**WEXNER MEDICAL CENTER BOARD**

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Amanda N. Lucas (ex officio, non-voting)

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

Time: 9:00am-2:00pm

Public Session

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| 1. | Approval of November 1, 2017, Wexner Medical Center Board Meeting Minutes - Mr. Wexner | 9:00-9:05am |
| 2. | Research Pipeline for the Wexner Medical Center - Dr. Kent | 9:05-9:20am |
| 3. | College of Medicine Report - 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. | Authorization to Enter into Professional Services Contracts - Mr. Kasey | 9:50-10:00am |

Executive Session 10:00am-2:00pm

November 1, 2017, Wexner Medical Center Board meeting

Dr. Thompson called the meeting of the Wexner Medical Center Board to order on Wednesday, November 1, 2017, at 9:05 a.m.

Members Present: Leslie H. Wexner, Alex Shumate, Cheryl L. Krueger, Robert H. Schottenstein, David B. Fischer, Michael V. Drake, Geoffrey S. Chatas, Bruce A. McPheron, K. Craig Kent, Mark E. Larmore, L. Arick Forrest, David P. McQuaid, Andrew M. Thomas, Amanda N. Lucas, Elizabeth O. Seely, Susan D. Moffatt-Bruce, Mary A. Howard and Marti C. Taylor. Abigail S. Wexner, Janet B. Reid, W. G. Jurgensen, Michael A. Caligiuri and Stephen D. Steinour were absent.

Dr. Thompson:

Good morning. I would like to convene the meeting of the Wexner Medical Center Board. I'll note that a quorum is present, Mr. Chairman. To conduct the business in an orderly fashion, I'd ask you to turn off cell phones and other devices and observe decorum proper to the meeting.

The minutes of the August meeting of the Wexner Medical Center Board were distributed. If there are no additions or corrections, the minutes are approved as distributed, and we are ready to move to the first item on the agenda, Mr. Chairman.

Mr. Wexner:

Great, I think the first item is Dr. Kent.

Dr. Kent:

Thank you. At the beginning of each of these meetings, we have a group of individuals and a program at the Wexner Medical Center that we are anxious to feature. In accordance with the theme of the November board meeting, which is Student Success, it's my pleasure to introduce Margaret Graham and her team from the Ohio State Total Health and Wellness Clinic. Margaret is a family and pediatric nurse practitioner with over 40 years of experience. She's a PhD by training and is one of the vice deans and absolute stars in the College of Nursing. Margaret has, over the years, won a number of teaching awards, most importantly The Ohio State University Alumni Award for Distinguished Teaching. Her academic interest is health policy, and she is recognized for her work around the state and across the country. In 2012, Margaret applied for and was the recipient of a grant from the Health Resources and Services Administration, which is a branch of the U.S. Department of Health and Human Services. The grant was titled, "Promoting Total Health and Wellness in Underserved Populations with an Interprofessional Collaborative Practice." With this grant and her enthusiasm, this led to the establishment, in 2013, of an interprofessional clinic at University Hospital East designed to help us treat an underserved population. The clinic has grown into this very robust and successful enterprise. And in 2016, the program was initiated to teach students in interprofessional education and team care. So with today's focus in this area, Margaret has brought with her our current clinic manager, Candy Rinehart, and four of the students that are participating in this clinic. So can you extend a warm welcome to Dr. Graham?

(See Attachment X for background information, page XX)

Dr. Graham:

Thank you, Dean Kent, and thank you for allowing us to talk to you and showcase the Total Health and Wellness Center. The Total Health and Wellness Center is a nurse practitioner led, interprofessional, primary care health center located at University Hospital East. Today, you're going to hear from students who have rotations there. In addition, Dr. Candy Rinehart is the director of the clinic and she's here to answer any questions you may have about the clinic.

Interprofessional collaborative practice is not new. In 1999, the Institute of Medicine published, "To Err is Human." In that, we learned that health care errors are the No. 3 cause of death. Strategies

suggested to decrease these errors includes educating health care professional students to practice as a team. In 2010, the six health professional organizations that deal with educating health care professional students came together and identified competencies for interprofessional health care. Those competencies were reaffirmed in 2016, under collaborative practice. These competencies include values, ethics for interprofessional practice, roles and responsibilities, interprofessional communication teams and teamwork. In an effort to promote interprofessional education, private foundations and federal agencies provide grant funding to incorporate interprofessional education in health professional schools. This helps engage the students in interactive learning. As Dean Kent said, in 2012, the College of Nursing received one of these grants and we started the center.

This is a picture of the night that we had our grand opening at the Total Health and Wellness Center, which is located on the 12th floor of OSU East Hospital. Here you see our dean, Bern Melnyk, who is a leader in interprofessional education. Others who were key individuals in helping us open our clinic include Elizabeth Seely; Mary Howard, who's not pictured; Dr. MaryJo Welker, who is chair of family medicine here; and Rich Thubre, who helped us with our business model. Community leaders included Dr. Gabbe, Dr. Teresa Long and Mrs. Kasich, who is very interested in the prevention of heart disease, which is disproportionally high in the citizens that we serve. Members of the community were on hand for our open house, and they were most excited about our including access to mental health services at our health center. And those of you who know our dean, Bern Melnyk, know that she is very passionate about providing behavioral health access to all.

The goal of the grant, as stated here, is to develop and sustain a nurse practitioner led, interprofessional collaborative practice clinic that integrates primary care and mental health services to improve health outcomes in an at-risk, underserved population located in eastern Columbus, Ohio. And the second major focus of the grant is to increase the number of health professional students skilled in interprofessional collaborative practice. After only one year of operation, this clinic was recognized as a primary care medical home, and under Candy's leadership, this past July, the center was recognized as a Federally Qualified Health Center Look-Alike, which will help us greatly in sustaining the center.

When we started looking at the model of care that we were going to use at Total Health and Wellness, we looked across the country for best practices, and the decision that we made was to use the team care model, which is featured in this slide. The team care model is out of the University of Washington and the members on the health care team at the University of Washington traveled to Columbus to work with our team in implementing this model. Integrating behavioral health and the management of chronic disease is the key component of this model. The health care delivery team at Total Health and Wellness is comprised of some great health professionals, who do a great job in delivering the care and in teaching our students, and these include a dietician, mental health counselors, midwives, nurses, nurse practitioners, pharmacists, collaborating physicians and social workers, and they deliver great, high-quality care, in a cost-efficient manner. The team achieves excellent patient outcomes, they work with very complicated patients, and they enjoy great patient satisfaction. Students from these five disciplines are at the Total Health and Wellness Center, and in the past year we have had 75 students rotate through the clinic. Student evaluations of their experiences at the clinic are very positive. Currently, the College of Optometry is looking to see how they can place students there, which will be great for us because we have so many diabetic patients who will benefit from having optometry on site.

In July 2016, the medical school received a $2.4 million HRSA grant for interprofessional education, and Dr. MaryJo Welker is the project director for this grant. Some of the clinical courses and clinical experiences associated with the grant are offered at the Total Health and Wellness Center. One of the greatest challenges that we have as health professional educators is figuring out how we get these students all together, their schedule is one of our challenges. They are great, they love to come together to learn. But figuring out how we get all the competencies they all have to meet with their curriculum, and then get them in classes together, has been one of our great challenges. I recently attended a conference in Canada on interprofessional education, it was an international conference featuring success stories from across the country, and I was able to highlight what we do at Total Health and Wellness. It's difficult to get interprofessional students together in classes in the classroom because of schedule, but getting students together so that they can actually deliver care as a team in a

clinic is an even a greater challenge, and we think that we have done that really well. And actually, our clinic was coveted by many across the country when they realized how many students we were able to bring together, where they actually deliver care as a team. You're now going to see a video clip, a short video clip, about the health center, and then you're going to hear from four of our 75 students who've rotated though that center this year.

*(Video)*

Mr. Wegman:

Good morning everyone, my name is John Wegman. I'm a fourth-year medical student at Ohio State. I was lucky enough to rotate though the Total Health and Wellness Center in July and August of this year. As someone who is going into primary care as my profession, I was struck not only by just the compassionate care that was given there, but how necessary the care was, how valuable it was and the comprehensive nature of that care. I say the care is necessary because it's such a high-risk population who otherwise wouldn't have access to primary care. And kind of time and time again, the value has been proven of engaging these patients in primary care in a preventative way, to prevent ER admissions and hospitalizations. And another way that the value was increased of the care was the comprehensive nature, and really having on site not only medical nurse practitioners, but also a pharmacist, a licensed social worker, mental health specialists and dieticians. One of my favorite experiences was the team care meetings I did on Thursday mornings, where the entire team sat down and talked about 30 or so of the highest risk patients and the most complicated patients, and really discussed in a collaborative manner how to best care for these patients. I also had a number of positive interactions where I learned a great deal from each of the professional members of the team, including the social work [professionals] and [learning] how to connect patients with different resources. I remember one woman, in particular, who was losing her health care and she couldn't afford her medications, and [I learned] how to find a way to get her those medications and what resources were available to her. So, I would say it's a great experience not only for the patients, but also for student members of the team, and I'm going to take away a lot from that experience – not only the direct medical knowledge I learned from that, but also just a general team-based approach to prevention and primary care. Thank you.

Ms. Straka:

Hi, my name is Shana Straka, and I am a third-year nurse practitioner student with OSU's College of Nursing. I am currently placed at Total Health and Wellness, and have been working with the nurse practitioner there over the past several months. One of those months, a fourth-year medical student had a rotation through Total Health and Wellness, and her purpose there was specifically for interprofessional collaboration with a nurse practitioner student. When we were both there together our approach was to enter all of our patients' rooms at the same time and care for them as a team, so the patient really benefited from getting her medical perspective and my nursing perspective at the same time. And when it really got fun was when we could then go to other students in pharmacy and mental health and dietetics and say, "Hey, what do you think about this patient?" Or, "We're thinking of changing their diabetes medication, what are you recommendations?" to the pharmacy students. So it was really neat to have those interactions. I think that we both were able to improve our skill sets in communication and team building, and really learn each other's roles and responsibilities in health care, whereas before we may not have really understood it. But most importantly, the patients were really able to get comprehensive, well-rounded care at one location and often times within one visit. And a lot of times, transportation is super difficult for these patients. I really hope that we were able to improve their quality of life and their overall wellness by doing this, which is really why we're all here and doing what we do. Thank you.

Ms. Lavelle:

Good morning, my name is Rachel Lavelle, I'm a fourth-year student at the College of Pharmacy. During my month at Total Health and Wellness, I was able to work closely with both the nurse

practitioners and the dietician. I also attended the team care meetings where several of the nurse practitioners brought up patients to me, who they thought could benefit from a more thorough medication review. So I went back and talked to theses patients, addressed their concerns and then came back to the nurse practitioners with suggestions to improve their care. Several of my suggestions were implemented, so I felt valued as a member of the health care team and the patients felt valued because their concerns were addressed. I was also able to shadow at some dietician appointments and not only did this help me improve my counseling skills on teaching patients about healthy eating, it also allowed me to develop a relationship with one patient in particular. I attended all of her dietary and pharmacy appointments throughout the month, and she told me at the end of the month that she normally has trouble opening up to health care providers – she normally feels very shy – but that we had made it easy for her. Because of that relationship, I was able to have a greater impact on her care and make her more comfortable with the changes we were making. Thank you.

Ms. Curry:

Hello everyone, my name is Elana Curry, and I'm a second-year medical student at Ohio State. Last year, as a first-year medical student, I had the fantastic opportunity to participate in the interprofessional health-coaching program at the Total Health and Wellness Clinic. A nurse practitioner student and I were assigned to a young woman who we met with three times in her own community to have meaningful conversations. She shared with us her life story, the challenges she was facing, her health conditions, but really, it was all about her goals. Through these conversations, we learned that she had many health conditions, from diabetes to anxiety to insomnia, but she also faced a lot of difficult life circumstances, but in all of this, she had really strong goals to improve her health. We were there to really empathetically listen to what was going on, and to help her guide her own goals. I am so thankful that I was able to care for this patient as part of an interprofessional team at the Total Health and Wellness Clinic. The nurse practitioner student and I both brought a diversity of skills from our professions that we were able to cohesively use to care for our patient. Moreover, we were able to meet with the Total Health and Wellness team, which included pharmacists, social workers, dieticians and nurse practitioners, to have a more comprehensive understanding of our patient. So, as part of this interprofessional team, I feel like we were truly able to make our patient feel comfortable to share her stories, and to really guide her to her goals. This was a vital experience to my first-year education. First, it allowed me to gain skills in interprofessional collaboration, but possibly more importantly it really showed me the power of an interprofessional approach to look at the many facets that our patients face and to really improve their health throughout their life. Thank you.

Dr. Kent:

Thank you to Margaret and the team. All I can say is, I'm just incredibly proud, and I think Margaret has been modest. We are clearly a national leader in this regard. Interprofessional education in the clinic is very, very difficult to achieve, and we've created a model over the past several years that makes us ahead of the pack in terms of where we are in the nation, so thank you. Open for questions.

Dr. Drake:

An editorial comment, if I may. So great, terrific, good. A couple things, one is that it's great to see a reflection of the importance … what I think is most special about academic medical centers is that as a part of taking care of people, we also are training the next generation of leaders. And there are things that are required in that training that help. One is that we have to model good behaviors, because there are people watching and paying attention to what we are doing, and so it helps the more senior people make sure that they are being their best selves because they know that they are in fact being role models in what they're doing and I think that's very useful. It's also very useful to have students there who are not steeped in the dogma. So they don't know how things are supposed to be, particularly first- and second-year students who don't know how they're supposed to act exactly. Because they don't know how they're supposed to act, they ask questions that may cause the senior people to rethink what they're doing or saying or how they're saying it. We have an old adage that we know so well, and that is as students progress in the hierarchy they finally get to the point that they only will ask the senior

people questions that they know the senior people know answers to and want to give them, because that will make them seem like wonderful people. We've all experienced that very actively. First- and second-year students don't know that yet, and so they ask questions about what they're actually thinking or what they'd like to know, and it requires you to keep spinning your mind through things and rethinking your approach. So it really helps us to stay on the cutting edge, and I think that's a very good thing and really a value of academic medical centers to be able to keep stirring the pot and moving things forward.

Doing interprofessional care in an outpatient setting is novel for a variety of reasons. There are economic and other pressures that make that extremely challenging in the world. I would say collecting data on outcomes will be really critical to know whether or not it can be modeled in a way that we could actually use it. So I would really encourage you to set up circumstances where you could gather data on outcomes and efficiencies to be able to compare with more traditional methods to see that patients are actually doing better, and that we are able to do this in a way that's cost effective and everything else. I think that would be important to stir in so that it could be translated more. We've done this for decades on the wards. So the normal inpatient ward team, when we were in medical school, would have pharmacy students and dental students and dieticians all kind of following the patient chart around when you walk to discuss things, when you were in the inpatient hospital setting and had time to do that. The clinics were not the same, though, because there are lots of people coming through in parallel. And so ways to model that in the clinical setting I think is quite useful. It would be great and we'd love to see that model broadly across the enterprise.

And finally, I was pleased to see that … diabetic eye care is very, very important and critical. Multiple studies show that a significant fraction of diabetic patients are not managing themselves appropriately, and a significant fraction of them will have active eye issues that can in fact be treated more effectively – critically diabetic retinopathy that could be treated more effectively earlier. I would just encourage you to contact my colleagues in ophthalmology and to make sure that as the College of Optometry has people there who are doing great things and seeing patients, that there's a connection with the retinal clinic right away, so that those patients who need to have laser or whatever else to help with the retinopathy can get that as quickly as possible. Because time is of the essence and that would be a great place to have a link between the diagnosis and the treatment for those particular conditions.

Dr. Kent:

Other questions for the team?

Mr. Wexner:

A comment would be that in thinking about the agenda for today, recognizing the support functions – particularly focuses around nursing and, obviously, the integration of pharmacy and other things – I think it was very important for the board and important for me to re-ground myself in the complexity of the medical center. The teaching agenda across all fields of medicine is complex, and as Dr. Drake points out, it's interconnected and requires cross training. You can't be in silos. And when it comes to patient care, obviously, that integration happens. I think that from a board point of view, at least as one member of the board, I have to remind myself of the complexity, because it goes by fields of care, by body parts, by disease, by specialties, then by all the support functions and how they're integrated. And then the complexity, again, when it comes to the patient with a variety of illnesses and symptoms and a variety of professionals that have to help them. I think we're very fortunate that we do so well with our teaching, with our research, and with our patient care and get great outcomes. And I don't know if the support fields, including nursing, are the unsung heroes, but it's easy for us, or at least for me, to overlook the magnificence of the nursing college and how that helps us just do better work for society. So at least on my behalf, and I think I probably speak for the board, thank you and thank all your colleagues for the great work that you have done and are doing.

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Dr. Kent:

Dr. McPheron?

Dr. McPheron:

Our faculty wake up thinking about how we can challenge our students to be different, to be differentiated, and to be better prepared. So I know we applauded each of the four students as they spoke, but I just want to make sure we shout out that it's those 75 students that have gone through here who are truly making this work. Mr. Wexner is exactly right; this is a complex beast. It's hard to insert all of these pieces into the curricula that we demand of our faculty and our students, but my hat is off to you four as representatives of the 75 for taking the initiative to learn this way. It truly will change the future.

Dr. Kent

Other questions or comments?

Dr. Lancaster

I would like to say, you know, I wasn't a dental student too, too long ago, and really do appreciate how difficult it is to participate in an interdisciplinary manner. I think what you all are doing is really exciting, and I hope you know, if I can be any help by getting dental students involved … each of these professions have very rigorous curriculum, and you know sometimes it's just hard enough to, like, pass, get through your competencies or whatever graduation requirements. So this really is something new and exciting. So I wanted to congratulate you all. I did have one quick question. You mentioned that the clinic set up is FQHC-like. I was wondering if that's, like, kind of a best practice thing or does that set us up for external funding opportunities? I just wanted to quickly ask that.

Dr. Drake:

And maybe, just for a moment for other board members, defining for them FQHC would be a great thing to do.

Dr. Rinehart:

In order to sustain our clinic and care for the people that we provide care for, and to allow the opportunities for the students, we had to look for funding sources. A Federally Qualified Health Center receives extra bumped up or wrap-around payments for caring for our people who have Medicaid or Medicare. It is a process though HRSA to apply and we did successfully apply to become recognized as a Federally Qualified Health Center Look-Alike. So with that we have our extra payments and then a better chance of getting, also, the grant money that will come with that later on, all for sustaining and being able to provide this care.

Dr. Drake:

The concept is that the social determinants of health in populations that are underserved chronically, and from regions of the country that are underserved chronically, include things that make it more challenging to care for patients appropriately. And so there needs to be extra support services to make sure to help those patients. So these Federally Qualified Health Centers are places that have support to be able to particularly deal with underserved, undercared for populations. It's a very important designation and a really important program.

Dr. Kent:

So I just want to have a call out to OSU. There are few places that could be capable of achieving this level of leadership, but the fact that we have seven health sciences colleges, we have practitioners in every area in the medical field that come together at this great institution, and we have a plethora of students, I think is what really enabled us to have this great success. So thank you so much for coming, Candy, Margaret and the students. We really appreciate it. Let's give them another round of applause.

I'm still on, so I'd like to begin the College of Medicine Report with an introduction. We were all very sad to know that last meeting was Chris Ellison's last time as president of OSUP. But we're really excited to welcome a new member of our team, Rick Forrest. Rick is the interim president of the Faculty Group Practice and vice dean of Clinical Affairs at the OSU College of Medicine. A little bit about Rick, he's an OSU tried and true; he went to medical school here, his internship and residency and ENT at OSU, and then a laryngology fellowship at Vanderbilt, and then a second fellowship in microvascular reconstruction at OSU. Over the years that he's been here, he has had multiple roles in the Department of ENT, starting as the leader of laryngology, going on to residency and program director, and then eventually vice chair. In 2010, Rick decided to change directions and received his MBA from the Fisher College of Business, and then in 2011 was named director of Ambulatory Services at the Wexner Medical Center, where he did an absolutely outstanding job. And when we were looking for a new lead as president of OSUP, there was no question that Rick was our first choice. So if you would please give a warm welcome to Rick as a new member of our team.

I'll begin with my report. I've broken it into three sections: research, followed by education, and then clinical care. Beginning with research, you know, I mentioned at our last meeting that we had a really great year in NIH funding last year, where we increased 20% whereas the national budget was flat. We're off to a great first quarter. In our first three months of this year, we're actually $7 million in NIH funding above last year, so we're really pleased with all of that. If you look through our scorecard, we actually have another goal in mind, which is to increase the number of first-time funded investigators at OSU. Our goal is 20 for the year, and it turns out in our first quarter we've actually already achieved eight new funded investigators. I guess four times eight is 32, so I think we're going to beat that 20. We're very excited about that, and what that means is we're growing people within and it also means we are recruiting people from without, and overall growing the amount of research funding that's part of our College of Medicine.

I just wanted to give you a sampling of a few of the new grants that we've had over the last quarter to draw recognition to some of our really fantastic investigators. I'll start with Jennifer Bogner and Anthony Brown, one is in rehabilitation and the other is in neuroscience, and they teamed up together to receive a $4.8 million grant in traumatic brain injury. As many of you know, traumatic brain injury is an area, a focus, of OSU, and we're certainly a national leader in this area. Jill Fortney in physiology and cell biology received a T32 grant, which is a training grant, but the focus is really unique and I think sort of first in its class. This grant is designed to promote women in science. She is just recruiting her first team of trainees into this grant and I think that puts OSU in the lead in terms of women and training. Janice Kiecolt-Glaser, I think everyone knows, is part of the Department of Psychiatry and extremely well-funded. She received a new grant of $3.1 million [to study] marital quality and behavioral pathways. I love Dr. Kiecolt-Glaser because she's always looking after our practical lives, right? I think we'll all learn a great deal from this grant. Next is Joseph Kitzmiller, who is in internal medicine, with a $1.9 million grant in statin myopathy in African Americans. Peter Shields, also in internal medicine, received a $1.4 million grant for e-cigarettes and human lung cancer. And then the last person I'll feature is Gayle Gordillo, a plastic surgeon who received a $1.3 million grant in the treatment of childhood hemangiomas. Now, I could go on. You know that $8 million above budget suggests that we have dozens of grants that are new. But I thought it was worthwhile featuring some of the innovative research that we are doing here at OSU. So, next I'll move to education.

Dr. Drake:

My little editorial insert … it's really important to focus. One of the things that's special about the United States and our higher education system of research is that we have this very well developed program of peer-reviewed research. It's an unusual thing. It doesn't happen in other places around the world,

necessarily, and didn't happen really actively until after the Second World War. But this means that there are federal agencies, NIH in the main case, that have a pot of money – and it's a single pot of money – and then people from all over the country compete for that pot of money, and the money is awarded based on the quality of the ideas. So when the dean mentions that we have an increase in our grant funding, it means that the pot is staying that same size, but what's happening here is that more of our people are putting in great ideas that are winning this competition for the best ideas. It's extraordinarily difficult to be funded. It takes an average of eight to 10 years or more after finishing college to get one's first grant with work, work, work up to that point. I just wanted to make sure that we are focused on the fact that is this a very robust and unique system. It has really helped the United States to rise to the leadership position in the world for new research and it's extraordinarily competitive and merit-based, so these are real achievements.

Mr. Schottenstein:

Other than just saying, "We want to get better at this," because I assume all the other medical centers are just as aware of the stagnant funding – and this is like wanting to be in the College Football Playoffs, everybody wants to be there – we must be doing something. I mean, other than just focus and talking about it. I think it's extraordinary, I agree with everything you just said, but how does that happen and why now?

Dr. Kent:

Well, it's a full-time job, and then some. Peter Mohler, our dean of research, is extraordinary and very talented and is really essentially working 24/7 to try to innovate, build programs and better understand the direction that we should hit to be successful. I would also say thank you to OSU. Many of these grants are collaborative grants between the College of Medicine and Pharmacy, or the College of Medicine and Engineering, and it's really teams of people that could only be achieved at a great university that would allow us to have this success. I think the other part is that we have a vision. I mean, what a great year last year around strategic planning. We know where we want to go, we have a direction, and I think our faculty are excited about that and they're rallying to the cause, they're being very successful.

Dr. Wadsworth:

First of all, congratulations on the incredibly tough competition. You know, the average age of people who are winning keeps going up because you have to have more, so one of the things that is needed is seed money to allow people to research ahead of being able to win these very tough competitions. And it's important that there is a healthy discretionary flow of research money to get people started. I'd be interested in your view on how we do that.

Dr. Kent:

Absolutely, one of the restrictions of the NIH – which, of course, funding from the NIH is wonderful and allows much of the innovation that we're creating – but the NIH says that you can only spend the money on the grant that you received. If you have a new idea, you can't spend that money on your new idea. So we need other sources of funding for that. You know, that's the job of the dean, having the tin cup and going around asking people to help. Philanthropy is something that's really important in that regard. There are many foundations that are willing to support more innovative and original research. I think our university is investing in our research program, and so is the college and our state is, likewise. So wherever we can get the resources. But you're absolutely right, having those starter-up funds is maybe another way of saying it, that allow us to actually innovate, and then we have enough date to actually apply for the NIH grant is critically important.

Dr. Wadsworth

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Yeah, some of the young researchers I know will do it. You have a manifold return on the investment of a small discretionary fund, and you can play with shark tanks and a bunch of other things, too.

Dr. McPheron

I think to your point, Dr. Wadsworth, the startup packages are certainly really critical for the new investigators coming in, and the dean and his team are very, very focused on that. But we're investing several million dollars a year centrally across the university on exactly what Dr. Kent highlighted, which is interdisciplinary research. And it's allowing some innovation in the proposal development and the data that are required to validate that new way of thinking about problems to emerge, and that's happening on a regular and repeated basis. Shortly, we'll be rolling out a program that President Drake has crafted to support, centrally, a post doc pool that will be an absolutely essential addition across the university in bringing really focused, excellent research minds at largely central support for two-year appointments into the system.

Dr. Wadsworth:

Great, thank you.

Dr. Kent:

So, Mr. Wexner, I know you love brevity, so it's not my fault if this report goes on too long. I'll move onto education. This weekend is the beginning of the meeting of the Association of American Medical Colleges, AAMC, and I have the privilege of representing OSU in a presentation about the innovation in the College of Medicine towards diversity. As many of you have heard, our College of Medicine is probably one of the most diverse colleges in the country. You know, one of the fun things about being dean is if you have been here just a year and something great has happened, you take credit for it. And if something not great happens, you know, I've just been here a year. But this is one of these really great things, and I can't take credit for it because this is an innovation that's been in the making for quite a time. If you go back to 2010, it turns out that the percentage of underrepresented minorities in the College of Medicine was around 13% and that's the national average. So, good, we were doing reasonably well. I think the leadership at the time felt that "good" was not enough. We wanted to do better. So they created two initiatives – one was around holistic review of applications for medical school. The idea is, of course, everybody is going to have a good GPA and a good MCAT score, but what we really want is a great person. So the review process was changed dramatically so the sort of the portal of entry was the good scores, and then we looked at the person and changed the way that we accepted individuals into the College of Medicine. The second thing that happened a year later is that there is a requirement that the people who were on the College of Medicine admissions committee take an implicit bias association test. I'm sure most of you are aware of what that is, but it's a way of individuals finding out whether there might be hidden biases in terms of how they look at and review people. So everybody in the admissions committee took that test, and I think most of the people on the admissions committee were surprised at the outcome. There was a discussion afterwards and some interaction. So those were the two events. Well, maybe cause effect, but what's happened over the last six years is that the percentage of underrepresented minorities in the College of Medicine has grown from 13% to now 26%, so it has doubled and we're clearly a national leader. That's the reason we were invited to present this at the AAMC. We're really proud of that. The other part of the story, which is just as impressive, is that the metrics for our students really haven't changed over the last six years. It was mentioned previously in a meeting that the average GPA is 3.77 and last year the average MCAT score was at the 94th percentile, so we've been able to achieve a level of diversity that's probably best in class in the nation and still achieve an extraordinary class of students. So we're very, very proud of that and looking forward to my presentation at the AAMC.

I'll move on to clinical. Each board meeting I like to feature one of our programs that's extraordinary, and the program that I've chosen this time around is our hematology program, our hematology division. Hematology at OSU, many of you know this, is best in class. It's certainly one of the strongest programs at OSU and nationally acclaimed, and 2017 was really a great year for this division. They had in total

166 peer-reviewed publications, many of these in incredibly high-impact journals; $38 million in extramural research funding; and 197 clinical trials where they enrolled over 3,000 patients. And the interesting part of the clinical trials is 60 of those trials were investigator initiated, which means that they were trials from innovation that happened here at OSU – not coming in from industry from the outside, but trials for our own innovation. And along with that, we draw patients from all over the country because of these trials and the innovation of our physicians. Along with that, it turns out that this last year we were No. 1 in the country amongst cancer programs for patient satisfaction. So not only were we innovative, not only did we draw patients from everywhere, but we take really great care of patients and they're very satisfied with their care. I wanted to feature a few of the 40 faculty in hematology. Jennifer Woyach has developed a lot of innovation around targeted therapies for lymphocytic leukemia. She has had multiple publications, and one of her most recent publications was in the New England Journal of Medicine. She has annually about $1.4 million in NIH and industry funding. Rob Baiocchi is interested in AIDS-related cancers, lymphomas. He has brought much of his work to Africa with a huge initiative in Ethiopia, and his innovation is around a new treatment paradigm immunotherapy for Epstein-Barr virus and lymphoma. He currently has $3.9 million worth of funding. Ramiro Garzon investigates T-cell leukemia. His focus is new RNA target molecules to treat leukemia. He has $800,000 in research. Don Benson, who is a world leader in multiple myeloma targeting new therapies. I think many of you saw the announcement the other day about these CAR T cells, these new immune cells that can come in and dissolve cancer. So he's applying those CAR T cells to multiple myeloma, one of the first in the country to do this. And of course, John Byrd, who is extraordinary in his research, has created these new innovative targets and therapies for chronic lymphocytic leukemia. He has a total of $5.5 million in funding, and I just want to draw recognition to John, who has really led this program and developed it to its extraordinary level of strength. This past year, John stepped down from being the leader of hematology so that he could focus more on his research. Don Benson has taken on the interim roll as the leader of hematology and has done just an extraordinary job of continuing to lead that program forward. It is first in class, absolutely outstanding and one of our stellar programs at OSU.

Across the clinical enterprise, we continue to grow. Last quarter our admissions were up 4.6% compared to budget, and our surgeries were up 3.5%, and our outpatient visits were up 3%. Something must be great about the care that we provide because patients keep coming to OSU. A quick note about strategic planning – the board passed our strategic plan for the Wexner Medical Center at the last board meeting in August, and David [McQuaid] and I are working very closely to try to functionalize that strategic plan, starting with research. Peter Mohler first sent out a survey and then has had focus groups around research and then has created three committees: one focused on infrastructure, which is so important to research; another around strategic growths, what areas do we want to invest in; and the third around compensation, so that we reward our researchers well. And then we're beginning the process for strategic planning around the clinical aspects of our program. So this coming November, we're going to get all 18 clinical departments together and in January, the eight areas of concentration that are part of the Wexner Medical Center plan, and have discussions about strategy and moving forward. One of the challenges that David and I gave to all of these groups is that we want you to create one program that is top 10 in the country that is extraordinarily differentiated. We also want you to recognize all of the new innovations in the field, we're going to incorporate those into our program, and then we want to become dominate in the market share and in our local and Ohio region. So a really grand challenge to these individuals and a lot of planning ahead over the next few months.

I'll finish by saying that we've been actively recruiting. In the first quarter of this year, we welcomed 118 new faculty members into the College of Medicine. We're growing fast, we have lots of patients who need care, and now we have a lot of new caregivers. And we have ongoing recruitments in a number of leadership roles. We're recruiting for a new chair of ENT, a chair of our basic science department, Immunology and Infectious Disease, and a new chief of cardiac surgery. And then I think all of you received yesterday an announcement about a recruitment effort in the neuroscience arena, where we're going to bring in somewhere between seven and 12 new clinicians, clinician scientists and scientists that are focused on the realm of Alzheimer's disease, so we're very excited about that new initiative. In sum, it has really been a great quarter for the Wexner Medical Center and the College of Medicine. Thank you much.

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(See Attachment X for background information, page XX)

Mr. Wexner:

We're going to move along. Mr. McQuaid.

Mr. McQuaid:

Thank you. I will attempt to catch on time, but I do want to take a couple of moments in the interest of communication and all of the hard work that board members and thousands of employees, faculty, have done on the strategic plan. On your seat is this brochure. This is an accumulation of fiscal 2017, and represents a lot of that work. We've been working hard to communicate better and more broadly, and one of the avenues we have for doing that is a town hall meeting that we hold quarterly. What is included here is a presentation – this is virtually the presentation that Dr. Kent and myself gave after introductory remarks by Dr. Drake, with probably 500 people in the Ohio Union – to talk about our accomplishments and to celebrate individuals across the institution. So when you do have time to look at that, you're very familiar with most of it, but it's very, very impressive.

A point that was made at the meeting, and where we are now, is the hard work of implementing that plan. I, too, would like to make some comments and introduce a few new people as we position ourselves for implementing the plan and further our tripartite mission. We really need to feel strongly that we need to have an organizational structure and a team that can better support the needs of our departments and our functions with really a keen eye on development of talent from within. All of you had received the announcement that was made several weeks ago. In order for us to really deliver on this strategic plan, most of you know, Elizabeth Seeley, formerly the executive director for University Hospital East, is now in a new role as chief administrative officer, and Elizabeth is right there. Also I'd like to introduce Dr. Mary Howard. Mary is now the executive director at East, was formerly the chief nursing officer at East, and we're really excited for her. In order for us to really focus on performance, we felt that the complexity in scale and importance of University Hospital and the Ross Heart Hospital, we felt that in order to move forward we would create two roles. Marti Taylor, everyone knows, is really positioned well to further the heart center, and we're very pleased that Dr. Susan Moffatt- Bruce has agreed to take on the role of executive director for University Hospital. So these are great individuals. As we implement the strategic plan, we ask for your continued support of them and really want to congratulate them on their roles.

I'll just make a couple of other comments. An important part of our role as an academic medical center is to be a pacesetter, to lead the nation in many efforts, and so with respect to national reputation building I have just an additional comment. Dr. Kent mentioned diversity. I've called out Dr. Leon McDougle at several board meetings. He's a wonderful leader. Blackdoctor.org has named the Wexner Medical Center one of the 2017 top hospitals for diversity out of approximately 1,000 hospitals, and we'll be recognized and he'll be representing us this week in Chicago, November 2, to receive that award. Just a couple of other recognitions on this national reputation building. The Mayo Clinic's Division of Hematology presented Dr. Clara Bloomfield with the Robert A. Kyle Award for outstanding clinician scientists, and this was an award that recognized outstanding contributions in the diagnosis and treatment of hematologic cancers, which include leukemia, lymphomas and multiple myeloma. And similarly, the National Cancer Institute appointed Arnab Chakravarti, our chair of radiation oncology, to its advisory board of scientific counselors to help guide the NCI leadership with strategic planning and decision-making. So many of our leaders in this organization are sought out, great thought leaders that will lend to our leadership as an academic medical center.

In your board book, there is a copy of the scorecard and we're making progress in the first quarter. I would tell you that many of the areas that we intentionally place on this scorecard aren't put there because we believe they're easy. We put these things on the scorecard because we believe that ultimately, in order to achieve our ambition, we are going to have to transform in many of these areas. In several, these are not easy things to do, but we are not walking away from the challenge and the

work that we need to do, and the team is really working hard to deliver on very, very important areas, in particularly access. So I'll conclude my report to get us back on track, and if there are any questions, I'd be happy to take them.
(See Attachment X for background information, page XX)

Mr. Shumate:

Mr. Chairman, I don't have a question, but I would like to compliment both Dr. Kent as well as Mr. McQuaid on the reporting of the strategic plan. I think it's critically important for us to be reminded that this is an active document, one that's our guide, and it's not going to be a document that sits on a shelf and gathers dust. Tying the activities of the medical center to the strategic plan and actively and aggressively working on its implementation is something that I want to applaud and assure you that from the university perspective, we will proceed accordingly as well. But thank you very much for your leadership with the strategic plan.

Mr. Larmore:

Just a couple comments and then a couple of slides. Last meeting we presented the June 30 numbers, which is our year-end. Since that time, we've gone through the audit process, the results of the audit are out, and the numbers did not change from what we presented, so we will not go through those again. This meeting we are reporting on the first quarter of fiscal year 2018, and as Mr. Shumate said, 2018 is our base year for our long-term financial plan, which follows the strategic plan. So in the first quarter we are off to a good start, I'd say a great start. Volume is ahead of what we projected, demand is out there, and we continue to see our beds full and our physician templates full. So the result of that is that our bottom line is ahead of what we targeted for both in the budget. And of course, the budget was a considerable growth over the prior year, and we're hitting those targets. So a couple of slides – you can see our admissions. I often like to talk to how we're tracking year over year, so 4.4% growth and I will say that that is considerably ahead of the industry. Normally growth rates are in the 1% to 2%, so you're seeing the demand that we have for our services. To the right, surgeries, a little behind budget but still growth, 1.6% year over year. On the bottom, similar prior year 1.7% growth in our outpatient visits, and we track our worked hours per adjusted admission and we budgeted to grow that and we're on track with budget, but we did budget a slight increase year over year. Top left, operating revenues are all green, 7.7% growth year over year. And then to the right of that, controllable costs have grown 6.7%. I think when I got here two years ago, those percentages were reversed, so we were actually growing expenses faster than revenue. So we've moved that in the right direction, we're seeing that growth, and again that translates into a growth in the margin. On the bottom, you can see our 4.7% above budget on revenue over expenses at $61 million. And we did anticipate that growth with the additional capacity that we brought on, so 33% growth year over year. And then we've always tracked day's cash on hand, so we're up four days since June, which is about $35 million, so $861 million in cash. One more slide, so this is the larger TNL of the health system. So again, top, $724 million in revenue in the quarter, which is almost $4 million ahead of our target. On the expense side, $629 million, which is $1.6 million over. And you can see the number in the middle is $2.8 million. We continue to see new drugs enter the market. I'd say on the ecology side is where we're seeing the bulk of that, so we are overspent on that, and then we also have expanded our outpatient pharmacy so we're seeing drug costs there, but we're actually billing for that, so that's actually part of the positive variance on the revenue side. And then our funding medical center investments, as we call it, is on budget and this is where the health system funds money into the college and into the practice plan for services that it needs to run the hospital. And there are also some support dollars in there for research that does come over. So we talked about earlier where funding comes from through support of the startup research, and some of it does come out of that system. So given our time schedule I'm going to stop here and see if there's any questions.

(See Attachment X for background information, page XX)

Mr. Wexner:

Questions, comments?

I think, to kind of embroider a little bit on what Alex said – that we have a strategic plan, and that if you have ambition then we have to figure out the detail on how to execute to that plan to get the result. And as we grow the medical center and we plan for capital expenditures and hiring more people and taking care of more patients, what I've committed to the board is that we'll monitor, if you will, hurdles of performance. So that's the quality of our students, the quality of the education, the quality of the research, and obviously the quality of patient care. If you do all those things well, then the numbers come out pretty well, too. And so from the hurdle point of view, us maintaining excellence and improving in all areas should improve the financial result. But the financial result is important because our investments are guided in dollars and we're about to step into a major investment. So I appreciate the performance.

Dr. Drake:

Let me offer just a tiny comment to summarize those things. People are working really hard and producing really outstanding results. We saw the students at the beginning. We have our most diverse and among our most outstanding classes in history. That's great, that's increasing, that's really a hard thing to do and that's incredible. We are seeing more patients than ever before, are producing more results. Some of our expenses are up, but those are like the drug expenses because we're treating more people. That's an incredible thing. And as we do this year over year, there are more and more people who can benefit from our services. And then it sort of cycles back to the real importance of us being as aligned and efficient as we can be. Because the demands on our time and services are overwhelming, and anytime that we are not efficient and aligned and doing our best … I mean, that extra noise gets in the way of providing the care that the people in our region obviously need. So our work on trying to be as efficient and effective as we can is because we have a great demand for our services and that's the only way that we can begin to approach those demands. And all of our growth and all of our looking forward is to make it so we can do a better job of providing service to the people who obviously are lined up to try to get care from us.

Mr. Schottenstein:

Mr. Chairman? Just a quick comment in the same vein. I believe that last year's first quarter was a record quarter for the medical center, in terms of the gain from operations, the $82 million, and we just beat it by 15%. So last year was a record. This year's first quarter beat last year's first quarter by 15%. I know, you know, it's just the first quarter. But I think these results are outstanding. And not only improving day's cash on hand, which has always been a focus, but in terms of efficiencies and just the performance of the operation. It's pretty quiet in this room and I don't know how – we just won 42 to nothing, that's kind of important. I think it's extraordinary.

Dr. Drake:

So maybe a round of applause and thanks.

Mr. Wexner:

Bob, do you have a resolution or a report to make today?

Mr. Schottenstein:

We do and I think Mr. Kasey is going to make it. I'll just say one thing about it. This all relates to the strategic plan, which was a one-year process. I love these materials that are on our desks. I've been trying to look at them quickly as the meeting has been going on. Among other things, there are very significant facility initiatives that are springing forth from the strategic plan. They're just not isolated projects. And this resolution that Jay [Kasey] is going to introduce is a critically important enabling project. It's literally moving things from Starling Loving Hall and, I think, one other building, over to the

east side of Neil Avenue in what will be a new building that will house certain optometry and clinic and related kinds of functions that will pave the way for the more significant facility initiative on the west side of Neil, which will be the interdisciplinary health science building that we'll talk more about perhaps later. But Jay, if you want to introduce this resolution, it's really a critically important step one.

Mr. Kasey:

Thank you, Bob. This is really the first step in enabling the strategic plan of both the medical center and the university in the health science history to be enacted. It is a relatively simple building, but it fills a very strategic spot on the east side of Neil Avenue, which is really our academic avenue, our academic main street. We will be very considerate of the look and the feel of the building as it sits with a number of our more classic buildings. Today what we're asking for is $600,000 just to hire a criteria architect, as we believe that this building will be presented and completed through a design-build process. It is primarily some architecture that will support retail on the first floor, that being the optometry retail shops, and office space in the floors above as well as some optometry clinics. It will replace what we call the Fry Bridge, which is the one-story old building that supports optometry, and two wings of the old Starling Loving building, which need to be taken down, ultimately, so that we can bring back the interdisciplinary health sciences complex which is being planned for that site and we'll talk more about at a future date. We are asking for $600,000 just for this criteria, but we're also asking because we have a pretty good feel for this building and the cost and the initial work we've done, that we'd be allowed to go into construction if the criteria architect comes back and the cost is not to exceed a total project cost of $28 million. That's our request for this building today.

**APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS**

Resolution No. 2018-29

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<br>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.

(See Attachment X for background information, page XX)

Mr. Schottenstein:

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Do we need a motion for this?

Mr. Kasey:

I think we do, and it then will also go to Master Planning and Finance tomorrow.

Dr. Thompson:

So we need a motion and a second.

Mr. Schottenstein:

I'll make the motion.

Ms. Krueger:

Second.

Dr. Thompson:

All in favor?

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

Motion carries.

Mr. Wexner:

Anything else to report, Bob, on facilities? I think, for the sake of the whole board, the facilities and this physical planning committee of the university is meeting and working on the integration of the medical center plan to the university plan, and I think there's really good work that's happening.

Mr. Schottenstein:

If you don't mind, maybe I'll just take a couple of minutes and sort of give a macro view of where we are. Coming out of the strategic planning process, there are what I would call three major facility initiatives – one is research-related, the other is education-related and the final one is clinical-related. So you've got research, education and clinical facilities being planned. I'll start with research. We talked a lot earlier about just how critically important that is and some of the great successes that we're beginning to see from greater focus and with our NIH grants. The research building will be located on the midwest campus; planning for that is under way at this time. Phase one will be approximately a 400,000-square-foot building and it will be built in two wings. Phase one will literally double what we currently have in the BRT. So just the first phase of this is a big step forward, because it will double what we have at the BRT. A lot of these things are being finalized now, but we should think about this as an approximately $350 million research initiative, phase one of which is roughly 400,000 square feet, phase two of which is 200,000 square feet, multiple buildings, one day becoming part of within the midwest campus, perhaps a series of research buildings. Hopefully this is just the beginning of the beginning when it comes to that. So number one, we've got this research project, that's $350 million, and that will be on the midwest campus. On the educational side, I think one of the more exciting things, and this resolution that we just approved is step one, as we said, is an interdisciplinary health science building that really will bring together a number of key areas that comprise not just the College of Medicine but supports – and the provost could better describe it than me – but basically right now, there is no College of Medicine building per se, there is none. There's specialties that, I think, stretch across five, six, seven different buildings, if I'm not mistaken, but you can correct me.

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Dr. McPheron:

Well, I won't correct you. I'll simply say that, you know, this is clearly next generation for the College of Medicine, but you heard it from our students this morning. This is the kind of education we're thinking about in terms of bringing disciplines together into a facility where our doctors can be side-by-side with nurses, pharmacists, dentists, public health trainees, etc.

Mr. Schottenstein:

And just because buildings are old doesn't mean they're bad. But in this particular instance, we've got some buildings that are 80, 90 years old with low ceilings and windowless classrooms, and I'll leave it at that. But basically, we're talking about approximately 360,000, maybe as much as 400,000 square feet, of new buildings. You really need to look at a picture of it, but we'll end up with sort of a quad, the front door of which will face Neil Avenue on the west side of Neil. Very exciting designs. First thing to do is to move some things out of Starling Loving, as discussed, over to the east side of Neil. This is an approximately $240 million to $250 million total project, and there's a lot more to discuss on that going forward. So I talked about research, I talked about education, then we talk about clinical. There's really two aspects to clinical – one is ambulatory, which consists of a major new ambulatory facility on the western lands, together with a series of ambulatory facilities around the outer belt. There's an outer belt strategy as well as a campus strategy. One of the really important things to realize is – and Rick Forrest, who is here, has a lot more detail on this than me – but basically today, I think I'm right, that nearly two thirds of all patients that visit the James, Rhodes and Doan, and the Brain and Spine Hospital, are ambulatory. So we think about traffic on the medical center campus as we all drove in here today. Two-thirds of the people visiting these facilities, that doesn't include Ross, are ambulatory patients. There's a tremendous opportunity for us to move a lot of that off the main campus into an ambulatory facility that is more efficient to operate. So there's a financial side to this as well as a convenience. And, I think, just an improvement of patient care, which is very exciting. The ambulatory initiatives are significant, both the one on the western lands as well as the outer belt strategy. And then the other clinical piece, which is the biggest part of all the facility initiatives, is the construction of a new 850-bed hospital. You see the construction and the relocation of Cannon Drive, so you can begin to imagine how much additional land we're creating just to the west of where the new James Cancer tower and those parking garages are. This will be largely a critical care tower and we're well into the planning. A lot of people in this room played a very important role in that. I think it's very exciting. It's very exciting for the next generation of our whole academic medical center and what it will mean to not just the medical center, but to the whole university. And the other thing is I think that it all springs from the strategic plan, which should give everyone in this room comfort that these just aren't someone's pet projects, but that this is part of a robust one-plus year process, where these ideas and these needs have come forward. It's probably a little more detailed than maybe you wanted, Mr. Chairman, but I'm happy to try to answer questions. And there's others in the room here that can comment it they so choose.

Mr. Wexner:

I think from my point of view, and I think Alex [Shumate] shares it because we are both part of it, that there is a strategic plan – the plan is alive and well – and we're executing to the plan, whether it's on talent, financial, or the physical aspects of it, and making sure that we have guard rails and hurdles so that we aren't getting ahead of ourselves. Or, maybe a more positive take, that we're on track on all parts. The physical part is significant in terms of capacity and the quality of the facility that we have for students for research and for patients. The integration of that plan to the university's plan is significant in many aspects, the people aspects, literally the capital nature of it. We're building buildings that hopefully serve the community for at least 50 years or maybe even longer. So I think there has been very careful work on all parts and parallel process so that we're executing really strategically and not creating unanticipated problems for ourselves. Hopefully not very many unanticipated, unintended negative consequences.

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Mr. Shumate:

Just to again confirm this point, I think that I really appreciate the focus on the strategic plan that tied to our tripartite mission of research, education and clinical care, but I also think it's important to publically discuss what we're doing. I don't think we do a good enough job of really telling our story. There's some fantastic, very positive results and accomplishments, and I think continuing to remind the public in particular, as well as internally, that we are working consistent with the strategic plan, is very important and I want to emphasize the importance of public reporting and discussion.

Mr. Wexner:

Yes, boss.

Mr. Schottenstein:

And you know, just one last thing with the chair of the board of the university here, as well as the chair of the medical center board, I think that one of the things that we're also now beginning to do as we think about these projects, is make sure that they fit into the comprehensive master plan. By that, I mean – and I'm talking more from a real estate and development standpoint than a strategic plan – a master plan for the western lands. We can't just build a building in the middle of all that land without first taking into account how it would relate to what else might happen there. All of the things we're doing around this medical center campus, with these facilities, we've talked about, both as they relate to Neil Avenue, coming off State Route 315, there's master planning implications of that as well. We have an opportunity, I think, to be very intentional and smart about how we go forward.

Mr. Wexner:

Questions? Comments? We're covering a lot of very big issues, very quickly. We'll have more time in executive session to unpack some of these things or have reflected questions. Cheryl?

Ms. Krueger:

Sure, thank you, Mr. Chairman. This resolution was reviewed and approved by the Quality and Professional Affairs Committee for the Wexner Medical Center Board. It was discussed last Tuesday on the 24th of October. I'm going to turn it over to Dr. Gonsenhauser to discuss the updates to the plan and what's being brought forth so we can approve it for today. Ian?

Dr. Gonsenhauser:

Thank you, Cheryl. Good morning everybody, I'm Ian Gonsenhauser. I've had the privilege of taking on the role of interim chief quality and patient safety officer as of September 1 this year. What I present to you today and submit for your review and approval is a document entitled "Clinical Quality Management Patient Safety and Service Plan". This is a document that really defines the quality program as a whole – the scope of the program as well as the oversight structure, our approach to quality oversight, assessment of our methodology for ongoing assessment of quality and patient safety across the enterprise. It also serves as the document by which we set our 2018 goals for clinical quality safety and service. This document was reviewed and approved at the Leadership Council for Clinical Quality, Safety and Service. It has also been reviewed and approved at the Quality and Professional Affairs Committee. This is included in your board packet for review, and again this takes you through the program scope for activities within quality, patient safety across the clinical enterprise, our approaches, how we monitor care consistency, level of care, transparency, confidentiality, etc. Not much of this has changed over the course of the past year. What I would call out specifically are the items that I think speak to the theme of the meeting to this point, which is educational excellence. We have a number of programs within the quality structure that I think serve that purpose and continue to create space for

excellence in education. Particularly I would call out the House Staff Quality Forum, which is a forum staffed and executed by house staff and residents within the institution to focus on pertinent issues that address quality and safety across our clinical enterprise and the delivery of care. Most recently, that group, again which is 100% staffed and executed by residents and fellows, is looking at focusing on projects pertaining to post-operative opiate prescription and addressing some of the concerns about the opiate crisis that we are all facing. Another example of the commitment to education in our quality plan is the directorship and facilitation of a curriculum within the College of Medicine, the health systems and informatics of quality program. This is a program by which we introduce every medical student who goes through our College of Medicine to quality improvement, process improvement, as well as patient safety work. We consider ourselves a national leader in that space. We are to date, to our knowledge, the only College of Medicine that requires every single medical student to participate directly in a quality improvement and patient safety program. We take great pride in that. Last year, we had approximately 85 independent med student driven projects that we presented here during Patient Safety Awareness Week. Lastly, I would call out the quality and safety internships. We extend eight to 10 internships for College of Medicine students between their first and second year. This is a six to eight week experience by which students engage with our quality oversight and quality assessment and management structure, participate directly in projects and gain valuable experience. I would call myself out as a product of that program. I'm joining you today as the interim chief quality and patient safety officer, and in fact, I had my first experience in quality and patient safety working with Dr. Moffat-Bruce as a first-year medical student here at OSU. So really calling out the board's commitment to those programs, which are sometimes seen as alternative to the mainstream curriculum, those are opportunity rich and career defining moments and I'd like to serve as an example of that. So, we submit the plan for your review and approval today.

**CLINICAL QUALITY MANAGEMENT, PATIENT SAFETY AND SERVICE PLAN**

Resolution No. 2018-30

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.

(See Attachment X for background information, page XX)

Dr. Thompson:

November 1, 2017, Wexner Medical Center Board meeting

Any questions? I will entertain a motion to approve the Clinical Quality Management, Patient Safety and Service Plan.

Ms. Krueger:

So moved.

Mr. Wexner:

Motion made, seconded.

Dr. Thompson:

Good, I'll note the approval of the plan requires the voting members of the medical center board to have a roll call vote.

Upon the motion of Ms. Krueger, seconded by Mr. Wexner, 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. Shumate, Mr. Schottenstein, Mr. Fischer, Ms. Krueger and Mr. Wexner.

Motion carries, Mr. Chairman.

I will entertain a motion to recess the committee into executive session.

Dr. Drake:

May I just make a timely interruption? If we just reflect back over the last hour or hour-and-a-half or so, it really does give one a chance to contemplate the complexity of the operations here: the size of our enterprise, the number of people that we're seeing and how that's increasing all the time, the great demand we have for services here in Columbus, the quality of our research programs which are growing and the incredible people who are coming and competing nationally for the best ideas, the quality of our students and the innovative ways they're educating themselves, the financial results and management and how really important those are to being able to fund our mission, and our Framework 2.0 for the university that we talked about earlier this calendar year. But the piece of that that reflects the medical center is an incredible series of construction projects extending out over many years into the future for giving us new capacity and, really quite resource-intense, but focused in master planning. And then the quality and safety, that while we sit here, there are in our hospital and in our clinics – in our hospital hundreds and in our clinics, on a morning like this, thousands – of people are being seen with multiple decisions being made on each of them that are really critical and important. And to do all of that in an aligned and organized fashion is extraordinarily time consuming and effort intensive, but it's the only way that we can continue to progress forward. And that's why it's such important work and why the dean and the leadership of the academic medical center spend so much of their time focusing on an effective implementation management of the system and our new leaders of our hospitals. All the things we've been talking about are focused on these same efforts to keep this working forward, so we can provide the best care, be the best educator and best researching and innovating institution that we possibly can be. And I just want to make sure everybody takes a moment to think about that and then continue to support us in moving it all forward.

Mr. McQuaid:

I'd like to ask for an amendment to my report. While I was so quick to talk about people in new roles, the round out of the Dodd and Harding Hospital, I want to recognize Amanda Lucas. I failed to do that publically and Amanda has done an absolutely wonderful job with the Neurological Institute, bringing the Brain and Spine Hospital on board, and works hard every day overseeing as executive director for Harding Hospital and Dodd, so I want to have that noted in the session.

Dr. Drake:

November 1, 2017, Wexner Medical Center Board meeting

Let's have a round of applause for Amanda.

Mr. Wexner:

I think I'm inspired by what Dr. Drake said, about the notion of the amount of change and progress that we're making in the medical center. As medicine is changing, and patient care requirements are changing, and the world is changing, and you look at the financial result and it just struck me that, between outpatient visits and admissions, we're touching a half-a-million lives last year. And all this doing of the doing, and all the alignment – tactical, day-to-day, minute-to-minute things happen – and then connecting them over multiple years. That is the complexity of the institution and the complexity of the leadership. So I'm awed by the challenge and also the progress. It is not easy for eagles to fly in formation and clearly that's what's happening. So, thank you. Let's adjourn.

Dr. Thompson:

At this time, I'll entertain a motion that the committee recess into executive session to consider business sensitive trade secrets required to be kept confidential by federal and state statutes, and to discuss quality matters which are required to keep confidential under Ohio law. Do we have a motion?

Mr. Wexner:

Yes.

Dr. Thompson

And a second?

Mr. Shumate:

Second.

Dr. Thompson:

This requires a roll call.

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 by board members Dr. McPheron, Mr. Chatas, Dr. Drake, Mr. Shumate, Mr. Schottenstein, Mr. Fischer, Ms. Krueger and Mr. Wexner.

Motion carries.

Attest:

| | |
|---|---|
| Leslie H. Wexner | Blake Thompson |
| Chairman | Secretary |

THE OHIO STATE UNIVERSITY
COLLEGE OF MEDICINE

# TOP-RANKED RESEARCH PROGRAMS

**Behavioral Medicine**

**Membrane Therapeutics**

**Regenerative Medicine and Wound Healing**

**Cardiac Arrhythmia**

**Experimental Hematology**

**Thyroid Cancer**

**Musculoskeletal & Neuromuscular Disorders**

**Cancer Genetics**

**Spinal Cord Injury**

**Heart Failure**

**Diabetes & Metabolic Disease**

## Behavioral Medicine

**Key Team Members:**

Jan Kiecolt-Glaser, Jon Godbout, Jon Sheridan, Tamar Gur, Lisa Christian, Michael Bailey, Leah Pyter, Charles Emery

**Areas of Expertise:**

The Ohio State University is a leader in the field of psychoneuroimmunology (PNI) – the study of how the brain interacts with the body's immune system. This research has evolved from a novel area of curiosity to an important scientific field, one that has meaningful implications for public health and great promise for enhancing medical treatments of behavioral health disorders.

**Fields of Collaboration:**

Immunology, virology, psychiatry, psychology, endocrinology, molecular biology, behavior, oncology, neurosciences, addiction.

## Membrane Therapeutics

**Key Team Members:**

Jianjie Ma, Hua Zhu, Noah Weisleder, Bryan Whitson, William Abraham, Brad Rovin

**Areas of Expertise:**

This research group focuses on creating molecules that literally mend broken cells and tissue. These studies will enable improved treatments for heart attack, Alzheimer's disease, trauma and severe wound injury.

**Fields of Collaboration:**

Cardiac surgery, physiology and cell biology, cardiovascular disease, nephrology, molecular therapeutics, veterinary medicine, pharmacy, engineering, optometry.

## Regenerative Medicine and Wound Healing

**Key Team Members:**

Chandan Sen, Cameron Rink, Sashwati Roy, Gayle Gordillo, Savita Khanna, Ian Vallerio

**Areas of expertise:**

This research group focuses on utilizing cutting-edge technologies to produce products to treat wounds. One of the strongest groups in the college with regard to their ability to translate basic science into real world clinical applications.

**Fields of Collaboration:**

Regenerative medicine & cell based therapies, vascular surgery, gastrointestinal surgery and burn, wound and trauma, plastic surgery, military medicine.

## Cardiac Arrhythmia

**Key Team Members:**

Peter Mohler, William Abraham, John Hummel, Raul Weiss, Ralph Augostini, Vadim Fedorov, Thomas Hund, Paul Janssen, Jon Davis, Sakima Smith, Maegen Ackermann, Subha Raman, Lon Simonetti

**Areas of expertise:**

This research group focuses on identifying the cause and treatment of both familial (genetic) and acquired forms of heart arrhythmia.

**Fields of Collaboration:**

Physiology and cell biology, pharmacy, biomedical informatics, clinical trials, animal models, diagnostics, cardiovascular medicine, clinical cardiac electrophysiology, biomedical engineering, radiology.

## Experimental Hematology

**Key Team Members:**

John Byrd, Jennifer Woyach, Raj Muthusamy, Kerry Rogers, Karilyn Larkin, Erin Hertlein, James Blachly, Farrukh Awan, Meixiao Long

**Areas of expertise:**

This research group focuses on Acute Myelogenous Leukemia (AML), Chronic Lymphocytic Leukemia (CLL), Hairy Cell Leukemia (HCL), Mantle Cell Lymphoma (MCL), Sickle Cell Anemia and Auto Immune Hemolytic Anemia (AIHA).

**Fields of Collaboration:**

Hematology, cancer research, cancer biology and genetics, oncology, immunology, drug design, clinical trials, molecular therapies, pharmacy, biomedical informatics.

## Thyroid Cancer

**Key Team Members:**

Matt Ringel, Sissy Jhaing

**Areas of expertise:**

This team focuses on diabetes, thyroid cancer and other thyroid disorders, adrenal and pituitary disorders and metabolic bone disease.

**Fields of Collaboration:**

Cancer, radiotherapy, cell biology, pharmacy, endocrinology, diabetes and metabolism, physiology and cell biology, signaling, animal models.

## Musculoskeletal & Neuromuscular Disorders

**Key Team Members:** Denis Guttridge, Jill Rafael-Fortney, Stephen Kolb, Arthur Burghes, Paul Janssen, Maegen Ackermann, Sharon Amacher, Renzhi Han, Noah Weisleder, Mark Ziolo

**Areas of expertise:**

This team focuses on musculoskeletal and neuromuscular disorders inclusive of muscular dystrophy, spinal muscular atrophy, and amyotrophic lateral sclerosis as well as other pathologies.

**Fields of Collaboration:**

Regenerative medicine and cell-based therapies, physiology and cell biology, neurology, molecular genetics, cardiac surgery, pediatric and adult translational research (NCH/OSU), gene therapy, personalized medicine.

## Cancer Genetics

**Key Team Members:**

Albert de la Chapelle, Carlo Croce, Joanna Groden, Rick Fishel, Kay Huebner, Heather Hampel

**Areas of expertise:**

This team is focused on defining new genetic pathways that either predispose or protect patients from potentially fatal forms of cancer. A particular focus of the group is to understand a relatively new class of genes called non-coding RNAs and their potential role for cancer therapies.

**Fields of Collaboration:**

Cancer biology, molecular biology, genetics, diagnostics, drug discovery, personalized medicine.

## Spinal Cord Injury

**Key Team Members:**

Phil Popovich, Dana McTigue, Jan Schwab

**Areas of expertise:**

This team focuses on cell and molecular mechanisms, as well as animal models for spinal cord injury.

**Fields of Collaboration:**

Neurology, neuroscience, center for brain and spinal cord repair, pain management, molecular therapies, regenerative medicine.

## Heart Failure

**Key Team Members:**

Bill Abraham, Ray Hershberger, Peter Mohler, Subha Raman, Orlando Simonetti, Arun Kolipaka, Tom Hund, Federica Accornero, Paul Janssen, Brandon Biesiadecki, Laxmi Mehta, Mark Ziolo, Jon Davis

**Areas of expertise:**

This team focuses on the pathways underlying human heart failure with significant expertise in imaging, computational modeling, and signaling. A particular strength is clinical trials and device design.

**Fields of Collaboration:**

Cardiovascular medicine, cardiovascular disease, physiology and cell biology, biomedical engineering, radiology, woman's health, diagnostics, device design, clinical trials.

## Metabolic Disease

**Key Team Members:**

Willa Hsueh, Kristin Stanford, Joshua Joseph, Katherine Wynne, Kathleen Dungan, Federica Accornero, David Bradley, Doug Lewandowski

**Areas of expertise:**

This team focuses on fat biogenesis and regulation, metabolomics diabetes, the impact of exercise and nutrition on epigenetics, aging, and women's health.

**Fields of Collaboration:**

Endocrinology, diabetes and metabolism, physiology and cell biology, diagnostics, metabolomics, clinical trials.

Improving People's Lives Through Innovations in Personalized Health Care

# Wexner Medical Center Board
# Public Session
# Health System Financial Summary

January 31, 2018

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

# The Ohio State University Health System

## Financial Highlights

For the YTD ended: December 31, 2017

| Admissions | |
|---|---|
| Budget | 0.2% |
| Prior Yr | 4.6% |
| Actual | 32,051 |
| Budget | 31,975 |
| Prior Yr | 30,632 |

| Surgeries | |
|---|---|
| Budget | 0.5% |
| Prior Yr | 2.5% |
| Actual | 22,228 |
| Budget | 22,125 |
| Prior Yr | 21,689 |

| O/P Visits | |
|---|---|
| Budget | -0.3% |
| Prior Yr | 2.9% |
| Actual | 891,130 |
| Budget | 894,083 |
| Prior Yr | 866,260 |

| Worked Hrs / Adjusted Admit | |
|---|---|
| Budget | -1.2% |
| Prior Yr | -1.7% |
| Actual | 202 |
| Budget | 199 |
| Prior Yr | 198 |

# The Ohio State University Health System

## Financial Highlights

For the YTD ended: December 31, 2017

| Operating Revenue | |
|---|---|
| Budget | 1.7% |
| Prior Yr | 8.9% |
| Actual | $1,462,381 |
| Budget | $1,437,746 |
| Prior Yr | $1,343,071 |

| Controllable Costs | |
|---|---|
| Budget | -1.7% |
| Prior Yr | -8.3% |
| Actual | $1,134,735 |
| Budget | $1,115,627 |
| Prior Yr | $1,048,146 |

| Excess Revenue over Expense | |
|---|---|
| Budget | 5.8% |
| Prior Yr | 30.0% |
| Actual | $109,971 |
| Budget | $103,972 |
| Prior Yr | $84,620 |

| Days Cash on Hand | | |
|---|---|---|
| Jun FY17 | 6.0% | |
| PY MTD | 18.7% | |
| Actual | 135.2 | $908M |
| Jun FY17 | 127.6 | $826M |
| PY MTD | 113.9 | $710M |

# The Ohio State University Health System

## Consolidated Statement of Operations

For the YTD ended: December 31, 2017
(in thousands)

| OSUHS | Actual | Budget | Act-Bud Variance | Budget % Var | Prior Year | PY % Var |
|---|---|---|---|---|---|---|
| **OPERATING STATEMENT** | | | | | | |
| Total Operating Revenue | $ 1,462,382 | $ 1,437,747 | $ 24,635 | 1.7% | $ 1,343,070 | 8.9% |
| Operating Expenses | | | | | | |
| Salaries and Benefits | 643,408 | 635,907 | (7,501) | -1.2% | 600,678 | -7.1% |
| Resident/Purchased Physician Services | 54,652 | 54,437 | (215) | -0.4% | 51,045 | -7.1% |
| Supplies | 156,023 | 153,921 | (2,102) | -1.4% | 144,987 | -7.6% |
| Drugs and Pharmaceuticals | 151,267 | 142,031 | (9,236) | -6.5% | 134,513 | -12.5% |
| Services | 153,980 | 153,699 | (281) | -0.2% | 140,738 | -9.4% |
| Depreciation | 77,645 | 77,967 | 322 | 0.4% | 70,318 | -10.4% |
| Interest | 19,199 | 19,341 | 142 | 0.7% | 20,035 | 4.2% |
| Shared/University Overhead | 26,720 | 26,720 | - | 0.0% | 24,451 | -9.3% |
| Total Expense | 1,282,894 | 1,264,023 | (18,871) | -1.5% | 1,186,765 | -8.1% |
| Gain (Loss) from Operations (pre MCI) | 179,487 | 173,724 | 5,763 | 3.3% | 156,306 | 14.8% |
| Medical Center Investments | (75,370) | (74,937) | (433) | -0.6% | (74,613) | -1.0% |
| Income from Investments | 5,606 | 5,185 | 421 | 8.1% | 3,110 | 80.3% |
| Other Gains (Losses) | 248 | - | 248 | --- | (182) | --- |
| Excess of Revenue over Expense | $ 109,971 | $ 103,972 | $ 5,999 | 5.8% | $ 84,620 | 30.0% |

# The Ohio State University Health System

## Consolidated Activity Summary

For the YTD ended: December 30, 2017

| OSUHS | Actual | Budget | Act-Bud Variance | Budget % Var | Prior Year | PY % Var |
|---|---|---|---|---|---|---|
| **CONSOLIDATED ACTIVITY SUMMARY** | | | | | | |
| **Activity** | | | | | | |
| Admissions | 32,051 | 31,975 | 76 | 0.2% | 30,632 | 4.6% |
| Surgeries | 22,228 | 22,125 | 103 | 0.5% | 21,689 | 2.5% |
| Outpatient Visits | 891,130 | 894,083 | (2,953) | -0.3% | 866,260 | 2.9% |
| Average Length of Stay | 6.31 | 6.22 | (0.08) | -1.3% | 6.22 | -1.3% |
| Case Mix Index (CMI) | 1.84 | 1.85 | (0.01) | -0.6% | 1.82 | 0.9% |
| **Adjusted Admissions** | 60,205 | 59,639 | 566 | 0.9% | 57,962 | 3.9% |
| Operating Revenue per AA | $ 24,290 | $ 24,107 | 183 | 0.8% | $ 23,171 | 4.8% |
| Operating Expense per AA | $ 21,309 | $ 21,194 | (115) | -0.5% | $ 20,475 | -4.1% |

# OSU Wexner Medical Center

## Combined Statement of Operations

For the YTD ended: December 31, 2017
(in thousands)

| | ACTUAL | BUDGET | ACT-BUD VARIANCE | BUDGET % VAR | PRIOR YEAR | PY % Var |
|---|---|---|---|---|---|---|
| **Health System** | | | | | | |
| Revenues | $1,462,382 | $1,437,747 | $ 24,635 | 1.7% | $1,343,070 | 8.9% |
| Expenses | 1,352,410 | 1,333,775 | (18,635) | -1.4% | 1,258,450 | -7.5% |
| Net | 109,971 | 103,972 | 5,999 | 5.8% | 84,620 | 30.0% |
| **OSUP** | | | | | | |
| Revenues | $ 212,556 | $ 212,170 | $ 386 | 0.2% | $ 200,992 | 5.8% |
| Expenses | 207,347 | 214,630 | 7,283 | 3.4% | 189,628 | -9.3% |
| Net | 5,207 | (2,461) | 7,668 | 311.6% | 11,362 | -54.2% |
| **COM/OHS** | | | | | | |
| Revenues | $ 118,319 | $ 117,288 | $ 1,031 | 0.9% | $ 109,397 | 8.2% |
| Expenses | 103,744 | 110,331 | 6,587 | 6.0% | 98,439 | -5.4% |
| Net | 14,575 | 6,956 | 7,619 | 109.5% | 10,957 | 33.0% |
| **Total Medical Center** | | | | | | |
| Revenues | $1,793,257 | $1,767,205 | $ 26,052 | 1.5% | $1,653,459 | 8.5% |
| Expenses | 1,663,501 | 1,658,736 | (4,765) | -0.3% | 1,546,517 | -7.6% |
| Net | 129,753 | 108,467 | 21,286 | 19.6% | 106,939 | 21.3% |

**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.**

# OSU Wexner Medical Center

## Combined Balance Sheet

As of: December 31, 2017
(in thousands)

| | December 2017 | June 2017 | Change |
|---|---|---|---|
| Cash | $ 823,338 | $ 734,302 | $ 89,036 |
| Net Patient Receivables | 428,676 | 410,404 | 18,272 |
| Other Current Assets | 424,476 | 395,833 | 28,643 |
| Assets Limited as to Use | 403,168 | 403,052 | 116 |
| Property, Plant & Equipment - Net | 1,494,828 | 1,503,002 | (8,174) |
| Other Assets | 448,718 | 428,241 | 20,477 |
| Total Assets | $ 4,023,203 | $ 3,874,834 | $ 148,369 |
| | | | |
| Current Liabilities | $ 364,565 | $ 323,892 | $ 40,673 |
| Other Liabilities | 94,546 | 93,741 | 805 |
| Long-Term Debt | 822,902 | 852,129 | (29,227) |
| Net Assets - Unrestricted | 2,151,259 | 2,026,145 | 125,114 |
| Net Assets - Restricted | 589,932 | 578,927 | 11,005 |
| Liabilities and Net Assets | $ 4,023,203 | $ 3,874,834 | $ 148,369 |

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

February 2, 2018

**APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS**

Wexner Medical Center Inpatient Hospital

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:

| | Prof. Serv. Approval Requested | Total Project Cost | |
|---|---|---|---|
| Wexner Medical Center Inpatient Hospital | $70.8M | TBD | 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.

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

## Wexner Medical Center Inpatient Hospital

OSU-180391 (CNI# 17000099)

*Project Location: 12th Avenue & Cannon Drive*

- **approval requested and amount**
  professional services $70.8M

- **project funding**
  - ☐ university debt
  - ☐ development funds
  - ☐ university funds
  - ☒ auxiliary funds (health system)
  - ☐ state funds

- **project schedule**

| | |
|---|---|
| BoT professional services approval | 2/18 |
| Design (thru design development) | 3/18 – 10/19 |

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

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

- **project scope**
  - advance the next phase of design of a new inpatient hospital tower including complete design of two parking garages
  - up to 840 private-room beds, replacing and expanding on the 440 beds in Rhodes Hall and Doan Hall
  - state-of-the-art diagnostic, treatment and inpatient service areas (emergency department, imaging, operating rooms, critical care and medical/surgical beds)
  - leading-edge digital technologies to advance care and teaching
  - design to include elements to achieve LEED Silver rating and enhance patient care services

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

- **project team**

| | |
|---|---|
| University project manager: | TBD |
| AE/design architect: | TBD |
| CM at Risk: | TBD |