have, will make us that much more competitive to recruit the superstars and to retain the superstars. In an era where NIH funding is so tight, we need to find other revenue streams to support our people other than clinical revenue. I think these endowed professorships are extremely important to do that.

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Dr. Kent:

Excellent. Thank you Tim, that was fantastic, I really appreciate it.

Our next presentation takes a little bit of a different approach. If we are going to be successful at the academic medical center, I mentioned earlier, it is all about the teams, right. It is not just the physicians but it is the nurses, the physical therapists, the social workers, and everybody that works together as a team. One of the things that I have discovered in my year at Ohio State is that we have extraordinary teams here and extraordinary people. To tell you a story that I think you will enjoy, we have asked Larry Jones to join us. Larry is the director of our burn unit. It turns out that our burn unit at Ohio State is the largest in the state of Ohio. It is sort of a treasury referral center where we do all of this innovative work. Larry has been for the last 35 years an academic leader in trauma and burn and six years ago, he joined the Ohio State team. Larry, thank you for joining us.

Dr. Jones:

As Dr. Kent mentioned, Ohio State houses the only burn center in central Ohio that is verified by the American College of Surgeons and the American Burn Association as meeting their very stringent criteria for what a burn center should be. That verification is based on our clinical care and our quality of improvement program, and it is judged by national leaders outside of Ohio.

Right now, we are treating about 1,100 patients a year. Most of those are outpatients; we have shifted from major inpatient to outpatient. Many of our faculty members are instructors in what is called the Advanced Burn Life Support Course, which is sponsored by the American Burn Association, and focuses on the initial resuscitation and management of severe burns. Several of our faculty have served as national faculty for that program.

We are recognized in the burn world as a leader and the use of colloid for resuscitation from burn shock. We are also on the cutting edge using lasers for remolding of burn scars, and are known for our unique approach to the management of frostbite injuries.

We recently had a very difficult case and many of you have heard of the case over the news last year or so. This was a young lady who suffered a horrific injury. She suffered very deep burns covering a majority of her body including her entire face, head, and neck as you saw. She was an impatient at University Hospital for over a year and then went on to other area care facilities. We were shocked when we heard earlier this month that she had died.

But, good things came from her case. One of the good things that came was that state legislature passed what has become known as Judy's Law, which prescribes very severe penalties for perpetrators of domestic, partner, and spousal abuse. Another good thing that came from this experience was that the nursing staff on '9 West Doan', which houses the burn center, was awarded the DAISY Team award by the Barnes Foundation and Thomas Jefferson University Hospital. It is a national award, one is given a year. That award is designed to honor collaboration by two or more people, led by a nurse who identify and meet patient and family needs by going above and beyond the traditional role of nursing.

Some of the examples of this particular case were making sure that Judy had some of her favorite foods (the chili cheese fries were notorious up there), seeing that she had hair coverings, lip balm, and bracelets. When nurses and staff had the time, they would actually sit with her and watch movies and just talk and provide her with caring human contact, which is so vital to healing.

Not to make light of that award, but I want all of you to understand that going above and beyond traditional nursing happens in our burn unit every day. The nurses on '9 West Doan' and in the surgical intensive care unit are richly deserving of this award. They are also deserving of our thanks for the tremendous work that they do and for being the caring and compassionate people that they are. I have often said that standing shoulder to shoulder with every good doctor is an even greater nurse, and I have brought two of them with me today. Tova Wiesenthal is the Nurse Manager of '9 West Doan' that houses the burn unit

and Cheryl Newton is a clinical nurse specialist from the Surgical Intensive Care Unit. Thanks to both of you.

(See Attachment X for background information, page XX)

Dr. Kent:

Thank you Larry. That was wonderful and I think exemplary of the quality of care that we provide at Ohio State. Thank you for your time.

President Drake:

Maybe just a quick comment. I will speak fast because I know our time here is short. I have a chance to visit the hospital every few weeks. It tends to be when there is a bad news circumstance or when one of our students has been injured by someone else. Many of you I see on the awards and different times doing this work that I as I mentioned to the board is going on as we speak here today, 24/7. One of the things that you know and my colleagues, the dean, and others know is we love the successful outcomes that we produce. We often, and I remember this so much from my career, form the tightest relationships with patients with whom we do not share successful outcomes. We get to the point of human care and doing our best in circumstances that we cannot come to a miracle or a good or great finish, but what we can do is to be there with that person and do all that we can to help him or her move forward. Something that gives me chills, as I speak, is thinking about patients that I knew over the years, who didn't do so well and how grateful their families were to the effort that we put forward; how much it meant to have the privilege of being able to work with people when they are at their weakest and most vulnerable, and to bond with them to try to help with them move forward. I want to make sure for all of your colleagues, that you know how much we appreciate that this work goes on every day, it makes a real difference, and it really moves us. Thank you.

Dr. Kent:

Thank you Dr. Drake. One last notation in my report, bittersweet. I want to announce that this young gentleman next to me, Chris Ellison, is up for retirement, is that right? We all know Chris, faculty member, then division chief, then chair of the Department of Surgery, then leading our practice plan, and then dean. His contributions to this organization over the past 30 years have been more than extraordinary.

It was interesting, we talked about Ken Washburn and the transplant program and Bryan Whitson, and Tim Pawlik; Chris recruited all of them. In some ways, he is responsible for much of the great news that we have heard about today. I would love to recognize Chris for all that he is done and we appreciate him coming back quickly as an emeritus professor. Thank you.

Dr. Ellison:

Thank you.

Dr. Kent:

That concludes my report.

Dr. McPheron:

If I could just lean in quickly, Chris you were going to say something?

Dr. Ellison:

Yes. I would like to take this opportunity to thank the university for the privilege and honor of serving this organization, the medical center, Department of Surgery, and the College of Medicine. I hope that my

efforts have made a difference for the institution. I am grateful that we have been able to work together to recruit some great people in surgery and in other departments. I am delighted that Dr. Kent is here taking charge of the College of Medicine. He is a fabulous leader, dean, scientist, and person. Mr. Wexner, President Drake, thank you very much.

Dr. McPheron:

Just very quickly. I work with all 19 of the deans in my role as provost. We have heard some incredible stories here today. Craig, thanks for bringing those folks forward and Chris thanks for your role in helping to recruit.

The fact of the matter is that I think this illustrates the sky is the limit for this place. Most of us who are in this room are here because of the potential for the future and Craig, we've asked you to do some heavy lifting here in your first year as dean. It is not often that you would bring in a leader and say well create a strategic plan and oh by the way, create a new compensation plan and, all of the other things we have asked you to do. I wanted to say in front of the board and your colleagues how much I have appreciated the way you have stepped in to learn your leadership role and change your style in some cases. It has been a real learning experience for all of us as we work closely together. As I have talked to the chairs around the College of Medicine, they are really appreciating the work that you are doing. That sky is within reach I think.

Mr. Wexner:

Conveniently true.

President Drake:

Absolutely. Incredible work and a real important performance across the board. We have said several times, when we were talking of the quality of the report that we were having at the College of Medicine the way things were going and those things don't happen by accident. Dean Kent is about to celebrate his first anniversary. A year of incredible progress with us, we are grateful and excited about the future Craig, thank you and congratulations.

We are able to go onto Wexner Medical Center report, Mr. McQuaid, go ahead.

Mr. McQuaid:

Ok, I have a couple of announcements. The fiscal 2017 scorecard is in your packet. I am going to reserve time because Mark Larmore, our chief financial officer, is going to give the financial report and Dr. Susan Moffatt-Bruce will talk about quality so I will tend them to that. I wanted a couple announcements because of the time.

I want to give kudos to community health day that was held June 24. This was just an outstanding day held on the east campus with 1,400 screenings performed, 401 people were screened, and 42 exhibiters. That was 100% increase in the number of screenings and a 65% increase in the attendees. It takes so many people to pull that off and I am really proud of the entire team of people that came together: the representation from the university, the different colleges, and others. Next year is going to be even bigger and better.

I want to acknowledge that Dr. Quinn Capers, one of our interventional cardiologists, won the [Columbus] Business First Diversity in Business, Outstanding Diversity Champion Award, which recognizes individuals within the community who show outstanding initiative to promote diversity and inclusion either in their organization or community, making a positive difference in other's lives through contributions to social justice, equality, and diversity. Kudos to Dr. Capers for his achievement.

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We had a great meeting, roundtable discussion, coordinated by Jen Carlson in Government Affairs and her team of people, Andy Thomas and others, and Dr. Caligiuri to host Congressman Tiberi in a Medicare roundtable discussion on August 17. I will tell you that the engagement and feedback from that roundtable event, focusing on cutting red tape, focusing on administrative burden, and putting more attention on patients what he could hear from leaders, clinicians at Ohio State to lessen that burden so that we can spend more time with patients. Also, during that event, Dr.'s Drake and Caligiuri presented the congressman with the 2017 Congressional Champion Award from the Alliance of Dedicated Cancer Centers for his support of medical centers that are dedicated to fighting cancer. That was a big deal and Congressman Tiberi is a great friend of Ohio State. It was a great honor to have him here and have our faculty and staff engage with him.

Finally, what I want to say are three things quickly. The Castle Connolly Top [Doctors] were announced in June. We, at Ohio State, have 198 of our physicians whose names are featured in the August Columbus Monthly [Magazine], take a look at that. I am proud of all the work that the development team is doing, particularly around WexMed [Live] talks. You know that these are engaging presentations that were put together of medical discoveries made by our physicians and scientists. The next one is in Cleveland on September 7. It is going to be held at the Rock and Roll Hall of Fame at 6:30pm. We have [many] people already RSVP'ing to that, about 150 or 160 or so. They expect probably 250 to be there.

Finally, I received this yesterday and I want to call attention to give credit to Mark Larmore and Hal Mueller in our supply chain area. Mark, Hal, and the entire team of people received an award from Vizient. This was the Supply Chain Management Excellence Award from Vizient for the work that they had done in the past 12-18 months that improved the physical movement of supplies, lowered the cost of those, and increased internal customer satisfaction. The work that Mark, Hal, and the entire team have been doing are making a difference and Vizient has recognized the Wexner Medical Center once again.

That concludes my report.

President Drake:

Thank you very much. I appreciate the incredible work that you have done with us this last year and a half, a great report to have. We are moving, I know we are way behind, quickly on to the Financial Report, Mr. Larmore. The Vizient award winner, Mr. Larmore.

Mr. Larmore:

Thanks. I am just going to talk to two of the slides. The first one being the health system, which is the hospital's profit/loss statement. This is for the year ending June 30, 2017. [It was] a very successful year for the health system. You can see in the middle of the page that we ended the year with a bottom line of just about $238 million, which was $33 million better than we budgeted and $50 million increase year over year.

The statistics on the bottom that are adjusted to mission, which is just a factor of both admissions and ambulatory volume, grew by 6%, which is larger growth than we have seen in the past. A focus this year was to make sure that we were growing our revenue faster than our expenses to see marginal improvement. Our revenue grew 1.9% and our expense grew 1.6% year over year. It was a fabulous year from the health system standpoint.

On page four, we incorporate the College of Medicine and the Practice Plan into the financials, which is presented as the medical center. You can see both of those two enterprises had successful years. The total bottom line, $302 million, which was $89 million better than budget and $67 million better than the prior year. That margin of 8.8%, which last year we were at 7.7%, a good improvement year over year. Part of that was a good financial return on the market, probably about 0.7% of that. The rest is an improvement in the operations.

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In the middle of the statistics is the physician encounters. These are at the practice locations. It is a huge number, almost 2.7 million encounters, which is an 8.8% growth year over year. This is a great growth. I think Dr. Kent reported earlier on the success we have had with recruiting physicians here and we see that in the physician visit volume. There is more detail in the deck and I can take questions on those, if anyone has any.

(See Attachment X for background information, page XX)

President Drake:

Are there any questions? This the strongest financial report that we have ever had and our best year ever. It is not something to look at lightly. We had an incredibly aggressive budget last year. We talked in this room about what a stretch that would be and then through the hard work of the people here. You, David, and Craig in particular wanted to focus on hard work. Throughout this time, we actually exceeded our goals significantly. We do acknowledge that is work every day.

We're going quickly so we'll save applause till the end. If there are no more comments, we move to quality. Susan?

Dr. Moffat-Bruce:

Yes, thank you. Laura if you could bring up the presentation, I just have two slides. This is the slide that I want to show you first and foremost.

Over the past six years of the federal government, CMS (Centers for Medicare and Medicaid Services), has put at risk millions of dollars initially starting with $2 million, now up to $6 million, around quality. We get reimbursed based on our outcomes. Over those six years, we have been able to not only improve our quality, but also our patient experience and reduce our readmission rate. Finally, this year, we are actually getting money back relative to our performance. While there are over $6 million at risk, we were in the positive this year based on our outcomes. You can see here the trajectory has been positive over the past six years. As I sais, this is a composite of readmissions, quality, and patient satisfaction and I would anticipate continued success going forward.

The other slide that I want to show the board and team members is our *U.S. News and World Report* top ranked specialties. This year, we had seven specialties ranked. The 2017 *U.S. News and World Report* is a composite of reputation, safety, mortality, and structure. It reflects data from 2013-2015. However, it gets resulted in 2017, you're always two years behind. Having said that, over the past year, these seven specialties: Cancer, Cardiology, Diabetes, ENT (ear, nose and throat), Nephrology, Neurology, and Pulmonary Medicine, have made tremendous increases and good movement in the rankings. We now have these seven specialties that are moving up the board. For the others that are not yet on the leaderboard, they are very close behind having managed structure, reputation, safety, and outcomes.

Those are the two publicly reported quality programs that I wanted to let the board know about. These are obviously very important to us because it helps us understand our true north around quality and outcomes and how it is reflected in others as to our performance. There is some other information in the book and I am happy to take any questions, but those two slides summarize the public reporting of quality outcomes for any institution.

(See Attachment X for background information, page XX)

President Drake:

Again, very good work. There are about 5,300 hospitals in the country and only 170 get points in even one of these at any time. To score in seven of these categories puts us in the top .5% of hospitals.

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Dr. Moffat-Bruce:

Absolutely, there are only 38 hospitals that have seven specialties ranked, so we are at 1%.

President Drake:

I apologize, I was rounding off the .5%. We were close enough. This is a very distinguished company. This ranks specialties that fit into the top 50 across the country. We have several that are in the 50's.

Dr. Moffatt-Bruce:

Absolutely.

President Drake:

We have many others that are very good and I always point this out. We heard in the beginning about the quality of our academic programs and saw the incredible work were are doing there. We saw how successful the hospital has been financially, the most successful year ever, but this is our patient quality and safety and we are at the top of the rung of this as well. It is important to know that all of those things are modifying each other. Thanks very much for that report.

Dr. Moffat-Bruce:

Very good, thank you. That ends my report.

President Drake:

Great. We are now ready to move on to Approval to Enter into Professional Services and Construction Contracts, Mrs. Taylor.

Ms. Taylor:

Thank you President Drake. Today, we are asking for approval of $5.2 million for renovation and relocation of Histology and Immunochemistry Histology labs or IHC labs. This would be movement from the third floor of Doan [Hall] in University Hospital to 680 Ackerman Road.

The rationale for this move is defined by a few key issues. First, our past inspections by the College of [American] Pathologists cited these areas as having inadequate space for quality of work and personnel. This citation was based on the fact that the IHC and Histology labs do not meet basic square-footage requirements, being 36 inches of clear passage between work stations. Currently, these laboratories only have 25 inches passageway between workstations. This was space that was built originally without those requirements in place but now, over time as Doan has aged, we no longer meet those requirements.

Our own internal environment of care rounds find and manage issues ongoing in these two laboratories of inadequate airflow and humidity issues due to the many pieces of equipment that are now being housed in this confined space. The ventilation system in Doan simply cannot keep up with the heat that is being thrown off from this equipment. Based on our overall patient volume growth, there is demand for this type of work being performed in these laboratories. However, given the constraints previously outlined, there is no ability for these areas to grow their book of business. We are beginning to see recruitment and retention issues, both with faculty and staff because of these environment of care and facility issues.

The benefit of moving to 680 Ackerman will be to enhance the operational efficiencies, eliminate workplace and environmental concerns, and meet our regulatory requirements. This new Ackerman space will double in size from the current Doan footprint. The expansion will allow for clinical growth, helping to create adequate workflows, and help with recruitment and retention of our staff and faculty.

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The services provided by IHC and Histology are not mission critical to be on this campus, as they are really moving to a digital platform. I think Mike and certainly, other experts in the room can talk about the digital platform. It is no longer necessary that we have them here on the main campus - 680 Ackerman Road is a space that we have been looking at for the past year and we are asking for the funding be approved for this project.

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Resolution No. 2018-05

680 ACKERMAN - IHC/HISTOLOGY LAB

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

WHEREAS in accordance with the attached material, the university desires to enter into professional services and construction contracts for the following project:

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Project Cost	
680 Ackerman - IHC/Histology Lab	$0.5M	$4.7M	$5.2M	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 project listed above be recommended to the University Board of Trustees for approval; and

BE IT FURTHER RESOLVED, That the president and/or senior vice president for business and finance be authorized to enter into professional services and construction contracts for the project 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.

(See Attachment X for background information, page XX)

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Dr. Thompson:

May I ask Mr. Meyers to go ahead with his resolution?

Mr. Meyers:

Thank you. This is for the Acquisition of real property of 2001 Polaris Parkway. The university would like to purchase 9.316 acres of improved land at 2001 Polaris Parkway. The property has been leased by the university for its Wexner Medical Center since 2004. It contains a two-story, 72,000 square foot office and research facility. The university currently uses the building for office space, lab medical office, and a vivarium. We expect improvements to be made to accommodate additional labs and administrative space for the James.

Recent appraisals of the facility put its value between $6.775 million and $6.825 million. As set forth in the option to purchase in OSU's lease, if the closing occurs prior to October 31, then the purchase price will be $2,054,840. If it closes after October 31, but before February 1, then the purchase price will be $2,075,937 million. If closing cannot occur by February 1, then the university will have the option to extend for two 30-day periods, each costing $20,000. If the university cannot close by April 1, then its option to purchase will be terminated.

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Money from the purchase comes from the Wexner Medical Center capital budget. Because the title would be taking the name of the state of Ohio, this acquisition will require approval from the State Controlling Board. The Ohio Legislature, we are prepared to appear at the board at the September 25 meeting.

ACQUISITION OF IMPROVED REAL PROPERTY

Resolution No. 2018-06

2001 Polaris Parkway
Columbus, Delaware County, Ohio 43240
Parcels 318-443-02-003-000 and 318-443-02-003-001

Synopsis: Authorization to purchase real property located at 2001 Polaris Parkway, Columbus, Delaware County, Ohio, is proposed.

WHEREAS The Ohio State University seeks to purchase improved real property located at 2001 Polaris Parkway, Columbus, Ohio identified as Delaware County parcels 318-443-02-003-000 and 318-443-02-003-001; and

WHEREAS the property is currently zoned as a Commercial Planned District and consists of a two-story office and research facility occupied by The Ohio State University Wexner Medical Center; and

WHEREAS the Wexner Medical Center currently leases the entire building and has determined that the acquisition of this property will support its research and lab programs; and

WHEREAS all costs associated with the acquisition of the property will be provided by the Wexner Medical Center:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the acquisition of improved real property located at 2001 Polaris Parkway be recommended to the University Board of Trustees for approval; and

BE IT FURTHER RESOLVED, That the president and/or senior vice president for business and finance be authorized to take action required to effect the purchase of the referenced property in the name of the State of Ohio for the use and benefit of The Ohio State University upon terms and conditions deemed to be in the best interest of the university.

(See Attachment X for background information, page XX)

Dr. Thompson:

Both of these resolutions are on the consent agenda by the full board later this week. May I have a motion to recommend the resolutions to the University Board of Trustees?

Upon motion of Mr. Schottenstein, seconded by Ms. Krueger, the Wexner Medical Center Board members adopted the foregoing motion by unanimous voice vote.

Dr. Thompson:

The motion carries. Final item is Ms. Krueger.

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Ms. Krueger:

Yes, thank you. QPAC (Quality and Professional Affairs Committee) met yesterday and I will be reporting the following. Both the University Hospital System and the James Cancer Hospital are required by regulating bodies to define in writing how they effectively manage programs, services, sights, and departments, as well as defining in writing the nurse executive's authority and responsibility.

OSU Wexner Medical Center accomplishes this through two plans for patient care services. One, which encompasses all the business units under Ohio State University Medical Center, its hospital through their CMS provider number, and the other is encompassed through all business units under the James Cancer Hospital and Solove Research Institute CMS provider number.

The 2017 University Hospital plan was reviewed by key members of a management team for the university hospital including representation from Dodd Rehabilitation, Brain and Spine, Ross Heart, University Hospital East, as well as the Ambulatory services.

In addition to minor grammatical changes throughout, the changes in the 2017 University Hospital Plan for Patient Care Services are as follows: updated role for the chief nurse to reflect the current structure with ACNO (Associate Chief Nursing Officer) and updated appendix A to be encompassing more of any ancillary services.

In 2017, the James Hospital plan was reviewed by key members of the management team for the James including representation from the operations leadership, ambulatory care, as well as patient care service leadership team.

In addition to grammatical changes throughout, changes in the 2017 James Cancer Hospital Plan for Patient Care Services are, again, updated appendix include the addition of the clinical call center, a telephone triage department addressing established James patient needs after hours.

That will conclude my report.

PLAN FOR PATIENT CARE SERVICES

Resolution No. 2018-07

University Hospitals

Synopsis: Approval of the annual review of the plan of care and scope of services for The Ohio State University Hospital, Richard M. Ross Heart Hospital, Harding Hospital, and University Hospital East, is proposed.

WHEREAS the mission of the Wexner Medical Center is to improve people's lives through the provision of high quality patient care; and

WHEREAS the University Hospitals plan for inpatient and outpatient care describes the integration of clinical departments and personnel who provide care and services to patients at The Ohio State University Hospital, Richard M. Ross Heart Hospital, Harding Hospital, and University Hospital East; and

WHEREAS the University Hospitals Plan for Patient Care Services was approved by the Quality and Professional Affairs Committee of the Wexner Medical Center Board on June 27, 2017:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the plan of care and scope of services process for The Ohio State University Hospital, Richard M. Ross Heart Hospital, Harding Hospital, and University Hospital East as outlined in the attached Plan for Patient Care Services.

(See Attachment X for background information, page XX.)

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PLAN FOR PATIENT CARE SERVICES

Resolution No. 2018-08

Arthur G. James Cancer Hospital

Synopsis: Approval of the annual review of the plan of care and scope of services for the Arthur G. James Cancer Hospital, is proposed.

WHEREAS the mission of the Wexner Medical Center is to improve people's lives through the provision of high quality patient care; and

WHEREAS the plan for inpatient and outpatient care describes the integration of clinical departments and personnel who provide care and services to patients at the Arthur G. James Cancer Hospital:

WHEREAS the Arthur G. James Cancer Hospital Plan for Patient Care Services was approved by the Quality and Professional Affairs Committee of the Wexner Medical Center Board on August 22, 2017:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the plan of care and scope of services process for the Arthur G. James Cancer Hospital as outlined in the attached Plan for Patient Care Services.

(See Attachment X for background information, page XX)

Dr. Thompson:

May I have a motion to approve the plan for patient care services?

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

Dr. Thompson:

The motion carries.

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President Drake:

Great, that just about does our meeting, for the good of the org. One more bit of information that we did not share. If I could ask Dr. Kent to say a word about the American Board of Surgery and the recent election that they had. I want to make sure you say it so that it done correctly.

Dr. Kent:

Well that's very kind, thank you. I have been involved for the past few years in the American Board of Surgery. Just a month or so ago, I was elected vice chair, so I will be chair of the American Board of Surgery this coming year. I am excited about that. I think, amongst all of the accolades of everyone in this group, it raises OSU to another level.

Thank you again for mentioning that.

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President Drake:

And, it's a great reflection of the esteem that you're held in nationally by your most critical colleagues and I think that deserves a round of applause.

That concludes our meeting, thank you again to everybody for being here; long day and great work. Thank you.

Attest:

Leslie H. Wexner
Chairman

Blake Thompson
Secretary

THE OHIO STATE UNIVERSITY

Total Health and Wellness Clinic

Interprofessional Learning Experience for Students

Team Training in Primary Care

THE OHIO STATE UNIVERSITY

Presenters

- Margaret Graham, PhD, CRNP – Vice Dean, OSU College of Nursing
- Candy Rinehart, DNP – Director, Ohio State Total Health and Wellness
- John Wegman – 4th year medical student
- Shana Straka – 3rd year nurse practitioner student
- Rachel Lavelle – 4th year pharmacy student
- Elana Curry – 2nd year medical student

THE OHIO STATE UNIVERSITY

Interprofessional Collaborative Practice

- Values Ethics
- Roles/ Responsibilities
- Communication
- Teamwork

American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Dental Education Association
Association of American Medical Colleges
Association of Schools of Public Health

Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.


EXIT

THE OHIO STATE UNIVERSITY

External funding for interprofessional care: HRSA Project

1) Sustain a NP-led interprofessional collaborative practice (IPCP) clinic located in East Columbus that integrates primary care and mental health services to improve health outcomes in an at-risk underserved population

2) To increase the number of health professional students skilled in interprofessional collaborative practice

THE OHIO STATE UNIVERSITY

TEAMcare Model

- Patient Centered Focus
- Collaborative Goal Setting
- Practical Care Planning
- Consistent targeted multidisciplinary healthcare team management

TEAMcare
Improving chronic illness outcomes in the medical home

(Katon, Lin, Von Korff, Ciechanowski, Ludman, Young, Rutter, Oliver, McGregor, 2010).

THE OHIO STATE UNIVERSITY

Student Disciplines in Interprofessional Clinic

- Medical Dietetics
- Medicine
- Nurse Practitioners
- Pharmacy
- Social Work

OSU WEXNER MEDICAL CENTER - ENTERPRISE PERFORMANCE SCORECARD
FY2018 September Year-To-Date Results

Strategic Priorities	Champion	Metric(s)	FY 17 Actual	FY18 YTD - September Actual	Status	FY 18 Target	FY24 – 7 Year Aspirational Target
TALENT & CULTURE	Basso/ McQuaid/ Kent	Medical Center Overall Engagement Score	Number of Tier 3 workgroups reduced by 46.5%	Full census survey conducted November 2017.		4.15	Top Quartile
	Basso/ Kent	Develop and implement a plan to enhance faculty engagement	N/A	Plan Development in Process	◀▶	Plan Developed - Yes/No	N/A
	Basso/ McQuaid	Turnover Rate - Staff	13.4%	4.3%	◀▶	13.3% (25th Percentile)	11.8% (10th Percentile)
	Basso/ Kent	Turnover Rate - Physician	9.1%	4.3%	◀▶	8.9%	8.7%
	Basso/ McQuaid/ Kent	Women and URM in Leadership Positions	Women (47.4%) URM (10.7%)	Women (47.8%) URM (10.0%)	◀▶	Women (48.5%) URM (12%)	Women (53.0%) URM (16.0%)
RESEARCH	Mohler/ Kent	Total Awards	$232.7M	$72.3M	▲	$237.4M	$374.9M
	Mohler/ Kent	NIH Awards	$118.3M	$45.2M	▲	$112.8M	$178.2M
	Mohler/ Kent	New Federally Funded Faculty	19	8	▲	20	20 in FY24 Cumulative 140
EDUCATION	Clinchot/ Kent	US News and World Report Best Medical Schools Ranking	31	Update Available March 2018		31	20
	Clinchot/ Kent/ Holliday	% of top students matched as residents	25.3%	Data Available Summer 2018		27.0%	30.0%
	Clinchot/ Kent	Develop an inter-professional health sciences curriculum	N/A	Under Development	◀▶	Develop Curriculum - Yes/No	N/A
HEALTHCARE DELIVERY	Taylor/ Seely/ Lucas/ Kipp	Inpatient Admissions	61,701	16,148	▲	64,000	77,500
	Like/ Forrest	New Patient Visits with a Physician & APP[1]	127,942	21,295	▲	131,580	166,000
	N.Ali/ E. Schumacher/ Kipp	Inpatient Length of Stay Index	1.02	1.03	▲	0.97	Top Decile
	Adkins/ Steinberg	Emergency Department Length of Stay	424 Minutes	431 Minutes	▼	376 Minutes	266 Minutes
	Like/ Forrest	Access - Days to 1st appointment for new patients with a physician & APP - Primary Care	43 days	42 Days	▲	41	7 Days
	Like/ Forrest	Access - Days to 1st appointment for new patients with a physician & APP - Specialty Care	35 days	35 Days	▲	32	14 Days
	Thomas/ Nash/ Gonsenhauser	Patient Satisfaction - HCAHPS[2]	79.30%	79.10%	▼	80%	83%
	Thomas	Readmissions[3]	12.60%	13.58%	▼	11.39%	7.43%
	Thomas/ Gonsenhauser	Mortality[4]	0.77	0.74	▲	0.76	0.73
	Thomas/ Gonsenhauser	Gain from Quality Based Reimbursement Programs	$7,000	Data Available July 2018		$300,000	$2 Million
	Thomas/ Necamp	USNWR Best Hospitals - Number of Specialties Ranked	7	Update Available July 2018		9	16
RESOURCE STEWARDSHIP	Larmore	Integrated Net Margin	$301.6M(8.8%)	$66.9M (7.6%)	▲	$261.6M (7.29%)	$128M (2.71%)
	Larmore/ Taylor/ Seely/ Lucas/ Like/ Walker	Operating Expenses per AA	$20,710	$20,919	▲	$21,111	$23,198
	Larmore/ Hamilton	Health Plan Per Member Per Year Costs[5]	$5,007	$5,007	◀▶	$5,168	Beat National Trend by 1%
	McQuaid/ Kent/ Larmore	Efficiency Target	N/A	Data available January 2018		$20M	Cumulative $420M
	Hill-Callahan	Philanthropy $	$180.4M	$48.3M	▲	$130.0M	$250.0M
	McQuaid/ Kent	Priority facilities' programming on schedule and under budget	N/A	Programming is on schedule for all 4 projects	◀▶	4 out of 4	All Facilities Opened
HEALTHY COMMUNITIES	Necamp/ Blincoe/ Thomas	Develop focused programs to address community health needs in the areas of chronic diseases, opioid addiction and infant mortality	N/A	Under Development	◀▶	Program Developed - Yes/No	N/A
	Blincoe/ Gluck	Tertiary/Quaternary Critical Care Access for Patients From Regional Areas	15,388	4,133	▲	15,865	17,825
	Marsh/ Blincoe	Number of patient encounters in affiliated regional locations	167,259	38,906	▲	173,491	210,087

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. New Patient visits updated through August 2017
2. HCAHPS Updated through August 2017
3. Readmissions updated through July 2017
4. Mortality updated through August 2017
5. Health Plan Per Member Per Year Costs represents the 12 month period of June 2016 through May 2017

OSU WEXNER MEDICAL CENTER
FY18 ENTERPRISE PERFORMANCE SCORECARD DEFINITIONS

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

Metric(s)	Definition
Engagement Score	Press Ganey determines the metric of workforce engagement based on employees' response to three metrics 1. Willingness to refer OSUWMC to family, friends and colleagues for employment and healthcare 2. Pride in affiliation with OSUWMC 3. Overall, satisfaction in employment at OSUWMC
Develop and implement a plan to enhance faculty engagement	N/A
Turnover Rate - Staff	Turnover Rate - Staff is the count of Staff members who actually exit the system, leave the Medical Center.
Turnover Rate - Physician	Turnover Rate - Physician is the count of Physicians who actually exit the system, leave the Medical Center.
Women and URM in Leadership Positions	Percent of women and underrepresented minorities in leadership positions. Underrepresented minorities: Asian, Black, and Hispanic. Health System management positions: Director/Sr. Director/Administrative Director/Associate Exec Director/Chief XX Officers. COM management positions: Dean, Vice Deans, Chairs, Division Directors, Vice Chairs, Center Directors, College-level staff leaders and Department Administrators.
Total Awards	The sum of all research award funding received by the College of Medicine during the period in question.
NIH Awards	The sum of all NIH Award funding segments (less sub-Awards) received by the College of Medicine during the period in question.
New Federally Funded Faculty	Report of faculty receiving either their first federal funding (current faculty) or new faculty with new federal funding for OSU.
US News and World Report Best Medical Schools Ranking	The overall rank of the medical school among all the medical schools ranked by U.S. News and World Report's Best Medical Schools.
% of top students matched as residents	The percentage of students, residents or fellows matching to train at OSUWMC that graduate(d) from top-ranked USNWR Best Medical Schools or has been inducted into AOA National Medical Honor Society. Top ranked is the top 30 USNWR Best Medical Schools for that specific year.
Develop an inter-professional health sciences curriculum	N/A
Inpatient Admissions	A count of patients admitted to the Health System during the reporting period. Inpatients are defined by the patient class assigned in IHIS. Excludes normal newborns. Excludes Observations and Outpatients in a Bed.
New Patient Visits with a Physician & APP	The number of unique new ambulatory patients seen in an OSUWMC outpatient location by a provider (physician, NP or PA). Will be tracked monthly and report fiscal YTD figures. A "unique new ambulatory patient" is a patient that has had no OSUWMC activity (IP or OP) in last rolling three years with a triggering event of a billable encounter with a provider in one of our ambulatory locations. Will be calculated for all departments/divisions and include AfterHours and the ED but will show separately. A unique patient will only be counted once.
Inpatient Length of Stay Index	The ratio of length of stay to Vizient expected length of stay for a given population and time period.
Emergency Department Length of Stay	Median time in minutes from ED arrival to ED departure for patients admitted to the facility from the ED.
Access - Days to 1st appointment for new patients with a physician - Primary Care	The average wait time for a new patient appointment with a Physician in a Family Medicine or General Medicine office as measured by when the appointment was requested to the scheduled date of service for the appointment.
Access - Days to 1st appointment for new patients with a physician - Specialty Care	The average wait time for a new patient appointment with a Physician in a Specialty Care office as measured by when the appointment was requested to the scheduled date of service for the appointment.
HCAHPS Score	Percent of inpatients who gave the hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) - across all system hospitals including The James.
Readmissions	Estimates of unplanned readmission for any cause to an acute care hospital within 30 days of discharge from a hospitalization.
Mortality	This measure is expressed as the observed (actual) mortality in the inpatient hospital (deaths per 100 patients), compared to the "expected" mortality rate for similar patients at academic medical centers in the United States who participate in the University Healthsystem Consortium's Clinical Data Base.
Gain from Quality Based Reimbursement Programs	Financial gain (penalty) from CMS based programs i.e. Value Based Purchasing, Reimbursement Reduction Program and Hospital Acquired Conditions
USNWR Specialties Ranked	Total number of specialties OSUWMC was ranked in by U.S. News and World Report's Best Hospitals; A specialty is ranked if it is among the Top 50 hospitals for that specialty. This applies to specialties with a data-driven ranking methodology; for specialties that have a reputation-only methodology, the number of hospitals that make the ranked list varies depending on the specialty.
Integrated Net Margin	Combined financial reporting represents entire financial position of the OSU Wexner Medical Center including the OSU Health System, OSU Physicians Inc, and College of Medicine. Combined Medical Center Margin includes operating revenues, operating expenses, and Medical Center Investments.
Operating Expenses per AA	Serves as an indicator that presents a metric that accounts for both inpatient and outpatient activities and indicates how well expenses are in line with volumes for the health system.
Health Plan Per Member Per Year Costs	Per member per year costs (PMPY) are based on the sum of all medical/Rx costs including 90 day run out and IBNR (incurred but not reported) factors divided by the number of members with medical coverage. It is the sum of Net Pay PMPY for medical claims and Net Pay PMPY for pharmacy claims. PMPY will be calculated on a calendar year to align with the benefit year and allow for the reporting lag due to 90 days claim run out.
Efficiency Target	Operational efficiency will be achieved by streamlining our core processes in order to more effectively respond to the continually changing healthcare environment in a cost-effective manner. In order to obtain operational efficiency, the Medical Center will evaluate ways to maximize and leverage the resources that contribute to success and utilize the best of its workforce, technology and business processes. The reduced internal costs that result from operational efficiency will enable the Medical Center to achieve the financial targets required to achieve the Medical Center's long term strategic mission to provide world class healthcare to our patients.
Philanthropy $	This metric represents new fundraising activity comprised of Development Dollars (including OSP) including outright gifts and pledges, planned gifts (irrevocable and revocable) and private grants (industry, foundations and other organizations).
Priority facilities' programming on schedule and under budget	This metric represents status of programming for the 4 priority facilities namely - Replacement Hospital, West Campus Ambulatory Center, Interdisciplinary Research Tower, and Inter-Professional Education Center.
Develop focused programs to address community health needs in the areas of chronic diseases, opioid addiction and infant mortality	N/A
# Hospital Transfers	Outside hospital/facility patient transfers for inpatients accepted as direct admissions or transfers to the Emergency Department (Main, OSUE).
Number of patient encounters in affiliated regional locations	Total count of patient encounters resulting from the following Outreach initiatives: OSU Physician Placement, Clinical Service Line Development/Expansion, and Virtual Health Consulting Services. All encounters outside of Franklin county as well as encounters identified as a virtual encounter are included in the total.

Wexner Medical Center Board
Public Session
Health System Financial Summary

November 1, 2017

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Financial Highlights

For the YTD ended: September 30, 2017

Admissions	
Budget	0.6%
Prior Yr	4.4%
Actual	16,148
Budget	16,051
Prior Yr	15,469

Surgeries	
Budget	-0.9%
Prior Yr	1.6%
Actual	10,962
Budget	11,058
Prior Yr	10,788

O/P Visits	
Budget	-1.7%
Prior Yr	1.7%
Actual	444,198
Budget	451,982
Prior Yr	436,783

Worked Hrs / Adjusted Admit	
Budget	0.0%
Prior Yr	-3.6%
Actual	202
Budget	202
Prior Yr	195

The Ohio State University Health System

Financial Highlights

For the YTD ended: September 30, 2017

Operating Revenue	
Budget	0.5%
Prior Yr	7.7%
Actual	$723,952
Budget	$720,200
Prior Yr	$672,072

Controllable Costs	
Budget	-0.3%
Prior Yr	-6.7%
Actual	$555,281
Budget	$553,511
Prior Yr	$520,656

Excess Revenue over Expense	
Budget	4.7%
Prior Yr	33.3%
Actual	$60,710
Budget	$57,983
Prior Yr	$45,532

Days Cash on Hand		
Jun FY17	2.8%	
PY MTD	17.4%	
Actual	131.0	$861M
Jun FY17	127.5	$826M
PY MTD	111.6	$680M

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Statement of Operations

For the YTD ended: September 30, 2017
(in thousands)

OSUHS	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	$ 723,952	$ 720,199	$ 3,753	0.5%	$ 672,074	7.7%
Operating Expenses						
Salaries and Benefits	312,383	312,789	406	0.1%	292,978	-6.6%
Resident/Purchased Physician Services	27,237	27,296	59	0.2%	25,093	-8.5%
Supplies	77,528	77,248	(280)	-0.4%	74,820	-3.6%
Drugs and Pharmaceuticals	73,520	70,748	(2,772)	-3.9%	67,708	-8.6%
Services	76,846	77,662	816	1.1%	72,043	-6.7%
Depreciation	38,439	38,495	56	0.1%	35,098	-9.5%
Interest	9,640	9,723	83	0.9%	10,029	3.9%
Shared/University Overhead	13,360	13,360	-	0.0%	12,226	-9.3%
Total Expense	628,953	627,321	(1,632)	-0.3%	589,995	-6.6%
Gain (Loss) from Operations (pre MCI)	94,999	92,877	2,122	2.3%	82,076	15.7%
Medical Center Investments	(37,525)	(37,467)	(58)	-0.2%	(37,513)	0.0%
Income from Investments	2,908	2,573	335	13.0%	983	195.8%
Other Gains (Losses)	327	-	327	---	(14)	---
Excess of Revenue over Expense	$ 60,710	$ 57,983	$ 2,727	4.7%	$ 45,532	33.3%

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Activity Summary

For the YTD ended: September 30, 2017

OSUHS	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
CONSOLIDATED ACTIVITY SUMMARY						
Activity						
Admissions	16,148	16,051	97	0.6%	15,469	4.4%
Surgeries	10,962	11,058	(96)	-0.9%	10,788	1.6%
Outpatient Visits	444,198	451,982	(7,784)	-1.7%	436,783	1.7%
Average Length of Stay	6.31	6.20	(0.10)	-1.7%	6.10	-3.4%
Case Mix Index (CMI)	1.80	1.85	(0.05)	-2.5%	1.81	-0.6%
Adjusted Admissions	30,066	29,978	87	0.3%	29,512	1.9%
Operating Revenue per AA	$ 24,079	$ 24,024	55	0.2%	$ 22,773	5.7%
Operating Expense per AA	$ 20,919	$ 20,926	7	0.0%	$ 19,992	-4.6%

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Outpatient Visit Summary

For the YTD ended: September 30, 2017

CATEGORY	ACTUAL	BUDGET	ACT-BUD VAR	BUDGET % VAR	PRIOR YEAR	PY % VAR
Surgeries	6,675	6,821	(146)	-2.1%	6,750	-1.1%
ED Visits	26,818	26,555	263	1.0%	28,939	-7.3%
Procedures	30,363	30,968	(605)	-2.0%	30,443	-0.3%
Cath Lab	786	880	(94)	-10.7%	914	-14.0%
EP Lab	606	690	(84)	-12.2%	658	-7.9%
Interventional Radiology	1,270	1,093	177	16.2%	1,008	26.0%
Radiation Oncology	11,921	11,959	(38)	-0.3%	11,719	1.7%
All Other	15,780	16,346	(566)	-3.5%	16,144	-2.3%
Clinic Visits	112,448	113,250	(802)	-0.7%	110,373	1.9%
Clinic/Office Visits	104,830	106,191	(1,361)	-1.3%	103,192	1.6%
Chemo Visits	7,618	7,059	559	7.9%	7,181	6.1%
Rehab Services	51,487	53,596	(2,109)	-3.9%	50,197	2.6%
Radiology	45,882	45,615	267	0.6%	42,693	7.5%
Lab	67,378	65,894	1,484	2.3%	65,582	2.7%
Pharmacy	4,481	4,892	(411)	-8.4%	4,419	1.4%
Other OP Visits	1,654	1,235	419	33.9%	1,204	37.4%
Physician Visits	97,012	103,156	(6,144)	-6.0%	96,183	0.9%
TOTAL OUTPATIENT VISITS	**444,198**	**451,982**	**(7,784)**	**-1.7%**	**436,783**	**1.7%**

OSU Wexner Medical Center

Combined Statement of Operations

For the YTD ended: September 30, 2017
(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	$ 884,893	$ 885,630	$ (737)	-0.1%	$ 819,839	7.9%
Operating Expenses						
Salaries and Benefits	459,351	463,373	4,022	0.9%	429,258	-7.0%
Resident/Purchased Physician Services	27,237	27,296	59	0.2%	25,093	-8.5%
Supplies	83,568	83,144	(424)	-0.5%	80,944	-3.2%
Drugs and Pharmaceuticals	76,294	73,462	(2,832)	-3.9%	70,150	-8.8%
Services	96,324	99,870	3,546	3.6%	90,639	-6.3%
Depreciation	41,775	43,138	1,363	3.2%	37,604	-11.1%
Interest/Debt	12,486	12,422	(64)	-0.5%	12,912	3.3%
Shared/University Overhead	10,125	10,787	662	6.1%	11,257	10.1%
Other Operating Expense	8,454	8,663	209	2.4%	7,550	-12.0%
Medical Center Investments	2,427	2,370	(57)	-2.4%	2,635	7.9%
Total Expense	818,041	824,525	6,484	0.8%	768,042	-6.5%
Excess of Revenue over Expense	$ 66,851	$ 61,103	$ 5,748	9.4%	$ 51,793	29.1%
Financial Metrics						
Integrated Margin Percentage	7.6%	6.9%	0.7%	9.5%	6.3%	19.6%
Adjusted Admissions	30,066	29,978	87	0.3%	29,512	1.9%
OSUP Physician Encounters	660,403	679,263	(18,860)	-2.8%	636,768	3.7%
Operating Revenue per AA	$ 24,079	$ 24,024	$ 55	0.2%	$ 22,773	5.7%
Total Expense per AA	$ 20,919	$ 20,926	$ 7	0.0%	$ 19,992	-4.6%

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: September 30, 2017
(in thousands)

	ACTUAL	BUDGET	ACT-BUD VARIANCE	BUDGET % VAR	PRIOR YEAR	PY % Var
Health System						
Revenues	$ 723,952	$ 720,199	$ 3,753	0.5%	$ 672,074	7.7%
Expenses	663,243	662,215	(1,028)	-0.2%	626,539	-5.9%
Net	60,710	57,983	2,727	4.7%	45,532	33.3%
OSUP						
Revenues	$ 101,291	$ 105,506	$ (4,215)	-4.0%	$ 97,262	4.1%
Expenses	102,599	106,804	4,205	3.9%	93,090	-10.2%
Net	(1,309)	(1,299)	(10)	-0.8%	4,172	-131.4%
COM/OHS						
Revenues	$ 59,650	$ 59,925	$ (275)	-0.5%	$ 50,503	18.1%
Expenses	52,199	55,506	3,307	6.0%	48,413	-7.8%
Net	7,450	4,419	3,031	68.6%	2,089	256.6%
Total Medical Center						
Revenues	$ 884,893	$ 885,630	$ (737)	-0.1%	$ 819,839	7.9%
Expenses	818,041	824,525	6,484	0.8%	768,042	-6.5%
Net	66,851	61,103	5,748	9.4%	51,793	29.1%

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

OSU Wexner Medical Center

Combined Balance Sheet

As of: September 30, 2017
(in thousands)

	September 2017	June 2017	Change
Cash	$ 767,842	$ 734,302	$ 33,540
Net Patient Receivables	429,372	410,404	18,968
Other Current Assets	392,060	395,833	(3,773)
Assets Limited as to Use	403,110	403,052	58
Property, Plant & Equipment - Net	1,487,190	1,503,002	(15,812)
Other Assets	434,808	428,241	6,567
Total Assets	$ 3,914,381	$ 3,874,834	$ 39,547
Current Liabilities	$ 325,224	$ 323,892	$ 1,332
Other Liabilities	92,033	93,741	(1,708)
Long-Term Debt	837,431	852,129	(14,698)
Net Assets - Unrestricted	2,085,292	2,026,145	59,147
Net Assets - Restricted	574,401	578,927	(4,526)
Liabilities and Net Assets	$ 3,914,381	$ 3,874,834	$ 39,547

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
Board of Trustees

November 3, 2017

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

Health Sciences Faculty Office and Optometry Clinic Building

Synopsis: Authorization to enter into professional services 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	
Health Sciences Faculty Office and Optometry Clinic Building	$0.6M	$28.0M	university funds auxiliary funds

NOW THEREFORE

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

BE IT FURTHER RESOLVED, That the president and/or senior vice president for business and finance be authorized to enter into professional services contracts for the project 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

Health Sciences Faculty Office and Optometry Clinic Building

Project Location: West 11th Ave & Neil Ave

- **approval requested and amount**

professional services	$0.6M

- **project budget**

professional services	$2.8M
construction w/contingency	$25.2M
total project budget	$28.0M

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

- **project schedule**

BoT prof serv approval	11/17
design/bidding	TBD
construction	TBD

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

- **planning framework**
  - project programming completed October 2017
  - the FY 2018 Capital Investment Plan will be amended to include the professional services amount

- **project scope**
  - demolish three existing buildings at the corner of W. 11th Ave and Neil Ave
  - construct approximately 93,000 GSF for optometry clinics, retail, faculty offices and support spaces
  - key enabling project for the Interdisciplinary Health Sciences Center

- **approval requested**
  - approval is requested to amend the Capital Investment Plan accordingly
  - approval is requested to enter into professional services contracts

planning team	**project team**
university planning project manager: Rebekah Gayley	university project manager:TBD
AE: Ford Architects	criteria AE:TBD
CM estimator: Corna Kokosing	design-builder:TBD

The Ohio State University
Wexner Medical Center Board

November 1, 2017

CLINICAL QUALITY MANAGEMENT, PATIENT SAFETY AND SERVICE PLAN

Synopsis: Approval of the annual review of the Clinical Quality Management, Patient Safety and Service Plan for The Ohio State University Hospital, Richard M. Ross Heart Hospital, Harding Hospital, University Hospital East, and the Arthur G. James Cancer Hospital, is proposed.

WHEREAS the mission of the Wexner Medical Center is to improve people's lives through the provision of high quality patient care; and

WHEREAS the Clinical Quality Management, Patient Safety and Service Plan outlines assessment and improvement of processes in order to deliver safe, effective, optimal patient care and services in an environment of minimal risk for inpatients and outpatients of The Ohio State University Hospital, Richard M. Ross Heart Hospital, Harding Hospital, University Hospital East, and the Arthur G. James Cancer Hospital; and

WHEREAS the proposed Clinical Quality Management, Patient Safety and Service Plan was approved by the Quality and Professional Affairs Committee of the Wexner Medical Center Board on October 24, 2017:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the Clinical Quality Management, Patient Safety and Service Plan for The Ohio State University Hospital, Richard M. Ross Heart Hospital, Harding Hospital, University Hospital East, and the Arthur G. James Cancer Hospital.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

LEADERSHIP COUNCIL

FOR CLINICAL QUALITY, SAFETY AND SERVICE

The Ohio State University Wexner Medical Center

Clinical Quality Management, Patient Safety, & Service Plan

FY18

July 1, 2017 -June 30, 2018

Clinical Quality Management, Patient Safety, & Service Plan

ATTACHMENTS

Clinical Quality Management, Patient Safety, & Service Plan

Mission, Vision and Values

Our Mission:

To improve people's lives through innovation in research, education and patient care

Our Values:

- Excellence
- Collaborating as One University
- Integrity and Personal Accountability
- Openness and Trust
- Diversity in People and Ideas
- Change and Innovation
- Simplicity in Our Work
- Empathy and Compassion
- Leadership

Our Vision:

Working as a team, we will shape the future of medicine by creating, disseminating and applying new knowledge, and by personalizing health care to meet the needs of each individual

Definition

The Clinical Quality Management, Patient Safety and Service Plan is the organization-wide approach to the systematic assessment and improvement of process design and performance aimed at improving in areas of quality of care, patient safety, and patient experience. It integrates all activities defined in the Clinical Quality Management, Patient Safety & Service Plan to deliver safe, effective, optimal patient care and services in an environment of minimal risk.

Program Scope

The Clinical Quality Management, Patient Safety & Service Plan includes all inpatient and outpatient facilities in The OSU Wexner Medical Center (OSUWMC) and appropriate entities across the continuum of care.

Program Purpose

The purpose of the Clinical Quality Management, Patient Safety & Service Plan is to show measurable improvements in areas for which there is evidence they will improve health outcomes and value of patient care provided within The OSUWMC. The OSUWMC recognizes the importance of creating and maintaining a safe environment for all patients, visitors, employees, and others within the organization.

Objectives

1) Continuously monitor, evaluate, and improve outcomes and sustain improved performance.

2) Recommend reliable system changes that will improve patient care and safety by assessing, identifying, and reducing risks within the organization and responding accordingly when undesirable patterns or trends in performance are identified, or when events requiring intensive analysis occur.

3) Assure optimal compliance with accreditation standards, state, federal and licensure regulations.

4) Develop, implement, and monitor adherence to evidenced-based practice guidelines and companion documents in accordance with best practice to standardize clinical care and reduce practice variation.

5) Improve patient experience and their perception of treatment, care and services by identifying, evaluating, and improving performance based on their needs, expectations, and satisfaction.

6) Improve value by providing the best quality of care at the minimum cost possible.

7) Provide a mechanism by which the governance, medical staff and health system staff members are educated in quality management principles and processes.

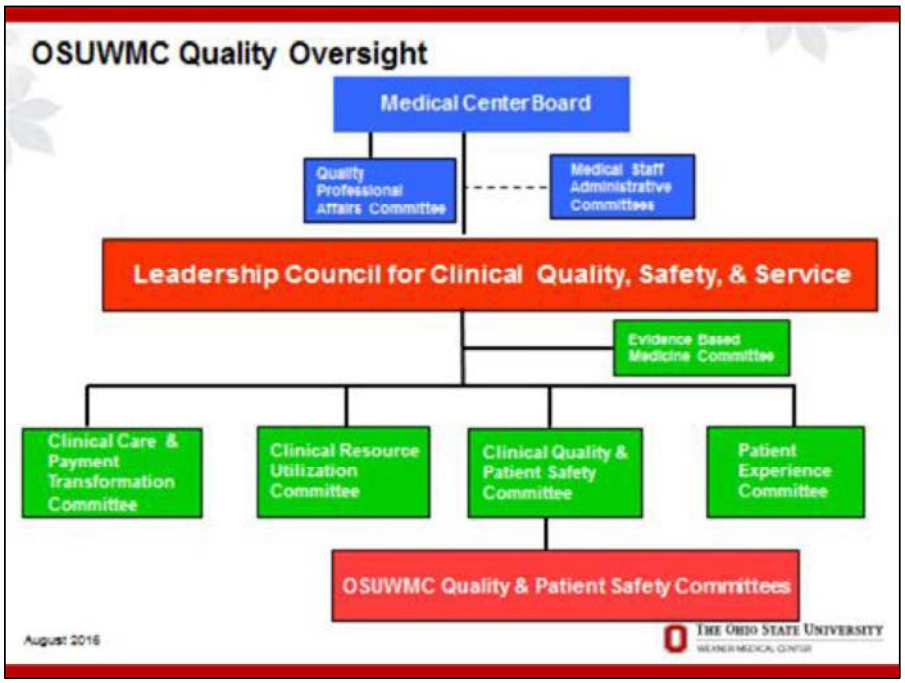
8) Provide appropriate levels of data transparency to both internal and external customers.

9) Assure processes involve an interdisciplinary teamwork approach.

10) Improve processes to prevent patient harm.

Structure for Quality Oversight

The Leadership Council for Clinical Quality, Safety & Service serves as the single, multidisciplinary quality and safety oversight committee for the OSUWMC. The Leadership Council utilizes criteria **[Attachment I]** to determine annual priorities for the health system that are reported in the Quality & Safety Scorecard **[Attachment II]**.



COMMITTEES:

Medical Center Board

The Medical Center Board is accountable to The Ohio State University Board of Trustees through the President and Executive Vice President (EVP) for Health Sciences and is responsible for overseeing the quality and safety of patient care throughout the Medical Center including the delivery of patient services, quality assessment, improvement mechanisms, and monitoring achievement of quality standards and goals.

The Medical Center Board receives clinical quality management, patient safety and service quality reports as scheduled, and provides resources and support systems for clinical quality management, patient safety and service quality functions, including medical/health care error occurrences and actions taken to improve patient safety and service. Board members receive information regarding the responsibility for quality care delivery or provision, and the Hospital's Clinical Quality Management, Patient Safety and Service Plan. The Medical Center Board ensures all caregivers are competent to provide services.

Quality Professional Affairs Committee

Composition:

The committee shall consist of: no fewer than four voting members of the university Wexner medical center board, appointed annually by the chair of the university Wexner medical center board, one of whom shall be appointed as chair of the committee. The chief executive officer of the Ohio state university health system; chief medical officer of the medical center; the director of medical affairs of the James; the medical director of credentialing for the James; the chief of the medical staff of the university hospitals; the chief of the medical staff of the James; the associate dean of graduate medical education; the chief quality and patient safety officer; the chief nurse executive for the OSU health system; and the chief nursing officer for the James shall serve as ex-officio, voting members. Such other

members as appointed by the chair of the university Wexner medical center board, in consultation with the chair of the quality and professional affairs committee.

Function: The quality and professional affairs committee shall be responsible for the following specific duties:

(1) Reviewing and evaluating the patient safety and quality improvement programs of the university Wexner medical center;

(2) Overseeing all patient care activity in all facilities that are a part of the university Wexner medical center, including, but not limited to, the hospitals, clinics, ambulatory care facilities, and physicians' office facilities;

(3) Monitoring quality assurance performance in accordance with the standards set by the university Wexner medical center;

(4) Monitoring the achievement of accreditation and licensure requirements;

(5) Reviewing and recommending to the university Wexner medical center board changes to the medical staff bylaws and medical staff rules and regulations;

(6) Reviewing and approving clinical privilege forms;

(7) Reviewing and approving membership and granting appropriate clinical privileges for the credentialing of practitioners recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James medical staff administrative committee;

(8) Reviewing and approving membership and granting appropriate clinical privileges for the expedited credentialing of such practitioners that are eligible by satisfying minimum approved criteria as determined by the university Wexner medical center board and are recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James medical staff administrative committee;

(9) Reviewing and approving reinstatement of clinical privileges for a practitioner after a leave of absence from clinical practice;

(10) Conducting peer review activities and recommending professional review actions to the university Wexner medical center board;

(11) Reviewing and resolving any petitions by the medical staffs for amendments to any rule, regulation or policy presented by the chief of staff on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to the university hospitals medical staff administrative committee and the James medical staff administrative committee for further dissemination to the medical staffs; and

(12) Such other responsibilities as assigned by the chair of the university Wexner medical center board.

Medical Staff Administrative Committees (MSACs)

Composition: Refer to Medical Staff Bylaws and Rules and Regulations
Function: Refer to Medical Staff Bylaws and Rules and Regulations

The organized medical staff, under the direction of the Medical Director and the MSAC(s) for each institution, implements the Clinical Quality Management and Patient Safety Plan throughout the clinical departments.

The MSAC(s) reviews reports and recommendations related to clinical quality management, efficiency, patient safety and service quality activities. This committee has responsibility for evaluating the quality and appropriateness of clinical performance and service quality of all individuals with clinical privileges. The MSAC(s) reviews corrective actions and provides authority within their realm of responsibility related to clinical quality management, patient safety, efficiency, and service quality activities.

Leadership Council for Clinical Quality, Safety and Service (LCCQSS):

Composition: Refer to Medical Staff Bylaws and Rules and Regulations
Function: Refer to Medical Staff Bylaws and Rules and Regulations

The LCCQSS is responsible for designing and implementing systems and initiatives to enhance clinical care, outcomes and the patient experience throughout the integrated health care delivery system. The LCCQSS serves as the oversight council for the Clinical Quality Management and Patient Safety Plan as well as the goals and tactics set forth by the Patient Experience Council.

Evidence-Based Practice Committee (EBPC)

Composition:
The EBPC consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Information Technology, Pharmacy, and Nursing. An active member of the medical staff chairs the committee. The EBPC reports to LCCQSS and shares pertinent information with the Medical Staff Administrative Committees. The EBPC provides guidance and support to all committees under the LCCQSS for the delivery of high quality, safe efficient, effective patient centered care.

Function:

1. Develop and update evidence-based guidelines and best practices to support the delivery of patient care that promotes high quality, safe, efficient, effective patient centered care.

2. Develop and implement Health System-specific resources and tools to support evidence-based guideline recommendations and best practices to improve patient care processes, reduce variation in practice, and support health care education.

3. Develop processes to measure and evaluate use of guidelines and outcomes of care.

Clinical Quality and Patient Safety Committee (CQPSC)

Composition:
The CQPSC consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Information Technology, Nursing, Pharmacy, Laboratory, Respiratory Therapy, Diagnostic Testing and Risk Management. An active member of the Medical Staff chairs the Committee. The committee reports to Leadership Council and additional committees as deemed applicable.

Function:

1. Creates , a culture of safety which promotes organizational learning and minimizes individual blame or retribution for reporting or involvement in a medical/health care error.

2. Assure optimal compliance with patient safety-related accreditation standards.

3. Proactively identifies risks to patient safety and initiates actions to reduce risk with a focus on process and system improvement.

4. Oversees completion of proactive risk assessment as required by TJC.

5. Oversees education & risk reduction strategies as they relate to Sentinel Event Alerts from TJC.

6. Provides oversight for clinical quality management committees.

7. Evaluates and, when indicated, provides recommendations to improve clinical care and outcomes.

8. Ensures actions are taken to improve performance whenever an undesirable pattern or trend is identified.

9. Receive reports from committees that have a potential impact on the quality & safety in delivering patient care such as, but not limited to, Environment of Care committee, Health Safety Committee, Clinical IHIS Steering Committee, Value Based Clinical Transformation Committee, and Infection Prevention Committee.

Patient Experience Council

Composition:

The Patient Experience Council consists of executive, physician, and nursing leadership spanning the inpatient and outpatient care settings. The Council is co-chaired by the Chief Nurse Executive for the Health System, Executive Director of Patient Services and Chief Nursing Officer of The James, and Chief Quality and Patient Safety Officer. The committee reports to the Leadership Council and reports out to additional committees as applicable.

Function:

1. Create a culture and environment that delivers an exceptional patient experience consistent with the OSU Medical Center's mission, vision and values focusing largely on service quality.
2. Set strategic goals and priorities for improving the patient experience to be implemented by area specific patient experience councils.
3. Serve as a communication hub reporting out objectives and performance to the system.
4. Serve as a coordinating body for subcommittees working on specific aspects of the patient experience.
5. Measure and review voice of the customer information in the form of Patient and Family Experience Advisor Program and related councils, patient satisfaction data, comments, letters and related measures.
6. Monitor publicly reported and other metrics used by various payers to ensure optimal reimbursement.

7. Collaborate with other departments to reward and recognize faculty and staff for service excellence performance.

Clinical Resource Utilization Committee (CRU)

Composition:

The CRU committee consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Patient Care Resource Management, Financial Services, Information Technology, and Nursing. The Utilization Management Medical Director chairs the committee. CRU reports to LCCQSS, Health System Committee, and shares pertinent information with the Medical Staff Administrative Committees.

Function:

1. Promote the efficient utilization of resources for patients while assuring the highest quality of care.
2. Direct the development of action plans to address identified areas of improvement.
3. Resolve or escalate barriers related to clinical practice patterns in the health care delivery system, which impede the efficient, appropriate utilization of resources.
4. Review patients for appropriate level of care (e.g., inpatient, observation, outpatient, extended care facility, etc.) and for the efficiency and effectiveness of professional services rendered (physician, nursing, lab, therapists).
5. Ensure compliance with regulatory requirements related to utilization management (ie: RAC Audits, denial management, etc.).
6. Administration of the Utilization Management Plan.

Key areas of focus:

Availability and appropriateness of clinical resources and services

- OP/IP beds appropriateness
- Availability of necessary services
- Timeliness of necessary services
- Appropriate use of necessary services

- Medical necessity and appropriateness of level of care and related denial management.

Clinical Care & Payment Transformation (CPPT) Governance Committee

Composition:

The CCPT Governance Committee consists of multidisciplinary representatives from Administration, Medical Staff, Nursing, Information Technology, Financial Services, Government Affairs and the OSU Health Plan. The Committee is co-chaired by the Chief Quality Officer and the CEO of University Hospital. The committee reports to LCCQSS and shares pertinent information with other committees as needed. The Committee's charter is to "Transform our care delivery model, across the continuum. We will accomplish this through the alignment of people, processes and technology in order to create measurable value for the organization and the people we serve."

Function:

1. Provides strategic vision and oversight of all clinical transformation activities, which include alternative payment model programs such as bundled payments, population health management and care redesign.
2. Prioritizes episodes of care for transformation based on their overlap with payer initiatives, quality improvement efforts, financial performance, consumer preferences and leadership engagement.
3. Oversees care redesign efforts to ensure alignment across business units and holds leaders accountable for improved quality and financial outcomes.
4. Ensures awareness of and preparation for payer-mandated alternative payment programs.

Practitioner Evaluation Committee (PEC)

Composition:

The Practitioner Evaluation Committee (PEC) is the PEER review committee that provides medical leadership in overseeing the PEER review process. The PEC is chaired by the CQP composed of the Chair of the Clinical Quality and Patient Safety Committee, physicians, and advanced practice licensed health care providers from various business units & clinical areas as appointed by the CMO & Physician in Chief at the James**.** The Medical Center CMO & Physician-in-Chief at the James serves Ex- Officio.

Function:

1. Provide leadership for the clinical quality improvement processes within The OSU Health System.
2. Provide clinical expertise to the practitioner peer review process within The OSU Health System by thorough and timely review of clinical care and/or patient safety issues referred to the Practitioner Evaluation Committee.
3. Advise the CMO & Director of Medical Affairs at the James regarding action plans to improve the quality and safety of clinical care at the Health system.
4. Develop follow up plans to ensure action is successful in improving quality and safety.

Health System Information Technology Steering (HSITS)

Composition:

The HSITS is a multi-disciplinary group chaired by the Chief Medical Information Officer of The Ohio State University Health System.

Function:

The HSITS shall oversee Information Technology technologies on behalf of The Ohio State University Health System. The committee will be responsible for overseeing technologies and related processes currently in place, as well as reviewing and overseeing the replacement and/or introduction of new systems as well as related policies and procedures. The individual members of the committee are also charged with the responsibility to communicate and receive input from their various communities of interest on relevant topics discussed at committee meetings.

Sentinel Event Team

Composition:

The OSU Health System Sentinel Event Team (SET) includes an Administrator, the Chief Quality and Patient Safety Officer, the Associate Executive Director for Quality & Patient Safety, a member of the Physician

Executive Council, a member of the Nurse Executive Council , representatives from Quality and Operations Improvement and Risk Management and other areas as necessary.

The Sentinel Event Determination Group (SEDG)

The SEDG is a sub-group of the Sentinel Event Team and determines whether an event will be considered a sentinel event or near miss, assigns the Root Cause Analysis (RCA) Executive Sponsor, RCA Workgroup Leader, RCA Workgroup Facilitator, and recommends the Workgroup membership to the Executive Sponsor. The Sentinel Event Team facilitator will attend to support the members.

Composition:

The SEDG membership includes the CMO or designee, Director of Risk Management, and Quality Director of respective business unit for where the event occurred (or their designee).

Function:

1. Approves & makes recommendations on sentinel event determinations and teams, and action plans as received from the Sentinel Event Determination Group.
2. Evaluates findings, recommendations, and approves action plans of all root cause analyses.

Clinical Quality & Patient Safety Sub-Committees

Composition:

For the purposes of this plan, Quality & Patient Safety Sub-Committees will refer to any standing committee or sub-committee functioning under the Quality Oversight Structure. Membership on these committees will represent the major clinical and support services throughout the hospitals and/or clinical departments. These committees report, as needed, to the appropriate oversight committee(s) defined in this Plan.

Function:

Serve as the central resource and interdisciplinary work group for the continuous process of monitoring and evaluating the quality and services provided throughout a hospital, clinical department, and/or a group of similar clinical departments.

Process Improvement Teams

Composition:

For the purposes of this plan, Process Improvement Teams are any ad-hoc committee, workgroup, team, taskforce etc. that function under the Quality Oversight Structure and are generally time-limited in nature. Process Improvement Teams are comprised of owners or participants in the process under study. The process may be clinical (e.g. prophylactic antibiotic administration or not clinical (e.g. appointment availability). Generally, the members fill the following roles: team leader, facilitator, physician advisor, administrative sponsor, and technical expert.

Function:

Improve current processes using traditional QI tools and by focusing on customer needs.

ROLES AND RESPONSIBILITIES:

Clinical quality management, patient safety & service excellence are the responsibilities of all staff members, volunteers, visitors, patients and their families.

Chief Executive Officer (CEO)
The CEO for the Medical Center is responsible for providing leadership and oversight for the overall Clinical Quality Management and Patient Safety Plan across the OSUWMC.

OSUCCC – James Physician-in-Chief
The OSUCCC-James Physician-in-Chief reports to the CEO of The James Cancer Hospital and Solove Research Institute and the Director of the Comprehensive Cancer Center. The Physician-in-Chief provides leadership and strategic direction to ensure the delivery of high quality, cost-effective health care consistent with the OSUCCC-James mission.

Chief Quality and Patient Safety Officer (CQPSO)
The CQPSO reports to the Medical Center CEO and provides oversight and leadership for the OSUWMC in the conceptualization, development, implementation and measurement of OSUWMC approach to quality, patient safety and adverse event reduction.

Associate Chief Quality and Patient Safety Officers
The Associate Chief Quality and Patient Safety Officers supports the CQPSO in the development, implementation and measurement of OSUWMC's approach to quality, safety and service.

Chief Medical Officer (CMO)
The CMO for the Medical Center is responsible for facilitating the implementation of the overall Clinical Quality Management, Patient Safety & Service Plan at OSUWMC. The CMO is responsible for facilitating the implementation of the recommendations approved by the various committees under the Leadership Council for Clinical Quality, Safety & Service.

Medical Director/Director of Medical Affairs
Each business unit Medical Director is responsible for the implementation and oversight of the Clinical Quality Management, Patient Safety & Service Plan. Each Medical Director is also responsible for reviewing the recommendations from the Clinical Quality Management, Patient Safety & Service Plan.

Associate Medical Directors
The Associate Medical Directors assist the CQPSO in the oversight, development, and implementation of the Clinical Quality Management, Patient Safety & Service Plan as it relates to the areas of quality, safety, evidence-based medicine, clinical resource utilization and service.

Health System Chief Executive Officer (CEO)
The OSUWMC CEO is responsible to the Board for implementation of the Clinical Quality Management Patient Safety & Service Plan.

Business Unit Associate Executive Directors
The OSU Health System staff, under the direction of the Health System CEO and Hospital Administration, implements the program throughout the organization. Hospital Administration provides authority and supports corrective actions within its realm for clinical quality management and patient safety activities.

Clinical Department Chief and Division Directors:
Each department chairperson and division director is responsible for ensuring the standards of care and service are maintained within their department/division. In addition, department chairpersons/division director may be asked to implement recommendations from the Clinical Quality Management Patient

Safety & Service Plan, or participate in corrective action plans for individual physicians, or the division/department as a whole.

Medical Staff

Medical staff members are responsible for achieving the highest standard of care and services within their scope of practice. As a requirement for membership on the medical staff, members are expected and must participate in the functions and expectations set forth in the Clinical Quality Management, Patient Safety, & Service Plan. In addition members may be asked to serve on quality management committees and/or quality improvement teams.

A senior quality council with representation from each medical staff department through a faculty quality liaison will support the overall Quality Program reporting to the Leadership Council for Clinical Quality, Safety & Service.

House Staff Quality Forum (HQF)

The House Staff Quality Forum (HQF) is comprised of representatives from each Accreditation Council for Graduate Medical Education (ACGME) program. HQF has Executive Sponsorship from the CQPSO and the Associate CQPSO.

The purpose of the HQF is to provide post-graduate trainees an opportunity to participate in clinical quality, patient safety and service-related initiatives while incorporating the perspective of the frontline provider. HQF will work on quality, safety and service-related projects and initiatives that are aligned with the health system goals and will report to the Clinical Quality and Patient Safety committee. The Chair HQF will serve as a member of the Leadership Council.

Nursing Quality

The primary responsibility of the Nursing Quality Improvement and Patient Safety Department is to coordinate and facilitate nursing quality improvement, participation/collaboration with system-wide patient safety activities, the use of evidence-based practice (EBP) and research to improve both the delivery and outcomes of personalized nursing care, and the submission of outcome data to the National Database for Nursing Quality Indicators (NDNQI). The primary responsibility for the implementation and evaluation of nursing quality improvement, patient safety, and EBP resides in each department/program; however, the Nursing Quality Improvement and Patient Safety staff members also serve as internal consultants for the development and evaluation of quality improvement, patient safety, and EBP activities. The department maintains human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting. The Nursing Quality Improvement and Patient Safety Department collaborates with the OSUWMC Hospital Quality and Operations Department.

Hospital Department Directors

Each department director is responsible for ensuring the standards of care and service are maintained or exceeded within their department. Department directors are responsible for implementing, monitoring, and evaluating activities in their respective areas and assisting medical staff members in developing appropriate mechanisms for data collection and evaluation. In addition, department directors may be asked to implement recommendations from the Clinical Quality Management, Patient

Safety & Service Plan or participate in corrective action plans for individual employees or the department as a whole. Department directors provide input regarding committee memberships, and serve as participants on quality management committees and/or quality improvement teams.

Health System Staff

Health System staff members are responsible for ensuring the standards of care and services are maintained or exceeded within their scope of responsibility. The staff is involved through formal and informal processes related to clinical quality improvement, patient safety and service quality efforts, including but not limited to:

- Reporting events that reach the patient and those that almost reach the patient via the internal Patient Safety Reporting System
- Suggesting processes to improve quality, safety and service
- Monitoring activities and processes, such as patient complaints and patient satisfaction participating in focus groups
- Attending staff meetings
- Participating in efforts to improve quality and safety including Root Cause Analysis and Proactive Risk Assessments

Quality and Operations Improvement Department:

The primary responsibility of the Quality and Operations Improvement (Q&OI) Department is to coordinate and facilitate clinical quality management and patient safety activities throughout the Health System. The primary responsibility for the implementation and evaluation of clinical quality management and patient safety activities resides in each department/program; however, the Q&OI staff also serves as an internal consultant for the development and evaluation of quality management and patient safety activities. The Q&OI Department maintains human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting.

Patient Experience Department

The primary responsibility of the Patient Experience Department is to coordinate and facilitate a service oriented approach to providing healthcare throughout the Health System. This is accomplished through both strategic and program development as well as through managing operational functions within the Health System. The implementation and evaluation of service-related activities resides in each department/program; however, the Patient Experience staff also serves as an internal consultant for the development and evaluation of service quality activities. The Patient Experience Department maintains human and technical resources for interpreter services, information desks, patient relations, pastoral care, team facilitation, and use of performance improvement tools, data collection, statistical analysis, and reporting. The Department also oversees the Patient and Family Experience Advisor Program which is a group of current/former patients, or their primary caregivers, who have had experiences at any OSU Health System facility. These individuals are volunteers who serve as advisory members on committees and workgroups, complete public speaking engagements and review materials.

Approach to Quality, Safety & Service Management

The OSU Health System approach to clinical quality management, patient safety, and service is leadership-driven and involves significant staff and physician participation. Clinical quality management patient safety and service activities within the Health System are multi-disciplinary and based on the Health System's mission, vision, values, and strategic plan. It embodies a culture of continuously measuring, assessing, and initiating changes including education in order to improve outcomes. The Health System employs the following principles of continuous quality improvement in its approach to quality management and patient safety:

Principles

The principles of providing high quality, safe care support the Institute of Medicines Six Aims of Care:

Safe
Timely
Effective
Efficient
Equitable
Patient-centered

These principles are:

Customer Focus: Knowledge and understanding of internal and external customer needs and expectations.

Leadership & Governance: Dedication to continuous improvement instilled by leadership and the Board.

Education: Ongoing development and implementation of a curriculum for quality, safety & service for of all staff, employees, clinicians, patients, and students.

Everyone is involved: All members have mutual respect for the dignity, knowledge, and potential contributions of others. Everyone is engaged in improving the processes in which they work.

Data Driven: Decisions are based on knowledge derived from data. Both data as numerator only as well as ratios will be used to gauge performance

Process Improvement: Analysis of processes for redesign and variance reduction using a scientific approach.

Continuous: Measurement and improvement are ongoing.

Just Culture: A culture that is open, honest, transparent, collegial, team-oriented, accountable and non-punitive when system failures occur.

Personalized Health Care: Incorporate evidence based medicine in patient centric care that considers the patient's health status, genetics, cultural traditions, personal preferences, values family situations and lifestyles.

Model

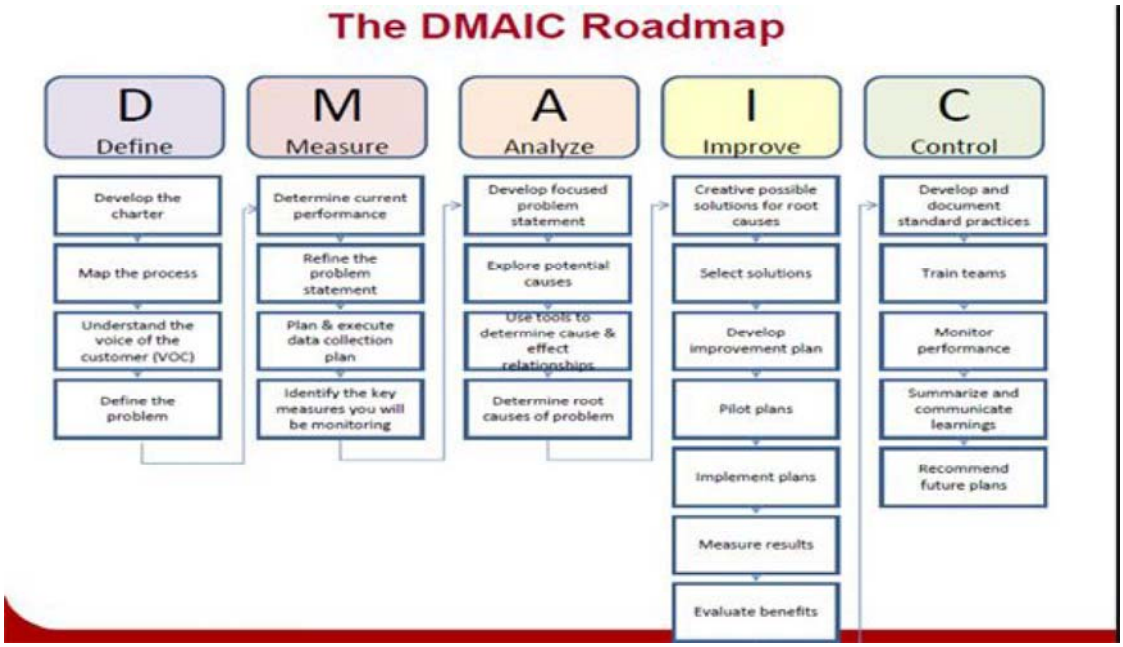
Systematic Approach/Model to Process Improvement

The OSU Medical Center embraces change and innovation as one of its core values. Organizational focus on process improvement and innovation is embedded within the culture through the use of a general Process Improvement Model that includes 1) an organizational expectation that the entire workforce is responsible for enhancing organizational performance, 2) active involvement of multidisciplinary teams and committees focused on improving processes and 3) a toolkit* of process improvement methodologies and expert resources that provide the appropriate level of structure and support to assure the deliverables of the project are met with longer term sustainability.

***The Process Improvement Toolkit**

Methodology
PDCA
Rapid Cycle Improvement
DMAIC
Lean Principles

Recognizing the need for a systematic approach for process improvement, the health system has traditionally utilized the PDCA methodology. While PDCA has the advantage of being easily understood and applied as a systematic approach, it also has the limitation of not including a "control step" to help assure longer term sustainability of the process improvement. To address this need for additional structure at the end of the project, the DMAIC model was added to the toolkit. With the increased organizational emphasis on utilizing metric-driven approaches to reducing unintended medical errors, eliminating rework, and enhancing the efficiency/effectiveness of our work processes, the DMAIC methodology will be instrumental as a tool to help focus our process improvement efforts.



Consistent Level of Care

Certain elements of The OSU Health System Clinical Quality Management, Patient Safety, & Service Plan assure that patient care standards for the same or similar services are comparable in all areas throughout the health system:

- Policies and procedures and services provided are not payer driven.
- Application of a single standard for physician credentialing.
- Health system monitoring tools to measure like processes in areas of the Health System.
- Standardize and unify health system policies and procedures that promote high quality, safe care.

Performance Transparency

The Health System Medical and Administrative leadership, working with the Board has a strong commitment to transparency of performance as it relates to clinical, safety and service performance. Clinical outcome, service and safety data are shared on the external OSUMC website for community viewing. The purpose of sharing this information is to be open and honest about OSUMC performance and to provide patients and families with information they can use to help make informed decisions about care and services.

Performance data are also shared internally with faculty and staff through a variety of methods. The purpose of providing data internally is to assist faculty and staff in having real-time performance results and to use those results to drive change and improve performance when applicable. On-line performance scorecards have been developed to cover a variety of clinical quality, safety and service metrics. When applicable, on-line scorecards provide the ability to “drilldown” on the data by discharge service, department and nursing unit. In some cases, password authentication also allows for practitioner-specific data to be viewed by Department Chairs and various Quality and Administrative staff. Transparency of information will be provided within the limits of the Ohio law that protects attorney –client privilege, quality inquiries and reviews, as well as peer review.

Confidentiality

Confidentiality is essential to the quality management and patient safety process. All records and proceedings are confidential and are to be marked as such. Written reports, data, and meeting minutes are to be maintained in secure files. Access to these records is limited to appropriate administrative personnel and others as deemed appropriate by legal counsel. As a condition of staff privilege and peer review, it is agreed that no record, document, or proceeding of this program is to be presented in any hearing, claim for damages, or any legal cause of action. This information is to be treated for all legal purposes as privileged information. This is in keeping with the Ohio Revised Code 121.22 (G)-(5) and Ohio Revised Code 2305.251.

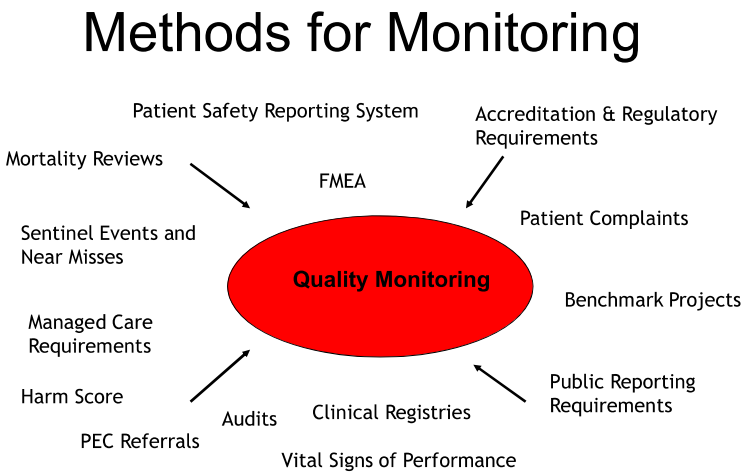
Conflict of Interest

Any person, who is professionally involved in the care of a patient being reviewed, should not participate in peer review deliberations and voting. A person is professionally involved if they are responsible for patient care decision making either as a primary or consulting professional and/or have a financial interest (as determined by legal counsel) in the case under review. Persons who are professionally involved in the care under review are to refrain from participation except as requested by the appropriate administrative or medical leader. During peer review evaluations, deliberations, or voting, the chairperson will take steps to avoid the presence of any person, including committee members, professionally involved in the care under review. The chairperson of a committee should resolve all questions concerning whether a person is professionally involved. In cases where a committee member is professionally involved, the respective chairperson may appoint a replacement member to the committee. Participants and committee members are encouraged to recognize and disclose, as appropriate, a personal interest or relationship they may have concerning any action under peer review.

Determining Priorities

The OSU Health System has a process in place to identify and direct resources toward quality management, patient safety, and service activities. The Health System's criteria are approved and reviewed by the Leadership Council and the Medical Center Board. The prioritization criteria are reevaluated annually according to the mission and strategic plan of the Health System. The leaders set performance improvement priorities and reevaluate annually in response to unusual or urgent events.

Data Measurement and Assessment



Determination of data needs

Health system data needs are determined according to improvement priorities and surveillance needs. The Health System collects data for monitoring important processes and outcomes related to patient care and the Health System's functions. In addition, each department is responsible to identify quality indicators specific to their area of service. The quality management committee of each area is responsible for monitoring and assessment of the data collected.

External reporting requirements

There are a number of external reporting requirements related to quality, safety, and service. These include regulatory, governmental, payer, and specialty certification organizations.

Collection of data

Data, including patient demographic and clinical information, are systematically collected throughout the Health System through various mechanisms including:

- Administrative and clinical registries and databases
- Retrospective and concurrent medical record review (e.g., infection surveillance)
- Reporting systems (e.g., patient safety reporting system)
- Surveys (i.e. patients, families, and staff)

Assessment of data

Statistical methods such as control charts, g-charts, confidence intervals, and trend analysis are used to identify undesirable variance, trends, and opportunities for improvement. The data is compared to the Health System's previous performance, external benchmarks, and accepted standards of care are used to establish goals and targets. Annual goals are established as a means to evaluate performance.

Surveillance system

The Health System systematically collects and assesses data in different areas to monitor and evaluate the quality and safety of services, including measures related to accreditation and other requirements. Data collection also functions as a surveillance system for timely identification of undesired variations or trends in quality indicators.

Quality & Safety Scorecard

The Quality and Safety Scorecard is a set of health system-wide indicators related to those events considered potentially preventable. The Quality & Safety Scorecard covers the areas such as, hospital-acquired infections, falls, patient safety indicators, mortality, length of stay, readmissions, and patient experience. The information is shared in various Quality forums with staff, clinicians, administration, and the Boards. The indicators to be included in the scorecard are reviewed each year to represent the priorities of the quality and patient safety program **[Attachment II].**

Vital Signs of Performance

The Vital Signs of Performance is an online dashboard available to everyone in the Medical Center with a valid user account. It shows Mortality, Length of Stay, Patient Safety Indicator, and Readmission data over time and compared to goals and external benchmarks. The data can be displayed at the health system, business unit, clinical service, and nurse station level.

Patient Satisfaction Dashboard

The Patient Satisfaction dashboard is a set of health system-wide patient experience indicators gathered from surveys after discharge or visit to a hospital or outpatient area. The dashboard covers performance in areas such as physician communication, nurse communication, responsiveness, pain management, admitting and discharging speed and quality. It also measures process indicators, such as nurse leader rounding, as well as serves as a resource for best practices. The information contained on the dashboard is shared in various forums with staff, clinicians, administration, including the Boards. Performance on many of these indicators serves as annual goals for leaders and members of clinical and patient facing teams.

Quality, Patient Safety, and Service Educational Information

Education is identified as a key principle for providing safe, high quality care, and excellent service for our patients. There is on-going development and implementation of a curriculum for quality, safety & service of all staff, employees, clinicians, patients, and students. There are a variety of forums and venues utilized to enhance the education surrounding quality and patient safety including, but not limited to:

- On line videos
- Quality & Patient Safety Simulcasts
- Newsletters

- Classroom forums
- Simulation Training
- Computerized Based Learning Modules
- Partnerships with IHI Open School
- Curriculum Development within College of Medicine
- Websites (internal OneSource and external OSUMC)
- Patient Safety Lessons Learned
- Patient Safety Alerts

Benchmark data
Both internal and external benchmarking provides value to evaluating performance (Attachment V).

Internal Benchmarking
Internal benchmarking uses processes and data to compare OSUMCs performance to itself overtime. Internal benchmarking provides a gauge of improvement strategies within the organization.

External Benchmarking
The OSU Health System participates in various database systems, clinical registries and focused benchmarking projects to compare performance with that of peer institutions. Vizient, The US News Report, National Database of Nursing Quality Indicators, and The Society of Thoracic Surgery are examples of several external organizations that provide benchmarking opportunities.

Design and evaluation of new processes

- New processes are designed and evaluated according to the Health System's mission, vision, values, priorities, and are consistent with sound business practices.
- The design or re-design of a process may be initiated by:
- Surveillance data indicating undesirable variance
- Patients, staff, or payers perceive the need to change a process
- Information from within the organization and from other organizations about potential risks to patient safety, including the occurrence of sentinel events
- Review and assessment of data and/or review of available literature confirm the need

Performance Based Physician Quality & Credentialing

Performance-based credentialing ensures processes that assist to promote the delivery of quality and safe care by physicians and advanced practice licensed health care providers. Both Focused Professional

Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) occur. Focused Professional Practice Evaluation (FPPE) is utilized on 3 occasions: initial appointment, when a Privileged Practitioner requests a new privilege, and for cause when questions arise regarding the practitioner's ability to provide safe, high quality patient care. Ongoing Professional Practice Evaluation (OPPE) is performed on an ongoing basis (every 6 months).

Profiling Process:

- Data gathering from multiple sources
- Report generation and indicator analysis
- Department chairs (division directors as well) have online access 24/7 to physician profiles for their ongoing review
    - Individual physician access to their profiles 24/7
- Discussion at Credentialing Committee
- Final Recommendation & Approval:
    - Medical Staff Administrative Committees
    - Medical Director
    - Hospital Board

Service-Specific Indicators

Several of the indicators are used to profile each physician's performance. The results are included in a physician profile **[Attachment IV]**, which is reviewed with the department chair as part of credentialing process.

The definition of service/department specific indicators is the responsibility of the director/chair of each unit. The performance in these indicators is used as evidence of competence to grant privileges in the re-appointment process. The clinical departments/divisions are required to collect the performance information as necessary related to these indicators and report that information to the Department of Quality & Operations Improvement.

Purpose of Medical Staff Evaluation

- To monitor and evaluate medical staff performance ensuring a competent medical staff
- To integrate medical staff performance data into the reappointment process and create the foundation for high quality care, safe, and efficacious care
- To provide periodic feedback and inform clinical department chairs of the comparative performance of individual medical staff
- To identify opportunities for improving the quality of care

Annual Evaluation

The Clinical Quality Management, Patient Safety & Service Plan is approved by the Leadership Council, the Medical Staff Administrative Committees, and the Medical Center Board on an annual basis. The annual evaluation includes a review of the program activities and an evaluation of the effectiveness of the structure.

Attachment I: Priority Criteria

The following criteria are used to prioritize clinical value enhancement initiatives to ensure the appropriate allocation of resources.

1. Ties to strategic initiatives and is consistent with hospital's mission, vision, and values
2. Reflects areas for improvement in patient safety, appropriateness, quality, and/or medical necessity of patient care (e.g., high risk, serious events, problem-prone)
3. Has considerable impact on our community's health status (e.g., morbidity/mortality rate)
4. Addresses patient experience issues (e.g., access, communication, discharge)
5. Reflects divergence from benchmarks
6. Addresses variation in practice
7. Is a requirement of an external organization
8. Represents significant cost/economic implications (e.g., high volume)

Attachment II: LCCQSS FY17 Priorities & Scorecard

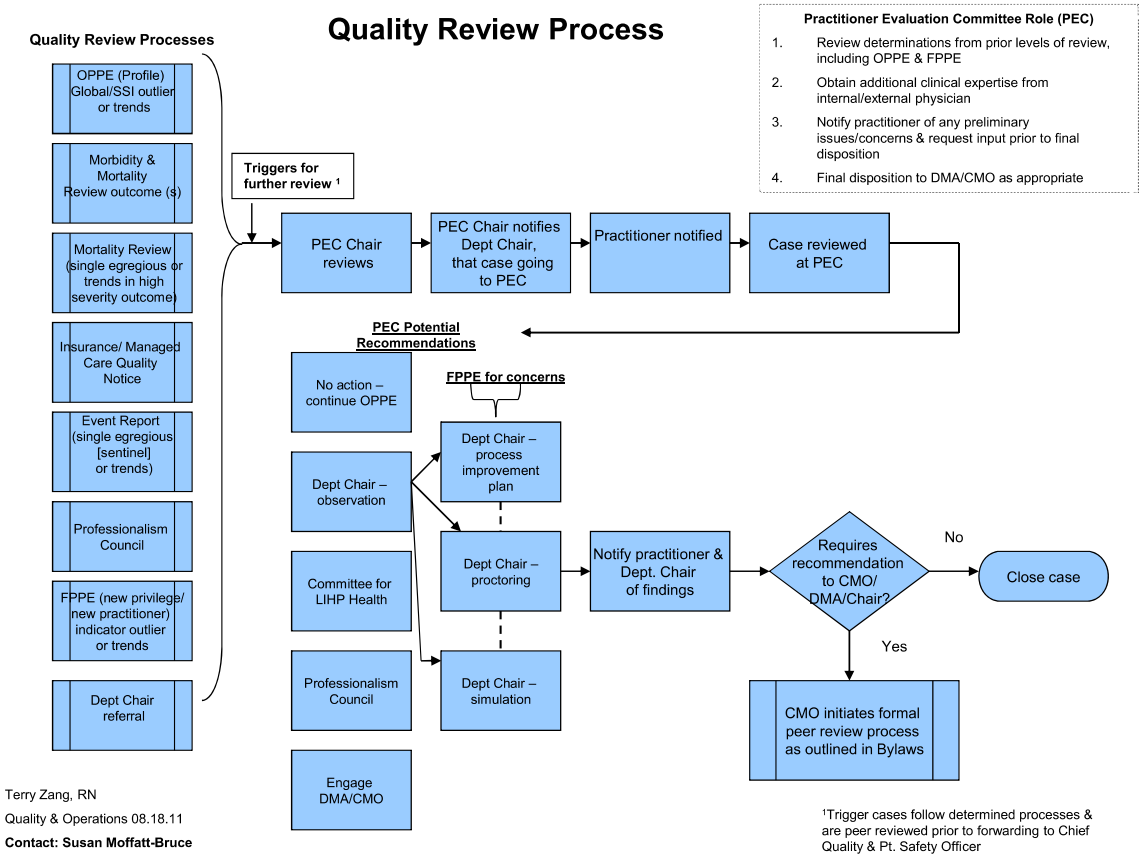
FY 2018 Targets – Vizient Based Data

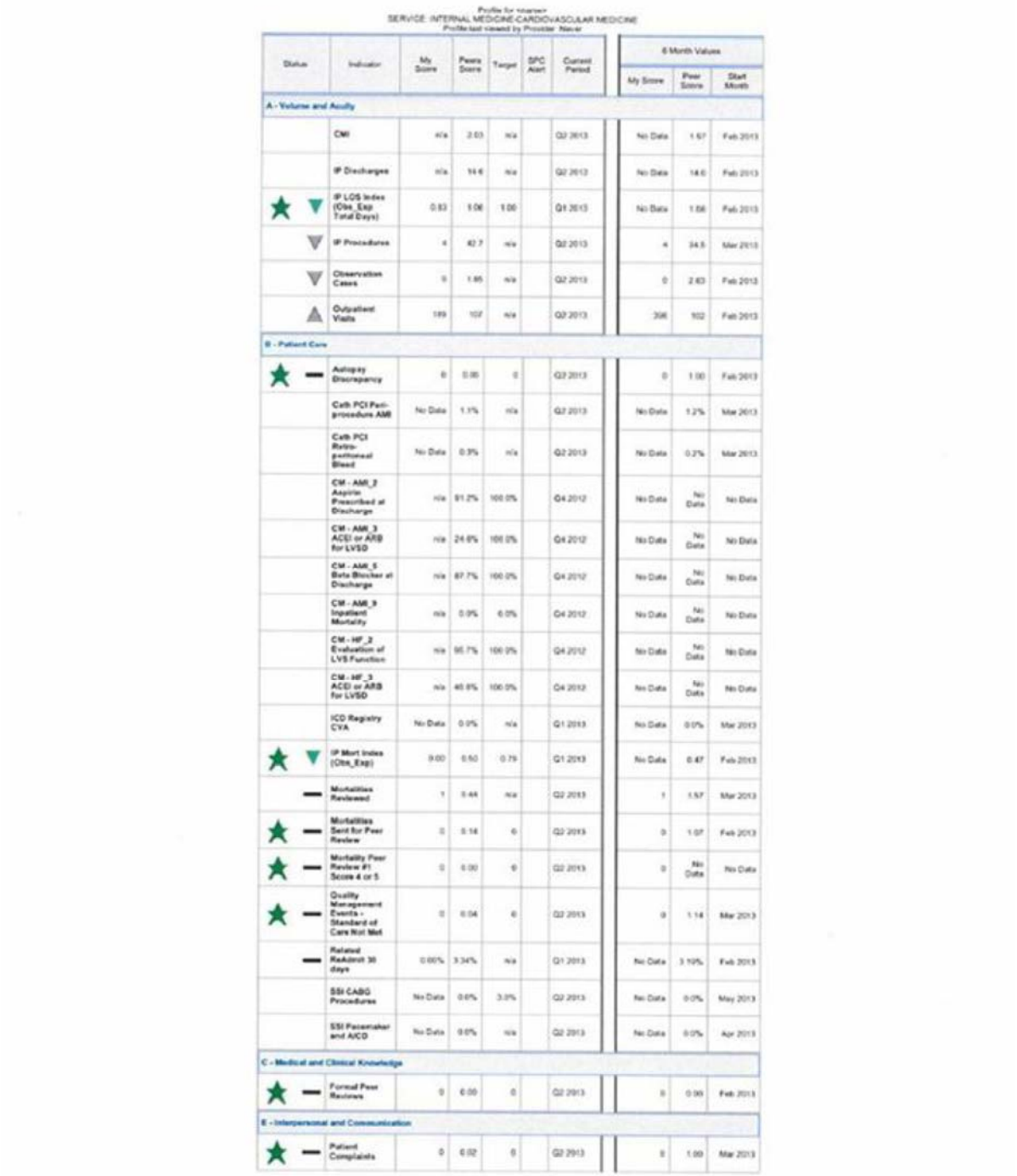
Performance Incentive Metrics	Current Performance	Peer Rank (Est)	FY 18 Target	Target Standard
Mortality Index – Medical Center	0.77	6	0.76	Top Decile
Mortality Index–System (No James)	0.75	5	0.73	Best Perf
LOS Index	1.02	9	0.99	Top Quartile
PSI 90	0.66	12	0.62	Top Quartile
PSI-10 – Acute Kidney Injury	2.97	22	1.65	Median
PSI-11 – Post Op Resp. Failure	5.16	15	4.65	Median
PSI-12 – Post Op PE/DVT	5.17	12	4.18	Top Quartile
PSI 13 – Post OP Sepsis	6.27	14	5.48	Median
Overall 30 Day All Cause Readmission Rate	12.62%	22	11.39	Median
Overall 30 Day All Cause Readmission Rate (without James)	10.68%	7	8.91%	Top Decile
Overall 30 Day All Cause Readmission Rate – AMI	14.26	16	12.32%	Median
Overall 30 Day All Cause Readmission Rate – HF	19.89	9	18.24%	Median
Overall 30 Day All Cause Readmission Rate – PN	17.06	4	10.14%	Top 2
Overall 30 Day All Cause Readmission Rate – COPD	17.12	14	17.08%	Median
Overall 30 Day All Cause Readmission Rate – THA/TKA	4.27	15	4.0%	Median
Overall 30 Day All Cause Readmission Rate – CABG	14.50%	16	13.9%	Median

FY 2018 Targets – Hospital Compare Data

Performance Incentive Metrics	Current Performance	Peer Rank	FY 18 Target	Target Standard
CLABSI – SIR	0.561	n/a	0.786	Maintain
CAUTI – SIR	0.303	n/a	0.380	Maintain
CDI – SIR	0.777	n/a	0.771	Maintain
MRSA – SIR	0.662	n/a	0.579	Maintain
SSI – Colon SIR	0.431	n/a	1.000	Expected rate
SSI – AB Hysterectomy SIR	0.894	n/a	1.000	Expected Rate
ED-1b: Door to Departure for Admitted ED Patients	431	14	376	Top Quartile
ED-2b: Admit Decision to ED Departure	185	16	182	Median
OP-18b: Door to Departure for Discharged ED Patients	220	12	192	Top Quartile
OP-20: ED Door to Evaluation	27	15	22	Top Quartile
OP-21: Time to Pain Management LBF	71	21	61	Median
OP-22: ED Left Without Being Seen	4.68%	22	5%	Median

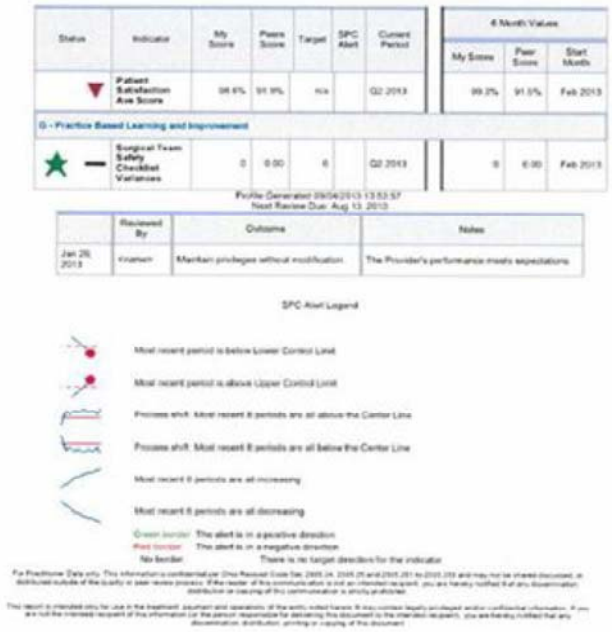
Attachment IV: Physician Performance Based Profile





Profile for Wexner
SERVICE: INTERNAL MEDICINE-CARDIOVASCULAR MEDICINE
Profile last viewed by Provider: Never

Status	Indicator	My Score	Peers Score	Target	SPC Alert	Current Period	6 Month Values: My Score	6 Month Values: Peer Score	6 Month Values: Start Month
A - Volume and Acuity									
	CMI	n/a	2.03	n/a		Q2 2013	No Data	1.97	Feb 2013
	IP Discharges	n/a	14.6	n/a		Q2 2013	No Data	14.6	Feb 2013
★ ▼	IP LOS Index (Obs_Exp Total Days)	0.83	1.06	1.00		Q1 2013	No Data	1.06	Feb 2013
▼	IP Procedures	4	42.7	n/a		Q2 2013	4	34.5	Mar 2013
▼	Observation Cases	0	1.85	n/a		Q2 2013	0	2.63	Feb 2013
▲	Outpatient Visits	189	107	n/a		Q2 2013	396	102	Feb 2013
B - Patient Care									
★ —	Autopsy Discrepancy	0	0.00	0		Q2 2013	0	1.00	Feb 2013
	Cath PCI Peri-procedure AMI	No Data	1.1%	n/a		Q2 2013	No Data	1.2%	Mar 2013
	Cath PCI Retro-peritoneal Bleed	No Data	0.3%	n/a		Q2 2013	No Data	0.2%	Mar 2013
	CM - AMI_2 Aspirin Prescribed at Discharge	n/a	91.2%	100.0%		Q4 2012	No Data	No Data	No Data
	CM - AMI_3 ACEI or ARB for LVSD	n/a	24.6%	100.0%		Q4 2012	No Data	No Data	No Data
	CM - AMI_5 Beta Blocker at Discharge	n/a	87.7%	100.0%		Q4 2012	No Data	No Data	No Data
	CM - AMI_9 Inpatient Mortality	n/a	0.0%	0.0%		Q4 2012	No Data	No Data	No Data
	CM - HF_2 Evaluation of LVS Function	n/a	95.7%	100.0%		Q4 2012	No Data	No Data	No Data
	CM - HF_3 ACEI or ARB for LVSD	n/a	46.8%	100.0%		Q4 2012	No Data	No Data	No Data
	ICD Registry CVA	No Data	0.0%	n/a		Q1 2013	No Data	0.0%	Mar 2013
★ ▼	IP Mort Index (Obs_Exp)	0.00	0.50	0.79		Q1 2013	No Data	0.47	Feb 2013
—	Mortalities Reviewed	1	0.44	n/a		Q2 2013	1	1.57	Mar 2013
★ —	Mortalities Sent for Peer Review	0	0.14	0		Q2 2013	0	1.07	Feb 2013
★ —	Mortality Peer Review #1 Score 4 or 5	0	0.00	0		Q2 2013	0	No Data	No Data
★ —	Quality Management Events - Standard of Care Not Met	0	0.04	0		Q2 2013	0	1.14	Mar 2013
—	Related ReAdmit 30 days	0.00%	3.34%	n/a		Q1 2013	No Data	3.19%	Feb 2013
	SSI CABG Procedures	No Data	0.6%	3.0%		Q2 2013	No Data	0.0%	May 2013
	SSI Pacemaker and AICD	No Data	0.6%	n/a		Q2 2013	No Data	0.0%	Apr 2013
C - Medical and Clinical Knowledge									
★ —	Formal Peer Reviews	0	0.00	0		Q2 2013	0	0.00	Feb 2013
E - Interpersonal and Communication									
★ —	Patient Complaints	0	0.02	0		Q2 2013	0	1.00	Mar 2013



Status	Indicator	My Score	Peers Score	Target	SPC Alert	Current Period	4 Month Values		
							My Score	Peer Score	Start Month
▼	Patient Satisfaction Ave Score	98.6%	91.9%	n/a		Q2 2013	99.3%	91.5%	Feb 2013
G - Practice Based Learning and Improvement									
★ —	Surgical Team Safety Checklist Variances	0	0.00	0		Q2 2013	0	0.00	Feb 2013

Profile Generated 09/04/2013 13:53:57
Next Review Due: Aug 13, 2013

	Reviewed By	Outcome	Notes
Jan 29, 2013	Kramer	Maintain privileges without modification	The Provider's performance meets expectations

SPC Alert Legend

Most recent period is below Lower Control Limit

Most recent period is above Upper Control Limit

Process shift: Most recent 8 periods are all above the Center Line

Process shift: Most recent 8 periods are all below the Center Line

Most recent 8 periods are all increasing

Most recent 8 periods are all decreasing

Green border: The alert is in a positive direction
Red border: The alert is in a negative direction
No border: There is no target direction for the indicator

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