

**WEDNESDAY, AUGUST 20, 2025
FULL-BOARD PUBLIC SESSION**

Longaberger Alumni House
2200 Olentangy River Road, Columbus, Ohio 43210
Or watch via livestream at: <https://vimeo.com/event/5308110/b9a1094974>

10:00 a.m. **Board Meeting Reconvenes**

Buckeyes in the Spotlight: Recognition of Distinguished University Professors
Approval of May 2025 Meeting Minutes – Mr. John Zeiger
President's Report – President Walter E. Carter Jr.

Consent Agenda

1. Resolutions in Memoriam
2. **Hand Carry:** Presidential Review and Compensation
3. **Hand Carry:** Approval of Presidential Goals
4. Approval to Establish a Master of Systems Engineering
5. Faculty Personnel Actions
6. Adoption of Required Policies, Rules and Plans Pursuant to Ohio Senate Bill 1, The Advance Ohio Higher Education Act
7. Approval of Fiscal Year 2026 Capital Investment Plan
8. Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts
9. Approval of Ohio State Energy Partners Utility System Capital Improvements Plan for Fiscal Year 2026
10. Approval for Disposition of Real Property – Thayer Road
11. Approval of Fiscal Year 2026 Operating Budget
12. Approval of Appointment to the Self-Insurance Board
13. Approval of the University Foundation Report
14. Naming of Internal Spaces in University Hospital
15. Naming of Internal Spaces in the Riffe Building
16. Naming of Internal Spaces in Mason Hall
17. Naming of Internal Space in The James Outpatient Care
18. Naming of Innovation District at Ohio State
19. Naming of the Waterman – Multispecies Animal Learning Complex
20. Naming of Outpatient Care Powell
21. Naming of Commercial Vehicle Innovation Laboratory
22. Amendment to the *Bylaws of the Board of Trustees*
23. Ratification of Committee Appointments FY2026
24. The Ohio State University Wexner Medical Center Clinical Quality Management, Patient Safety and Patient Experience Plan
25. The James Cancer Hospital Quality, Safety and Experience Council Plan
26. Plan for Patient Care Services – OSU Wexner Medical Center
27. Plan for Patient Care Services – James Cancer Hospital
28. Scope of Care – New Albany Ambulatory Surgery Center
29. Scope of Care – Dublin Ambulatory Surgery Center
30. Patient Complaint and Grievance Management – OSU Wexner Medical Center
31. Patient Complaint and Grievance Management – James Cancer Hospital
32. Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation – OSU Wexner Medical Center
33. Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation – James Cancer Hospital
34. Contracted Services – New Albany Ambulatory Surgery Center
35. Contracted Services – Dublin Ambulatory Surgery Center

THE OHIO STATE UNIVERSITY
OFFICIAL PROCEEDINGS OF THE
ONE THOUSAND FIVE HUNDRED AND THIRTIETH
MEETING OF THE BOARD OF TRUSTEES

Columbus, Ohio, March 5 – May 21, 2025

The Board of Trustees and its committees met in Columbus, Ohio, at Longaberger Alumni House, unless noted otherwise herein, and virtually over Zoom on March 5 and 19, April 2 and 16, and May 2, 14, 15, 20 and 21, 2025, pursuant to adjournment.

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Minutes of the last meetings were approved.

LEGAL, AUDIT, RISK AND COMPLIANCE COMMITTEE MEETING

Committee Chair Elizabeth P. Kessler called the meeting of the Legal, Audit, Risk and Compliance Committee to order on Wednesday, March 5, 2025, at 1:59 p.m.

Members Present: Elizabeth P. Kessler, Bradley R. Kastan, Kendall C. Buchan

Members Present via Zoom: Alan A. Stockmeister, Elizabeth A. Harsh, Michael F. Kiggin, Amy Chronis, John Zeiger (ex officio)

Members Absent: Juan Jose Perez

It was moved by Ms. Kessler and seconded by Mr. Kastan that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation, to discuss security arrangements and emergency response protocols, and to consider business-sensitive trade secrets that are required to be kept confidential by federal and state statutes.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Ms. Kessler, Mr. Kastan, Mr. Stockmeister, Mrs. Harsh, Mr. Kiggin, Dr. Buchan, Ms. Chronis and Mr. Zeiger.

The committee entered executive session at 2:12 p.m., and the meeting adjourned at 4:38 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

RESEARCH, INNOVATION AND STRATEGIC PARTNERSHIPS COMMITTEE MEETING

Committee Vice Chair Reginald A. Wilkinson called the meeting of the Research, Innovation and Strategic Partnerships Committee to order on Wednesday, March 19, 2025, at 2:28 p.m.

Members Present: Reginald A. Wilkinson, Bradley R. Kastan, Phillip Popovich

Members Present via Zoom: Juan Jose Perez, Joshua H.B. Kerner, John W. Zeiger (ex officio)

Members Absent: N/A

It was moved by Dr. Wilkinson and seconded by Mr. Kastan that the committee recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mr. Perez, Mr. Kastan, Mr. Kerner, Dr. Popovich and Mr. Zeiger.

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The committee entered executive session at 2:59 p.m. The meeting adjourned at 3:59 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

TALENT, COMPENSATION AND GOVERNANCE COMMITTEE MEETING

Committee Chair Jeff Kaplan called the meeting of the Talent, Compensation and Governance Committee to order on Wednesday, April 2, 2025, at 2:00 p.m.

Members Present: Jeff M.S. Kaplan, Elizabeth P. Kessler, Tomislav B. Mitevski, Juan Jose Perez

Members Present via Zoom: Alan A. Stockmeister, Gary R. Heminger – arr. 2:03 p.m., Reginald A. Wilkinson, John W. Zeiger (ex officio)

Members Absent: N/A

It was moved by Mr. Kaplan and seconded by Ms. Kessler that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters regarding the appointment, employment and compensation of public employees.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Stockmeister, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger. Mr. Heminger was not present for this vote.

The committee entered into executive session at 2:01 p.m. and reconvened in public session at 3:57 p.m. The committee adjourned at 4:00 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

ACADEMIC AFFAIRS AND STUDENT LIFE COMMITTEE MEETING

Committee Chair Reginald Wilkinson called the meeting of the Academic Affairs and Student Life Committee to order on Wednesday, April 16, 2025, at 1:59 p.m. The committee convened in person at Drinko Hall on the Columbus campus and virtually over Zoom.

Members Present: Reginald A. Wilkinson, Elizabeth A. Harsh, Elizabeth P. Kessler, Jeff M.S. Kaplan – arr. 2:03 p.m., Bradley R. Kastan – arr. 2:03 p.m., Kendall C. Buchan, Eric Bielefeld

Members Present via Zoom: John W. Zeiger (ex officio)

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Members Absent: Michael F. Kiggin

It was moved by Dr. Wilkinson and seconded by Ms. Kessler that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kastan, Dr. Buchan, Dr. Bielefeld and Mr. Zeiger. Mr. Kaplan was not present for this vote.

The committee entered executive session at 2:41 p.m. and adjourned at 4:15 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

MASTER PLANNING AND FACILITIES COMMITTEE MEETING

Committee Chair John Perez called the meeting of the Master Planning and Facilities Committee to order on Friday, May 2, 2025, at 8:58 a.m.

Members Present: Juan Jose Perez, Elizabeth A. Harsh, Pierre Bigby, Kendall C. Buchan, Robert H. Schottenstein,

Members Present via Zoom: Alan A. Stockmeister – arr. 9:03 a.m., John W. Zeiger (ex officio)

Members Absent: Reginald A. Wilkinson, George A. Skestos

It was moved by Mr. Perez and seconded by Mr. Bigby that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation, to consider business-sensitive trade secrets and to discuss details relative to security arrangements and emergency response protocols.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Perez, Mrs. Harsh, Mr. Bigby, Dr. Buchan, Mr. Schottenstein and Mr. Zeiger. Mr. Stockmeister was not present for this vote.

The committee entered executive session at 8:59 a.m. and reconvened in public session at 11:20 a.m. The committee adjourned at 11:30 a.m.

(See Appendix X for Summary of Actions Taken, page XX)

FINANCE AND INVESTMENT COMMITTEE MEETING

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Committee Chair Tomislav Mitevski called the meeting of the Finance and Investment Committee to order on Wednesday, May 14, 2025, at 2:00 p.m.

Members Present: Tomislav B. Mitevski, Pierre Bigby, Gary R. Heminger, George A. Skestos, John W. Zeiger (ex officio)

Members Present via Zoom: Michael F. Kiggin, Joshua H.B. Kerner, Amy Chronis

Members Absent: Kent M. Stahl

It was moved by Mr. Mitevski and seconded by Mr. Skestos 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 consult with legal counsel regarding pending or imminent litigation.

A roll-call vote was taken, and the committee voted to go into executive session with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Heminger, Mr. Kiggin, Mr. Skestos, Mr. Kerner, Ms. Chronis and Mr. Zeiger.

The committee entered into executive session at 2:02 p.m. and reconvened in public session at 3:52 p.m. The committee adjourned at 4:21 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

ATHLETICS COMMITTEE MEETING

Committee Chair Gary Heminger called the meeting of the Athletics Committee to order on Thursday, May 15, 2025, at 7:58 a.m.

Members Present: Gary R. Heminger, Alan A. Stockmeister, Elizabeth P. Kessler, Jeff M.S. Kaplan, Pierre Bigby, Bradley R. Kastan, George R. Skestos, Kendall C. Buchan, John W. Zeiger (ex officio)

Members Present via Zoom: Michael F. Kiggin

Members Absent: N/A

It was moved by Mr. Heminger and seconded by Mr. Stockmeister that the committee recess into executive session to discuss business-sensitive trade secrets and to discuss personnel matters involving the appointment, employment and compensation of public officials.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Heminger, Mr. Kiggin, Mr. Stockmeister, Ms. Kessler, Mr. Kaplan, Mr. Bigby, Mr. Kastan, Mr. Skestos, Dr. Buchan and Mr. Zeiger.

The committee entered into executive session at 8:07 a.m., and the meeting adjourned at 11:41 a.m.

(See Appendix X for Summary of Actions Taken, page XX)

WEXNER MEDICAL CENTER BOARD MEETING

Board Secretary Jessica A. Eveland called the meeting of the Wexner Medical Center Board to order on Tuesday, May 20, 2025, at 12:59 p.m.

Members Present: Leslie H. Wexner, Alan A. Stockmeister, Gary R. Heminger, Tomislav B. Mitevski, Juan Jose Perez, George A. Skestos – arr. 1:18 p.m., Joshua H.B. Kerner, Robert H. Schottenstein, Stephen D. Steinour – arr. 1:15 p.m., Cindy Hilsheimer, Amy Chronis, John W. Zeiger (ex officio), Walter E. Carter Jr. (ex officio), Ravi V. Bellamkonda (ex officio) – arr. 1:21 p.m., Michael Papadakis (ex officio), John J. Warner (ex officio)

Members Present via Zoom: Hiroyuki Fujita

Members Absent: N/A

It was moved by Mr. Zeiger and seconded by Mr. Perez that the Wexner Medical Center Board recess into executive session to consider business-sensitive trade secrets and quality matters required to be kept confidential by federal and state statutes and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll-call vote was taken, and the Board voted to go into executive session with the following members present and voting: Mr. Wexner, Mr. Stockmeister, Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Mr. Kerner, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.

The Wexner Medical Center Board entered executive session at 1:33 p.m. and adjourned at 3:46 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

FULL-BOARD EXECUTIVE SESSION

Board Chair John W. Zeiger called the meeting of the Board of Trustees to order on Wednesday, May 21, 2025, at 8:22 a.m.

Members Present: John W. Zeiger, Alan A. Stockmeister, Gary R. Heminger, Elizabeth P. Kessler, Jeff M.S. Kaplan, Elizabeth A. Harsh, Reginald A. Wilkinson, Michael F. Kiggin, Tomislav B. Mitevski, Pierre Bigby, Juan Jose Perez, Bradley R. Kastan, George A. Skestos, Kara J. Trott, Joshua H.B. Kerner and Kendall C. Buchan.

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Members Present via Zoom: N/A

Members Absent: N/A

Mr. Zeiger:

Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Zeiger:

Thank you. At this time, I would like to convene this meeting of the Board of Trustees and move that the Board recess into executive session to consult with legal counsel regarding pending or imminent litigation; to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes; and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

Upon the motion of Mr. Zeiger, seconded by Mr. Kaplan, the Board of Trustees adopted the foregoing motion by unanimous roll-call vote, cast by trustees: Mr. Zeiger, Mr. Stockmeister, Mr. Heminger, Ms. Kessler, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott, Mr. Kerner and Dr. Buchan.

The meeting entered executive session at 8:23 a.m. and adjourned at 12:50 p.m.

FULL-BOARD PUBLIC SESSION

Board Chairman John Zeiger convened The Ohio State University Board of Trustees on Wednesday, May 21, 2025, at 1:30 p.m.

Members Present: John W. Zeiger, Alan A. Stockmeister, Gary R. Heminger, Elizabeth P. Kessler, Jeff M.S. Kaplan, Elizabeth A. Harsh, Reginald A. Wilkinson, Michael F. Kiggin, Tomislav B. Mitevski, Pierre Bigby, Juan Jose Perez, Bradley R. Kastan, George A. Skestos, Kara J. Trott, Joshua H.B. Kerner and Kendall C. Buchan.

Members Present via Zoom: N/A

Members Absent: N/A

Mr. Zeiger:

Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Zeiger:

Thank you. I would like to convene this meeting of the Board of Trustees and remind everyone with us today that this meeting is being recorded and livestreamed for the public by WOSU. I also ask everyone with us this afternoon follow rules of proper decorum for conducting the business at hand.

As is clear, we have a number of guests attending today, and I understand that a request has been made that they be able to spend two minutes before we go into our formal business expressing their views on a certain situation. If there is a representative who would like to spend no more than two minutes, you're certainly welcome to come to the chair at the center there and share your perspective with us.

Hi. Could you please tell us your name and your affiliation with Ohio State?

Ms. Pompeii:

Yes. Good afternoon, OSU President Ted Carter, OSU Wexner Medical Center CEO Dr. Warner, Chair John Zieger and members of the Board of Trustees. Thank you for the opportunity to bring forward the urgent concerns of our nurses and healthcare professionals at the bedside. My name is Amy Pompeii. I'm a registered nurse at the University Hospital acute care float pool that serves 17 different units at the OSU Wexner Medical Center. And I'm also the president of the Ohio State University Nurses Organization.

We are Buckeyes, but far too often we're being treated like bullseyes, and we've had to get loud just to be heard. It's staggering that we are still standing here, still demanding safety at the EMS entrance of the emergency department. This is a high-incident, high-risk zone. Nurses and health professionals have repeatedly raised the alarm. We are not being dramatic. We are describing the very real possibility of a mass casualty event if someone opens fire on us in one of the most exposed and vulnerable entry points of the hospital. We are asking for basic protection in one of the most dangerous points of care, and still we face resistance. We've demanded a gap strategy and immediate plan to keep us safe now while long-overdue improvements are made. And we are not backing down because we refuse to accept dying at work as just part of the job. But this is not just about one door, this is about what it means to work in a system that has normalized unnecessary risk, moral injury and violence. We are bleeding talent. Nurses and health professionals are walking away not because they don't care but because they've been asked to endure too much for too long with too little support. They are being driven out by chronic understaffing, by violence that goes unaddressed and by a lack of respect reflected in compensation that simply doesn't match the weight of the job.

Let's be clear, you cannot solve staffing without solving pay. You cannot retain skilled professionals if they don't feel safe walking into work. You cannot claim to lead in healthcare if you fail to protect the very people providing the care.

Competitive compensation and enforceable staffing standards and serious workplace violence prevention measures are not optional. They are non-negotiable if OSU Wexner wants to remain a hospital patients trust and a workplace where nurses and health professionals choose to stay. You want to reduce workplace violence? Staff the units and invest in safety. You want to stop moral injury? Give us what we need to care without harm. Every day this is delayed, someone else is put at risk, a nurse assaulted, a patient endangered by missed or delayed care, a professional pushed to their breaking point. We are not asking for luxury. We are demanding safety, dignity and the ability to do our jobs without sacrificing our well-being or our lives.

We are proud to be Buckeyes, but pride doesn't pay the bills. Pride doesn't stop the assaults. Pride won't raise my kids if I'm murdered on the job. Pride doesn't keep our patients safe. We are Buckeyes, but we are not bullseyes. We won't back down. We won't be silent. As president of OSUNO, I'm calling on you as trustees of this institution to instruct your team to work with us in good faith to negotiate a fair contract that addresses these longstanding systemic issues. It's time for action. Lives depend on it. Thank you.

We just have — delivering thousands of postcards that were signed from nurses and the community imploring what I just asked of the board for our nurses.

Mr. Zeiger:

Can we please have you put them on the table back here and just pile them up?

No, on the table at the back, please, where the speaker was.

I would like to acknowledge that the Board of Trustees and the administration of the Wexner Medical Center and the university do very much value the important work of our nursing teams throughout the Wexner Medical Center. We understand it's important work that you and your colleagues do and that it is a dynamic environment in which this community exists. Please understand that the board and the administration is very focused on making sure that we maximize the safety of all employees and all students across the campus.

RECOGNIZING TRUSTEE SERVICE

Mr. Zeiger:

We will now move into our regularly scheduled activity for the board.

I want to begin today by recognizing two of our colleagues whose terms on the Board of Trustees will soon be concluding. As I've noted from the chair previously, it's a tremendous honor and responsibility to serve the university and

the State of Ohio in this capacity. This institution has been an integral part of our state and many of our communities for more than a century and a half. To have the opportunity to steward that incredible legacy — to position Ohio State to continue playing such an instrumental role in our state — is truly special. It almost goes without saying that serving in such an extraordinary capacity brings you in contact with people who are outstanding and talented. Two of those people who've been on this board, Alan Stockmaster and Josh Turner, certainly are such individuals.

Anyone who has spent more than five minutes with my friend Alan knows of his exceptional leadership, his collegiality and his deep passion for Appalachian Ohio. He has shared that important perspective with his colleagues on this board quite regularly and with others across the university, and we are far better because of it. President Carter has spoken of Ohio State being a “university for all Ohioans” and Alan has done a great deal to ensure that that will continue to be the case.

In addition to Alan, who's concluding his nine-year term as a gubernatorial-appointed trustee, Josh Kerner, at the end of the table, is concluding his term as a two-year student trustee. This board is deeply proud of the role student trustees play, and we've experienced firsthand how valuable Josh's insight, and that of our other student trustees, is in everything we do. Josh has continued this tradition of fine leadership among our student trustees and robust engagement, which we value in the work that he has done. Even though Josh will soon conclude his term on the board, we know we will continue to see him as he finishes his undergraduate degree over the coming year. We express great thanks to both Alan and Josh. We will count on your continued support and friendship.

At this point, I'd like a round of applause for their tremendous contributions.

APPROVAL OF MINUTES

Mr. Zeiger:

Now to today's agenda. Our first order of business is to approve the minutes of the February board meeting. These were distributed to all trustees. Are there any additions or corrections?

Hearing none, the minutes are approved as distributed. *(Minutes were approved.)*

ELECTION OF OFFICERS

Mr. Zeiger:

Our next order of business is the board's annual election of officers. To lead this particular portion of our meeting, I would like to call on our vice chairman, Alan Stockmeister.

Mr. Stockmeister:

Good afternoon. Thank you. It's my honor to do this. The matter before us is to select a chair and vice chair of this Board of Trustees for the coming fiscal year. Are there any motions to nominate? Mr. Kaplan.

Mr. Kaplan:

First of all, I would echo Chairman Zeiger's comments about you and Josh. Thank you both — incredible jobs.

As chair of the board's Talent, Compensation and Governance Committee, I've got the privilege of being involved in the board's process for identifying the nominees to serve in our chair and vice chair roles. As we went through this process, it was clear the board — you, trustees — had unanimous, strong support for our current chairman, John Zeiger, to serve as chair for a second term, which is what I'd recommend.

And additionally, with Mr. Stockmaster's time as a trustee — unfortunately for us — concluding, we must also elect a new vice chair. For that role, John Zeiger, would, and I would, like to nominate Liza Kessler. She's been a longstanding member of the board, as you all know, since joining in 2018. And more importantly, I think all of us believe that she, along with Mr. Zeiger, have a team that has the experience, strength and insight that will serve the university extraordinarily well.

So with that, Mr. Stockmaster, I would like to move to nominate John Zeiger as chair of our board and Liza Kessler as vice chair, and recommend approval by this full board.

Mr. Stockmeister:

Thank you, Mr. Kaplan. Please note that the formal resolution language is at your seats. This is also available for members of the public through Ohio State's media relations team.

ELECTION OF OFFICERS

Resolution No. 2025-72

Synopsis: Approval of the following slate of officers is proposed.

WHEREAS the Bylaws of the Board of Trustees specify that the Chair of the Board shall be elected annually by the Board; and

WHEREAS the Chair of the Board shall take office at the adjournment of the final meeting of the fiscal year ending June 30, and they shall hold their office through the following final fiscal year meeting of the Board, or until their successors are

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elected and qualified, so long as they shall continue to be eligible to serve as officers; and

WHEREAS the following slate of officers is recommended for approval by the Board:

John W. Zeiger, Chair
Elizabeth P. Kessler, Vice Chair

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the slate of officers as presented.

Upon the motion of Mr. Kaplan, seconded by Dr. Wilkinson, the Board of Trustees adopted the foregoing resolution by majority roll-call vote, cast by the following trustees: Mr. Stockmeister, Mr. Heminger, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott, Mr. Kerner and Dr. Buchan. Mr. Zeiger and Ms. Kessler abstained.

Ms. Eveland:

Motion carries.

Mr. Stockmeister:

Thank you. Congratulations.

It's been an honor to serve alongside you during this time and all my time on the board. Your strong leadership, the way you work to keep trustees informed and aligned, and the great relationship you've built with President Carter have created a lot of momentum for the university, and I look forward to seeing that continue to grow.

So, let's have another round of applause for Chairman Zeiger and Ms. Kessler.

Mr. Zeiger:

Thank you, Alan. It's been an absolute privilege to serve as chair of this board over the last year. It is a responsibility I do not take lightly. But it is a responsibility that is truly enjoyable and rewarding given the partnership of the trustees and President Carter's commitment to collaboration and alignment with the board on policy issues.

I appreciate the confidence that each of you, as my fellow board members, have expressed both in Liza and in me, and we are honored to continue this role in the coming year. So thank you for the confidence you've placed in us.

BUCKEYES IN THE SPOTLIGHT: AGOSTINI PRIZE RECIPIENT

Mr. Zeiger:

One of the great privileges of being a member of this board is that we learn so much more about the university and the remarkable things that happen here than most of the public ever has the opportunity to experience. We have incredible scholarship among our faculty, including just amazing research, and today, we are delighted to have another opportunity to learn more about it. Faculty accomplishments not only enhance the reputation and prestige of the university, they advance our founding mission to improve the lives of Ohioans and people across the globe.

I will now turn the floor over to President Carter for a very special announcement about one of our distinguished faculty members.

President Carter:

Thank you, Chairman Zeiger.

As the chairman said, we always welcome the opportunity to talk about the incredible work of Ohio State's faculty. Today, we have one such opportunity.

As you may know, earlier this year we created a new award to recognize excellence on the part of our faculty. This new award, the Pierre Agostini Prize, is named in honor of Professor Agostini, an emeritus faculty member whose outstanding research accomplishments won him the Nobel Prize in Physics in 2023. That was a remarkable moment in our Ohio State history.

The Agostini Prize is our most prestigious honor for scholarly and artistic achievement. It will be given annually to a faculty member whose work is recognized by their peers to be so groundbreaking and influential that it qualifies as "world class" and would be typically recognized with national or international awards. Our goal in creating the Agostini Prize is to highlight our commitment as a university to the promotion of innovative and consequential research and creative expression. In other words, we know that the work of our faculty changes and literally saves lives. We want to celebrate that accordingly. And I am so pleased that Professor Agostini could be with us here in person for the naming of our inaugural recipient.

Professor, we are honored to have you with us. Would everyone please join me in recognizing Professor Agostini?

Thank you. This year's Agostini Prize honoree has been chosen following a rigorous nomination and review process. L.S. Fan is a Distinguished University Professor and the C. John Easton Professor in Engineering in the Department of Chemical and Biomolecular Engineering. He has been a member of the faculty at Ohio State since 1978 and served as department chair from 1994-2003.

Professor Fan's research focuses on creating cleaner, more efficient ways to produce energy, fuels and chemicals while reducing pollution. One of his most important innovations is a process called chemical looping, which allows fossil fuels, biomass or plastic waste to be used to produce energy, fuels and chemicals without releasing harmful carbon dioxide into the air. The technology developed by Professor Fan is currently in the commercialization stage and has the potential to make power plants much cleaner while making productive use

of industrial waste products. His patented processes have been licensed to a number of major companies.

Professor Fan's record of excellence has brought significant recognition to our university. He is a member of the national academies of engineering or sciences in several countries, including the United States, and he is a Fellow of the National Academy of Inventors. His pioneering contributions have earned him more than 100 awards and honors globally from various academic, industrial, governmental and professional entities. In addition, Professor Fan has advised hundreds of students at the bachelor's, master's, PhD and post-doctoral levels, helping to prepare the next generation of innovators. His work is widely regarded by his peers as highly consequential, and we are proud today to add to Professor Fan's long list of honors by naming him the inaugural recipient of the Pierre Agostini Prize.

Dr. Fan, on behalf of all of us here at Ohio State, congratulations.

Dr. Fan, I'll invite you to the front table here and let you say a few words about your work.

Dr. Fan:

Well, thank you so much, President Carter. It is such a distinguished honor for me to be here, having been in the university for 48 years, and I cannot imagine more exciting events happening, in part, because Ohio State can claim being a leading school that produced Nobel Prize winners. I am so gracious to be associated with the Agostini Award. Then thanks very much to the Board of Trustees — Zeiger, chair — for providing this venue for the award to be announced and presented.

I have to reflect myself that 48 years ago, when I came to Ohio State for an interview, for the position, and I came from West Virginia and working on coal. And then Jack Zakin was the department chair. He hired me, and I was wondering why he did it, and then later on I learned he believed if anybody can work on coal, such a complex substance, they can pretty much do everything else. And today happened to be energy, and we do not do coal but we do many other things in the process of producing clean energy and to be used for use in industry and to produce chemicals and fuels and hydrogens and in other things in a very clean way and do not affect the climate. And this all happen to be the climate issues and come to us and global warming has and this kind of the background and which I have been working on for so long and have become one of those very important technologies that could change the way the people live in the next centuries.

I want also to say Jack provided a kind environment for us. He just allowed us to feel we are a part of this particular community, department. Very supportive, very cooperative and just like a family. And then that kind of environment, it continued putting on by the succeeding department chairs, Stu Cooper, who is sitting here, Andre Palmer, Umit Ozkan and myself. And that particular culture continues and with the very same goal. This is a big family, and we want everybody to develop their career throughout the entire career, instead of going to other places or seeking better places. It had become very clear now the interest in mentorship for us. You know, being senior and mentor to the junior is a part of the important mission, particularly for myself. The job is easier because we have a Nobel Prize here and proving that in Ohio State is the environment

one can set that goal, and the sky is the only limit. And our Ohio State environment is providing — it's beautiful, you know — circumstances for people to excel. Ohio State is not just big — it's big in several ways. Academically, there are so many departments. I personally benefit from working with the material scientists in the material science department, mechanical engineering, electrical engineering, and chemistries, civil engineering and so forth. And the synergies between chemical engineering with them. And, actually, that was the reason we are able to do a lot of things and this environment is so beautiful. And other aspect has to do with this large is connected to size. And Ohio State is big, people know, but has a very important high bay space. And I want to emphasize high bay — meaning a building. It's not just ordinary lab, but has very high ceiling and where, as a chemical engineer, you can build a plant erected all the way to the top. And then next step would be the commercialization. That's the reason we are able to do a lot of things. And I want to thank, you know, the leadership of Ohio State University vice president officer Peter Mohler, who is sitting here, and Dawn Larzelere, who has been very supportive and has taken a personal interest to come to the laboratory to see and how this technology eventually commercialize and how we continually can support. We are able to do it because of the decision of the leadership and then plus the size of the university and, in fact, the people have been telling me this might be the only place in the United States be able to do so. And so this is wonderful, and we'll continue cultivating that kind of collaborative environment and to allow these kind of things done at Ohio State.

And I want to finally, you know, thank my wife, Sue. Over the years, why I was able to do what I enjoy and love to do is because her support. And we, you know, educated two kids, and they both are professors as well. It looks like they enjoy professorships, and they call themselves Buckeyes as well. They don't miss the football game when they play Michigan when it was on TV.

So, I want to thank each one of you, the Board of Trustees members, the PPAC committee members and the department colleagues and their friends who are here, and for this particular occasion. I just feel the decision through my life to stay on at Ohio State, it's the best decision I have ever made, and I feel the impact that can be produced at Ohio State, and even easier to prove today with Agostini, you know himself and being here as part of it. With this, thank you very much for your attention.

President Carter:

Dr. Fan, thank you so much for those remarks. I'll now invite our trustees to share any comments or ask Dr. Fan any questions about his work.

Mr. Zeiger:

Dr. Fan, tell us the timing for the commercialization of your product. Is it near-term?

Dr. Fan:

I have a few products that have been commercialized — electrical capacitance volume tomography, for example. You're imaging the modified system and that being already in commercial use. And then calcium looping, because everybody wanted to capture the CO₂. We invented calcium looping, and it's already being licensed to ITRI, and they have already commercially proven it's useful. It's just

next steps to be applied, used and then very exciting. Everybody is looking at hydrogen production. And then Babcock & Wilcox produce this hydrogen and then so once you have hydrogen clean fuel. And we have other technologies in another aspect. The Technology Transfer Office has been very, very supportive; and there are many licenses in place already producing chemicals, biofuels; and you can produce sink gas, carbon monoxide, hydrogen. And then they can synthesize, you know, pretty much most of the things — hydrocarbon, you can create it. And we are able to do so. And then Babcock & Wilcox is devoting, is 155 years of company, and they devoted pretty much their future on what they call "Bright Loop." And they make a lot of sense, you know commercial name Bright Loop, and they are just about to build the commercial plant pending operation roughly spring and the summer next year. If this becomes successful, that would put Ohio State in the history books, and I'm just devoting every single moment of my time to make sure it happens.

Mr. Stockmeister:

Dr. Fan, I live in Appalachia, Ohio. They all get tired of hearing me say that. I live in Appalachia, Ohio — coal country — so come on down.

Dr. Fan:

That's one of the reasons I was able to do so because Ohio Coal Development Office has been supporting me since 1985, nonstop. That's the reason why we are able to work on the CO₂ issue before everybody see the climate change. In 1990, already, we have cleaned up everything, dealt with the coal pollutant — you know you have sulfur dioxide, you have nitrogen oxide, you have heavy metals — selenium, arsenic and so forth. At that time, I was thinking, "What else is you can clean?" And I was thinking of the CO₂. And so that early on, with the support of Ohio Coal Development Office, and we already working on the chemical looping was developed. And that is the technology, initial idea started 125 years ago, and people just cannot make it work. They missed two very important things. So, this is help me to, you know, guide the education as well and why, you know, they miss it and how this particular idea can be reinforced in the future education. It's called a multi-scale, multi-phase concept. So, you have to understand science very well. You have to understand molecule and crystals, and you have to understand the particle scale. You have to understand the reactor scale. You have to understand the system scale when you build, and you have to understand the life cycle analysis. Techno-economic analysis. So, you need to have one person instill this concept in one's brain, not five people and they work together in a room, and then they talk it out and how to do it. I think that's what is missing, and I have been advocating education is a multi-scale. So, we learned the chemistry in freshman. But we want to make sure when you get into the senior, you're doing more engineering, you don't forget the chemistry because that will affect you enormously in the future.

President Carter:

Well, thank you, everybody. Now it's our pleasure to formally present Professor Fan with a medallion representing the prestigious Pierre Agostini Prize. Mr. Chairman, Professor Fan and Professor Agostini: Would you please join me at the presenters' table?

Dr. Fan, on behalf of all of us at The Ohio State University, congratulations on being named the inaugural recipient of the Pierre Agostini Prize.

Dr. Fan:

Thank you very much.

Mr. Zeiger:

Dr. Fan, congratulations again on this incredibly important work and your wonderful scholarship. We appreciate your dedication to Ohio State and being an example of our many, many fine faculty members.

On behalf of the full board, congratulations on being the recipient of the Agostini award. Again, congratulations for the professor please.

President Carter, I'll turn the program over to you at this point.

PRESIDENT'S REPORT

Mr. Carter:

Thank you, Mr. Chairman. I'm not sure I can top an award presentation as exciting as that one, so I'll keep my remarks brief today.

Let me start by continuing our theme of recognizing excellence. As the chairman mentioned, today is the final board meeting for two of our trustees: Vice Chairman Alan Stockmeister, who has served on the board proudly since 2017; and Josh Kerner, who is concluding his term as the undergraduate student trustee.

Alan, thank you for the exceptional leadership you have brought to the board and for your service to Ohio State. I'm grateful for your support, and we know you will continue to be a champion for our university and all of Ohio.

Josh, it's a privilege to have a strong student leadership represented on our board. Thank you for your advice and advocacy on behalf of Ohio State's undergraduate students. We know you have a bright future ahead.

Please join me in recognizing our two outgoing trustees.

We are also welcoming new talent to our team.

Pending your approval, we have made two appointments to our leadership team that I'm personally very excited about.

First, we have named Dr. Kimryn Rathmell as chief executive officer of The James Cancer Hospital and Solove Research Institute. Dr. Rathmell most recently served as director of the National Cancer Institute, and I could not be more pleased to welcome her to Ohio State. I know Dr. Warner shares that excitement. I'm confident that under Dr. Rathmell's leadership, we will make great strides toward our vision of creating a cancer-free world.

We've also appointed Dr. Aravind Chandrasekaran as interim dean of the Fisher College of Business for a two-year period. By the way, we just refer to him as "AC," so I won't do that again. AC has been on the faculty since 2009 and is highly regarded by the Fisher community. Our business college already ranks among the nation's best, and AC is the right leader to guide us to even higher levels of excellence.

It was a busy spring at Ohio State, culminating in our commencement ceremony where we awarded approximately 12,000 degrees to the next generation of Ohio's leaders. Our strong graduating classes are a great testament to the trust and confidence that students and families have in the quality and the value of an Ohio State education. I know we will see great things from the Class of 2025.

We have been engaging extensively with the Ohio State community, both here in Ohio and outside the state. Last month, I was excited to be part of my second Scarlet and Gray breakfast in Washington, D.C., where we had the opportunity to engage with Buckeye alumni in the nation's capital and spend time with members of Ohio's congressional delegation.

We heard an excellent keynote address from Congressman Troy Balderson, who represents our Newark campus and is a strong advocate for the students and programs there.

At a time when our leaders are wrestling with a number of difficult issues in Washington, I'm encouraged that there are things that bring us together. One of those is the support that Ohioans have for their flagship university and the shared belief that education is crucial for the future success and growth of our state and nation. I want to thank all the friends who joined us in Washington, including the members of this board who were able to attend.

Speaking of our nation's capital, we also made a trip there for our national champion football team to be recognized at the White House. It was a wonderful opportunity for the excellence of our student-athletes, our coaches and staff to be recognized at the highest level.

And we were honored a few weeks ago when Governor DeWine and members of the House and Senate also recognized the team.

By the way, the NCAA recently released new Academic Progress Rate data for Division I sports programs. You may remember that previously our football team was one of only two D-I programs in the country with a perfect APR.

This time, this year, just recently announced, there is one D-I football program with a perfect multi-year APR. That program is The Ohio State University.

I want to congratulate the student-athletes on their success, as well as Coach Day and our staff, who recognize that the primary goal of this university is to educate. Our student-athletes are students first.

And congratulations to our men's and women's cross country programs, men's fencing, men's golf, women's soccer and women's volleyball, who also achieved perfect multi-year APRs. Athletics Director Ross Bjork is creating a culture of excellence in our department, and I'm very pleased that we are succeeding in athletics and academics.

Now, just recently, I had the pleasure of delivering the Patterson Land-Grant University Lecture, where I talked about the opportunity and responsibility for universities like ours to make a pivot in this new era for higher education.

As I said in my remarks, the future of higher education will run through America's land-grant institutions. Our unique mission to serve the communities of which we are a part gives us a path forward at a time when the value of higher education is under question. Those institutions that take the opportunity to think differently about the future will thrive. I think Ohio State will be one of those and in fact that we will lead the way forward.

Not unrelated, I recently teamed up with Shereen Agrawal, director of our Center for Software Innovation, for a talk in front of 800 of Ohio's tech leaders about how our state is establishing itself as a hub for tech innovation.

Ohio State is a major player in this work. Technology, artificial intelligence and computing are key elements of our vision for the future, particularly when it comes to attracting talent and building a "future-ready" workforce. Every student should leave Ohio State with a basic fluency in the ethical use of AI. I'm excited about our leadership potential in this space.

Finally, most of you joined us for the recent celebration of our Time and Change campaign, which will have a transformative impact for current and future students at Ohio State.

Private philanthropy allows us to expand our reach and impact further than what would otherwise be possible. And we are so grateful to the friends and alumni who believe in our mission and generously give to student scholarships, faculty endowed chairs, outstanding academic programs and more.

You know, the greatest point of pride to me about Time and Change is that some 817,000 unique donors contributed to this campaign. That's a powerful statement of belief in the work we do.

I could not be more grateful, and I know Mike Eicher would say the same, for each and every individual who has been part of this historic effort, whether through gifts of time or treasure or the behind-the-scenes work on the part of our staff to make it a success. Our upward trajectory is even more exciting because of your collective efforts.

Let me conclude with a few comments about Senate Bill 1, which as you know was passed by the legislature and signed into law by the governor.

As a public institution, we will follow the law, and we have been working quickly to stand up a team to guide our campus on implementing the various elements of the bill.

Most provisions of SB1 take effect on June 27. Our implementation efforts are underway in earnest. Students, faculty and staff from across the university are engaged in the work, and every college and regional campus is represented.

We will soon launch a centralized webpage dedicated to SB1 implementation, and we are providing regular updates to the campus community on our work. I want to especially thank Provost Bellamkonda, Anne Garcia and Stacy

Rastauskas for leading this process. We have a significant amount of work in front of us, and I'm grateful for their leadership in moving us to compliance.

Our priority in this effort is maintaining the fundamental commitment that we make to all Ohioans: That we are a place where all are welcome, where students, faculty and staff have the support they need to successfully learn, teach and do life-saving research. Our mission is more important than ever, and I am confident in our ability to deliver.

Mr. Chairman, this concludes my report. With that, I'll turn it back to you.

CONSENT AGENDA

Thank you, Ted. The next item on our agenda today is the approval of our consent agenda. There are 42 separate resolutions for the board's consideration and approval this afternoon.

Just to be clear for the public, all of these, with the exception of one-hand carry item, have been thoroughly reviewed by one or more of the committees of the board over the last several months. These 42 items include various measures, one of which approves the interim operating and capital budgets for the university. One of which authorizes the president, in consultation with the board, to set undergraduate tuition and fees for the next academic year following the approval of the state's biennial budget. Another enables veterans, members of the military and their immediate family members to receive in-state tuition rates regardless of their place of residence. We also have personnel actions for faculty and administrators, and we have the resolutions approving naming of several buildings, roadways and spaces on campus — in many cases for donors.

Copies of the hand-carry resolution, which ratifies the board committee assignments, are available from the media relations team for those in the audience or online.

RESOLUTIONS IN MEMORIAM

Resolution No. 2025-73

FRANK E. BATTOCLETTI

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on May 28, 2024, of Frank E. Battocletti, Professor Emeritus at the Department of Electrical and Computer Engineering at the College of Engineering. He was 90.

Professor Battocletti's distinguished academic career commenced at The Ohio State University, where he obtained a Bachelor of Science degree in 1957, followed by a Master of Science in 1958 and a PhD in 1962. His unwavering dedication to education profoundly influenced countless students, fostering a vibrant environment that stimulated curiosity and an enduring passion for learning until his retirement in 1987.

A prolific contributor to the field, he co-authored the respected textbook *Electronic Circuits by System and Computer Analysis* and held numerous patents, including one for an electronic energy and power monitoring apparatus. His expertise was further recognized through his consulting role at Lakeshore Cryotronics in Westerville, Ohio, where he collaborated with Ohio State alumnus and founder John Swartz, cultivating a professional relationship that began during their academic tenure.

Colleagues held him in high regard for his warmth and approachability while students viewed him as an exceptional mentor whose infectious enthusiasm inspired exploration within engineering disciplines. His classroom functioned as more than a site for instruction; it provided a sanctuary for intellectual exploration, enabling students to embrace their capabilities and innovate with confidence.

Beyond his academic pursuits, Professor Battocletti found joy from life's simple pleasures, often seeking refuge in the tranquility of nature and valuing time spent with his beloved wife. His kindness and compassion enriched the lives of those around him, leaving a lasting impression on all who had the privilege of knowing him.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Frank E. Battocletti its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

MORRIS "MURRAY" BEJA

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death, on February 6, 2025, of Morris "Murray" Beja, Professor Emeritus in the Department of English. He was 89.

Born and raised in the Bronx, New York, Murray Beja received his BA from City College of New York in 1957, his MA from Columbia University in 1958, and his PhD from Cornell University in 1963. He began his scholarly career at Ohio State where he was member of the English department for 41 years. He served for over a decade as chair of the English department between 1983-1994.

A dedicated and distinguished teacher, Dr. Beja was honored with the Alumni Distinguished Teaching Award from the university and the Student Council recognition for Outstanding Achievement for excellence in teaching from the College of Arts and Sciences. Even after his retirement in 2002, he maintained his commitment to teaching and was an Academy Professor Emeritus of the Ohio State. In 2015, he received the Undergraduate Auxiliary Professor of the Year Award from The Ohio State University Department of English. Dr. Beja was also a member of Phi Kappa Phi Honor Society, Phi Beta Delta Honor Society and the Academy of Distinguished Teaching. His teaching excellence was recognized nationally and internationally, and he taught as the Carole and Gordon Segal Visiting Professor of Irish Literature at Northwestern University; Visiting Professor at Beijing Foreign Studies University; Fulbright Lecturer in American Literature at University College, Dublin; and Fulbright Lecturer in American Literature at the University of Thessaloniki, Greece.

Recipient of a Guggenheim Fellowship and two Fulbright Lectureships, Dr. Beja was a world-renowned scholar and author of six books, including *Epiphany in the Modern Novel* and *James Joyce: A Literary Life*. He edited scholarly editions of *Collected Epiphanies of James Joyce: A Critical Edition* and *Virginia Woolf's Mrs. Dalloway*; he also edited 12 collections of essays on 20th-century literature and film; and he published dozens of articles in scholarly books and journals. Honorary Trustee for Life and recipient of the Lifetime Service Award of the International James Joyce Foundation, he served as the Foundation's President for eight years, and Executive Secretary for 27 years. He served on the Board of Consultants for the Zürcher James Joyce Stiftung for 40 years. He was a founder, Executive Secretary and Trustee of the International Virginia Woolf Society; Trustee of the Thomas Wolfe Society; President of the College English Association of Ohio; and Trustee and Advisor to the Community Film Association. He served on the editorial boards of 13 scholarly journals and presses, acting as Chair of the Editorial Board of The Ohio State University Press.

He was fiercely devoted to all aspects of his professorial life: to his undergraduate and graduate students, to the department and university, to the many scholarly communities of which he was a member, to the life of the mind, and to the art, literature, film and music that he studied and loved.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Morris Beja its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy and appreciation.

A. HARDING GANZ

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the recent death of A. Harding Ganz, Professor Emeritus in the Department of History at The Ohio State University. He was 86 years old.

Professor Ganz received his BS in History from Wittenberg College in Springfield, Ohio, in 1961 and then received his MA in History with a concentration in European Military History from Columbia University in 1963. He served in World War II as a tank commander with the 4th Armored Division in Germany, attaining the rank of 1st Lieutenant. He remained in the military until 1966, when he enrolled in the military history graduate program at The Ohio State University, earning his PhD in 1972.

From 1971 until his retirement in 2011, Dr. Ganz taught at the Newark campus of The Ohio State University, focusing on European and military history, and reaching the rank of tenured Associate Professor of History in 1977. His research focused on the European theater of World War II, and his book, *Ghost Division: The 11th "Gespenster" Panzer Division and the German Armored Force in World War II*, was published in 2016 by Stackpole Books. He also designed the Walk of Honor sculpture in Newark's Veterans' Park.

Dr. Ganz was a much beloved figure at the Newark campus. His classes were always full, and students regularly spoke of his caring manner in the classroom, his passion for teaching and his masterful knowledge of the topics. He was also renowned for his artistic skills, and the walls around his office were often decorated with hand-drawn sketches that reflected his significant talents. Harding's

exceptional teaching was recognized when he won the Thomas J. Evans Teaching Excellence Award in 1991 and 2000, and the Robert Barnes Award for Exemplary Teaching in 1997. Shortly after his retirement, the Newark campus honored him by establishing the Harding Ganz Prize for Excellence in Research, an annual award given to one student in a history class in recognition of exceptional scholarship, an award that reflects Dr. Ganz' determination to always get the best from his students.

On behalf of the university community, the Board of Trustees expresses to the family and friends of A. Harding Ganz its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of heartfelt sympathy and appreciation from the board and university.

DENNIS R. HELDMAN

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 3, 2025, of Dennis Ray Heldman, Professor Emeritus in the Department of Food Science and Technology in the College of Food, Agricultural, and Environmental Sciences. He was 86.

Professor Heldman received his BS in 1960 and MS in 1962 in Dairy Technology from The Ohio State University and a PhD in 1965 in Agricultural Engineering from Michigan State University.

Professor Heldman had success throughout his remarkable career in both the food industry and academia, and was considered a leader in numerous professional societies. He provided food industry leadership as a Vice President at the Campbell Soup Company, as the Executive Vice President of Scientific Affairs for the National Food Processors Association, and as a Principal of the Weinberg Consulting Group. He held faculty positions at Michigan State University, University of Missouri-Columbia, University of California-Davis, Rutgers University and The Ohio State University, including service as the University of Missouri Food Science Department Chair.

In August 2012, he joined the faculty at The Ohio State University as the Dale A. Seiberling Endowed Professor of Food Engineering. He was proud to finish his career at his alma mater of Ohio State and worked tirelessly to strengthen established industry relationships and create new partnerships for collaboration within Ohio and around the world. His reputation as a leader in food engineering brought prestige to the university.

He advised students who went on to have successful careers around the world, and he always made time to reconnect with them at professional meetings. He continued to serve as a sounding board and a source of encouragement to them as they progressed in their careers.

Professor Heldman was known to his students and colleagues as a mentor, collaborator and friend in innumerable ways. He fostered an atmosphere of collegiality and, throughout his time at Ohio State, he never stopped working to advance the stature of the College of Food, Agricultural, and Environmental Sciences.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Dennis Heldman its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

RICHARD KENNETH LINDQUIST

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on September 16, 2024, of Dr. Richard Lindquist, former Professor in the Department of Entomology in the College of Food, Agricultural and Environmental Sciences.

Richard did undergraduate studies at Gustavus Adolphus College in Saint Peter, Minnesota. He received his Master's and PhD in Entomology from Kansas State University in Manhattan, Kansas. Richard was an Ohio State faculty member from 1969 until his retirement in 2001. He was based at the College of Food, Agricultural and Environmental Sciences Wooster Campus. Richard did excellent research in the development of science-based integrated pest management (IPM) methods, including the use of beneficial organisms and effective use of insecticides, in commercial horticulture. After his retirement in 2001 he continued his support to the industry by serving as a consultant until 2011.

Richard was a prolific author who connected well with all audiences. His dry sense of humor and personal touch made him a highly demanded speaker at research and industry conferences. He traveled all throughout the United States and abroad to provide research-based advice on IPM tactics to growers. Dr. Lindquist served a term as Associate Chair of the Department of Entomology. In this position he provided leadership and support to faculty members in both the Wooster and Columbus campuses.

After retirement from The Ohio State University, Richard and his wife, Linda, moved west to Montana and settled in the Gallatin Valley in 2005, where they enjoyed the beauty of the state. There, he and his wife enjoyed the sunny days of December, January and February, something different from the winter days in Wooster, Ohio. They also enjoyed hiking, cooking, golfing, traveling and attending shows at the Ellen. Richard was an avid listener of lectures at Montana State University. His travels took him to many places in the world, and he liked to learn languages to better connect with those he met. He learned Spanish, French, Italian and Swedish. He left the world a better place than he found it and was always looking forward to the next adventure.

On behalf of the university community, the Board of Trustees expresses to the family of Dr. Richard Lindquist its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

WILLIAM J. MITSCH

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death of William J. Mitsch, Distinguished Professor of Environment

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and Natural Resources in the College of Food, Agricultural, and Environmental Sciences on February 12, 2025.

Professor Mitsch served with distinction on the faculty for 26 years, from 1986 until 2012. He was the Founder and first Director of The Wilma H. Schiermeier Olentangy River Wetland Research Park at The Ohio State University. A highly regarded and distinguished professor, Dr. Mitsch pioneered the study of wetland ecology and ecological engineering — modeling wetlands ecosystems and wetlands restoration, and authoring hundreds of peer-reviewed published studies that helped shape those academic fields.

Professor Mitsch was a visionary. The Olentangy River Wetlands (ORW) — the first university campus research park of its kind aimed at teaching, research and outreach — has made a lasting impact on our understanding of the importance of water and wetlands to society. With his vision and leadership, the development of the ORW became the place to better understand wetland ecosystem restoration and engineering in these living laboratories. Under Professor Mitsch's leadership, the ORW has been designated a Wetland of International Importance by Ramsar, one of only 41 such sites in the United States and the only one in Ohio.

Professor Mitsch expanded learning and development through exemplary research and teaching, serving as an advisor and mentor to more than 85 master's and PhD students in addition to 20 post-doctoral fellows, who have gone on to esteemed careers and leadership positions in the fields of environmental science, wetland ecology or related areas. To further the reach of the ORW, Professor Mitsch hosted and led public outreach events to engage a diversity of audiences to learn about wetlands, their functions, their restoration and preservation, and hosted professional training opportunities for those working in the field.

Professor Mitsch has served and advanced the field generously — authoring many books, including the internationally acclaimed textbook *Wetlands*, now in its sixth edition, and used around the world to teach the science and management of wetlands. He authored and co-authored hundreds of peer-reviewed published studies. Professor Mitsch was the Founder of the internationally renowned journal *Ecological Engineering* and served as its Editor-in-Chief for 25 years. He also served on the boards of numerous journals and scientific boards. In 1992, Dr. Mitsch organized and chaired the IV International INTECOL Wetlands Conference in Columbus, the largest wetland conference ever held at the time. In 2012, he brought together hundreds of the world's top ecologists for EcoSummit, also held in Columbus.

For his extraordinary achievements as a researcher, educator and advocate for wetlands, Professor Mitsch was awarded the prestigious Stockholm Water Prize in 2004 by King Carl XVI Gustaf of Sweden. He has also been recognized by the Society of Wetland Scientists with the Lifetime Achievement Award (2007), and by the Society of Ecological Restoration International (2005) with the Career Award.

On behalf of the university community, the Board of Trustees expresses to the family of Professor William J. Mitsch its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

FOREST V. MUIR

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on January 2, 2025, of Forest V. Muir, Professor Emeritus in the Department of Animal Sciences. He was 85.

Professor Muir attended a one-room school from first grade to eighth grade. He graduated from high school in 1957 and was active in FFA and 4-H. He received his BS (1961) in agriculture and his MS (1963) in poultry, both from Southern Illinois University. In 1967 he received his PhD in poultry genetics from The Ohio State University.

Professor Muir was appointed as Assistant Professor in the Animal Science Department, University of Maine, in 1968. His primary responsibility was in outreach education with poultry producers throughout the state. He was also involved in poultry management research. In 1972 he was promoted to Associate Professor. In June of 1980, he accepted the position of Extension Poultry Specialist at Penn State University. His work there involved poultry education and included poultry management courses. He had an active program in introducing microcomputers to the poultry industry. While at Penn State, he was promoted to full professor (1986). In August 1990, Professor Muir was appointed Chair of the Department of Poultry Science at The Ohio State University. He held this position until July 1994 when the College of Agriculture reorganized. At that time, he was appointed Associate Chair of the newly combined Animal Sciences Department and relocated to the Ohio Agricultural Research and Development Center (OARDC) in Wooster, Ohio. In 1999 he became Assistant to the Director of OARDC, being responsible for special projects, a position he held until his retirement on December 31, 2001.

In his retirement, Professor Muir enjoyed gardening, golfing and restoring vintage motorcycles and a 1957 Thunderbird. He traveled and spent time with family in Oklahoma and Illinois, often dirt biking, sight-seeing and riding four wheelers.

Professor Muir was married to Karen until her passing in 2001. He and his wife, Georgia, were married in December 2009. They enjoyed winters in Florida and spending time with their family.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Forest V. Muir its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

CHARLES F. PARKER

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 19, 2024, of Charles F. Parker, Professor Emeritus in the Department of Animal Sciences in the College of Food, Agricultural and Environmental Sciences. He was 89.

Professor Parker received his undergraduate degree in population genetics from The Ohio State University, and he earned graduate degrees from Ohio State and Texas A&M universities. He joined the Department of Animal Science at Ohio State in 1961 and developed a globally renowned sheep applied genetics program at the Ohio Agricultural Research and Development Center while advancing through the

academic ranks to Professor. He was appointed the Director of the U.S. Sheep Experiment Station in Dubois, Idaho, but returned to Animal Sciences and served as Chair of the department from 1987 until his retirement in 1991. Professor Parker provided leadership and management to the department before it merged with the departments of Dairy Science and Poultry Science in 1994 to form the current Department of Animal Sciences. He subsequently joined the American Sheep Industry in Denver, Colorado, as Director of Producer Services, where he continued to serve for many years. He was instrumental in the development of the Katahdin breed of sheep, the Katahdin Association and the Katahdin registry.

Professor Parker was a sheep specialist, researcher, industry leader and experienced advisor. After retiring, he continued to educate, mentor and advocate for breeders interested in genetic improvement, especially regarding parasite resistance and reproductive efficiency. Although Professor Parker held many prominent positions within the university and sheep industry during his professional career, he never lost the practical foundation that being raised as a third-generation shepherd gave him. One of his many gifts was helping new shepherds. Professor Parker was recognized as a kind, humorous person that generously shared his 60-plus years of experience and knowledge.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Charles F. Parker its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

ROBERT HALL WAGONER II

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on January 28, 2025, of Robert H. Wagoner II, Professor Emeritus in the Department of Materials Science and Engineering in the College of Engineering.

Professor Emeritus Robert (Rob) Wagoner served on the faculty from 1983 until 2013 and actively supported the department for the past 11 years as emeritus faculty while productively maintaining research in deformation modeling in metals. He had a profound impact on his colleagues, students and the greater metallurgy community during his career at The Ohio State University and General Motors (1977-1983).

Rob was promoted to Professor after only three years with the department. In 1992, he became Chair of the Department of Materials Science and Engineering, and was honored as a Distinguished Professor of Engineering in 1999. During his tenure as Chair, he instituted a financial model that brought great fiscal stability to the department and was adopted by others in the College of Engineering and elsewhere within The Ohio State University. Rob supported very high standards and accountability, for both faculty and students. He is responsible for hiring and mentoring many faculty members who were consequential to the department, having built long-term careers within the department and contributing to building its reputation of excellence.

Rob was considered a giant in the world of metal forming and excelled in the areas of plasticity theory, finite element analysis, mechanical behavior modeling and micromechanics of deformation. He was a visionary that taught a generation of

students advanced methods in solid-mechanics modeling and their applications and helped Ohio State become synonymous with forming and manufacturing as they relate to the study of materials science and engineering.

Rob's long and impactful career was highlighted by his induction into the National Academy of Engineering in 1995 and research positions in France, Norway and Australia. Additional notable awards and appointments include the Charles S. Barrett Silver Medal (2015) for contributions to the science of metallurgy; the Khan International Medal (2011) for outstanding lifelong contributions to the field of plasticity; an honorary doctorate (2009) from the University of Cluj-Napoca, Romania; service as President of The Minerals, Metals and Materials Society (TMS) from 1987-1988 and the TMS Foundation from 1998-1999 and 2013-2016, and membership on the Board of Directors of the Ohio State Research Foundation (1990-1994). He was a Fellow of TMS, ASM, SAE and the American Society of Mechanical Engineers.

On behalf of the university community, the Board of Trustees expresses to the family of Professor Emeritus Robert H. Wagoner II its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

GERALD WINER

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on November 17, 2024, of Gerald Winer, Professor Emeritus of Psychology, in the College of Arts and Sciences. He was 83 years old.

Professor Winer received his BS degree from Trinity College and his PhD from Clark University in 1971. After teaching at Ithaca College, Dr. Winer joined the Ohio State psychology faculty in 1972. He taught popular courses in child and adolescent psychology, advised undergraduate and graduate students, and conducted innovative research in developmental psychology until his retirement in 2007. He served on the editorial boards of various psychology journals. He was also active in university governance and a strong advocate of faculty rights in his capacity as President of the Ohio State chapter of the American Association of University Professors. Also notable was his Men's Club presidency and membership on the Board of Directors of Congregation Tifereth Israel.

Professor Winer has been accurately described by colleagues as a passionately devoted and caring, loyal friend, and by family as a loving husband, father and grandfather. His energetic caring was evident even in one of his avocations: his early-morning travel to photograph birds in their natural habitats.

On behalf of the entire university community, the Board of Trustees expresses to his wife, Susan, and other family members its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

RATIFICATION OF COMMITTEE APPOINTMENTS FY 2025-2026

BE IT RESOLVED, That the Board of Trustees hereby approves that the ratification of committee appointments for Fiscal Year 2025-2026 are as follows

Academic Affairs & Student Life:

Reginald A. Wilkinson, Chair
Elizabeth A. Harsh, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Michael F. Kiggin
Bradley R. Kastan
Kendall C. Buchan
Eric Bielefeld (faculty member)
Stefanie Sanford
John W. Zeiger (ex officio)

Athletics:

Gary R. Heminger, Chair
Michael F. Kiggin, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Pierre Bigby
Bradley R. Kastan
George A. Skestos
Kendall C. Buchan
John W. Zeiger (ex officio)

Finance & Investment:

Tomislav B. Mitevski, Chair
Pierre Bigby, Vice Chair
Gary R. Heminger
Michael F. Kiggin
George A. Skestos
Amy Chronis
Kent M. Stahl
John W. Zeiger (ex officio)

Legal, Audit, Risk & Compliance:

Elizabeth P. Kessler, Chair
Bradley R. Kastan, Vice Chair
Michael F. Kiggin
Juan Jose Perez
Kendall C. Buchan
Amy Chronis
John W. Zeiger (ex officio)

Wexner Medical Center:

Leslie H. Wexner, Chair
Gary R. Heminger
Tomislav B. Mitevski
Juan Jose Perez
George A. Skestos
Kara J. Trott
Robert H. Schottenstein

Master Planning & Facilities:

Juan Jose Perez, Chair
George A. Skestos, Vice Chair
Elizabeth A. Harsh
Reginald A. Wilkinson
Pierre Bigby
Bradley R. Kastan
Kendall C. Buchan
Robert H. Schottenstein
Keith Myers
John W. Zeiger (ex officio)

Research, Innovation & Strategic Partnerships:

Kara J. Trott, Chair
Reginald A. Wilkinson, Vice Chair
Elizabeth A. Harsh
Juan Jose Perez
Phillip Popovich (faculty member)
John W. Zeiger (ex officio)

Talent, Compensation & Governance:

Jeff M.S. Kaplan, Chair
Elizabeth P. Kessler, Vice Chair
Gary R. Heminger
Reginald A. Wilkinson
Tomislav B. Mitevski
Juan Jose Perez
Kara J. Trott
John W. Zeiger (ex officio)

Quality & Professional Affairs

Committee, Wexner Medical Center:

Juan Jose Perez, Chair
George A. Skestos
Ravi V. Bellamkonda
Michael Papadakis
John J. Warner
Eric Adkins
Doreen Agnese
Jay M. Anderson
Carol R. Bradford
Stacy A. Brethauer
David E. Cohn
Scott A. Holliday
Elizabeth Seely
Deana Sievert
Corrin Steinhauer
Andrew M. Thomas

Stephen D. Steinour
Cindy Hilsheimer
Amy Chronis
Hiroyuki Fujita
John W. Zeiger (ex officio, voting)
Walter E. Carter Jr (ex officio, voting)
Ravi V. Bellamkonda (ex officio, voting)
Michael Papadakis (ex officio, voting)
John J. Warner (ex officio, voting)

Foundation Board Representative:
Pierre Bigby

Alumni Board Representative:
Elizabeth A. Harsh

Finance Committee, Wexner Medical Center:

Stephen D. Steinour, Chair
John W. Zeiger
Tomislav B. Mitevski
Juan Jose Perez
Pierre Bigby
George A. Skestos
Amy Chronis
John J. Warner
Michael Papadakis

BE IT FURTHER RESOLVED, That these appointments shall take effect at the adjournment of the meeting at which they are approved and remain in effect through the fiscal year ending June 30, 2026, or until they are superseded by a subsequent action of the board, whichever occurs first, so long as the persons appointed continue to be eligible to serve in such a capacity.

APPROVAL OF PERSONNEL ACTIONS

Resolution No. 2025-75

BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the February 19, 2025, meeting of the Board, including the following appointments and contract amendments:

Appointment

Name: Aravind Chandrasekaren
Title: Interim Dean, Fisher College of Business
Unit: Office of Academic Affairs
Term: June 1, 2025 to June 30, 2027

Name: W. Kimryn Rathmell
Title: Chief Executive Officer, James Cancer Hospital and Solove Research Institute
Unit: Wexner Medical Center
Term: May 27, 2025

Name: Paula Song

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Title: Dean, College of Public Health
Unit: Office of Academic Affairs
Term: July 9, 2025 to June 30, 2030

Reappointment

Name: Vishnu Srinivasan
Title: Vice President and Chief Investment Officer
Unit: Office of Business and Finance
Term: May 1, 2025 to June 30, 2030

**UPDATES TO CHARTERS FOR THE INTERNAL AUDIT DEPARTMENT AND
THE LEGAL, AUDIT, RISK AND COMPLIANCE COMMITTEE**

Resolution No. 2025-76

Synopsis: Approval of the amended charters for the Internal Audit Department and Legal, Audit, Risk and Compliance Committee is proposed.

WHEREAS in November 2004 the Board of Trustees adopted a charter for the Internal Audit Department; and

WHEREAS in August 2022 the Board of Trustees adopted a charter for the Legal, Audit, Risk and Compliance Committee; and

WHEREAS in August 2022 the Board of Trustees last adopted an amended and updated charter for the Internal Audit Department; and

WHEREAS new internal audit standards entitled the *Global Internal Audit Standards* became effective in January of 2025 and require updates to the Internal Audit and Legal, Audit, Risk and Compliance Committee charters to comply with the new audit standards:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the attached amended charters for the university's Internal Audit Department and the Legal, Audit, Risk and Compliance Committee.

(See Appendix X for background information, page XX)

**FIFTH AMENDMENT TO
THE OHIO STATE UNIVERSITY RETIREMENT CONTINUATION PLAN**

Resolution No. 2025-77

Synopsis: Approval of the Fifth Amendment of The Ohio State University Retirement Continuation Plan ("Plan"), as amended and restated, is proposed.

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WHEREAS, The Ohio State University (the “Employer”) maintains The Ohio State University Retirement Continuation Plan, which was most recently amended and restated effective as of February 1, 2016;

WHEREAS, pursuant to Section 15.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, to prospectively adopt a mandatory pickup contributions provision effective May 1, 2025, and to enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix X for background information, page XX)

**FIFTH AMENDMENT TO
THE OHIO STATE UNIVERSITY RETIREMENT CONTINUATION PLAN II**

Resolution No. 2025-78

Synopsis: Approval of the Fifth Amendment to The Ohio State University Retirement Continuation Plan II (“Plan”), as amended and restated, is proposed.

WHEREAS, The Ohio State University (the “Employer”) maintains The Ohio State University Retirement Continuation Plan II, which was most recently restated effective as of February 1, 2016.

WHEREAS, pursuant to Section 15.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and herby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix X for background information, page XX)

**FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY 403(B) RETIREMENT PLAN**

Resolution No. 2025-79

Synopsis: Approval of the First Amendment to The Ohio State University 403(b) Deferred Compensation Plan ("Plan") is proposed.

WHEREAS, The Ohio State University (the "Employer") maintains The Ohio State University Amended and Restated 403(b) Retirement Plan, which was most recently amended and restated effective as of January 1, 2022;

WHEREAS, pursuant to Section 12.2 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, add an after-tax automatic Roth conversion retirement savings option, remove the small account balance cash out provision, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and hereby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix X for background information, page XX)

**FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY 457(B) DEFERRED COMPENSATION PLAN**

Resolution No. 2025-80

Synopsis: Approval of the First Amendment to The Ohio State University 457(b) Deferred Compensation Plan ("Plan") is proposed.

WHEREAS, The Ohio State University (the “Employer”) maintains The Ohio State University 457(b) Deferred Compensation Retirement Plan, which was most recently restated effective as of January 1, 2022.

WHEREAS, pursuant to Section 10.01 of the Plan, the Employer has the authority to amend the Plan from time to time; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, adjust the in-service distribution age to 59 ½ effective May 1, 2025 to improve consistency, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the amendment of the Plan, in substantially the form attached hereto, be, and hereby is, adopted effective as of January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix X for background information, page XX)

**FIRST AMENDMENT TO
THE OHIO STATE UNIVERSITY ALTERNATIVE RETIREMENT PLAN**

Resolution No. 2025-81

Synopsis: Approval of the First Amendment to The Ohio State University Alternative Retirement Plan, as amended and restated effective January 1, 2022.

WHEREAS, The Ohio State University (the “Employer”) maintains The Ohio State University Alternate Retirement Plan (the “Plan”), which was most recently restated January 1, 2022; and

WHEREAS the Employer has the ability to amend the Plan from time to time pursuant to Section 8.3 of the Plan; and

WHEREAS, the Employer desires to amend the Plan to makes changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the First Amendment to the Plan, effective January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and restated Plan and any other agreements, certificates, instruments, documents,

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or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix X for background information, page XX)

**THIRD AMENDMENT TO
THE OHIO STATE UNIVERSITY ALTERNATIVE RETIREMENT PLAN**

Resolution No. 2025-82

Synopsis: Approval of the Third Amendment to Alternative Retirement Plan ("Plan"), as amended and restated effective January 1, 2022.

WHEREAS, The Ohio State University (the "Pre-Approved Plan Provider") maintains the Plan on behalf of Ohio public education institutions that adopt the Plan; and

WHEREAS the Pre-Approved Plan Provider has the ability to amend the Plan from time to time pursuant to Section 8.3 of the Plan; and

WHEREAS, the Pre-Approved Plan Provider desires to amend the Plan to make changes as required or allowed under the SECURE 2.0 Act of 2022, and enhance compliance with the Internal Revenue Code, and other applicable laws, regulations, and administrative authority.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Third Amendment to the Plan, effective January 1, 2023; and

BE IT FURTHER RESOLVED, That the senior vice president for business and finance and chief financial officer is hereby authorized to execute the amendment and any other agreements, certificates, instruments, documents, or conveyances necessary to effectuate or carry out the purpose and intent of this resolution.

(See Appendix X for background information, page XX)

AMENDMENT TO THE RULES OF THE UNIVERSITY FACULTY

Resolution No. 2025-83

Synopsis: Approval of the following amendment to the *Rules of the University Faculty* is proposed.

WHEREAS the University Senate, pursuant to rule 3335-1-09 of the Administrative Code, is authorized to recommend through the President to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

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WHEREAS research faculty are defined in rule 3335-7-30 as faculty with fixed term contracts who are not tenure eligible and who shall be engaged in research related to the mission and goals of the academic unit; and

WHEREAS the primary function of research faculty is to conduct research, and rule 3335-7-35(B) currently states that faculty contracts must explicitly state the expectations for salary support and will generally require one hundred percent salary recovery; and

WHEREAS universities are required to accurately document how much time researchers dedicate to funded projects and are responsible for assuring that charges to federal awards are reasonable, allocable, and allowable; and

WHEREAS if a contract requires one hundred percent salary recovery, then one hundred percent of the research faculty member's time must be allocated to funded projects, precluding effort expended to other activities, including but not limited to preparation of new funding proposals and attendance at faculty meetings; and

WHEREAS the proposed amendment to rule 3335-7-35(B) would modify salary recovery percentages for research faculty and allow them to engage in these additional required activities consistent with funding requirements; and

WHEREAS the proposed amendment was approved by the University Senate during its meeting on March 27, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached amendment to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

(See Appendix X for background information, page XX)

FACULTY PERSONNEL ACTIONS

Resolution No. 2025-84

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the February 19, 2025, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name:	DUKAGJIN BLAKAJ
Title:	Professor (The Drs. Malati and Ganesh Potdar Professorship in Radiation Oncology-Proton Therapy)
College:	Medicine
Term:	June 1, 2025, through June 30, 2029

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Name: COLLEEN CEBULLA
Title: Professor (Dr. Paul A Weber Chair in Ophthalmology)
College: Medicine
Term: March 1, 2025, through June 30, 2029

Name: JEREMY FANTL*
Title: Professor (The Steve R. and Sarah E. O'Donnell Professorship in Philosophy)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Name: STEPHANIE GORKA
Title: Associate Professor (The Kaufmann Family Professorship for Breakthroughs in Psychiatry and Behavioral Health)
College: Medicine
Term: June 1, 2025, through June 30, 2029

Name: NINA VANESSA KRAGULJAC
Title: Professor (Dr. Lee E. Shackelford Chair in Psychiatry and Behavioral Health)
College: Medicine
Term: June 1, 2025, through June 30, 2029

Name: SOMASHEKAR KRISHNA
Title: Professor-Clinical (Endowed Professorship in Internal Medicine Research)
College: Medicine
Term: June 1, 2025, through June 30, 2029

Name: AMY MARGOLIS
Title: Professor (S.T.A.R. Professorship)
College: Medicine
Term: June 1, 2025, through June 30, 2029

Name: MOLLY MCNETT
Title: Professor-Clinical (Helene Fuld Health Trust Endowed Professorship for Evidence-based Practice in Nursing and Healthcare)
College: Nursing
Term: May 20, 2025, through May 20, 2030

Name: LEAH PYTER
Title: Associate Professor (Doctor John D. and E. Olive Brumbaugh Chair in Brain Research and Teaching)
College: Medicine
Term: February 1, 2025, through June 30, 2029

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Name: CHRISTIAN ROLFO
Title: Professor (Diane Nye and Michael Rayden Chair in Innovative Cancer Research)
College: Medicine
Term: June 1, 2025, through June 30, 2029

Name: CHRISTO SEVOV
Title: Associate Professor (ASC Distinguished Professor of Chemistry and Biochemistry)
College: Arts and Sciences
Term: May 1, 2025, through April 30, 2030

Name: PAULA SONG*
Title: Dean
College: College of Public Health
Term: July 9, 2025, through June 30, 2030

Name: AMBRO VAN HOOF*
Title: Professor (Ohio Eminent Scholar in Molecular Genetics)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Reappointments

Name: SUJIT BASU
Title: Professor (The Jack C. Geer M.D. Professorship in Pathology)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: NICOLE BERNAL
Title: Professor (The American Electric Power Foundation Chair in Burn Care)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: TREVOR BROWN
Title: Dean
College: John Glenn College of Public Affairs
Term: June 30, 2028

Name: WILLIAM CARSON III
Title: Professor (The John B. and Jane T. McCoy Chair in Cancer Research)
College: Medicine
Term: July 1, 2025, through June 30, 2029

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Name: PIERRE GIGLIO
Title: Associate Professor-Clinical (The Esther Dardinger Endowed Chair in Neuro-Oncology)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: DELIANG GUO
Title: Professor (Urban and Shelley Meyer Professorship in Cancer)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: MARIA IGNATIEVA
Title: Professor (The Martha W. Farmer Endowed Professorship in Theatre)
College: The Ohio State University Lima
Term: June 1, 2025, through May 31, 2026

Name: WAEL JARJOUR
Title: Professor (The Martha Morehouse Chair in Arthritis and Immunology Research)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: ANI KATCHOVA
Title: Professor (The Farm Income Enhancement Endowed Chair in Agricultural Policy, Trade and Marketing)
College: Food, Agricultural, and Environmental Sciences
Term: January 1, 2025, through December 31, 2029

Name: SORABH KHANDELWAL
Title: Professor (Samuel J. Kiehl III MD Chair in Emergency Medicine)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: RYAN KING
Title: Divisional Dean
College: Arts and Sciences, Social and Behavioral Sciences
Term: July 1, 2025, through June 30, 2030

Name: CHING-CHANG KO
Title: Professor (Vig/Williams Endowed Chair in Orthodontics)
College: Dentistry
Term: January 27, 2025, through August 14, 2028

Name: SUSAN KOLETAR

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Title: Professor (Frank E. and Mary W. Pomerene Professorship
in the Prevention and Treatment of Infectious Diseases)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: RYAN NASH
Title: Professor (The Hagop S. Mekhjian MD Chair in Medical
Ethics and Professionalism)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: ANIL PARWANI
Title: Chair and Professor (The Donald A. Senhauser, MD, Chair
in Pathology)
College: Medicine
Term: July 1, 2025, through June 30, 2028

Name: KAMAL POHAR
Title: Associate Professor (The Julius Skestos and Diana
Skestos Chair in Urology)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: MATTHEW RINGEL
Title: Chair and Professor (The Ralph W. Kurtz Chair in
Hormonology)
College: Medicine
Term: July 1, 2025, through June 30, 2027

Name: ORLANDO SIMONETTI
Title: Professor (The John W. Wolfe Professorship in
Cardiovascular Research)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: MYTHELI SREENIVAS
Title: Chair and Professor (Designated Professorship in
Women's, Gender and Sexuality Studies)
College: Arts and Sciences
Term: March 1, 2024, through February 28, 2028

Name: ANDREW THOMAS
Title: Professor (The Robert F. Wolfe and Edgar T. Wolfe
Foundation Chief Clinical Officer Chair in the Wexner
Medical Center)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: INGRID WERNER

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Title: Professor (The Martin and Andrew Murrer Professorship in Finance)
College: Fisher College of Business
Term: March 1, 2025, through August 14, 2030

Name: HSIN-JUNG JOYCE WU
Title: Professor (Ronald L. Whisler MD Chair in Rheumatology and Immunology)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Extensions

Name: KARLA ZADNIK
Title: Dean
College: College of Optometry
Term: July 1, 2025, through June 30, 2026

*New Hire

(See Appendix X for background information, page XX)

HONORARY DEGREE

Resolution No. 2025-85

Synopsis: Approval of the honorary degree listed below is proposed.

WHEREAS the Committee on Honorary Degrees of the University Senate, pursuant to rule 3335-5-48.8 of the Administrative Code, has approved for recommendation to the Board of Trustees the awarding of the honorary degree as listed below:

LeBron James Doctor of Public Service, honoris causa

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the awarding of the above honorary degree.

(See Appendix X for background information, page XX)

DEGREES AND CERTIFICATES

Resolution No. 2025-86

Synopsis: Approval of Degrees and Certificates for spring and summer terms of 2025 is proposed.

WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the Board has authority for the issuance of degrees and certificates; and

WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on May 4 and August 3, 2025, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

**APPROVAL OF INTERIM CAPITAL INVESTMENT PLAN
FOR FISCAL YEAR 2026**

Resolution No. 2025-87

Synopsis: Authorization and acceptance of the Interim Capital Investment Plan for the fiscal year ending June 30, 2026, is proposed.

WHEREAS The State of Ohio Biennial Budget for Fiscal Years 2026 and 2027, including funding levels for state institutions of higher education, is still pending in the Ohio General Assembly; and,

WHEREAS the university has not yet finalized its operating budget for Fiscal Year 2026; and

WHEREAS the Interim Capital Investment Plan will allow the university to begin or continue capital projects in support of strategic goals during the period from July 1, 2025 through August 31, 2025; and

WHEREAS the recommended capital expenditures are the result of the university's comprehensive annual capital planning process; and

WHEREAS only those projects outlined in these recommendations will be approved for funding; and

WHEREAS the final fiscal year 2026 Capital Investment Plan will be presented for consideration at the August 2025 Board of Trustees meeting:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Interim Capital Investment Plan for the fiscal year ending June 30, 2026; and

BE IT FURTHER RESOLVED, That any request for authorization to proceed with any project contained in these recommendations must be submitted individually by the university for approval by the Board of Trustees, as provided for by Board policy.

(See Appendix X for background information, page XX)

**APPROVAL OF OHIO STATE ENERGY PARTNERS UTILITY SYSTEM
INTERIM CAPITAL IMPROVEMENTS PLAN FOR FISCAL YEAR 2026**

Resolution N. 2025-88

Utility System Life-Cycle Renovation, Repair and Replacement Projects

Synopsis: Approval of Ohio State Energy Partners LLC (“OSEP”) fiscal year 2026 interim capital improvements plan and authorization for OSEP to make capital improvements pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the “Agreement”), is proposed.

WHEREAS the Agreement requires, OSEP to submit annually a utility system Capital Improvement Projects plan (“OSEP CIP”) for university approval; and

WHEREAS the OSEP CIP includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2025; and

WHEREAS the university has not finalized its capital investment plan for fiscal year 2026; and

WHEREAS it is necessary to begin or continue these time-sensitive utility system projects until the fiscal year operating and capital plans are finalized and adopted; and

WHEREAS OSEP has provided detailed descriptions of the proposed capital improvement projects, supporting technical data and analysis, pursuant to Section 4.3(c) of the Agreement; and

WHEREAS the utility system capital improvement projects will be delivered pursuant to the terms of the Agreement; and

WHEREAS the capital expenditures for the approved utility system projects will be added to the utility fee pursuant to the Agreement; and

WHEREAS the university has reviewed and considered the financial, technical, and operational aspects of the projects and the projects’ alignment with university plans and sustainability goals; and

WHEREAS the Master Planning & Facilities Committee has reviewed the projects for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance & Investment Committee has reviewed the projects for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2026 interim OSEP CIP as outlined in the attached materials; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2026 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix X for background information, page XX)

**APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES
AND ENTER INTO/INCREASE CONSTRUCTION CONTRACTS**

Resolution No. 2025-89

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES CONTRACTS

ATHLETICS TECHNOLOGY MODERNIZATION
NORTH TOWERS BUILDING UPGRADES
TUNNEL REHABILITATION PHASE 1
UH-DOAN HALL SPRINKLER INSTALLATION

**APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION
CONTRACTS**

DOAN – REPLACE SPECT CTS
OUTPATIENT EAST – EXISTING LOT RENOVATION
OUTPATIENT EAST –NEW WEST PARKING LOT
SCHOTTENSTEIN CENTER – SCOREBOARD REPLACEMENT

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS

BATTERY CELL RESEARCH & DEMONSTRATION CENTER

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

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts for the following projects; and

	Prof. Serv. Approval Requested	Total Requested	
Athletics Technology Modernization	\$1.7M	\$1.7M	Auxiliary funds
North Towers Building Upgrades	\$10.0M	\$10.0M	University debt
Tunnel Rehabilitation Phase 1	\$1.0M	\$1.0M	University debt University funds State funds Partner funds
UH-Doan Hall Sprinkler Installation	\$1.2M	\$1.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Doan – Replace SPECT CTs	\$0.3M	\$4.3M	\$4.6M	Auxiliary funds
Outpatient East – Existing Lot Renovation	\$0.8M	\$4.7M	\$5.5M	Auxiliary funds
Outpatient East – New West Parking Lot	\$1.1M	\$6.1M	\$7.2M	Auxiliary funds
Schottenstein Center – Scoreboard Replacement	\$0.6M	\$4.6M	\$5.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
Battery Cell Research & Demonstration Center	\$1.7M	\$1.7M	University funds Partner funds

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans.

NOW THEREFORE

BE IT RESOLVED, that the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix X for background information, page XX)

APPROVAL FOR PURCHASE OF REAL PROPERTY

Resolution No. 2025-90

**5.070+/- ACRES AT 1800 ZOLLINGER ROAD,
UPPER ARLINGTON, FRANKLIN COUNTY, OHIO**

Synopsis: Authorization to purchase property described as Outpatient Care Upper Arlington from Medstone Realty Company, LLC located at 1800 Zollinger Road, Upper Arlington, Ohio is proposed.

WHEREAS The Ohio State University seeks to acquire 5.070 acres of improved real property located at 1800 Zollinger, Upper Arlington, Ohio, identified as Franklin County parcel number 070-003229; and

WHEREAS the purchase of this property supports the university's plan for strategic investment in outpatient services for neighboring communities:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon the terms and conditions deemed to be in the best interest of the university.

(See Appendix X for background information, page XX)

APPROVAL FOR A PERPETUAL GAS TRANSMISSION EASEMENT

Resolution No. 2025-91

**6.069+/- ACRES ON ACKERMAN ROAD,
COLUMBUS, FRANKLIN COUNTY, OHIO**

Synopsis: Authorization to grant Columbia Gas of Ohio, Inc. a perpetual natural gas transmission easement across university property located along Ackerman Road, Columbus, Ohio, is proposed.

WHEREAS Columbia Gas of Ohio, Inc. has requested an easement for natural gas purposes be granted across 6.069 acres of university land along Ackerman Road and the norther border of Waterman Agricultural and Natural Resources Laboratory in Columbus, Ohio; and

WHEREAS the natural gas infrastructure improvements, which are mandated by the federal government, will enhance safety and support the region.

WHEREAS Columbia Gas of Ohio, Inc. will be responsible for the costs and expenses of the installation, maintenance, and ongoing operation the natural gas infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined

above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix X for background information, page XX)

APPROVAL FOR A PERPETUAL ROADWAY EASEMENT

Resolution No. 2025-92

0.082+/- ACRES ON MESSNER ROAD,
WOOSTER, WAYNE COUNTY, OHIO

Synopsis: Authorization to grant the Board of County Commissioners of Wayne County a perpetual roadway easement across university property located along Messner Road, Wooster, Ohio, is proposed.

WHEREAS the Board of Commissioners of Wayne County has requested an easement for roadway purposes be granted for \$1.00 across 0.082 acres of university land along Messner Road near Wooster, Ohio; and

WHEREAS the roadway infrastructure will support university operations in the area along Messner Road; and

WHEREAS the Board of Commissioners of Wayne County will be responsible for all costs and expenses and the ongoing operation and maintenance of the road infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix X for background information, page XX)

APPROVAL FOR A PERPETUAL SANITARY SEWER EASEMENT

Resolution No. 2025-93

1.438+/- ACRES ON WOODY HAYES DRIVE,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to grant the City of Columbus, Ohio, a perpetual sanitary sewer easement across university property located along Woody Hayes Drive, Columbus, Ohio, is proposed.

WHEREAS the City of Columbus, Ohio, has requested an easement for sanitary sewer purposes be granted across 1.438 acres of university land along Woody Hayes Drive in Columbus, Ohio; and

WHEREAS the sanitary sewer infrastructure will support the innovation district on west campus; and

WHEREAS the City of Columbus, Ohio, will be responsible for the costs and expenses of the installation, maintenance and ongoing operation of the sanitary sewer infrastructure:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix X for background information, page XX)

APPROVAL OF INTERIM OPERATING BUDGET FOR FISCAL YEAR 2026

Resolution No. 2025-94

Synopsis: Authorization to make expenditures in Fiscal Year 2026, is proposed.

WHEREAS The State of Ohio Biennial Budget for State Fiscal Years 2026 and 2027, including funding levels for state institutions of higher education, is still pending in the Ohio General Assembly; and,

WHEREAS the university has not yet finalized its operating budget for Fiscal Year 2026; and

WHEREAS this will allow the university to continue to advance the academic and financial goals during the period from July 1, 2025, through August 31, 2025; and

WHEREAS it is necessary to continue operating expenditures, including payment of faculty and staff, operation of the Ohio State University Wexner Medical Center and other auxiliaries and student instructional and support services prior to the time that the Fiscal Year 2026 operating budget is finalized and adopted; and

WHEREAS the Finance and Investment Committee has reviewed and recommends for approval the interim operating budget:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the university to make operating expenditures consistent with the interim operating budget, pending the adoption of the Fiscal Year 2026 operating budget at the August 2025 Board of Trustees meeting.

APPROVAL OF 2025-2026 ACADEMIC YEAR UNDERGRADUATE TUITION AND MANDATORY FEES

Synopsis: Approval of tuition and mandatory fees, non-residential and international surcharges, room, and board rates for undergraduate students at all campuses of The Ohio State University for the Academic Year 2025-2026, is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the state budget contains higher education funding through the State Share of Instruction and special purpose appropriations; and

WHEREAS the university established the Ohio State Tuition Guarantee program in Fiscal Year 2018, which sets the cost of tuition, mandatory fees, and room and board rates for each incoming class of undergraduate Ohio resident students for four years; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2018 (Fiscal Year 2019), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2019 (Fiscal Year 2020), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2020 (Fiscal Year 2021), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohort that began in Autumn of 2021 (Fiscal Year 2022), will move to the Tuition Guarantee cohort rates established for Fiscal Year 2023; and

WHEREAS Ohio resident students in the Tuition Guarantee cohorts that began in Fiscal Years 2023, 2024 and 2025 will continue at the rates established for their cohorts and will therefore see no change (0%) in their tuition, mandatory fees, and room and board rates for Academic Year 2025-2026; and

WHEREAS new first-year Ohio resident undergraduate students enrolled at all campuses in 2025-26 will be part of a new Ohio State Tuition Guarantee cohort; and

WHEREAS Ohio Revised Code 3345.48 establishes that institutions with tuition guarantee programs may increase the instructional and mandatory fees for each incoming class of first-year undergraduate students by inflation, measured by the thirty-six-month moving average rate of inflation using the Consumer Price Index; and

WHEREAS all tuition, fee, and rate increases must be authorized and consistent with State of Ohio biennial budget bill to be enacted in Am. Sub. H.B. 96 of the 136th General Assembly and effective July 1, 2025; and

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WHEREAS the university administration remains focused on student affordability and limiting college costs for all students consistent with the State of Ohio budget bill for the Academic Year 2025-2026; and

WHEREAS the tuition and mandatory fees, room and board rates, and non-residential and international surcharges for the Columbus, Lima, Mansfield, Marion, and Newark campuses and for the Agricultural Technical Institute (ATI) at Wooster for undergraduate students can be set by the University President in consultation with the Board of Trustees' Board Chair and Chair of the Finance and Investment Committee for the Academic Year 2025-26:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees grants the University President, in consultation with Executive Leadership of the Board, authority to approve undergraduate tuition, mandatory fees, non-residential and international surcharges, room and board rates for the Academic Year 2025-26 for all campuses, effective Autumn semester 2025 consistent with final provisions of Am. Sub. H.B. 96 of the 136th General Assembly.

**APPROVAL OF 2025-2026 ACADEMIC YEAR
GRADUATE TUITION AND MANDATORY FEES**

Resolution No. 2025-96

Synopsis: Approval of tuition and mandatory fees, non-residential surcharges for graduate students at all campuses of The Ohio State University for the Academic Year 2025-2026, is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the state budget contains higher education funding through the State Share of Instruction and special purpose appropriations; and

WHEREAS all tuition, fee, and rate increases must be authorized and consistent with the State of Ohio biennial budget bill to be enacted in Am. Sub. H.B. 96 of the 136th General Assembly and effective July 1, 2025; and

WHEREAS the university administration remains focused on student affordability consistent with the State of Ohio budget bill for the Academic Year 2025-2026; and

WHEREAS the university administration now presents recommendations for graduate tuition and mandatory fees and non-residential surcharge for the Columbus, Lima, Mansfield, Marion, and Newark campuses and for the Agricultural Technical Institute (ATI) at Wooster for the Academic Year 2025-2026:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration for the approved graduate rates for the

Academic Year 2025-2026 for all campuses, effective Autumn semester 2025, as follows:

- That tuition and mandatory fees will increase by 3.0% for graduate programs. Changes to differential fees for certain programs are addressed in the Approval of 2025-2026 Academic Year User Fees and Charges resolution; and
- That the non-resident surcharge for most graduates will increase by 4.0%. Exceptions for certain graduate programs are addressed in the Approval of 2025-2026 Academic Year User Fees and Charges resolution.

APPROVAL OF 2025-2026 ACADEMIC YEAR USER FEES AND CHARGES

Resolution No. 2025-97

Synopsis: User fees and charges at the Columbus and regional campuses of The Ohio State University for Academic Year 2025-26, is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports the university's continued implementation of the Academic Plan and its initiatives to meet the needs of Ohio State students; and

WHEREAS the university is committed to access, affordability, and excellence; and

WHEREAS consultations have taken place within the university to determine the appropriate fees for graduate and professional programs, and student health insurance charges, as described in the accompanying text and tables, which have been reviewed and recommended:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the recommendation of the administration for the following rates, which are outlined in the attached document and will be effective Autumn semester 2025:

- Graduate and professional fees, including differential instruction and clinical, as well as the non-resident surcharge; and
- Student health plan.

(See Appendix X for background information, page XX)

APPROVAL OF DIGITAL TEXTBOOK FEES

Resolution No. 2025-98

Synopsis: Approval of digital textbook pass-through fees at all campuses of The Ohio State University for the 2025-2026 academic year is proposed.

WHEREAS the university collects certain fees, known as pass-through fees, that are used to pay third parties for goods and services that directly benefit students; and

WHEREAS the university does not seek to financially benefit from pass-through fees, but collects these fees instead of requiring third parties to bill students directly in circumstances where the university's involvement can reduce student costs, simplify billing for students, or otherwise benefit students; and

WHEREAS the university will be dramatically increasing the use of pass-through fees as part of the CarmenBooks affordability initiative, in which students can access digital textbooks at a significantly discounted rate compared with traditional materials; and

WHEREAS the CarmenBooks pilot that the Board of Trustees approved for spring semester 2019 (Resolution 2019-08) has expanded and is expected to save students approximately \$5.2 million for the 2025-2026 academic year:
NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the digital textbook pass-through rates for the 2025-26 academic year for all campuses, effective Autumn semester 2025, as follows and as outlined in the attached document.

(See Appendix X for background information, page XX)

APPROVAL OF NON-RESIDENT TUITION WAIVER FOR OHIO STATE STUDENTS WHO ARE VETERANS, MILITARY MEMBERS, OR THEIR IMMEDIATE FAMILIES

Resolution No. 2025-99

Synopsis: Waiver of the non-resident surcharge for Ohio State students who are veterans, military members, or their immediate families for Fiscal Year 2026 and Fiscal Year 2027 is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports academic programs that meet the needs of Ohio State students; and

WHEREAS Ohio State students who are veterans or military members, with 90 days or more of honorable service in the United States uniformed services, and their immediate families, defined as spouses and/or children, that do not qualify for in-state tuition because of the intricacies of federal and state regulations, would benefit from an expanded policy that extends a waiver of the non-resident surcharge; and

WHEREAS Ohio State has, since Spring Semester 2019, requested and received a tuition waiver that allows the university to assess a \$5 non-resident tuition surcharge to eligible students, rather than the respective undergraduate non-resident surcharge based on their assigned tuition guarantee cohort; and

WHEREAS the university seeks to continue the fee waiver that reduces the non-resident surcharge to \$5 for eligible veterans, military members, and their immediate families, but the current waiver expires at the end of Summer 2025 term; and

WHEREAS the Ohio Department of Higher Education (ODHE) requires a Board of Trustees resolution to consider a new tuition waiver per Ohio Revised Code and ODHE directive 2009-011:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves to waive all but \$5 of the non-resident tuition surcharge for The Ohio State University students who are veterans or military members, with 90 days or more of honorable service in the United States uniformed services, and their immediate families, that do not otherwise qualify for in-state tuition; and

BE IT FURTHER RESOLVED, That this approval will become effective for all semesters and terms, beginning Autumn 2025 semester, through June 30, 2027; and

BE IT FURTHER RESOLVED, That the administration will seek approval of a tuition waiver from the Ohio Department of Higher Education for state Fiscal Years 2026 and 2027.

**APPROVAL OF TUITION WAIVER FOR STUDENTS PARTICIPATING IN
STUDY ABROAD PROGRAMS THROUGH THIRD-PARTY PROVIDER OR
DIRECT ENROLLMENT**

Resolution No. 2025-100

Synopsis: Waiver of tuition for Ohio State students who enroll in university-approved third-party provider or direct enrollment study abroad programs for Fiscal Year 2026 and Fiscal Year 2027 is proposed.

WHEREAS the Board of Trustees of The Ohio State University supports academic programs that meet the needs of Ohio State students; and

WHEREAS Ohio State students who participate in study abroad programs through third-party providers or direct enrollment are required to pay tuition to the host institution; and

WHEREAS students benefit from continued enrollment at Ohio State during study abroad, which allows them to earn Ohio State credit, access financial aid and receive support when needed in other circumstances; and

WHEREAS Ohio State has, since Fiscal Year 2015, requested and received a tuition waiver for approved third-party provider or direct enrollment study abroad programs from the Board of Trustees and the Ohio Department of Higher Education (ODHE) so that students avoid two tuition payments during study abroad; and

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WHEREAS the university seeks to continue the study abroad tuition waiver, but the current waiver expires after June 30, 2025; and

WHEREAS the Ohio Department of Higher Education requires a Board of Trustees resolution to consider a new tuition waiver per Ohio Revised Code and ODHE directive 2009-011:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves to waive tuition and fees at The Ohio State University for students enrolled in a third-party provider or direct enrollment study abroad program and to allow the students to remain enrolled at the university while participating in these programs; and

BE IT FURTHER RESOLVED, That this approval will become effective for all semesters and terms, beginning July 1, 2025, through June 30, 2027; and

BE IT FURTHER RESOLVED, That the administration will seek approval of a tuition waiver from the Ohio Department of Higher Education for state Fiscal Years 2026 and 2027.

(See Appendix X for background information, page XX)

**AUTHORIZATION FOR THE ISSUANCE OF GENERAL RECEIPTS
OBLIGATIONS AND MULTIYEAR DEBT ISSUANCE PROGRAM III
OF THE UNIVERSITY**

Resolution No. 2025-101

Synopsis: Establishment of Multiyear Debt Issuance Program III, authorizing the issuance and sale of general receipts obligations of the university in an aggregate principal amount not to exceed \$400 million for the purposes of financing, on an interim or permanent basis, the costs of certain university capital improvement projects, refunding the outstanding principal amount of current obligations of the university and paying costs and expenses associated with the issuance of such debt, and authorization for amendments to the existing trust indenture and other documents as required, is proposed.

WHEREAS pursuant to Sections 3345.11 and 3345.12 of the Ohio Revised Code (the "Act"), as enacted under authority of the Constitution of Ohio, particularly Section 2i of Article VIII thereof, The Ohio State University (the "University"), a state university of the State of Ohio (the "State"), created and existing under Chapter 3335 of the Ohio Revised Code, is authorized and empowered, among other things, (a) to issue its obligations to pay the costs of certain "facilities," as defined in the Act, and to refund, fund or retire bonds and other obligations previously issued for such purpose; (b) to pledge to the payment of its obligations all or a specified part of its "available receipts," as defined in the Act (the "General Receipts") in priority to all other expenses, claims or payments; (c) to covenant that the University will make, fix, adjust and collect the fees, rates, rentals, charges and other items comprising General Receipts to produce General Receipts sufficient at all times to meet Debt Service Charges (as defined in the Amended and Restated Trust Indenture described below) on the Obligations, to establish and to maintain the required reserves and meet other requirements herein

provided; and (d) to provide for a trust indenture and make further provisions for securing the payment of the Debt Service Charges; and

WHEREAS the University, by resolution adopted by its Board of Trustees (the "Board") on November 1, 1985 (the "Series 1985A Bond Resolution"), and by a Trust Indenture dated as of November 15, 1985 (the "Original Indenture") between the University and The Huntington National Bank, as trustee (the "Original Trustee"), provided for the issuance from time to time of General Receipts Bonds of the University; and

WHEREAS the University, pursuant to the terms of a resolution adopted by the Board on October 1, 1999 (the "1999 General Bond Resolution"), amended and restated the Original Indenture, as supplemented, in accordance with the terms thereof, by entering into the Amended and Restated Trust Indenture dated as of December 1, 1999 (the "Amended and Restated Trust Indenture") with the Original Trustee; and

WHEREAS The Bank of New York Mellon Trust Company, N.A. (the "Trustee") has succeeded the Original Trustee as trustee under the Amended and Restated Trust Indenture; and

WHEREAS pursuant to the terms of a resolution adopted by the Board on June 8, 2015, a resolution adopted by the Board on June 9, 2017 and a resolution adopted by the Board on June 6, 2018 (collectively, the "Program Resolution"), the University authorized the issuance of The Ohio State University General Receipts Bonds and Commercial Paper Notes (the "Senior Obligations") and subordinated bonds and notes (the "Subordinated Obligations" and, together with the Senior Obligations, the "Obligations") to be issued pursuant to the Amended and Restated Trust Indenture in an aggregate amount not to exceed \$1 billion by no later than June 30, 2020, which authorizations established the University's Multiyear Debt Issuance Program ("Program I"); and

WHEREAS the Amended and Restated Trust Indenture provides that Obligations may be issued pursuant to the terms thereof, with each such issue to be authorized by a Series Resolution (as defined therein) adopted by the Board and secured pursuant to the terms of a Supplemental Indenture (as defined therein), with respect to such issue (the Amended and Restated Trust Indenture and all Supplemental Indentures thereto being collectively referred to herein as the "Indenture"); and

WHEREAS in furtherance of and pursuant to the Program Resolution and the Indenture, the University entered into the Multiyear Debt Issuance Program Supplement to Amended and Restated Trust Indenture dated as of March 1, 2016; and

WHEREAS on August 19, 2021, the Board adopted Resolution No. 2022-46, (the "Program II Resolution") whereby the University established its Multiyear Debt Issuance Program II ("Program II"), the authorization for which Program II expires on June 30, 2025; and

WHEREAS the University has from time to time authorized the issuance of the Obligations listed on Schedule 1 attached hereto and made a part hereof pursuant to the Series 1985 A Bond Resolution, the Original Indenture, the 1999 General Bond Resolution, the Amended and Restated Trust Indenture, various

supplements to the Original Indenture, the Amended and Restated Trust Indenture and various Series Resolutions; and

WHEREAS the Board finds that it is in the best interests of the University to promote administrative convenience, enhance sound debt management and improve efficiency in connection with the issuance of Obligations of the University, and in furtherance thereof to establish its Multiyear Debt Issuance Program III for the purposes of financing, on an interim or permanent basis, the costs of University Facilities, refunding Outstanding Obligations (as described below) of the University and paying costs and expenses associated with the issuance of such Obligations, by providing for the issuance of its Obligations in an aggregate authorized principal amount of not to exceed \$400 million, in one or more series, by not later than June 30, 2027; and

WHEREAS the Board desires to make provisions for the issuance of the Obligations and the payment of Debt Service Charges thereon and the securing thereof by this Resolution (hereinafter referred to as the "Program III Resolution") and the supplement(s) to the Amended and Restated Trust Indenture, including but not limited to the Multiyear Debt Issuance Supplement to Amended and Restated Trust Indenture – Program III (as described below), all as provided by this Program III Resolution, with all terms used herein with initial capitalization where the rules of grammar would not otherwise so require and not defined herein having the meanings given them in the Indenture:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees of The Ohio State University hereby authorizes the issuance of Obligations in an aggregate principal amount not to exceed \$400 million, for the purposes as set forth in the recitals to this Program III Resolution; provided, however, that the foregoing limitation on the amount of Obligations that may be issued shall not apply to (i) any Bonds or Notes authorized to be issued under this Program III Resolution to retire or refund (a) any Outstanding Obligations listed on Schedule 1 attached hereto and made a part hereof, or (b) any Obligations issued pursuant and subsequent to the date of this Program III Resolution, or (ii) any capital lease or other type of indebtedness that does not constitute an Obligation as defined in the Indenture and is not issued pursuant to the Indenture, and, (iii) provided, further, that any Obligation or indebtedness described in (i) and (ii), both inclusive, above shall be excluded for purposes of calculating the total amount of Obligations issued pursuant to the authorization provided in this Program III Resolution; and

BE IT FURTHER RESOLVED, That the authority to issue any Obligations authorized by this Program III Resolution shall be in effect through June 30, 2027; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby authorizes the President and Senior Vice President for Business and Finance, or either of them, upon consultation with the Chair of the Finance and Investment Committee of this Board and upon consultation with the Senior Vice President for Legal Affairs and General Counsel and any outside counsel retained for this purpose, to determine (a) the time or times that any of the Obligations shall be issued as provided in this Program III Resolution, (b) the principal amount, subject to the limitations prescribed herein, and type of debt to be issued from time to time, (c) the rate or rates of interest to be borne by such Obligations and whether such interest shall be taxable or tax exempt; provided, however, that in no event shall the interest rate

on any series of Obligations exceed eight percent (8.00%) per annum, (d) whether any interest rates shall be fixed or variable, (e) the maturity or maturities of any of the Obligations and (f) whether and to what extent any series of such Obligations shall be Senior Obligations or Subordinated Obligations, any or all of which terms, as well as any terms required by Section 2.02 of the Indenture, may be set forth in one or more Certificates of Award executed and delivered by the President and Senior Vice President for Business and Finance, or either of them, in connection with the issuance and sale of the Obligations, the execution and delivery of such Certificates of Award and any of them being hereby authorized; and

BE IT FURTHER RESOLVED, That, with respect to any Obligations issued on a tax exempt basis under the federal income tax laws, the President and Senior Vice President for Business and Finance, or either of them, is hereby authorized and directed (a) to make or effect any election, selection, designation, choice, consent, approval or waiver on behalf of the University with respect to the Obligations as permitted or required to be made or given under the federal income tax laws, for the purpose of assuring, enhancing or protecting favorable tax treatment or the status of the Obligations or interest thereon or assisting compliance with requirements for that purpose, reducing the burden or expense of such compliance, reducing any rebate amount or any payment of penalties, or making any payments of special amounts in lieu of making computations to determine, or paying, any excess earnings as rebate, or obviating those amounts or payments on behalf of the University; (b) to take any and all actions, make or obtain calculations, and make or give reports, covenants and certifications of and on behalf of the University, as may be appropriate to assure the status of the Obligations as Tax Exempt Bonds; and (c) to give an appropriate certificate on behalf of the University for inclusion in the transcript of proceedings setting forth the facts, estimates and circumstances, and reasonable expectations of the University pertaining to Section 148 of the Internal Revenue Code of 1986, as amended (the "Code") and the Regulations, and the representations, warranties and covenants of the University regarding compliance by the University with Sections 141 through 150 of the Code and the Regulations, as applicable; and

BE IT FURTHER RESOLVED, That the President and Senior Vice President for Business and Finance, or either of them, is authorized to negotiate and execute, on behalf of the University and this Board, a supplemental indenture to the Amended and Restated Trust Indenture to be denominated the "Multiyear Debt Issuance Supplemental Indenture to Amended and Restated Supplemental Indenture – Program III", any amendments or supplements thereto or the Amended and Restated Indenture, any purchase contract for the sale of the Obligations, any escrow agreement, continuing disclosure agreement, any interest rate management or hedging contract, credit support or enhancement contract, any official statement or other offering document relating to the offer and sale of the Obligations, the use and distribution of which is hereby authorized and any other agreement, receipt, certificate or document (collectively the "Transaction Documents") as the President or Senior Vice President for Business and Finance or either of them shall deem (a) necessary or appropriate to carry out this Program III Resolution and to provide for the most beneficial commercial terms reasonably available to the University and (b) not materially adverse to the University, with the execution by the President or Senior Vice President for Business and Finance of any such Transaction Documents constituting the conclusive determination of such officer that the terms of such Transaction Document are necessary and appropriate and not materially adverse to the University, it being expressly provided that any payment obligation whatsoever with respect to any Transaction Documents may, if so agreed to by the officer of the University executing the same,

be secured on a pari passu basis as the Obligations and the Debt Service Charges with respect thereto to which any such Transaction Document relates; and

BE IT FURTHER RESOLVED, That the Senior Vice President for Business and Finance shall report to the Board's Finance and Investment Committee on a regular basis all actions taken in pursuant to this Program III Resolution; and

BE IT FURTHER RESOLVED, That it is found and determined that all formal actions of this Board concerning and relating to the adoption of this Program III Resolution were adopted in an open meeting of this Board, and that all deliberations of this Board and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code; and

BE IT FURTHER RESOLVED, That this Program III Resolution shall take effect and be in force on July 1, 2025.

(See Appendix X for background information, page XX)

**AUTHORIZATION FOR DESIGNATED OFFICIALS TO BUY, SELL, ASSIGN
AND TRANSFER SECURITIES, ALSO TO DEPOSIT OR WITHDRAW FUNDS
FROM BANK AND INVESTMENT ACCOUNTS, TO DESIGNATE
DEPOSITORIES AND TO EXECUTE TREASURY- AND INSURANCE-
RELATED AGREEMENTS**

Resolution No. 2025-102

Synopsis: Authorization for designated officials to buy, sell, assign and transfer securities, to deposit or withdraw funds from bank and investment accounts held in the name of The Ohio State University, to designate depositories, and to execute treasury and insurance related agreements, is proposed.

WHEREAS designated officials of the university buy, sell, assign and transfer stocks, bonds and other financial instruments owned by The Ohio State University; and

WHEREAS various financial institutions are designated as depositories of The Ohio State University; and

WHEREAS accounts at various financial institutions are opened and maintained in the name of The Ohio State University; and

WHEREAS designated officials of the university are responsible for the procurement and management of the university's insurance programs:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby authorizes the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees to buy, sell, assign and transfer any and all stocks, bonds, evidences of interest and/or indebtedness, rights and options to acquire or to sell the same, and all other securities corporate or otherwise, standing in the name of or belonging to The Ohio State University in any capacity; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized to designate various financial institutions as depositories and/or custodians for The Ohio State University, and to open and maintain accounts and enter into agreements at institutions providing financial products and services in the name of The Ohio State University; to engage in and sign agreements for bank financing, underwriting, brokerage, leasing, equipment financing, deposits, foreign currency exchange, hedging vehicles including forwards, futures, swaps and options, financial advisory services; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized, on behalf of The Ohio State University and in its name, to sign checks, drafts, notes, bills of exchange, letters of credit, acceptances, electronic fund transfers or other orders for the payment of money from said accounts; to endorse in writing or by stamp checks, notes, bills, certificates of deposit, or other instruments owned or held by the university for deposit in said accounts or for collection or discount by said banks; to accept drafts, acceptances and other instruments payable to said banks; to waive, demand, protest, file notice of protest, or dishonor any check, note, bill, draft, or other instrument made, drawn, or endorsed by the university; and

BE IT FURTHER RESOLVED, That the university Treasurer and/or the university Senior Vice President for Business and Finance or their designees be authorized to engage in insurance-related transactions and sign insurance-related agreements to ensure coverage that best fits the needs of The Ohio State University to include, but not be limited to, insurance carrier, consulting and broker agreements, emergency response services, and third-party claim administrator contracts.

(See Appendix X for background information, page XX)

REAPPOINTMENTS TO THE SELF-INSURANCE BOARD

Resolution No. 2025-103

Synopsis: Reappointment of members to the Self-Insurance Board is proposed.

WHEREAS the Board of Trustees directed that a Self-Insurance Board be established to oversee the University Self-Insurance Program; and

WHEREAS all members of the Self-Insurance Board are appointed by The Ohio State University Board of Trustees upon recommendation of the President; and

WHEREAS the terms of members Cynthia A. Powell, CPA and D. Brent Mulgrew expire on June 30, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approve that the following individuals be reappointed as members of the Self-Insurance Board effective June 30, 2025, for the terms specified below:

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Cynthia A. Powell, CPA, term ending June 30, 2027
D. Brent Mulgrew, term ending June 30, 2027

BE IT FURTHER RESOLVED, That this appointment entitles each member to any immunity, insurance or indemnity protection to which officers and employees of the University are, or hereafter may become, entitled.

APPROVAL OF THE UNIVERSITY FOUNDATION REPORT

Resolution No. 2025-104

Synopsis: Approval of the University Foundation Report as of March 31, 2025, is proposed.

WHEREAS monies are solicited and received on behalf of the university from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Foundation; and

WHEREAS this report includes: (i) the establishment of one (1) endowed chair: the Dr. Lee E. Shackelford Chair in Psychiatry and Behavioral Health; four (4) endowed professorships: The Dr. Frederick H. Davidorf Honorary Professorship, the Margaret Bowers Hardyman Professorship in Surgery, the Honda Endowed Professorship in Automotive Manufacturing and The Drs. Malati and Ganesh Potdar Professorship in Radiation Oncology-Proton Therapy; six (6) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and thirty-five (35) additional named endowed funds; (ii) the revision of thirteen (13) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of March 31, 2025.

(See Appendix X for background information, page XX)

NAMING OF THE META STEM INSTRUCTION INNOVATION HUB

Resolution No. 2025-105

IN RAMSEYER HALL

Synopsis: Approval for the naming of the active learning classroom (room A) in Ramseyer Hall, located at 29 W Woodruff Ave, is proposed.

WHEREAS The renovation of Ramseyer Hall will benefit 2,000 math and chemistry students in its first year and 16,000 students per year once fully open to all STEM fields, significantly impacting all STEM programs at The Ohio State University; and

WHEREAS the updated space in Ramseyer Hall will engage students in active-learning, comprehensive pedagogies; and

WHEREAS Meta Platforms Inc has provided significant contributions to the STEM Learning Center; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Meta Platforms Inc's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the term of three years the aforementioned space be named the Meta STEM Instruction Innovation Hub.

NAMING OF THE GARY (CLASS OF 1962) AND HELEN COLE OFFICE

Resolution No. 2025-106

IN THE CONTROLLED ENVIRONMENT AGRICULTURE RESEARCH COMPLEX

Synopsis: Approval for the naming of an office (Room 105A) in the Controlled Environment Agriculture Research Complex (CEARC), located at 2515 Carmack Road, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the CEARC will provide a platform for interdisciplinary research at the nexus of horticulture, engineering, entomology, pathology, food science, computer science, and human nutrition/health; and

WHEREAS Gary and Helen Cole have provided significant contributions to the college; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy, and if at any time following the approval of a naming, circumstances change so that the continued use of the name may compromise the integrity or reputation of the University, the University may remove the name with the approval of the President and the Board of Trustees and notification of the Donors, if possible:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Gary and Helen Cole's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Gary (Class of 1962) and Helen Cole Office.

NAMING OF THE LASKO FAMILY HOME TEAM LOCKER ROOM

Resolution No. 2025-107

IN THE LACROSSE STADIUM

Synopsis: Approval for the naming of the home team locker room (Room 183) in the Lacrosse Stadium, located at 630 Irving Schottenstein Drive is proposed.

WHEREAS The state-of-the-art, 2,500-seat lacrosse stadium will be the new practice and competition space for the men's and women's varsity lacrosse teams; and

WHEREAS the lacrosse stadium will serve the community and grow the sport of lacrosse through camps and clinics hosted within the space; and

WHEREAS Matthew Lasko has provided significant contributions to the men's lacrosse program, the construction of the new lacrosse stadium as well as the Department of Athletics; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Matthew Lasko's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Lasko Family Home Team Locker Room.

NAMING OF THE DR. JACK L. BEAL ROOM

Resolution No. 2025-108

IN THE RIFFE BUILDING

Synopsis: Approval for the naming of the second floor large group space (room R200A) in the Riffe Building, located at 496 W 12th Ave, is proposed.

WHEREAS The College of Pharmacy is consistently ranked a top pharmacy school in the country, home to world-class faculty, dedicated students and innovative researchers working toward improving medications and medication-related health outcome; and

WHEREAS the College of Pharmacy commits to providing students access to state-of-the-art facilities and spaces to promote learning; and

WHEREAS Richard M. Mora Sr. has provided significant contributions to the Rife Building renovations; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Richard M. Mora Sr.'s philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Dr. Jack L. Beal Room.

NAMING OF BUILDINGS IN THE WATERMAN COMPLEX

Resolution No. 2025-109

IN THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

Synopsis: Approval for the naming of two buildings in the Waterman Complex, located at the northwest corner of Lane Avenue and Kenny Road, is proposed.

WHEREAS The new dairy barn and multispecies animal learning center (MALC) are being constructed to meet the aims of the Waterman Agricultural and Natural Resources Laboratory to provide comprehensive agricultural education; and

WHEREAS the College of Food, Agricultural, and Environmental Sciences wants to maintain consistent nomenclature across Waterman Complex; and

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned spaces be named the Waterman – Dairy and the Waterman – Multispecies Animal Learning Center.

NAMING OF INTERNAL SPACES

Resolution No. 2025-110

IN WATERMAN - DAIRY

Synopsis: Approval for the naming of the internal spaces in Waterman - Dairy, located at the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the Waterman Dairy will support the CFAES mission of education, research, and outreach and engagement by providing a state-of-the-art dairy facility for teaching, outreach, research, and public interaction and education regarding the use of precision animal agriculture via technology; and

WHEREAS the donors listed below have provided significant contributions toward the construction of Waterman - Dairy; and

- Denny Mahle
- Michele and Steven Specht
- Linda Dunn

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donor's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal spaces be named the following:

- Galton Dairy Display Hall
- Specht and Deam Family Viewing Walkway
- Dale and Betty Hedge Family Automated Milking System Room

NAMING OF INTERNAL SPACES

Resolution No. 2025-111

IN THE WATERMAN – MULTISPECIES ANIMAL LEARNING COMPLEX

Synopsis: Approval for the naming of internal spaces in the Waterman - Multispecies Animal Learning Center (MALC), located in the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the MALC will support the CFAES mission of education, research, and outreach and engagement by bringing people and animals together in a state-of-the-art facility that will be used by Ohio State students and public learners of all ages alike; and

WHEREAS the donors listed below have provided significant contributions toward the construction of the MALC; and

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- Clifford Baughman
- David and Dorothy Case

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal spaces be named the following:

- Clifford and Dale Baughman Outreach & Engagement Center
- Dave and Dorothy Case Terrace

NAMING OF ROADWAYS

Resolution No. 2025-112

IN THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

Synopsis: Approval for the renaming of Medical Center Drive (east of Westpark St to West 10th) and the naming of Medical Center Drive East and Medical Center Drive West in the Wexner Medical Center, is proposed.

WHEREAS Construction and growth of the Wexner Medical Center has led to new traffic patterns and the creation of new roadways; and

WHEREAS naming two new roads and renaming a section of an existing road will allow for more efficient navigation of the Wexner Medical Center facilities; and

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (d) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned roadways be named Eastpark St, Medical Center Drive East and Medical Center Drive West.

NAMING OF BUILDINGS

Resolution No. 2025-113

IN THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

Synopsis: Approval for administrative naming of buildings in The Ohio State University Wexner Medical Center, is proposed.

WHEREAS The Wexner Medical Center is constantly growing and changing to reflect the needs of its researchers, patients, and community as a whole; and

WHEREAS the names of the spaces listed below no longer reflect either the current naming standards or purpose of the space; and

- Inpatient Tower (#0870)
- James A. Rhodes Hall - University Hospital (#0354)
- Charles Austin Doan Hall (#0089)
- Brain and Spine Hospital (#0372)

WHEREAS Planning, Architecture and Real Estate recommends this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned spaces be named the following:

- University Hospital
- University Hospital – Rhodes Hall
- University Hospital – Doan Hall
- University Hospital – Pavilion

RATIFICATION OF SETTLEMENT AGREEMENT AND AMENDMENTS TO COST ALLOCATION AGREEMENT

Resolution No. 2025-114

Synopsis: Ratification of that certain Settlement Agreement and Amendments to Cost Allocation Agreement regarding the combined heat and power plant, is proposed.

WHEREAS the University, Ohio State Energy Partners LLC (“OSEP”) and ENGIE Buckeye Operations LLC (“EBO”) entered into a Cost Allocation Agreement dated October 2, 2023 (the “Cost Allocation Agreement”) to among other things facilitate the completion of the combined heat and power plant, including by allocating costs, providing for new construction milestones and associated remedies, augmenting information sharing among the parties, and establishing an oversight committee consisting of representatives from each of the parties; and

WHEREAS the University, OSEP and EBO entered into a Settlement Agreement and Amendments to Cost Allocation Agreement dated April 29, 2025 (the “Agreement”) to among other things cap the University’s responsibility for cost overruns, provide for extended warranties for the combined heat and power plant

and cooperate to establish stand-alone KPIs for the combined heat and power plant; and

WHEREAS it is proposed that the Board hereby approve and ratify the University's entering into the Agreement and any actions taken or to be taken thereunder.
NOW THEREFORE

BE IT RESOLVED, That the Board hereby approves that it is in the best interests of the University to enter into the Agreement and to perform the obligations arising under, or in connection with, the Agreement; and

BE IT FURTHER RESOLVED, That the Board hereby approves and ratifies the University (1) entering into the Agreement, and (2) the taking of such actions thereunder as the President, Senior Vice President for Business and Finance and Senior Vice President for Administration and Planning ("Authorized Officers"), or any of them, deems necessary, advisable or appropriate to perform obligations under the Agreement, such Authorized Officer's taking of such action to be conclusive evidence of such approval and determination of the necessity, advisability or appropriateness thereof; and

BE IT FURTHER RESOLVED, That all actions previously taken by any Authorized Officer or employee of the University, by or on behalf of the University in connection with the Agreement, including executing the same, be, and each of the same hereby is, adopted, ratified, confirmed and approved in all respects; and

BE IT FURTHER RESOLVED, That it is found and determined that all formal actions of this Board concerning and relating to the adoption of this resolution were adopted in an open meeting of this Board, and that all deliberations of this Board and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code; and

BE IT FURTHER RESOLVED, That this resolution shall take effect and be in force immediately upon its adoption.

(See Appendix X for background information, page XX)

Mr. Zeiger:

I will now make a motion to approve the 42 items on the consent agenda, which will be approved by a roll-call vote. Mr. Kaplan has been advised to abstain.

Upon the motion of Mr. Zeiger, seconded by Mr. Stockmeister, the Board of Trustees adopted the foregoing resolutions by majority roll-call vote, cast by the following trustees: Mr. Zeiger, Mr. Stockmeister, Mr. Heminger, Ms. Kessler, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott, Mr. Kerner and Dr. Buchan. Mr. Kaplan abstained.

Ms. Eveland:

Motion carries.

Mr. Zeiger:

Thank you. Are there any other matters to come before the board during this meeting?

Hearing none at this point, the meeting will be adjourned. Thank you so much.

The meeting adjourned at 2:16 p.m.

Attest:

John W. Zeiger
Chairman

Jessica A. Eveland
Secretary

RESOLUTIONS IN MEMORIAM

Synopsis: Approval of Resolutions in Memoriam is proposed.

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Resolutions in Memoriam and that the President be requested to convey copies to the families of the deceased.

Carol A. Baker
Robert A. Buerki
Konrad Dabrowski
Melvin N. Greenball
John F. Grimes
Lois Ann Hungate
Ann Lilly
Steven M. Still

CAROL A. BAKER

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death of Carol A. Baker, Professor Emeritus in the College of Nursing, on April 24, 2025. She was 88 years old.

Professor Baker received her BSN (1958) and MSN (1972) from The Ohio State University, and she earned her PhD from University of Illinois. Professor Baker became a Professor and Lecturer in 1972 until she retired in 1995 with emeritus status. She was a trailblazer as one of the first nursing faculty to hold a joint appointment at the College of Nursing and the Arthur G. James Cancer Hospital. She loved teaching students and staff nurses how to implement research into practice.

Professor Baker was a very active alumna of The Ohio State University and the College of Nursing, having served as President of the College of Nursing's Alumni Association Board for many years and dedicating time to raise money for student scholarships. She was part of a group of nursing alumni leaders — many of whom had been presidents of the alumni society — who saw a need for nursing student scholarships. They set an ambitious goal of raising \$1 million for scholarships by the College of Nursing's centennial year in 2014. They achieved that goal by organizing letter writing campaigns to nursing alumni, several golf outings, a chocolate fantasy dessert event and a wine tasting.

After retirement, Professor Baker learned how to play golf and discovered a hidden passion for downhill skiing, joining the Columbus and Cleveland Ski Clubs. She enjoyed both domestic and foreign travel with her husband and close friends. She became an avid gardener and always said to herself, "gardening is taking care of things. That's what nurses do."

Food carried special significance in Carol's life, both during her career and in her volunteerism. She focused on teaching her patients the importance of nutrition and their overall health. She loved caring for and providing service to others, which she continued after retirement as she coordinated and served "Monday Meals" to Friends of the Homeless, a support mission of First Community Church. She credited her organizational skills — attributes learned from teaching — for being able to feed so many people every Monday.

When Professor Baker was asked what she thought her greatest legacy will be, she answered that it was her love for nursing and her enthusiasm for the profession.

On behalf of the entire Ohio State community, the Board of Trustees expresses to the family and loved ones of Professor Carol A. Baker its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family as an expression of the board's heartfelt sympathy and appreciation.

ROBERT A. BUERKI

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow upon the passing on June 7, 2025, of Robert A. Buerki, PhD, Professor Emeritus in the College of Pharmacy.

Professor Buerki received his BS in pharmacy from the St. Louis College of Pharmacy in 1963 and his MS in social studies of pharmacy in 1967 from the University of Wisconsin. He received his PhD in adult education and educational development, with a minor in history of science, in 1972 from The Ohio State University and his MA in public history in 1988 from Wright State University. A member of the faculty of The Ohio State University College of Pharmacy Division of Pharmacy Practice and Science since 1965, Dr. Buerki retired in June 2011. As Professor Emeritus, he continued to teach the history of pharmacy and professional ethics on a part-time basis. He served as Secretary-Treasurer, Chairman-Elect and Chairman of the American Association of Colleges of Pharmacy Section of Continuing Professional Education from 1970-1979; Secretary-Treasurer, Vice President and President of Rho Chi Pharmacy Honor Society from 1967-1978; and as Historian for both of these organizations. He also served as President-Elect, President and Secretary of the American Institute of the History of Pharmacy from 1981-1985.

During his 46-year career, Dr. Buerki authored over 80 articles, book chapters and books on various aspects of professional ethics and the history of pharmaceutical education. He received many awards, including the National Rho Chi Society Distinguished Service Award in 1972 and 1978, the Certificate of Commendation from the Academy of the History of Pharmacy in 1987 and the American Association of Colleges of Pharmacy Section of Continuing Professional Education's William L. Blockstein Award for sustained contributions to continuing pharmaceutical education in 2000. Dr. Buerki was inducted into the International Academy of the History of Pharmacy (AIHP) in 2003, received the AIHP's Edward Kremers Award for distinguished pharmaco-historical writing by an American in 2004 and received the Edmund D. Pellegrino Medal for his contributions to health care ethics in 2006.

On behalf of the university community, the Board of Trustees expresses to the family and loved ones of Professor Emeritus Robert Buerki its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt appreciation.

KONRAD DABROWSKI

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death of Konrad Dabrowski, Professor in the College of Food, Agricultural, and Environmental Sciences School of Environment and Natural Resources, on June 26, 2025.

Professor Dabrowski joined the faculty in 1989 and served for 36 years with distinction until 2025. Dr. Dabrowski earned his MS and PhD from Agriculture University, Olsztyn, Poland, and his DSc from Agricultural University, Szczecin, Poland. He focused his exemplary scholarly career on aquaculture and fish physiology. Recognized as a foundational figure in the field of aquaculture, Dr. Dabrowski made an indelible mark, becoming an internationally recognized expert in this field. His work sought to advance and broaden the understanding of linkages between nutrition and genetics, primarily in freshwater fish.

Professor Dabrowski has made a lasting scholarly impact on improvements in aquaculture and fish production in controlled environments. Dr. Dabrowski led international collaborations in Southeast Asia, Africa, the Middle East and Europe to advance the understanding of the biological value of fish diet formulations and reproduction, the role of nutrition of early life stages of aquaculture species, and their growth and survival.

Dr. Dabrowski held two patents — one on dietary formulations and one on methods of producing chimeric fish. He served the field of aquaculture and fish physiology generously as an active member of regional, national and international scientific and professional organizations and served on the editorial boards of more than 10 scientific journals. He was the author of more than 390 peer-reviewed publications, and his research shaped global thinking in fisheries science. Over 21,000 citations were credited to his work.

He expanded learning and development for both undergraduate and graduate students through exemplary research, guest lectures and teaching. He mentored generations of undergraduate and graduate students, Fulbright Scholars and visiting scholars from around the world. As an internationally recognized expert, he traveled extensively to present his research, teach, learn new methods and build scientific collaborations.

He facilitated academic and professional growth among students with enduring influence to study-controlled reproduction, early life history, maturation, sex reversal, and gynogenesis of several fish species. He encouraged student engagement in research and outreach communications, including presenting their work at Aquaculture America, and many of his mentees have gone on to careers in academia and government agencies and carry this work forward.

On behalf of the university community, the Board of Trustees expresses to the family and loved ones of Professor Konrad Dabrowski its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

MELVIN N. GREENBALL

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on March 27, 2025, of Melvin N. Greenball, Professor Emeritus in the Department of Accounting Management Information Systems in Fisher College of Business. He was 87 years old.

Dr. Greenball received his BS with distinction in accounting and economics from Indiana University in 1958. He went on to earn an MBA with distinction in 1961 from the University of Michigan and his PhD from the University of Chicago in the fields of mathematical methods and computers, economics and accounting in 1966. He passed his CPA exam in Indiana in 1958 and in Ohio in 1987.

His first role in accounting was as an Auditor at Arthur Anderson from 1961-1962. After graduating with his PhD from the University of Chicago, he served as Assistant Professor of business administration at the University of California, Berkeley from 1966-1968.

In 1968, he joined The Ohio State University and became a Professor at the then-College of Administrative Science until 1982. With a brief break from 1982-1986, he would return to the school, now called the College of Business, in 1987. This began his long, storied career as Professor of Accounting at Ohio State that would last until retirement.

Dr. Greenball taught a wide variety of classes, from undergraduate studies in personal individual taxation to macroeconomics. His course offerings included accounting theory and theory of finance seminars and workshops. One of Professor Greenball's unique innovations was his scientific and scholarly approach to teaching classical accounting theories of valuation and income measurement. He designed a set of unifying examples, which helped students develop intuition about the costs and benefits of the various theories. He was always happy to preside over dissertations of PhD candidates seeking to learn from him. Dedicated to his field, Professor Greenball could be found sharing wisdom on radio and television programs as well as consulting.

While he worked hard to be an excellent teacher, he never stopped learning or engaging in vigorous research. This is evidenced by his published texts and articles featured in publications such as the *Journal of Accounting Research*, *Empirical Research in Accounting* and others.

When Dr. Greenball was not teaching or writing, he was reviewing the work of others in his field. A theorist at heart, Professor Greenball examined and eloquently spoke about his proposal of a "flat tax system" based on his research on the disparities of tax rates based on income and marital status. This innovative thinking, combined with his love for the field, earned him numerous accolades throughout his career.

Perhaps the greatest compliment is that Dr. Greenball was known as a generous and conscientious instructor who managed to impart his passion for the science of accounting to all of his students. He was granted faculty emeritus status effective April 1, 1997.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Melvin N. Greenball its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

JOHN F. GRIMES

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 16, 2025, of John F. Grimes, Associate Professor Emeritus with The Ohio State University in the College of Food, Agricultural, and Environmental Sciences (CFAES).

Mr. Grimes began working for Ohio State University Extension in Brown County in March 1986 as an Extension Associate focusing on agriculture. He became the county Extension Agent, focusing on agriculture, in Adams and Brown counties as of January 1990. From January 1994 to mid-February 1998, Mr. Grimes served as an agriculture Extension Agent in Brown County. He was promoted to Assistant Professor during this time. He served as the agriculture and natural resources Extension Educator in Highland County from February 1998 through December 2010. Mr. Grimes then served as the Extension State Beef Coordinator and an Associate Professor from 2011 until his retirement on May 1, 2019.

Mr. Grimes was most recently recognized in 2025 as an inductee into the Animal Science Hall of Fame by the CFAES Department of Animal Sciences at Ohio State for his many years of leadership, research and service to Ohio's beef industry. He received the Industry Excellence Award from the Ohio Cattlemen's Association in 2022 and the Ohio Angus Association's Distinguished Service Award in 2015.

Mr. Grimes was known as an accomplished cattleman, as well as a mentor and a servant leader through his work in Extension and his contributions to many industry organizations. He held several leadership roles in the Ohio Cattlemen's Association, Ohio Beef Council, Ohio Angus Association, National Cattlemen's Beef Association, American Angus Association (board of directors member) and the Beef Improvement Federation. He also chaired the boards of Angus Genetics Inc. and Certified Angus Beef.

Mr. Grimes authored numerous educational publications and videos, and presented programs for beef producers locally and nationally, as well as his colleagues. He was well known for combining academic research and practical knowledge. He provided leadership on the Ohio State University Extension beef team, which provided research, programming and materials for the industry.

His research on early weaning of beef calves was recognized nationally and helped to inform producers nationwide with results of his study presented at meetings of the National Association of County Agricultural Agents, with cattlemen's organizations and in the *Journal of Extension*. He also conducted research on agronomic crop production, wrote beef resource and livestock judging educational materials for youth throughout the state, and presented educational clinics that addressed a variety of beef production and showmanship topics in multiple Ohio counties and several states.

Mr. Grimes earned his Bachelor's degree in animal science in 1983, and his Master's degree in animal science in 1988, both at The Ohio State University. After his college graduation, before joining Extension, Mr. Grimes returned home and founded Maplecrest Farms, a purebred Angus seedstock operation still in business today.

On behalf of the university community, the Board of Trustees expresses to the family and loved ones of John F. Grimes its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees, and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

LOIS ANN HUNGATE

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on June 12, 2025, of Lois Ann Hungate, Professor Emeritus in the Department of Agricultural, Environmental, and Development Economics in the College of Food, Agricultural, and Environmental Sciences. She was 95.

Professor Hungate grew up on a vegetable farm and then received her Bachelor's degree, Master's degree and PhD from The Ohio State University. For 31 years, she taught at Ohio State, retiring as Associate Professor of Agricultural Economics. Lois was a member of the American Marketing Association and the American Agricultural Economics Association. She also served as a member of Ohio State's American Agricultural Economics Club for several years and was a 10-year 4-H member.

Professor Hungate had a 100% extension appointment, working closely with food retail management teams during a time when many small grocers needed her expertise. The food retailers she worked with were able to improve the profitability of their stores and to grow their stores because of her extension education. She hosted a weekly radio show at Ohio State on food economics and was a co-author of a book named *Food and Economics*. She researched and wrote many Extension publications on key topics such as food marketing, consumer demand for different types of retail, and food price inflation.

Members of her department remember Professor Hungate as a wonderful colleague who was always ready to offer a young faculty member advice. She was the only female faculty member for many years and may have been the first woman faculty member in the department. She was a lovely soul who was fervent in her passion for Extension, endowing a graduate fellowship to provide ongoing support for graduate students in extension education.

Professor Hungate took a three-month sabbatical with Ohio State at the University of Hawaii (Oahu). That passion for travel and discovery continued through her life, and she traveled all over the world with the Ohio State Alumni Association. In retirement, she and her husband traveled extensively — including frequent bookings for transit on commercial ships — and shared tales and wisdom about their travels with others.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Lois Ann Hungate its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family as an expression of the board's heartfelt sympathy and appreciation.

ANN LILLY

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on June 4, 2025, of Ann Lilly, Professor Emeritus in the Department of Dance in the College of Arts and Sciences. She was 95.

After graduating from West Virginia University, Ann accepted a teaching position at Marion-Franklin High School in Columbus. She rented a house on Beck Street in the early days of the German Village restoration movement, unknowingly landing across from a vacant lot that, within days, would become the site of a carnival. She spent the first months of her Columbus life urging her family not to visit, for fear they would take her back to West Virginia if they saw the camp of carnival employees she was now calling neighbors.

Instead, Ann met the moment — and made a life.

Encouraged to apply for a position at The Ohio State University, her experience as a swimming coach was an unexpected match for the needs of the synchronized swimming team. That was her first toe-dip into becoming a Buckeye, leading to decades of meaningful contributions, legendary tailgates and a Master of Arts degree in physical education in 1964. Her organizational strengths and calm authority led to her being recruited as stage manager for the very first dance performance in Mershon Auditorium in 1960. Ann continued providing occasional support until the Dance Department was formalized in 1968, when she was appointed Assistant to the founding Chair, Helen Alkire.

For nearly two decades, Ann helped orchestrate the rise of what became one of the premier academic dance programs in the country — not from the spotlight, but from the wings, where she made everything run smoother and everyone feel steadier. She later served as Assistant Dean of Curriculum and Advising in the former College of the Arts, helping students navigate their way through Ohio State. Ann had a way of gently pointing out true north that felt like more like remembering than being told.

Two former deans began their tributes with the same sentence: “Most of all, I loved her laugh.” That may say more than any title — or tribute — ever could.

While Ann’s professional world flourished, she also became a steward of German Village’s restoration and preservation movement. She joined the German Village Commission, eventually serving as its long-time Chair. Ann’s leadership extended beyond policy into placemaking. She was instrumental in creating the Grace Highfield Garden in Schiller Park and quietly funded the flower beds at the park entrance and the plantings around the Umbrella Girl fountain. Ann helped establish the nonprofit status of Friends of Schiller Park and led the organization through important milestones as its President. Her leadership style was quiet but unmistakable. The German Village Society honored her with the Frank Fetch Award, the Caretakers of a Legacy President’s Award, and, in 2024, recognized her as a German Village Legend. The awards that seemed to tickle her most were the record-breaking run of “Best in Show” from the Garden Club for her stunning window boxes.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Ann Lilly its deepest sympathy and compassion for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family and loved ones as an expression of the board’s heartfelt sympathy and appreciation.

STEVEN M. STILL

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death, on July 10, 2025, of Steven M. Still, Professor Emeritus in the Department of Horticulture and Crop Science in the College of Food, Agricultural, and Environmental Sciences. He was 80.

Professor Still received his BS in soils, an MS in agriculture education and a PhD in horticulture from the University of Illinois. As a Teaching and Research Assistant at University of Illinois, he noted the need for a better textbook, leading him to write the *Manual of Herbaceous Ornamental Plants*, which was adopted by over 100 other colleges and universities. He joined the faculty at Kansas State in 1974, and his research into utilizing hardwood bark in potting media transformed greenhouse practices worldwide. He joined the faculty at The Ohio State University in 1979, and he remained there throughout the rest of his 30-year professorial career.

In 1983, Dr. Still organized the first symposium dedicated to growing perennials, sponsored by Ohio State. Following this initial meeting, Steven met with growers and, out of that meeting, the Perennial Plant Association (PPA) was formed. He remained its Executive Director until his retirement in 2017.

One year after joining the faculty at Ohio State, he was appointed as the inaugural Director of Chadwick Arboretum, developing the land into a premier facility to preserve trees, creating a living classroom for students in horticulture and other related areas, and a garden where all could relax and appreciate nature and plants. From this humble beginning, Chadwick Arboretum and Learning Gardens is now 60 acres of trees, shrubs, perennials and annuals. It also includes a 5,000 square foot garden dedicated to Dr. Still.

The Steven M. Still Perennial Garden was originally designed by renowned British designer Adrian Bloom and was dedicated in 2007. In 2024, the garden was completely redesigned and reinstalled in the original style but now includes updated cultivars, pathways and a patio for relaxation. Steven was able to attend the rededication in August 2024 with his family.

Dr. Still served on many boards including: President of the International Plant Propagator's Society and The American Horticultural Society, in addition to his work leading the PPA. He was an award-winning professor and received the Medal of Honor from the Garden Club of America, the LC Chadwick Education Award from the American Nursery and Landscape Association, and the Liberty Hyde Bailey Award from the American Horticultural Society. Trees have been planted in his honor in gardens and arboreta across the country.

Steven was a consummate gentleman, leading with actions, generosity and love for people, education and plants. He embodied all that is vital about horticulture and horticulture education — not just the plant itself, not just the student, but the nurturing of becoming, knowledge-sharing and community building. He inspired students, colleagues and gardeners to see beyond immediate tasks, to recognize the joy in discovery and the responsibility in stewardship. His passion for students, plants and education extended beyond the formal classroom with many memorable lessons taking place at the best public gardens, private landscapes leading production facilities around the state and across the country. His teaching and writing continue to guide professionals and hobbyists. The gardens he helped build survive as dynamic classrooms and tranquil spaces for thousands. His students now scatter worldwide, teaching and designing with the confidence and curiosity he instilled in them.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Steven M. Still its deepest sympathy for their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

APPROVAL TO ESTABLISH A MASTER OF SYSTEMS ENGINEERING

IN THE COLLEGE OF ENGINEERING

Synopsis: Approval to establish a Master of Systems Engineering degree program in the College of Engineering is proposed.

WHEREAS the proposed Master of Systems Engineering is a professional program aimed at practicing engineers seeking to increase their systems engineering modeling, planning, and decision-making skills; and

WHEREAS the proposed program would be technically based and education on concepts, principles, tools, and methods to model and manage systems engineering projects and programs across engineering settings and disciplines; and

WHEREAS the target audience for the program is engineers in business, industry, healthcare, and government who have worked in the field and are responsible for modeling, designing and deploying complex systems and may be employed in the public or private sectors; and

WHEREAS the curriculum is a minimum of 30 semester credit hours, will be delivered completely online, has well-developed learning outcomes, includes 15 required credit hours, 12 credit hours of electives and a three-credit hour capstone course, with content offered by faculty in the College of Engineering and the John Glenn College of Public Affairs; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on March 19, 2025; and

WHEREAS the University Senate approved this proposal on April 17, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish a Master of Systems Engineering degree program in the College of Engineering.

THE OHIO STATE UNIVERSITY
College of Engineering
Proposal for a professional Master of Systems Engineering degree



THE OHIO STATE UNIVERSITY
COLLEGE OF ENGINEERING

College of Engineering

Department of Integrated Systems Engineering

210 Baker Systems
1971 Neil Avenue
Columbus, OH 43210-1271

614-292-6239 Phone
614-292-7852 Fax

ise.osu.edu

Vice Provost W. Randy Smith
Office of Academic Affairs
190 N Oval Mall
Columbus, OH 43210

Dear Vice Provost Smith,

This letter is in support of the proposed degree program, "Master of Systems Engineering (MSE)", led by Prof. Sandy Furterer. This is a professional degree program aimed at practicing engineers seeking to increase their systems engineering modeling, planning and decision-making skills. The proposed program will be offered fully online by the Department of Integrated Systems Engineering, the College of Engineering, and the John Glenn College of Public Affairs. The program is especially designed to serve the needs of engineers in business, industry, healthcare and government who are responsible for modeling, designing and deploying complex systems for the enterprise, products, services and system-of-systems. By offering the proposed MSE program, the Integrated Systems Engineering program will further strengthen its ties with key industries in the state of Ohio, and beyond.

I wholeheartedly support the offering of the proposed Master of Systems Engineering (MSE) program and am excited about the positive impact that it will have on the university, and on local and national industries.

Sincerely,

Farhang Pourboghraat, Professor and Chair, Integrated Systems Engineering Department
Professor, Mechanical and Aerospace Engineering Department
210 Baker Systems, 1971 Neil Avenue
Columbus, OH 43210
Email: pourboghraat.2@osu.edu
Office Phone: 614-292-3124



THE OHIO STATE UNIVERSITY

College of Engineering

Office of the Dean

142 Hitchcock Hall
2070 Neil Avenue
Columbus, OH 43210

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September 3, 2024

Vice Provost W. Randy Smith
Office of Academic Affairs
190 N. Oval Mall
Columbus, OH 43210

Dear Vice Provost Smith,

On behalf of the College of Engineering, I am pleased to express my full support for the proposed online Professional Master of Systems Engineering (MSE) program. This innovative degree, to be offered collaboratively by the College of Engineering's Department of Integrated Systems Engineering and the John Glenn College of Public Affairs, represents an expansion of our online and professional education offerings designed to meet the needs of our industry partners and students.

The proposed MSE degree is meticulously crafted to serve practicing engineers across various sectors, including business, industry, healthcare, and government. These professionals, tasked with modeling, designing, and deploying complex systems, will find this program particularly relevant as it equips them with advanced skills to manage and optimize enterprise systems, products, services, and system-of-systems. The curriculum has been developed with a clear focus on working professionals, informed by the outcomes of a comprehensive Market Landscape Scan conducted by Ohio State Online.

This program strengthens the ties between our Integrated Systems Engineering department and key industries in Ohio and extends our impact far beyond state borders. It positions the university as a leader in addressing the evolving demands of systems engineering nationally and globally.

The Department of Integrated Systems Engineering and the John Glenn College of Public Affairs have already provided letters of support for this program. The potential for this

program to make a lasting and positive impact on the university and the broader engineering community is significant.

I am proud to lend my wholehearted support, along with that of the College's Professional and Distance Education Programs, for the proposed Professional Master of Systems Engineering.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayanna Howard".

Ayanna Howard, PhD
Dean, College of Engineering
Monte Ahuja Endowed Dean's Chair



Executive Summary

The proposed Master of Systems Engineering (MSE) degree is a professional program aimed at practicing engineers seeking to increase their systems engineering modeling, planning and decision making skills. MSE degrees are technically based programs that teach concepts, principles, tools and methods to model and manage systems engineering projects and programs in an engineering setting. These methods can be applied throughout any engineering discipline. Courses in the Master of Systems Engineering programs are designed to develop an understanding of how to manage and model complex systems, collaborate with teams of customers, stakeholders and all engineering disciplines to define and achieve systems requirements, and integrate the people, processes, and technology of complex systems. The MSE program is designed for working professionals and will be delivered completely online.

The Department of Integrated Systems Engineering (ISE) requests the approval and implementation of the proposed online professional Master of Systems Engineering (MSE) degree. It has already been unanimously approved by the Graduate Curriculum Committee in the ISE department. The appendices include: A) Course Descriptions; B) Letters of Support from the Dean of the College of Engineering, Dr. Ayanna Howard, and Robert T. Greenbaum, Professor, Glenn College of Public Affairs, C) The Masters in ISE Startup Plan; D) Access and Retention of underrepresented Groups; E) Assessment Plan; and F) Program Implementation.

I. Introduction and Overview

The College of Engineering (CoE) at The Ohio State University proposes a new professional master's degree in engineering.

a) Designation

The degree will be called the Master of Systems Engineering (MSE).

b) Rationale

The proposed degree is a professional degree at the post-baccalaureate level aimed at practicing engineers. It is not a research degree and thus the Master of Science degree is not appropriate. The title of Master of Systems Engineering is intended to convey both the technical aspects of an engineering degree and the equally important modeling and collaboration skills necessary to succeed in a complex systems domain.

The target audience for the MSE degree is engineers in business, industry, healthcare and government who have worked in the field for three to ten years who are responsible for modeling, designing and deploying complex systems for the enterprise, products, services and system-of-systems. More recent graduates will also be considered for the program based on their qualifications and experience, but the focus is on early to mid-career engineering professionals. Prospective students may be employed in either the public or private sectors (for profit or non-profit). They aspire to learn systems engineering skills that prepare them to be systems engineers and the integrator of systems in their organizations.

c) Purpose, Focus and Significance

Master of Systems Engineering degrees are technically based programs that teach methods to plan, model and deploy complex systems, projects and programs in an engineering setting for systems that focus on the enterprise, products, services and system-of-systems. MSE coursework typically includes topics such as systems engineering lifecycle management, modeling and simulation, model-based systems engineering, systems requirements engineering, decision analysis and advanced project management.

Based on the market analysis, Columbus has seen the highest number of unique job postings in the systems engineering occupations in the past 12 months compared to Cincinnati, which has seen the second highest number (followed by the Cleveland metro area). Columbus is a hotspot for jobs within the profiled occupations. The national average for an area the size of Columbus is 16,849 jobs, while there were 20,057 in Columbus in 2022.

The content for the Master of Systems Engineering degree will be provided by faculty in the College of Engineering and content area experts in the John Glenn College of Public Affairs. The delivery by distance education technology provides the ideal environment for working professionals.

Engineers who complete the MSE will be able to:

- Articulate what systems engineering (SE) is and explain the importance of maintaining SE rigor throughout a system's life cycle
- Comprehend and incorporate different concepts, principles, and tools of systems engineering in solving problems and developing balanced system solutions
- Establish collaboration among all organizational functional areas necessary for effective systems engineering application
- Apply critical thinking to execute the SE process in realistic scenarios and projects and to defend decisions and positions
- Synthesize the concepts and principles of system architecture and Model-Based Systems Engineering to apply to systems design and deployment.
- Apply the systems architecture and Model-Based Systems Engineering models to model different types of systems, including product, service, enterprise system and system-of-system.
- Apply the systems requirements engineering and analysis methods and deliverables to elicit, document, test and trace systems requirements for different types of systems, including product, service, enterprise system and system-of-systems.
- Describe key systems requirements engineering and analysis frameworks, and practices used in industry to elicit, document, test and trace systems requirements.

II. Proposed Curriculum

The proposed curriculum is a minimum of 30 semester credit hour program. Students have the flexibility of taking the curriculum on a full or part time basis. Depending upon their term of enrollment, students may complete the degree in as little as one and a half years. All students must complete the degree within four years unless the Graduate Studies Committee (formed specifically for this program) grants an

extension. Students may be awarded up to three hours of credit for previous coursework completed elsewhere.

a) The Required Core (15 credit hours):

This integrated core includes engineering courses including topics such as systems engineering lifecycle, model-based systems engineering, systems requirements engineering, simulation and advanced project management. (* indicates existing online course materials available to be adapted to the program)

- ISE 5840.02 Systems Engineering Lifecycle Foundations *
- ISE 5842.02 Model-Based Systems Engineering*
- ISE 5844.02 Systems Requirements Engineering
- ISE 6300 Simulation for System Analytics and Decision-Making*
- ISE 6801 Project Management for Engineers*

b) Electives (12 credit hours)

The elective courses provide opportunities for students to enhance their system engineering skills in areas of Lean Six Sigma, systems thinking in engineering and design, cognitive systems engineering, decision analysis, human systems integration, project management and food systems, data analytics, and engineering ethics. Students select courses from the following to full-fill the electives portion of the curriculum:

- ISE 5110 – Design of Engineering Experiments*
- ISE 5700 - Introduction to Cognitive Systems Engineering*
- ISE 5745 - Human-Centered Machine Learning
- ISE 5760 – Visual Analytics and Sensemaking*
- ISE 5810 - Lean Sigma Foundations*
- ISE 5820 – Systems Thinking in Engineering and Design
- ISE 5830 - Decision Analysis
- ISE 5870 – Resilience Engineering
- PUBAFRS 5770 - Risk & Decision Analysis in Public Affairs*
- PUBAFRS 6050 Managing Public Sector Organization*
- PUBAFRS 7550 Contract Management*
- PUBAFRS 7600 Federal Policy and Administration*

c) Capstone Course (3 credit hours)

The capstone course is a culminating experience providing students the opportunity to solve real-world challenges by utilizing skills learned from all the MSE courses, while implementing the principles of systems engineering in an organization.

- ISE 6804.02 Capstone Project in Systems Engineering (3 credits)

d) Administrative Arrangements

The MSE degree will be administered by the College of Engineering through the Professional and Distance Education Programs Office. The MSE Graduate Studies

Committee (GSC) will be established within the College to coordinate the operation of the program.

a) *Graduate Studies Committee (GSC)*

The MSE Faculty Director will act as the chair of the MSE-GSC. The MSE-GSC will consist of these voting members: the MSE Faculty Director, one representative from the John Glenn College of Public Affairs, and two Engineering faculty who teach MSE courses, the College of Engineering Director of Professional and Distance Education Programs, and the ISE Graduate Program Coordinator. The MSE-GSC will include the PDEP Program Coordinator as a non-voting member.

b) *Ohio State Online (OSO)*

The proposed program will be developed in partnership with Ohio State Online.

c) *Industry Advisory Board (IAB)*

An Industry Advisory Board will be utilized and engaged for the MSE degree to help ensure the curriculum remains relevant to the needs of industry.

d) *MSE Operations*

The Director of Professional and Distance Education Programs (PDEP) in the College of Engineering will be responsible for the overall administration of the MSE degree and day-to-day operations.

e) *Admission Eligibility Requirements*

1. Applicants who have an undergraduate degree in engineering, engineering technology, mathematics, statistics, computer science, natural sciences, or other technically oriented majors from an accredited college or university. Applicants with non-engineering undergraduate degrees may be considered, depending upon the type of non-engineering degree and years of work experience.
2. Two years of work experience in a technical, engineering or analytical position.
3. Test Scores: A GRE score is not required.
4. During the admissions process, a recommendation to enroll in the Graduate Bridge Program (to qualify for admission to the MSysE degree) will be considered for the following student populations: international applicants, applicants with a degree from a non-ABET accredited institution, or applicants who have a GPA below 3.0 from the last undergraduate or advanced degree earned.
5. Official transcript to be sent from each college or university attended.
6. A 1 – 2 page Statement of Purpose describing your career and educational goals, and a current resume.

f) Online Course Development

Faculty with expertise in the course areas will be developing the courses to teach them in an online delivery mode. The College of Engineering through the Professional and Distance Education Programs Office will provide funding for the faculty to develop the courses. For the elective courses, there are four online courses with established materials that will need to be adapted to the Carmen learning management system for an online course (asterisked above). There is one required new course that will need to be developed and put online into Carmen. There are 7 elective courses that have significant online course materials that may need to be slightly adapted for the program. There are 4 elective courses that have course materials that need to be developed in an online mode. All of the faculty have been identified and are willing to develop the coursework, most likely in Summer 2025.

IV. Evidence of Need

The College of Engineering conducted extensive research for the development of the MSE degree and has collected significant information and data providing evidence of need for the MSE degree (CoE Market Analysis for Systems Engineering jobs and programs).

a) Systems Engineering Job and Occupational Landscape

Nationally, over the 12-month period of the market analysis (March 2022 to March 2023) the top standard occupations associated with the specialized occupation of “Systems Engineer” (from the proprietary Lightcast Occupation Taxonomy) based on job postings include:

- Computer Occupations, All Other (SOC 15-1299)
- Mechanical Engineers (SOC 17-2141)
- Aerospace Engineers (SOC 17-2011)
- Software Developers (SOC 15-1252)

According to a Job Postings by Location report using Lightcast, a web-based platform that brings together national educational data, industry and occupational reports, real-time job postings, and publicly available profile and CV (curriculum vitae) information, and to which OTDI (Office of Technology and Digital Innovation) subscribes, the 59,640 unique job postings in Ohio fell behind Washington (63,242) and just ahead of Arizona (54,878). Ohio had the 14th most unique postings over the 12-month period (March 2022 to March 2023).

Based on the market analysis, Columbus has seen the highest number of unique job postings in the systems engineering occupations in the past 12 months compared to Cincinnati, which has seen the second highest number (followed by the Cleveland metro area). Columbus is a hotspot for jobs within the profiled occupations. The national average for an area the size of Columbus is 16,849 jobs, while there were

20,057 in Columbus in 2022, shown in Figure 1

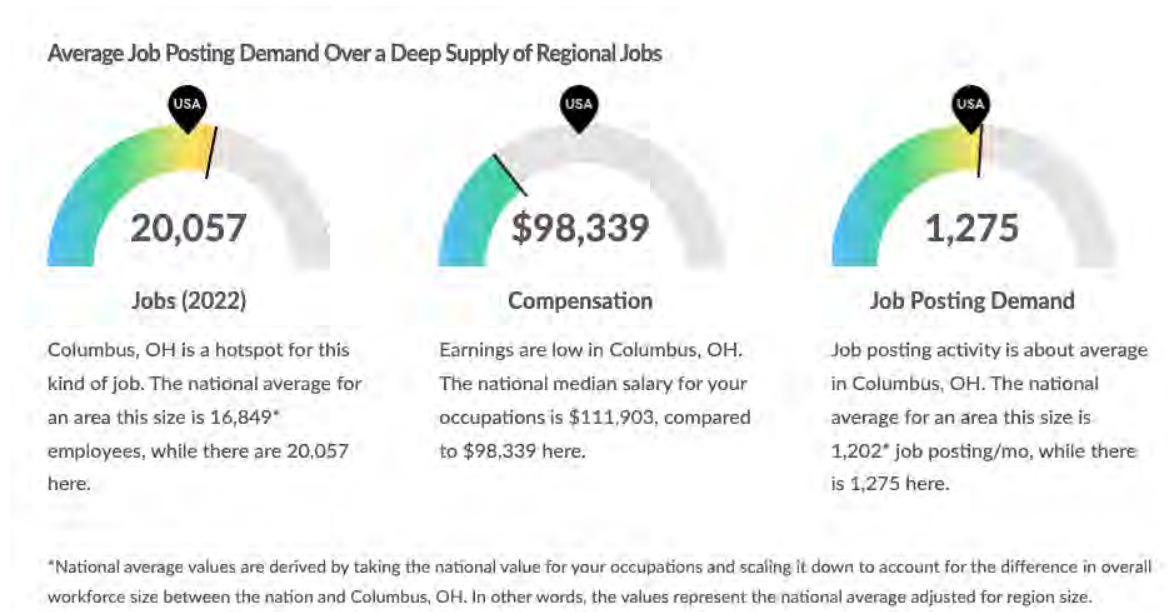


Figure 1 Number of jobs in Columbus compared to the adjusted national average; also included are compensation and job posting demand metrics.

Projections show profiled occupation growth in Ohio over the next 10 years. **Ohio occupational growth is slightly below the adjusted national average growth rate.** Unfortunately, compensation in Ohio does not keep up with the national rates for those with these jobs in other states. The national median salary within these occupations is \$111,903 compared to Ohio's median salary of \$95,339.

Between March 2022 and March 2023, the top companies hiring for these profiled occupations in Ohio include JPMorgan Chase, Deloitte, and General Electric. Columbus had the greatest number of unique job postings at 9,524, followed by Cincinnati and Cleveland. Information from Lightcast calls out Ohio employers with the greatest number of unique job postings within the past 12 months.

Based upon a 2021 U.S. Department of Education and National Center for Education Statistics data, 69 institutions reported 2,186 master's degree completions in 2021. Thirty-three (33) of the 69 institutions reporting completions had programs that were classified as "distance offered". A distance offered program is defined as a "program for which all the required coursework is able to be completed via distance education courses." It is worth noting that although 48% of institutions classified their programs as "distance offered" they accounted for 67% of all completions in 2021 (Figure 2).



Figure 2 Program Completions

The institution reporting the most online master's degree completions was the Naval Postgraduate School with 211 completions from their various systems engineering master's programs. The Naval Postgraduate School currently offers three resident master's degrees and five distance learning master's degrees. Programs that could be mapped to the profiled CIP code and counting toward the 211 distance completions in 2021 include: a Master of Science in Systems Engineering, a Master of Science in Aviation Systems Engineering, or a Master of Science in Systems Engineering Management, among others. As of 2021, the Naval Postgraduate School maintained a share of 9.7% of the total degree-completion market and a 14.5% share of the distance-degree completion market. It should be noted that students eligible to attend the Naval Postgraduate School include: U.S. Military students, international students, Department of Defense civilian employees, and a limited number of defense contractors.

John Hopkins University reported the second most online master's degree completions in this CIP code and students eligible for their programs are not limited to specific U.S. Military personnel. Johns Hopkins reported 202 completions in 2021 and experience a 37.4% growth in completions from the previous year. Programs that could be mapped to the profiled CIP code and counting toward the 202 distance completions in 2021 include: a Master of Systems Engineering, a Master of Space Systems Engineering, a Master of Healthcare Systems Engineering, among others. As of 2021, Johns Hopkins maintained a share of 9.2% of the total degree-completion market and a 13.9% share of the distance-degree completion market.

The Master of Science in Systems Engineering at Johns Hopkins requires the completion of 30 credits. 21 of those credits are required core courses and nine are elective courses based in a specific focus area. Focus areas listed on their website include: Cybersecurity, Human Systems, Modeling and Simulation, Project Management, Software Systems. The program is positioned as being able to "keep

engineers and scientists on the leading edge of all aspects of analysis, design, integration, production, and operation of modern systems.”

V. Prospective Enrollment and Student Demand

a) Demand

Based on our marketing data we believe the MSE program will quickly enroll 10-20 students in the first year and grow to 30-50 students afterwards.

VI. Available Resources and Additional Costs

The MSE degree program will use current faculty already teaching in the ISE program, but will need to augment some areas with lecturers. Administrative support for the degree will be provided by the existing Professional and Distance Education Programs office in the college. The only additional costs required for the MSE will be compensation to faculty for development time when converting their courses into the online format

Appendix A Course Descriptions

Required Core (15 hours)

ISE 5840.02 Systems Engineering Lifecycle Foundations *

Course Description:

This course introduces the essential principles, processes, and practices associated with the application of Systems Engineering tools to the system life-cycle. Emphasis will focus on defining the problem to be solved, establishing the initial system architectures and requirements, design, verification and validation, along with the inter-disciplinary nature of systems. For Professional Masters SE.

ISE 5842.02 Model-Based Systems Engineering*

Course Description:

This course will provide an understanding of the essential concepts, practices, and applications of System Architecture, and how Systems Engineering models can be used to design and deploy a system. The students will be able to apply systems architecture and Model-Based Systems Engineering (MBSE) to model the different types of systems. For the Professional Masters Program in Systems Engr.

ISE 5844.02 Systems Requirements Engineering

Course Description:

This course will provide an understanding of the essential concepts, practices, and applications of requirements engineering and analysis used to elicit and model systems requirements. Course includes how to apply requirements engineering to elicit requirements for different types of systems. This course is for Professional Masters Program in Systems Engineering.

ISE 6300 - Simulation for System Analytics and Decision-Making*

Course Description:

Students learn how to collect data and perform input analysis, model systems using discrete-event simulation, and inform system design decision-making through defensible output analysis.

ISE 6801 Project Management for Engineers*

Course Description:

Provides foundational and advanced project management education in an interactive online learning environment as part of the Master of Global Engineering Leadership program.

ISE 6804.02 Capstone Project in Systems Engineering (3 credits)

Course Description:

The capstone course is a culminating experience providing students the opportunity to solve real-world challenges by utilizing skills learned from the MSE courses, while implementing the principles of systems engineering in an organization. This course is for Professional Masters Program in Systems Engineering.

Electives (12 credit hours)

ISE 5110 – Design of Engineering Experiments*

Course Description:

Plan and analyze experiments relevant to system design. Also, students will learn regression and alternative approaches for on-hand data analysis

ISE 5700 - Introduction to Cognitive Systems Engineering

Course Description:

Human-centered design of consumer products, web sites and complex sociotechnical systems. Topics include human-computer interaction and the design of decision support and distributed work systems.

ISE 5745 - Human-Centered Machine Learning

Course Description:

Design and analysis of ML for human users. Topics include: introductory machine learning; interactive ML; ethics in AI; human-agent interaction; human-subject research. Students not familiar with Python should enroll in an introductory python course as a pre- or co-requisite.

ISE 5760 – Visual Analytics and Sense Making*

Course Description:

Students learn about information visualization techniques that help people analyze massive amounts of digital data to combat overload and aid sensemaking with applications in retail and financial decision making, logistics, information systems, manufacturing, healthcare, energy and smart grids, cybersecurity and social networks.

Prereq: Jr, Sr, or Grad standing. Not open to students with credit for 773.01.

ISE 5810 - Lean Sigma Foundations*

Course Description:

Comprehensive foundation course that is required to complete Green and Black Belt Certification.

ISE 5820 – Systems Thinking in Engineering and Design

Course Description:

Concepts and heuristics in systems thinking and complex systems analysis and how these concepts apply to engineering and design projects.

Prereq: Sr or Grad standing, or permission of instructor. Not open to students with credit for 688.

ISE 5830 - Decision Analysis

Course Description:

Introduction to decision analysis, modern utility theory and risk modeling, Bayesian inference, value of information, multiattribute decision modeling, and application to engineering decisions under uncertainty.

ISE5870 – Resilience Engineering

Course Description:

Provides a comprehensive treatment of Resilience Engineering tools to measure, manage, and design complex systems to be resilient in the face of surprising disrupting events.

Prereq: Sr or Grad standing, or permission of instructor.

PUBAFRS 5770 - Risk & Decision Analysis in Public Affairs*

Course Description:

Today, more than ever, managers are required to make decisions in turbulent and uncertain environments. Intended for advanced undergraduates and graduate students, this course will provide a comprehensive assessment of theories and tools for decision-making in the face of risk and uncertainty. It will provide a rigorous treatment of current issues and approaches in risk analysis through both qualitative and quantitative lenses. The methodological focus of the course will be on analytical approaches and modeling methodologies to improve and enhance decision-making in the face of uncertainty. While the course focuses on issues of relevance to the public and non-profit sectors, the tools, theories and approaches learned are widely applicable to other applications and sectors. This course builds upon students' prior academic preparation in case study analysis, statistics or econometrics, and data analysis using software packages.

PUBAFRS 6050 Managing Public Sector Organization*

Course Description:

This course provides an introduction to public management, with a focus on the environment, structure and design of the organizations that public managers run. We will build from a foundation in organizational theory and consider management challenges facing organizations that carry out public purposes. We will focus on traditional public sector organizations, government funded bureaus and agencies that deliver public services directly to citizens but will also consider other organizations that operate in the public sector (e.g. nonprofits, private firms under contract). Taken together, our examination of the environment and structure of public organizations will help you diagnose the management challenges and opportunities in managing a public sector organization.

PUBAFRS 7550 Contract Management*

Course Description:

Upon completion of the course, students should understand that public officials have the responsibility to ethically acquire goods and services at the local, state and federal levels to meet the public's needs in a cost-effective manner. This requires an understanding of basic procurement principles, legal authorities, socio-economic considerations, and various procurement methods available to accomplish these responsibilities. This course provides students with practical knowledge regarding contracting for goods and services, techniques to ensure successful outcomes, and a perspective on public procurement policy and issues, providing students an understanding of the government procurement process from both the government and private industry perspectives.

PUBAFRS 7600 Federal Policy and Administration*

Course Description:

This course will provide a unique opportunity to explore U.S. federal policy and administration in the nation's capital. Students will be exposed to a range of issues that are among the most salient to understanding the complexities of the federal government. Students will further develop their foundational knowledge of institutions, including the roles of the president, Congress, and the courts in the formulation and execution of federal policy in relation to the federal bureaucracy. Students will analyze the implementation process and how work is managed in third-party governance, federalism, and the regulatory regime.

This course is designed as a graduate seminar and requires significant reading and preparation. Students will apply knowledge, use analytical tools, and research various subjects relating to the federal policy and administration. Students will systematically analyze current events while also learning practical tools such as writing effective decision memoranda for senior leadership. Students are asked to be forward leaning in identifying an issue of importance at their internship site.

FACULTY PERSONNEL ACTIONS

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the May 21, 2025, meeting of the board, including the following appointments, faculty awards, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name:	ROBERT BAKER
Title:	Professor (The Phyllis and Richard Leet Endowed Chair in Chemistry)
College:	Arts and Sciences
Term:	August 15, 2025, through August 14, 2030
Name:	GLEN BARBER
Title:	Professor (The Klotz Chair in Cancer Research #2)
College:	Medicine
Term:	May 1, 2025, through June 30, 2029
Name:	AMANDA BERRIAN
Title:	Associate Professor (Dr. Tom Mack Endowed Chair in Global One Health)
College:	College of Veterinary Medicine
Term:	July 1, 2025, through June 30, 2030
Name:	ARAVIND CHANDRASEKARAN
Title:	Interim Dean (The John W. Berry, Sr. Chair in Business)
College:	Fisher College of Business
Term:	June 1, 2025, through June 30, 2027, or until a permanent dean is appointed
Name:	WEI-LUN (HARRY) CHAO
Title:	Associate Professor (College of Engineering Innovation Scholar)
College:	Engineering
Term:	August 15, 2025, through June 30, 2030
Name:	DENNIS HIRSCH
Title:	Professor (The Kara J. Trott Endowed Professorship in Law in honor of Prof. Lawrence Herman)
College:	Law
Term:	August 15, 2025, through August 15, 2030
Name:	YUHENG HU
Title:	Associate Professor (Fisher College of Business Distinguished Associate Professor)
College:	Fisher College of Business
Term:	August 15, 2025, through August 14, 2028
Name:	JEN-YI HUANG*
Title:	Professor (The Dale A. Seiberling Professorship in Food Engineering)
College:	Food, Agricultural, and Environmental Sciences
Term:	January 1, 2026, through December 31, 2031

Name: KIM JORDAN
Title: Professor-Clinical (The Joseph S. Platt-Porter, Wright, Morris, & Arthur Professorship)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: MARGARET KWOKA
Title: Professor (The Frank R. Strong Chair in Law)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: GABRIEL LADE*
Title: Professor (The C. William Swank Chair in Rural and Urban Policy)
College: Food, Agricultural, and Environmental Sciences
Term: August 15, 2025, through August 14, 2030

Name: KRISTEN LINDQUIST*
Title: Professor (Robert K. and Dale J. Weary Chair in Social Psychology)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Name: GREGORY NIXON
Title: Professor-Clinical (The Vision Service Plan (VSP) Chair for the Advancement of Professional Practice)
College: Optometry
Term: June 1, 2025, through June 30, 2026

Name: MASAKI OSHIKAWA*
Title: Professor (Ohio Eminent Scholar in Condensed Matter Theory)
College: Arts and Sciences
Term: January 1, 2026, through June 30, 2030

Name: MARC SPINDELMAN
Title: Professor (The Heck-Faust Memorial Chair in Constitutional Law)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: JOHN STAFFORD*
Title: Professor (The Charles Austin Doan Chair of Medicine Funded by the Charles Austin Doan Fund)
College: Medicine
Term: August 1, 2025, through June 30, 2029

Name: TODD STARKER
Title: Professor-Clinical (Charles W. Ebersold and Florence Whitcomb Ebersold Professorship)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: YU SU
Title: Associate Professor (College of Engineering Innovation Scholar)
College: Engineering
Term: August 15, 2025, through June 30, 2030

Name: SHIGEO TAMIYA
Title: Associate Professor (The Dr. Frederick H. Davidorf Honorary Professorship Fund)
College: Medicine
Term: August 1, 2025, through June 30, 2029

Name: WEN TANG
Title: Associate Professor (Burghes Professorship in the College of Medicine)
College: Medicine
Term: August 1, 2025, through June 30, 2029

Name: JIN WANG
Title: Professor (Distinguished Professor of Engineering)
College: Engineering
Term: August 15, 2025, through June 30, 2030

Name: JENNIFER WOYACH
Title: Professor (The Bertha Bouroncle M.D. and Andrew Pereny Chair of Medicine)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Reappointments

Name: GEORGIOS ANAGNOSTOU
Title: Professor (The Miltiadis Marinakis Endowed Professorship of Modern Greek Language and Culture)
College: Arts and Sciences
Term: July 1, 2025, through June 30, 2030

Name: MICHAEL BEVIS
Title: Professor (Ohio Eminent Scholar in Geodynamics)
College: Arts and Sciences
Term: June 1, 2022, through May 31, 2027

Name: STEVEN CLINTON
Title: Professor (The Robert A. and Martha O. Schoenlaub Cancer Research Chair)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: SARAH COLE
Title: Professor (The Michael E. Mortiz Chair in Alternative Dispute Resolution)
College: Law
Term: June 1, 2025, through May 31, 2030

Name: VADIM FEDOROV
Title: Professor (Corrine Frick Research Chair in Heart Failure and Arrhythmia)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: DATTA GAITONDE
Title: Professor (The John Glenn Endowed Chair for Technology and Space Exploration and Ohio Research Scholar in Advanced Propulsion System Integration)
College: Engineering
Term: July 1, 2025, through June 30, 2030

Name: B. SCOTT GAUDI
Title: Professor (The Thomas Jefferson Chair for Discovery and Space Exploration)
College: Arts and Sciences
Term: September 1, 2024, through August 31, 2029

Name: ANDREW GLASSMAN
Title: Professor and Chair (The Frank J. Kloenne Chair in Orthopedic Surgery)
College: Medicine
Term: July 1, 2025, through June 30, 2026

Name: SUSAN OLESIK
Title: Divisional Dean for Natural and Mathematical Sciences
College: Arts and Sciences
Term: July 1, 2025, through June 30, 2027

Name: LISA PINKERTON
Title: Associate Professor-Clinical (The Marie Clay Endowed Chair in Reading Recovery and Early Literacy)
College: Education and Human Ecology
Term: August 15, 2025, through August 14, 2030

Name: FRANK SCHWARTZ
Title: Professor (Ohio Eminent Scholar in Hydrogeology)
College: Arts and Sciences
Term: June 1, 2022, through May 31, 2027

Name: JAMI SHAH
Title: Professor (Honda Designated Professorship in Engineering Design for Manufacturing)
College: Engineering
Term: July 1, 2025, through June 30, 2028

Name: LU ZHANG
Title: Professor (John W. Galbreath Chair in Real Estate)
College: Fisher College of Business
Term: October 1, 2025, through August 14, 2030

*New Hire

University Faculty Awards

Name: BRUCE ACKLEY
Title: Lecturer (Provost's Award for Distinguished Teaching by a Lecturer)
College: Food, Agricultural, and Environmental Sciences

Name: LAURA BOUCHER
Title: Associate Professor-Clinical (Alumni Award for Distinguished Teaching)
College: Medicine

Name: KELLEN CALINGER-YOAK
Title: Assistant Professor-Clinical (Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name:	MEOW GOH
Title:	Associate Professor (Alumni Award for Distinguished Teaching)
College:	Arts and Sciences
Name:	PETER HAHN
Title:	Professor (Distinguished University Professor)
College:	Arts and Sciences
Name:	L. CAMILLE HÉBERT
Title:	Professor (President and Provost's Award for Distinguished Faculty Service)
College:	Law
Name:	ANITA HOPPER
Title:	Professor (Distinguished University Professor)
College:	Arts and Sciences
Name:	JEFFREY JOHNSTON
Title:	Senior Lecturer (Provost's Award for Distinguished Teaching by a Lecturer)
College:	Pharmacy
Name:	SARA GOMBASH LAMPE
Title:	Assistant Professor-Clinical (Alumni Award for Distinguished Teaching)
College:	Medicine
Name:	MITCHELL LERNER
Title:	Professor (President and Provost's Award for Distinguished Faculty Service)
College:	Arts and Sciences, Newark
Name:	ANDY MAY
Title:	Associate Professor (Alumni Award for Distinguished Teaching)
College:	Engineering
Name:	LISA NGUYEN
Title:	Lecturer (Provost's Award for Distinguished Teaching by a Lecturer)
College:	Arts and Sciences
Name:	TANYA NOCERA
Title:	Professor-Clinical (Alumni Award for Distinguished Teaching)
College:	Engineering
Name:	NIKOLE PATSON
Title:	Professor (Alumni Award for Distinguished Teaching)
College:	Arts and Sciences, Marion
Name:	KRISTIN PAULUS
Title:	Senior Lecturer (Provost's Award for Distinguished Teaching by a Lecturer)
College:	Education and Human Ecology
Name:	PHILLIP POPOVICH
Title:	Professor and Chair (Distinguished University Professor)
College:	Medicine
Name:	COLLEEN SETTINERI
Title:	Professor-Clinical (Alumni Award for Distinguished Teaching)
College:	Law

Name: RUTH SMITH
Title: Assistant Professor-Clinical (Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: KRISTIN STOVER
Title: Assistant Professor-Clinical (Alumni Award for Distinguished Teaching)
College: Medicine

Name: SARA WATSON
Title: Associate Professor (President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences

Name: LINDY WEAVER
Title: Associate Professor-Clinical (Alumni Award for Distinguished Teaching)
College: Medicine

Name: SHIRLEY YU
Title: Associate Professor (Alumni Award for Distinguished Teaching)
College: Education and Human Ecology

Appointments/Reappointments of Chairpersons

ADELEKE ADEEKO (extension), Acting Chair, Department of African American and African Studies, June 1, 2025, through June 30, 2025

ANIL ARYA (extension), Chair, Department of Accounting and Management Information Science, June 1, 2025, through August 14, 2025

ROGER BEEBE, Interim Chair, Department of Art, July 1, 2025, through June 30, 2026

PROSPER BOYAKA, Chair, Department of Veterinary Biosciences, July 1, 2025, through June 30, 2029

CYNTHIA COLEN, Chair, Department of Sociology, July 1, 2025, through June 30, 2029

ANDREW GLASSMAN, Chair, Department of Orthopaedic Surgery, July 1, 2025, through June 30, 2026

IAN HOWAT, Director, School of Earth Sciences, July 1, 2025, through June 30, 2029

MATTHEW KAHLE, Chair, Department of Mathematics, July 1, 2025, through June 30, 2029

DOUGLAS KARCHER, Chair, Department of Horticulture and Crop Science, July 1, 2025, through June 30, 2029

RACHEL KLEIT, Interim Director, Knowlton School of Architecture, July 1, 2025, through June 30, 2026

LAURA KUBATKO, Interim Chair, Evolution, Ecology and Organismal Biology, July 1, 2025, through December 31, 2025

MARCUS KURTZ, Chair, Department of Political Science, July 1, 2025, through June 30, 2029

SUSAN LANG-extension, Director, Center for the Study of Teaching and Writing, July 1, 2025, through June 30, 2029

STEVE LAVENDER, Acting Chair, Department of Integrated Systems Engineering, August 15, 2025, through December 31, 2025

MORGAN LIU, Chair, Department of Near Eastern Languages and Cultures, July 1, 2027, through June 30, 2028

SCOTT MCGRAW**, Chair, Department of Anthropology, July 1, 2025, through June 30, 2029

ILA NAGAR, Acting Chair, Department of Near Eastern and South Asian Languages and Cultures, July 1, 2025, through June 30, 2026

SUNNIE RUCKER-CHANG, Interim Chair, Department of African American and African Studies, July 1, 2025, through June 30, 2026

ZARINE SHAH, Interim Chair, Department of Radiology, May 5, 2025, through June 30, 2026

PATRICIA SIEBER, Chair, Department of East Asian Languages and Literatures, July 1, 2025, through June 30, 2029

RYAN SKINNER, Director, Humanities Institute, July 1, 2025, through June 30, 2029

BINAYA SUBEDI, Interim Chair, Department of Teaching and Learning, August 1, 2025, through July 31, 2026

BRYAN WARNICK, Chair, Department of Educational Studies, August 15, 2025, through August 14, 2029

TZACHI ZACH, Chair, Department of Accounting and Management Information Science, August 15, 2025, through August 14, 2029

**Reappointment

*New Hire

Faculty Professional Leaves

ASHLEY BIGHAM, Associate Professor, Knowlton School of Architecture, FPL for Fall 2025 and Spring 2026

ELIZABETH BONDS, Associate Professor, University Libraries, FPL for Fall 2025

MELVIN PASCALL, Professor, Department of Food Science and Technology, FPL for Spring 2026

MICHAEL PENNELL, Professor, College of Public Health, FPL for Spring 2026

Faculty Professional Leave Changes/Cancellations

MADHUMITA DUTTA, Associate Professor, Department of Geography, Change of FPL from Fall 2025 and Spring 2026 to Fall 2025 only

JAMES HOOD, Associate Professor, Department of Evolution, Ecology and Organismal Biology, Change of FPL from Fall 2025 and Spring 2026 to Spring 2026 only

JAY KANDAMPULLY, Professor, Department of Human Sciences, Cancellation of FPL for Fall 2025

KWAKU KORANG, Associate Professor, Department of African American and African Studies, Change of FPL from Fall 2025 and Spring 2026 to Spring 2026 only

CHUN NING LAU, Professor, Department of Physics, Change of FPL from Fall 2025 and Spring 2026 to Spring 2026 only

DESHENG LIU, Professor, Department of Geography, Change of FPL from Fall 2025 and Spring 2026 to Spring 2026 only

Emeritus Titles

JANET BOX-STEFFENSMEIER, Department of Political Science, with the title of Professor Emeritus, effective June 1, 2025

LUIS CASIAN, Department of Mathematics, with the title of Professor Emeritus, effective June 1, 2025

JAMES COGDELL, Department of Mathematics, with the title of Professor Emeritus, effective June 1, 2025

NANCY ETTLINGER, Department of Geography, with the title of Professor Emeritus, effective June 1, 2025

RUSSELL FAZIO, Department of Psychology, with the title of Professor Emeritus, effective August 15, 2025

GERALD FRANKEL, Department of Materials Science and Engineering, with the title of Professor Emeritus, effective August 15, 2025

REBECCA HAIDT, Department of Spanish and Portuguese, with the title of Professor Emeritus, effective June 1, 2025

PETER CHRISTOPHER HAMMEL, Department of Physics, with the title of Professor Emeritus, effective August 15, 2025

CYNTHIA KREGER, Department of Internal Medicine, with the title of Professor-Clinical Emeritus, effective October 1, 2025

ADELE LIPARI, Department of Radiology, with the title of Associate Professor-Clinical Emeritus, effective July 1, 2025

LAURA LISBON, Department of Art, with the title of Professor Emeritus, effective June 1, 2025

DANIEL MARTIN, Department of Emergency Medicine, with the title of Professor-Clinical Emeritus, effective July 1, 2025

MARK MCCORD, Department of Civil, Environmental and Geodetic Engineering, with the title of Professor Emeritus, effective August 1, 2025

ANTOINETTE MIRANDA, Department of Teaching and Learning, with the title of Professor Emeritus, effective August 1, 2025

MARIO MIRANDA, Department of Agricultural, Environmental and Development Economics, with the title of Professor Emeritus, effective September 1, 2025

JAY INJAE MYUNG, Department of Psychology, with the title of Professor Emeritus, effective June 1, 2025

JAN NESPOR, Department of Educational Studies, with the title of Professor Emeritus, effective August 1, 2025

MARIO PERUGGIA, Department of Statistics, with the title of Professor Emeritus, effective July 1, 2025

SCOPAS POGGO, Department of African American and African Studies, with the title of Associate Professor Emeritus, effective June 1, 2025

SHARI SAVAGE, Department of Arts Administration, Education and Policy, with the title of Associate Professor Emeritus, effective August 15, 2025

CHRISTINE SAYRE, College of Nursing, with the title of Associated Faculty Emeritus, effective June 1, 2025

BARRY SHANK, Department of Comparative Studies, with the title of Professor Emeritus, effective August 15, 2025

TODD SLAUGHTER, Department of Art, with the title of Professor Emeritus, effective June 1, 2025

SHARI SPEER, Department of Linguistics, with the title of Professor Emeritus, effective June 1, 2025

MICHAEL SWARTZ, Department of Near Eastern and South Asian Languages and Cultures, with the title of Professor Emeritus, effective August 15, 2025

FERNANDO UNZUETA, Department of Spanish and Portuguese, with the title of Professor Emeritus, effective August 15, 2025

IAN WILKINSON, Department of Teaching and Learning, with the title of Professor Emeritus, effective August 1, 2025

2025/2026 Hires

COLLEGE OF ARTS AND SCIENCES

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES

PROMOTION TO PROFESSOR WITH TENURE

Oshikawa, Masaki, Physics, January 1, 2026

Yeo, In-Young, School of Earth Sciences, August 15, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Whelan, Nathan, Evolution, Ecology and Organismal Biology, August 15, 2025

DIVISION OF SOCIAL AND BEHAVIORAL SCIENCES

PROMOTION TO PROFESSOR WITH TENURE

Erev, Ido, Psychology, August 15, 2025

Gray, Kurt, Psychology, August 15, 2025

Lindquist, Kristen, Psychology, August 15, 2025

PROMOTION TO PROFESSOR

Lavetti, Kurt, Economics, August 15, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Cook, Scott, Political Science, August 15, 2025

DIVISION OF SOCIAL AND BEHAVIORAL SCIENCES CLINICAL

PROMOTION TO PROFESSOR-CLINICAL AND REAPPOINTMENT

Kraft, Nicole, School of Communication, August 15, 2025

COLLEGE OF ENGINEERING

PROMOTION TO PROFESSOR WITH TENURE

Kwon, Joseph, Chemical and Biomolecular Engineering, August 15, 2025

COLLEGE OF ENGINEERING CLINICAL

PROMOTION TO ASSOCIATE PROFESSOR-CLINICAL

Atiq, Syedah Zahra, Computer Science and Engineering, August 20, 2025

**COLLEGE OF ENGINEERING
RESEARCH**

REAPPOINTMENT

Hagen, Joshua, Integrated Systems Engineering, September 1, 2026

Tawfik, Eslam, Electrical and Computer Engineering, August 15, 2026

Viswanathan, Gopal, Materials Science and Engineering, March 1, 2026

COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

PROMOTION TO PROFESSOR WITH TENURE

Techtmann, Stephen, Food, Agricultural and Biological Engineering, August 15, 2025

Wyatt, Kevin, School of Environment and Natural Resources, August 15, 2024

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Rober, Allison, School of Environment and Natural Resources, August 15, 2024

**COLLEGE OF LAW
CLINICAL**

REAPPOINTMENT

Cooke, Elizabeth, September 1, 2025

Jordan, Kim, August 15, 2026

Lee, Katrina, August 15, 2026

COLLEGE OF MEDICINE

PROMOTION TO PROFESSOR WITH TENURE

Burns, Timothy, Internal Medicine, June 4, 2025

Stafford, John, Internal Medicine, July 1, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Fan, Yanbo, Surgery, April 8, 2025

**COLLEGE OF MEDICINE
CLINICAL**

PROMOTION TO PROFESSOR-CLINICAL

Larry, John, Internal Medicine, May 21, 2025

**COLLEGE OF MEDICINE
RESEARCH**

REAPPOINTMENT

Alain, Gabriel, School of Health and Rehabilitation Sciences, July 1, 2026

Baker, Gretchen, School of Health and Rehabilitation Sciences, July 1, 2026

COLLEGE OF NURSING

PROMOTION TO ASSOCIATE PROFESSOR WITHOUT TENURE

Murnan, Aaron, August 15, 2025

**COLLEGE OF NURSING
CLINICAL**

Associate Professor-Clinical

Kaligotla, Lalita, August 15, 2025

COLLEGE OF PUBLIC HEALTH

PROMOTION TO PROFESSOR WITH TENURE

Song, Paula, July 9, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Haeder, Simon, August 15, 2025

MAX M. FISHER COLLEGE OF BUSINESS

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Hu, Yuheng, Accounting and Management Information Systems, August 15, 2025

SALMON P. CHASE CENTER FOR CIVICS, CULTURE, AND SOCIETY

PROMOTION TO PROFESSOR WITH TENURE

Clune, Michael, August 15, 2025

Green, Christopher, May 15, 2025

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Schoen, Brian, May 15, 2025

UNIVERSITY LIBRARIES

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE

Blocksidge, Katie, April 7, 2025

**ADOPTION OF REQUIRED POLICIES, RULES AND PLANS
PURSUANT TO OHIO SENATE BILL 1, THE ADVANCE OHIO HIGHER EDUCATION ACT**

Synopsis: Adoption of policies and plans for which Board of Trustees approval is required under Ohio Senate Bill 1, the Advance Ohio Higher Education Act.

WHEREAS Ohio Senate Bill 1 (SB1), the Advance Higher Education Act, took effect on June 27, 2025; and

WHEREAS the university created an implementation committee to identify all applicable requirements in SB1, consult with key organizational constituencies about each such measure (including faculty, staff, and student representatives), and develop appropriate action steps to meet these requirements; and

WHEREAS SB1 requires the Board of Trustees to adopt a series of policies in accordance with statutory requirements, including those concerning diversity, equity, and inclusion (DEI), intellectual diversity, controversial beliefs, faculty annual reviews, post-tenure review, tenure, and retrenchment, and to submit those policies to the chancellor of higher education for review; and

WHEREAS SB1 further requires the Board of Trustees to identify a plan for developing and offering a course or courses on civic literacy, which shall be required for all students beginning with those graduating in the spring semester of the 2029-2030 academic year, and to submit that plan to the chancellor of higher education for approval; and

WHEREAS, to fulfill these requirements, the following policies, which are attached hereto, were revised in consultation with workgroups consisting of faculty, staff, and students from across the university:

- DEI, Intellectual Diversity, and Controversial Beliefs under the Advance Ohio Higher Education Act (as required by R.C. 3345.0217(B));
- Faculty Annual Review, Post-Tenure Review, and Reappointment (as required by R.C. 3345.452(B) and R.C. 3345.453(B)); and
- Faculty Appointments, Tenure, and Retrenchment (as required by R.C. 3345.454(B)); and

WHEREAS SB1 likewise required changes to Faculty Rules 3335-5-04, 3335-5-04.1, and 3335-5-04.4 to address new complaint processes and post-tenure review as set forth in these policies, and these changes were similarly developed in consultation with key university constituents, including Senate leadership, which are attached hereto; and

WHEREAS the university has likewise developed the American Civic Literacy Plan and Request for Approval for providing civic literacy courses pursuant to R.C. 3345.382(B), which is attached hereto; and

WHEREAS the Board supports each policy, rule, and plan developed to meet these requirements, and has an obligation to adopt these provisions directly and submit them to the chancellor of higher education:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the DEI, Intellectual Diversity, and Controversial Beliefs under the Advance Ohio Higher Education Act policy; the Faculty Annual Review, Post-Tenure Review, and Reappointment policy; the Faculty Appointments, Tenure, and Retrenchment policy; the revisions to Faculty Rules 3335-5-04, 3335-5-04.1, and 3335-5-04.5; and the American Civic Literacy Plan and Request for Approval, and directs the President to take all required steps to submit these policies, rules, and plan to the chancellor of higher education as required by law.

DEI, Intellectual Diversity, and Controversial Beliefs Under the Advance Ohio Higher Education Act

University Policy

Applies to: Faculty, staff, students

Responsible Office

Office of Academic Affairs

POLICY

Issued: 08/25/2025

The Ohio State University is committed to upholding equal rights, advancing institutional fairness, fostering a sense of belonging where all are valued, listening to multiple voices, engaging in civil discourse, and encouraging open-minded exploration, risk-taking, and freedom of expression. As a land-grant institution, the university takes seriously its role in promoting access, affordability, opportunity, and empowerment for all in advancement of its academic motto—“Education for Citizenship.”

Ohio Revised Code (ORC) 3345.0217 of the Advance Ohio Higher Education Act requires the university’s Board of Trustees to adopt, and the university to enforce, this policy, which serves to identify and clarify certain specified institutional priorities and practices relevant to the university’s mission and values.

Purpose of the Policy

To comply with [ORC 3345.0217](#) of the Advance Ohio Higher Education Act.

Definitions

Term	Definition
Controversial belief or policy	Any belief or policy that is the subject of political controversy, including issues such as climate policies, electoral politics, foreign policy, diversity, equity, and inclusion programs, immigration policy, marriage, or abortion. See ORC 3345.0217(A)(1).
Intellectual diversity	Multiple, divergent, and varied perspectives on an extensive range of public policy issues. See ORC 3345.0217(A)(2).

Policy Details

- I. Diversity, Equity, and Inclusion Prohibitions Under ORC 3345.0217
 - A. Pursuant to ORC 3345.0217, the university prohibits all of the following:
 1. Any orientation or training course regarding diversity, equity, and inclusion, unless the institution submits a written request for an exception to the chancellor of higher education because the university determines the orientation or training course is exempt from that prohibition because all aspects of the orientation or course are required to do any of the following: comply with state and federal laws or regulations; comply with state or federal professional licensure requirements; or obtain or retain accreditation. The exception request must include an explanation of the circumstances and effort made by the university to comply. See the university’s [SB1 Compliance website](#) for more detailed information on such exception requests.
 2. The continuation of existing diversity, equity, and inclusion offices or departments on or after June 27, 2025, the effective date of ORC 3345.0217.
 3. Establishing new diversity, equity, and inclusion offices or departments on or after June 27, 2025.
 4. Using diversity, equity, and inclusion in job descriptions.
 5. Contracting with consultants or third-parties whose role is or would be to promote admissions, hiring, or promotion on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity, or gender expression.
 6. The establishment of any new institutional scholarships that use diversity, equity, and inclusion in any manner.

DEI, Intellectual Diversity, and Controversial Beliefs Under the Advance Ohio Higher Education Act

University Policy

Applies to: Faculty, staff, students

- a. For any institutional scholarships existing on June 27, 2025 (the effective date of ORC 3345.0217), the university must, to the extent possible, eliminate diversity, equity, and inclusion requirements. If the university is unable to do so because of donor requirements, the university may continue to offer those institutional scholarships. However, the university may not accept any additional funds for the operation of institutional scholarships that have diversity, equity, and inclusion requirements.
 - B. The university may not replace any orientation, training, office, or position designated for the purpose of diversity, equity, and inclusion that is prohibited above with an orientation, training, office, or position under a different designation that serves the same or similar purposes, or that uses the same or similar means.
 - C. In the event that the requirements to obtain a research grant conflict with the prohibitions listed above, the university will endeavor, to the extent possible, to comply with the prohibitions listed above while retaining eligibility for the research grant, including by consulting with legal counsel. If the university is unable to comply with the prohibitions above with respect to a research grant and chooses to pursue the grant, the university must submit a written request for an exception to the chancellor of higher education. The exception request must include an explanation of the circumstances and the effort made by the university to comply with the prohibitions while retaining eligibility for the research grant. See the university's [SB1 Compliance website](#) for more detailed information on such exception requests.
 - D. The prohibitions in I.A. above and the research grant requirements in I.C. above do not apply to agreements or contracts regarding any research grants entered into prior to June 27, 2025. However, those prohibitions and requirements do apply to any renewal of such agreements or contracts occurring on or after June 27, 2025.
- II. Intellectual Diversity and Controversial Belief or Policy Affirmations and Requirements Under ORC 3345.0217
- A. Pursuant to ORC 3345.0217, the university:
 1. Affirms and declares that its primary function is to practice, or support the practice, discovery, improvement, transmission, and dissemination of knowledge and citizenship education by means of research, teaching, discussion, and debate. To fulfill this function, the university will ensure the fullest degree of **intellectual diversity**. This section does not apply to the exercise of professional judgment about how to accomplish intellectual diversity within an academic discipline, unless that exercise is misused to constrict intellectual diversity.
 2. Affirms and declares that faculty and staff will allow and encourage students to reach their own conclusions about all **controversial beliefs or policies** and will not seek to indoctrinate any social, political, or religious point of view. This section does not apply to the exercise of professional judgment about how to accomplish intellectual diversity within an academic discipline, unless that exercise is misused to constrict intellectual diversity.
 3. Will demonstrate intellectual diversity for course approval, approval of courses to satisfy general education requirements, student course evaluations, common reading programs, annual reviews, strategic goals for each department, and student learning outcomes. This section does not apply to the exercise of professional judgment about how to accomplish intellectual diversity within an academic discipline, unless that exercise is misused to constrict intellectual diversity.
 4. Declares that it will not endorse or oppose, as an institution, any controversial belief or policy, except on matters that directly impact the institution's funding or mission of discovery, improvement, and dissemination of knowledge. The institution may also endorse the congress of the United States when it establishes a state of armed hostility against a foreign power. This section does not include the recognition of national and state holidays, support for the Constitution and laws of the United States or the state of Ohio, or the display of the American or Ohio flag. This section does not apply to the exercise of professional judgment about whether to endorse the consensus or foundational beliefs of an academic discipline, unless that exercise is misused to take an action prohibited in II.A.5. below.
 5. Affirms and declares that it will not encourage, discourage, require, or forbid students, faculty, or administrators to endorse, assent to, or publicly express a given ideology, political stance, or view of a

University Policy

Applies to: Faculty, staff, students

social policy, nor will the institution require students to do any of those things to obtain an undergraduate or post-graduate degree. This section does not apply to the exercise of professional judgment about whether to endorse the consensus or foundational beliefs of an academic discipline, unless that exercise is misused to take an action prohibited by this section.

6. Prohibits political and ideological litmus tests in all hiring, promotion, and admissions decisions, including diversity statements and any other requirement that applicants describe their commitment to any ideology, principle, concept, or formulation that requires commitment to any controversial belief or policy.
7. Affirms and declares that no hiring, promotion, or admissions process or decision will encourage, discourage, require, or forbid students, faculty, or administrators to endorse, assent to, or publicly express a given ideology or political stance.
8. Affirms and declares that it will not use a diversity statement or any other assessment of an applicant's political or ideological views in any hiring, promotions, or admissions process or decision.
9. Affirms and declares that no process or decision regulating conditions of work or study, such as committee assignments, course scheduling, or workload adjustment policies, will encourage, discourage, require, or forbid students, faculty, or administrators to endorse, assent to, or publicly express a given ideology or political stance.
10. Affirms and declares that it will seek out invited speakers who have diverse ideological or political views.
11. Will post prominently on its website a complete list of all speaker fees, honoraria, and other emoluments in excess of five hundred dollars for events that are sponsored by the university. The information must be:
 - a. Accessible from the main page of the university's website by use of not more than three links;
 - b. Searchable by keywords and phrases; and
 - c. Accessible to the public without requiring user registration of any kind.

III. Nothing in this policy prohibits faculty or students from classroom instruction, discussion, or debate, so long as faculty members allow students to express intellectual diversity.

IV. Nothing in this policy prohibits the university from complying with any state or federal law to provide disability services or to permit student organizations, including fraternities and sororities.

PROCEDURE

Issued: 08/25/2025

- I. The university will review and respond to complaints about alleged violations of the prohibitions and requirements in this policy as set forth in the DEI, Intellectual Diversity, and Controversial Beliefs Under the Advance Ohio Higher Education Act Policy Complaint, Investigation, Hearing, and Resolution Process [\[link\]](#).
- II. Policy Violations
 - A. The university may enforce corrective or disciplinary action, up to and including termination or dismissal, in accordance with applicable university policies or rules for employee and student violations of this policy.
 - B. In addition, under ORC 3345.0217, the Ohio general assembly may withhold or reduce any state operating subsidy payments, state capital improvement funds, or other state appropriation to the university if the general assembly determines the university has failed to comply with the requirements established in ORC 3345.0217.

DEI, Intellectual Diversity, and Controversial Beliefs Under the Advance Ohio Higher Education Act

University Policy

Applies to: Faculty, staff, students

Responsibilities

Position or Office	Responsibilities
University	1. Post speaker fees/honoraria/other emoluments over \$500 for events sponsored by university as set forth in the policy. 2. Review and respond to complaints alleging violations of this policy.

Resources

University Policies, policies.osu.edu

Equal Employment Opportunity, go.osu.edu/eeo-policy

Non-Discrimination, Harassment, and Sexual Misconduct, go.osu.edu/non-discrimination-policy

Whistleblower, hr.osu.edu/wp-content/uploads/policy140.pdf

Additional Governance Documents and Guidance

Advance Ohio Higher Education Act, ORC 3345.0217, codes.ohio.gov/ohio-revised-code/section-3345.0217

Code of Student Conduct, trustees.osu.edu/bylaws-and-rules/code

DEI, Intellectual Diversity, and Controversial Beliefs Under the Advance Ohio Higher Education Act Policy Complaint, Investigation, Hearing, and Resolution Process, [\[link\]](#)

Faculty Rule 3335-5-04, trustees.osu.edu/bylaws-and-rules/3335-5

Ohio State Philosophy on Institutional and Leadership Statements, omc.osu.edu/key-issues/philosophy-institutional-leadership-statements

SB1 Compliance Website, compliance.osu.edu/focus-areas/sb1

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Academic Affairs	614-292-5881	aaa.osu.edu
Policy violation complaints	University Compliance and Integrity	614-292-3251	Compliance-integrity@osu.edu compliance.osu.edu
Legal issues	Office of Legal Affairs	614-292-0611	legal.osu.edu

History

Issued: 08/25/2025 Approved by BOT, 08/20/2025, Resolution #2026-xx

Applies to: Faculty

Responsible Office

Office of Academic Affairs

POLICY

Issued: 07/26/2004

Revised: 08/25/2025 (interim revision)

An annual written performance review that examines performance over the prior year and sets goals for future performance is mandated for all compensated faculty. These annual reviews must be conducted by the tenure-initiating unit (TIU) head or designee and include a written assessment, a face-to-face meeting for all probationary faculty, and an opportunity for a face-to-face meeting for all other compensated faculty members at the request of either the TIU head or designee or the faculty member.

Annual reviews of faculty serve to monitor and support progress toward tenure, promotion, reappointment, and ongoing outcomes, and are to be comprehensive and include standardized, objective, and measurable performance metrics. Written performance reviews serve to assist faculty in improving professional productivity, establish goals against which faculty performance will be assessed, determine salary increases and other resource allocations, define progress toward reappointment and/or promotion, and, in the event of poor performance, establish and explain the need for remedial steps, up to and including a post-tenure review or other disciplinary action.

Purpose of the Policy

To set forth annual performance review and reappointment procedures for compensated faculty.

PROCEDURE

Issued: 07/26/2004

Revised: 08/25/2025 (interim revision)

I. Review Process and Documentation Overview

A. Required procedures

1. The Office of Academic Affairs (OAA) requires compensated faculty across all faculty types and ranks to be reviewed annually by the TIU head or designee. The TIU head may delegate responsibility for reviews only to associate chairs/deans, vice chairs/deans, or division chairs/directors. A TIU head who delegates responsibility for reviews is accountable for the process and should maintain regular oversight of the reviews. Faculty who serve in full-time administrative positions (e.g., TIU head, dean) will be reviewed by their direct supervisor. Faculty who serve in part-time administrative appointments (i.e., anything less than 1.0 FTE) will be reviewed following the procedures described below.
2. For each faculty member under their supervision, TIU heads or designees must complete a written annual evaluation following OAA's Annual Review template [\[link\]](#). The written evaluation must include a rating for each area in which a faculty member spent at least 5% of their effort during the evaluation period, including (as applicable) teaching, research, service, clinical care, administration, and any other categories set by the TIU head and/or articulated in the unit's appointment, promotion, and tenure (APT) document. The evaluation for each area must denote at minimum whether the faculty member exceeds, meets, or does not meet expectations for that area. Student evaluations must account for at least 25% of the teaching component where applicable.

Applies to: Faculty

3. In addition to a written assessment, annual reviews must include a face-to-face meeting between the TIU heads or designees and all probationary faculty. TIU heads or designees are to offer all other compensated faculty the opportunity for a face-to-face meeting.
4. Faculty members may provide written comments to their annual reviews in the initial review by the TIU head or designee. The TIU head or designee may respond to the comments and/or revise the written evaluation during this process before finalizing the review. Any comments and responses will be shared with the dean and provost as part of the ensuing review/appeal.
5. For faculty in colleges with multiple TIUs on the Columbus campus and the College of Food, Agricultural, and Environmental Sciences:
 - a. After a TIU head or designee has completed the annual review process, including consideration of and/or response to any written comments provided by the faculty member and after any face-to-face meeting, the written evaluation with any comments and responses must be reviewed and either approved or disapproved by the college dean, and then submitted to OAA for review.
 - b. If the TIU head or designee and dean are not in agreement regarding the evaluation, the provost will have final decision authority.
6. For faculty in colleges that are the TIU, University Libraries, and the Salmon P. Chase Center for Civics, Culture, and Society:
 - a. After the division chair/head, associate/vice dean, or designee has completed the annual review process, including consideration of and/or response to any written comments provided by the faculty member and after any face-to-face meeting, the written evaluation with any comments and responses must be reviewed and either approved or disapproved by the dean/TIU head, and then submitted to OAA for review.
 - b. If the division chair/head, associate/vice dean, or other designee and dean are not in agreement regarding the evaluation, the provost will have final decision authority.
7. For faculty with joint appointments:
 - a. The heads or designees of the joint appointment units are responsible for completing the annual review for those faculty. The heads or designees of the joint appointment units must co-author the written evaluation.
 - b. After the heads or designees have completed the annual review process, including consideration of and/or response to any written comments provided by the faculty member and after any face-to-face meeting, the written evaluation must be reviewed and either approved or disapproved by the college dean of the faculty member's TIU, and then submitted to OAA for review.
 - c. If the joint appointment unit heads or designees and dean are not in agreement regarding the evaluation, the provost will have final decision authority.
8. For faculty on regional campuses:
 - a. The regional campus dean/director or designee and the TIU head or designee are responsible for completing the annual review for compensated faculty on the regional campuses. The dean/director or designee and TIU head or designee must co-author the written evaluation.
 - b. After the regional campus dean/director or designee and TIU head or designee have completed the annual review process, including consideration of and/or response to any written comments provided by the faculty member and after any face-to-face meeting, the written evaluation must be reviewed and either approved or disapproved by the college dean, and then submitted to OAA for review.
 - c. If the college dean does not agree with the co-authored written evaluation, the provost will have final decision authority.
9. If a faculty member wishes to appeal a decision in their annual review, they must submit an appeal to the college dean or designee within 14 days of the date of the written evaluation as set forth in the [OAA Policies and Procedures Handbook](#). In presenting an appeal, a faculty member must demonstrate that the final evaluation contains substantive factual error, inconsistently applies the established criteria of the TIU, or otherwise does not align with those criteria. Appeals will be reviewed by the college dean or

Applies to: Faculty

designee, who must issue a decision in writing as to whether to approve or modify the annual review. If the college dean or designee modifies any rating in the annual review, the annual review will be automatically appealed to the provost for review and final determination. In this event, the faculty member will have 14 days from the date of the dean or designee's decision to submit any written materials to the provost that they want the provost to consider in issuing a final determination in line with the categories for appeal noted above. If the dean or designee does not modify any rating in the annual review, the review will be submitted to the provost for review only.

10. Annual reviews are to be conducted in accordance with OAA requirements, the APT documents of the TIU, and, if applicable, the APT documents of the regional campus.
 11. A post-tenure review, in accordance with [Faculty Rule 3335-5-04.5](#), will be initiated if a tenured faculty member receives a "does not meet performance expectation" rating in the same evaluative category in at least two of the past three consecutive annual reviews. A faculty member who retains tenure following a post-tenure review will be subject to an additional post-tenure review if they receive a "does not meet performance expectations" rating in any area of their annual review in the two years subsequent to a post-tenure review. The department chair, dean, or provost may require an immediate and for cause post-tenure review at any time for a faculty member who has a documented and sustained record of significant underperformance outside of the faculty member's annual performance evaluation. For this purpose, for cause may not be based on a faculty member's allowable expression of academic freedom as defined by the university or Ohio law.
 12. All faculty, including those with tenure and those without, may be subject to disciplinary action for failing to meet faculty obligations pursuant to [Faculty Rule 3335-5-04.1](#).
 13. Annual reviews are to be completed by the conclusion of the term following the end of the review period. An annual review is complete when the written evaluation, following consideration of and/or response to any written comments provided by the faculty member and any face-to-face meeting, is sent to the dean. The review period must be defined in the APT document for each unit.
- B. Recommended procedures
1. OAA recommends that the annual review process for probationary faculty involve the eligible TIU faculty or a subset thereof.
 2. OAA recommends that the annual review process for associate professors involve eligible faculty or a subset thereof at least once every three years.
 3. OAA recommends that the annual review processes for probationary clinical/teaching/practice and research faculty be identical to tenure-track faculty, emphasizing review of the duties as assigned and progress toward promotion, when applicable.
 4. OAA recommends that the annual review process for compensated associated faculty being considered for reappointment involve the eligible TIU faculty or a subset thereof.
- C. Required documentation
1. Appointments, promotion, and tenure (APT) document
 - a. In alignment with the [OAA Policies and Procedures Handbook](#), each TIU's APT documents must establish standards and procedures, required documentation, and document submission deadlines for annual and Fourth-Year Reviews of tenure-track faculty, annual and Penultimate Year Reviews of faculty on clinical/teaching/practice and research appointments, and annual and reappointment reviews of compensated associated faculty.
 - b. If the TIU head wishes to delegate responsibility for reviews to associate chairs/deans, vice chairs/deans, or division chairs/directors, the delegation must be described in that TIU's APT document.
 2. Written annual review
 - a. TIU heads or their designees (and regional campus deans/directors when applicable) must use the OAA Annual Review template [\[link\]](#) to provide a narrative evaluation addressing the purposes and outcome of the annual review.

Applies to: Faculty

- b. This written annual review must include a summary assessment of performance that denotes at minimum whether the faculty member exceeds expectations, meets expectations, or does not meet expectations in each of the following areas in which the faculty member spent 5% or more of effort during the evaluative period:
 - i. Teaching (including but not limited to classroom instruction, advising, mentoring, and new course development), and student evaluations must account for 25% of the evaluation of this area;
 - ii. Research, scholarship, or creative work plans (including but not limited to publications, creative works, and funding);
 - iii. Service;
 - iv. Clinical care;
 - v. Administration; and
 - vi. Additional areas determined by the TIU head and/or articulated in the unit's APT document.
 - c. In assessing the above areas, the reviewer(s) should distill the major accomplishments in these areas, address any opportunities for improvement, summarize goals and strategies, and provide focused action steps to meet future goals and expectations, including for promotion and/or reappointment.
 - d. The written annual review also must include the faculty member's projected work effort distribution for the next year, be compliant with the [Faculty Workload Guideline](#), and specify and justify any change in distribution from the year prior.
 - e. The written annual review must inform faculty members of their right to review their personnel file and to submit for inclusion in the file a written comment on any material contained therein. It must also describe the appeal procedure if the faculty member disagrees with the annual review.
3. TIUs must maintain a current curriculum vitae (CV) of all compensated faculty members within that TIU. These CVs are to be kept in an accessible location where any faculty member may review them.
 4. Assistant and associate professors must submit annually updated documentation of performance and accomplishments in core dossier format to the TIU head (and regional campus dean, if applicable). All other faculty must submit annually updated documentation of performance and accomplishments in CV format to the TIU head (and regional campus dean, if applicable).
 5. All probationary faculty, including candidates undergoing Fourth-Year Review and mandatory tenure review, must use the university-approved P&T core dossier format to upload and format their dossiers.

II. Probationary Tenure-Track Faculty

A. Types of reviews

1. Mandatory reviews of probationary faculty include annual reviews, Fourth-Year Reviews, and Sixth-Year Reviews.

B. Annual appointments

1. Positive decisions by the TIU head are final for colleges with or without multiple TIUs and for regional campuses.
2. In a college with multiple TIUs, each TIU head must forward a copy of the reappointment letter to the college dean. In the case of regional campus faculty, the regional campus dean/director also must receive a copy of the reappointment letter.
3. In a college that is the TIU, the dean must forward a copy of the reappointment letter to OAA.

C. Fourth-Year Review of probationary faculty

1. All candidates for Fourth-Year Review must use the university-approved dossier format to upload and format their core dossiers.
2. Timing
 - a. The Fourth-Year Review takes place for most probationary faculty in the actual fourth year of service as an assistant professor at Ohio State. An "early" Fourth-Year Review does not exist.
 - b. A TIU may not designate a review conducted in any year other than the actual fourth year as a "Fourth-Year Review," except in the circumstances stated below.

Applies to: Faculty

- i. Formally approved prior service credit: The years of prior service credit are added to the years of Ohio State service to determine when the Fourth-Year Review will occur.
 - ii. Exclusion of time from the probationary period prior to the actual fourth year of service: The Fourth-Year Review is postponed by each year excluded from the tenure clock. If the Fourth-Year Review has already taken place when an exclusion of time is granted, it is not repeated.
 - iii. Extended probationary period due to a part-time appointment: The Fourth-Year Review may be postponed beyond the actual fourth year of service, but must occur at least two calendar years prior to the mandatory P&T review year.
3. Procedures
 - a. The procedures for the Fourth-Year Review are to follow the same process as those for the Sixth-Year (mandatory) tenure review as set forth in [Faculty Rule 3335-6-04](#), with the following two exceptions:
 - i. External evaluations are optional. Department APT documents must indicate the criteria under which they will be solicited if they are not solicited in every case and who will make the decision about whether to solicit them.
 - ii. Review by the college P&T committee is optional when the TIU head and the dean agree on a positive decision to reappoint. Colleges must treat all such cases consistently. College APT documents must indicate how the college will proceed in such cases.
 - b. Should the recommendation of the campus dean/director differ from that of the TIU head or the college promotion and tenure committee, the college or divisional dean will convene a meeting with the regional campus dean/director to discuss the case. The decision of the college dean will be final.
4. Failure to conduct Fourth-Year Review
 - a. Failure of a college to conduct a mandatory Fourth-Year Review will result in a required exclusion of time from the probationary period and must be reported as part of the college's annual update to the provost.
- D. Approval levels for reappointment after Fourth-Year Review
 1. Reappointment of Columbus campus faculty after the Fourth-Year Review requires approval by the TIU head and the college dean. The college dean makes the final decision on reappointment.
 2. Reappointment of regional campus faculty after the Fourth-Year Review requires approval by the TIU head and the college dean. The college dean makes the final decision on reappointment.
 3. Colleges are responsible for sending the candidate's dossier to University Archives for appropriate retention. Colleges must send a report of all of its decisions on reappointment to OAA.
- E. Comments process
 1. The comments process for the Fourth-Year Review generally follows the same process as that for the Sixth-Year (mandatory) tenure review as set forth in [Faculty Rule 3335-6-04](#).
 2. Promptly after a decision is reached on the first and the second levels of review respectively, the candidate is informed in writing that the faculty report and unit head's assessment letter are available and the comment process begins. Upon notice of completion of the review at each level, the candidate has ten days to provide written comments for inclusion in the dossier.
- F. Nonrenewal
 1. In the case of a TIU head recommending nonrenewal of a probationary appointment, the review must follow Fourth-Year Review procedures, subject to the relevant standards of notice set forth in [Faculty Rule 3335-6-08](#).
 2. A recommendation to terminate a probationary faculty member's appointment requires the approval of the college dean, who makes the final decision.
 3. In the case of a regional campus faculty member, a recommendation to terminate a probationary faculty member's appointment requires the approval of the regional campus dean, the TIU head, and the college dean. The college dean makes the final decision.

Applies to: Faculty

4. In a college that is the TIU, a decision of the dean to terminate a probationary faculty member's appointment requires approval by the provost. The college is to submit one copy of the dossier to OAA for university-level review.
 5. The TIU head must ensure proper notice is given to probationary faculty who are not reappointed.
 6. The [Nonrenewal of Probationary Appointment or Denial of Tenure Form](#) must be submitted to OAA, along with a copy of the nonrenewal letter sent to the faculty member, by May 31 of the year in which the nonrenewal decision occurs.
 7. Nonrenewal usually precludes rehiring the individual (see [Faculty Appointments, Tenure, and Retrenchment policy](#)).
 - G. Withdrawing from or declining a review
 1. Faculty members who withdraw from or decline to participate in a mandatory review in any probationary year are subject to the relevant standards of notice per [Faculty Rule 3335-6-08](#). The decision to terminate a review must be accompanied by a letter of resignation from the faculty member to the TIU head (or regional campus dean) stating the following:
 - a. the faculty member's last day of employment (no later than May 31 of the year following the review year); and
 - b. an acknowledgement from the faculty member that the decision to terminate (withdraw from or decline participation in) the review is irrevocable.
 2. This action requires that the [Nonrenewal of Probationary Appointment or Denial of Tenure Form](#) be submitted to OAA, along with a copy of the faculty member's letter, by May 31 of the year in which the decision to terminate the review occurs.
 - H. Submission deadlines
 1. Deans may establish due dates for receipt of Fourth-Year Reviews and any annual reviews with a nonrenewal recommendation in the college office.
 - I. Sixth Year Review process
 1. Mandatory reviews shall follow process as set forth under [Faculty Rule 3335-6-04](#).
- III. Clinical/Teaching/Practice and Research Faculty
- A. Appointments
 1. The initial appointment of all clinical/teaching/practice and all research faculty is probationary regardless of academic rank at hire. The duration of the initial appointment defines the length of the probationary period.
 2. Clinical/teaching/practice faculty are to have a five-year appointment for their initial probationary contract. Appointment terms for second and subsequent contracts for clinical/teaching/practice assistant and associate professors may be for a period of at least three years and for no more than five years. Appointment terms for second and subsequent contracts for clinical/teaching/practice professors may be for a period of at least three years and no more than eight years.
 3. Research faculty may have a one- to five-year appointment for their initial and any subsequent contract.
 4. The full text of terms and conditions of clinical/teaching/practice and research faculty appointments is stated in [Chapter 3335-7 of the Faculty Rules](#).
 5. There is no presumption of reappointment at the end of any given appointment period.
 - B. Annual renewal
 1. Positive decisions by the TIU head are final.
 2. In a college with multiple TIUs, each TIU head must forward a copy of the reappointment letter to the college dean.
 3. In a college that is the TIU, the dean must forward a copy of the reappointment letter to OAA.
 - C. Nonrenewal

Applies to: Faculty

1. A recommendation to not renew a probationary clinical/teaching/practice or research faculty member's appointment requires the approval of both the TIU head and the college dean. The college dean makes the final decision.
2. The TIU head must ensure proper notice is given to faculty who are not reappointed.
3. The [Nonrenewal of Probationary Appointment or Denial of Tenure Form](#) must be submitted to OAA, along with a copy of the nonrenewal letter sent to the faculty member, by May 31 of the year in which the nonrenewal decision occurs.

D. Appointment renewal for probationary faculty

1. No later than the beginning of a faculty member's penultimate year of an initial appointment term, the individual must undergo a review so that the unit may determine whether it is appropriate to renew that individual's appointment for a new appointment term. The review will follow the same procedures as a review for tenure-track faculty as set forth in [Faculty Rule 3335-6-03](#) and [Faculty Rule 3335-6-04](#).
2. Positive decisions to reappoint clinical/teaching/practice and research faculty will be approved by OAA without review, and forwarded to the Board of Trustees (BOT) for final approval. Upon approval by the BOT, the clinical/teaching/practice or research faculty member is no longer probationary.
3. For each positive decision to reappoint to a new term, the unit must submit to OAA an original signed "cover sheet" (see [Record of Review for Promotion in Academic Rank/Tenure/Reappointment Form](#)). Only the form should be submitted. The CV, dossier, and copy of the reappointment letter should not be submitted.
4. If the individual will not be renewed, the faculty member should be so informed, subject to the relevant standards of notice set forth in [Faculty Rule 3335-6-08](#).
5. All reappointment decisions are at the discretion of the college dean.

E. Appointment renewal for nonprobationary faculty

1. For faculty in their second and subsequent appointment term, the individual must be informed as to whether a new appointment will be extended by the end of the penultimate year of each appointment period. A faculty member not being renewed must be informed according to the relevant standards of notice set forth in [Faculty Rule 3335-6-08](#).
2. An initial decision from the TIU head or the dean (in colleges without departments) to not reappoint the faculty member to another term requires a review by the eligible faculty, or a standing committee of the faculty, as determined and as set forth in the relevant college, school, or department APT document.
3. If the initial decision from the TIU head or the dean (in colleges without departments) is to reappoint the faculty member to another term, that decision will be final unless a more formal review is otherwise set forth in the relevant college, school, or department APT document.
4. All reappointment decisions are at the discretion of the college dean.

F. Submission deadlines

1. The dean may establish due dates for receipt of reviews in the college office.

G. Position elimination

1. If a faculty member's position is eliminated, the faculty member must be so informed. In this situation, a review is not appropriate.

IV. Associated Faculty

A. Appointments

1. Associated faculty may be appointed for up to three years. Associated faculty members on a second or subsequent three-year appointment may not be terminated mid-appointment except for cause.

B. Renewal

1. There is no presumption of reappointment at the end of a given appointment period.
2. If the position will continue, the faculty member must undergo formal reappointment review so that the unit may determine whether it is appropriate to renew that individual's appointment to fill that position.
3. Positive decisions by the TIU head are final.

Applies to: Faculty

- C. Nonrenewal
 - 1. A decision by the TIU head not to renew an associated faculty member's appointment is final.
 - 2. The TIU head must ensure proper notice is given to associated faculty who are not reappointed.
- D. Standards of notice
 - 1. If the position will not continue, the university will, insofar as possible, observe the following standards of notice:
 - a. For an associated faculty member with a one-year or an initial multi-year appointment, not later than March 1 of the academic year, or three months in advance of the expiration of the yearly appointment term if the appointment expires during an academic year;
 - b. For an associated faculty member in the second year of an initial multi-year appointment, not later than December 15 of the second academic year of the appointment, or six months in advance of the expiration of the yearly appointment term if the appointment expires during an academic year;
 - c. No later than October 15 of the final year of a faculty member's (a) initial three-year appointment or (b) second or subsequent multi-year term appointment; and
 - d. For associated faculty with an initial three-year appointment or in subsequent multi-year term appointments, eight months in advance of the expiration of the appointment term if the appointment expires during an academic year.
 - 2. Failure to give notice does not renew a faculty member's appointment.

Responsibilities

Position or Office	Responsibilities
Board of Trustees (BOT)	Provide final approval for reappointment of clinical/teaching/practice and research faculty.
Candidates for Fourth-Year Review and Mandatory Review	1. May withdraw from or decline to participate in a mandatory review in any probationary year; decision to terminate a review must be accompanied by a letter of resignation. 2. Submit dossier in a university-approved P&T format to TIU head.
Colleges	1. Send dossiers to University Archives for appropriate retention. 2. Send report of all decisions on reappointment to OAA.
Deans	1. Review faculty annual reviews as set forth in the policy. 2. Convene a meeting with the regional campus dean/director to discuss a Fourth-Year Review if the regional campus dean/director recommendation differs from that of the TIU head or the college promotion and tenure committee. 3. In a college that is the TIU, forward a copy of the reappointment letter to OAA. 4. Make final decision on reappointment of Columbus campus and regional campus faculty after the Fourth-Year Review. 5. Make final decision to not renew a clinical/teaching/practice or research faculty member's appointment. 6. Make final decision to terminate a regional campus probationary faculty member's appointment. 7. In a college with multiple TIUs, make final decision on a recommendation to terminate a probationary faculty member's appointment. 8. In a college that is the TIU, make a recommendation to the provost to not reappoint probationary tenure-track faculty.
Faculty members	Submit annually updated documentation of performance and accomplishments in CV format to the TIU head (and regional campus dean, if applicable).
Probationary Faculty	1. Must use university-approved P&T core dossier format to upload and format dossiers. 2. Must undergo a review to determine whether an appointment renewal is appropriate no later than the beginning of the penultimate year of an initial appointment term.
Provost	1. Review and make final decisions on faculty annual reviews as set forth in the policy. 2. Make final decision to not renew a probationary tenure-track faculty in colleges without units.
Regional campus deans/directors	1. Complete reviews of regional campus faculty as set forth in the policy. 2. Approve recommendation to terminate regional campus probationary faculty member's appointment.

Faculty Annual Review, Post-Tenure Review, and Reappointment

Interim University Policy

Applies to: Faculty

Position or Office	Responsibilities
TIUs	<ol style="list-style-type: none"> 1. Include in APT documents established standards and procedures, required documentation, and document submission deadlines for annual and Fourth-Year Reviews of tenure-track faculty, annual and Penultimate Year Reviews of faculty on clinical/teaching/practice and research appointments, and annual and reappointment reviews of compensated associated faculty, including defining the unit's annual review period. 2. Maintain a current CV of all tenure-track, clinical/teaching/practice, research, and associated faculty members within TIU. 3. Submit to OAA an original signed "cover sheet" for each positive decision to reappoint probationary and clinical/teaching/practice faculty.
TIU heads	<ol style="list-style-type: none"> 1. Complete annual reviews of all compensated faculty as set forth in the policy or delegate such responsibility to associate chairs/deans, vice chairs/deans, or division chairs/directors. 2. Approve, as appropriate, reappointment of Columbus and regional campus faculty after the Fourth-Year Review. 3. Approve, as appropriate, recommendation to terminate regional campus probationary faculty member's appointment. 4. Approve, as appropriate, recommendation to not renew a clinical/teaching/practice or research faculty member's appointment. 5. In a college with multiple TIUs, forward copies of reappointment letters to college dean. 6. Forward copies of reappointment letter to regional campus dean/director in cases of regional campus faculty. 7. Make final decision on positive annual appointments of probationary faculty. 8. Ensure proper notice is given to faculty who are not reappointed.

Resources

Faculty Appointments, Tenure, and Retrenchment policy, go.osu.edu/faculty-appointments-policy
 Faculty Workload Guideline, faculty.osu.edu/faculty-support/equitable-policies/faculty-workload-guideline
 General Records Retention Schedule, go.osu.edu/retention-schedules
 OAA Annual Review Template, [\[link\]](#)
 OAA Policies, Guidelines and Forms, oaa.osu.edu/policies-guidelines-forms
 OAA Policies and Procedures Handbook, oaa.osu.edu/policies-and-procedures-handbook
 Rules of the University Faculty, trustees.osu.edu/bylaws-and-rules/university-faculty-rules

Contacts

Subject	Office	Telephone	E-mail/URL
Annual review; Fourth-Year Review; Sixth-Year Review; Reappointments	Office of Academic Affairs	614-292-5881	oaa.osu.edu

History

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Interim Revised:	08/25/2025	Renamed Faculty Annual Review, Post-Tenure Review, and Reappointment; Approved via interim university policy process and by BOT, 08/20/2025, Resolution #2026-xx

Applies to: Faculty

Responsible Office

Office of Academic Affairs

POLICY

Issued: 07/20/2004

Revised: 08/25/2025 (interim revision)

Appointment decisions for continuing faculty positions must be based on criteria that reflect strong potential to advance through the faculty ranks, including attaining tenure, being promoted, and/or being reappointed.

Purpose of the Policy

To provide guidance for appointment decisions for each faculty type and to outline the university's governance documents on tenure and retrenchment as required by [Ohio Revised Code \(ORC\) 3345.454](#). [Faculty Rule 3335-5-19](#) states the general criteria governing the types of faculty titles. [Faculty Rule 3335-6](#) and [Faculty Rule 3335-7](#) describe in detail the tenure-track, clinical/teaching/practice, and research appointment types.

Definitions

Term	Definition
Joint appointment	One in which a faculty member has a compensated full-time equivalent (FTE) appointment in two or more tenure-initiating units (TIUs).

Policy Details

I. Tenure-track, Clinical/Teaching/Practice, and Research Faculty

A. Tenure

1. Tenure may be earned by all tenure-track faculty members upon completion of all applicable university requirements as set forth in [Faculty Rule 3335-5-03](#), the [OAA Policies and Procedures Handbook](#), and applicable unit appointment, promotion, and tenure (APT) documents and may be achieved through multiple pathways.
2. Tenured faculty must serve on appointments totaling fifty per cent or more service to the university to maintain tenure as set forth in [Faculty Rule 3335-5-19\(A\)](#).

B. Length of appointment

1. Tenure-track, clinical/teaching/practice, and research faculty may be offered either a nine-month or a twelve-month appointment by the TIU. The most common schedule for a nine-month on-duty period under semesters is from August 15 to May 15, with compensation paid out over twelve months. Twelve-month appointments typically begin either July 1 or on the first day of autumn semester. Colleges with clinical practice for teaching and patient care have hiring dates throughout the year.
2. In accordance with [Faculty Rule 3335-5-07](#), all full-time faculty members are to be on duty an average of 19 working days a month, with working days defined as weekdays that are not designated as university holidays.
 - a. Nine-month faculty members are commonly on duty for nineteen working days a month averaged over a nine-month period and do not accrue vacation. They are not expected to be on duty during breaks within a given semester, summer term, or session, nor any days between the end of the exam period and the beginning of the next semester or session.
 - b. Twelve-month faculty members are on duty on all working days except for the days they accrue and designate as vacation days. See [Paid Time Off policy](#).
3. TIUs are to provide candidates for faculty appointments with an offer letter to sign containing, at the minimum, the proposed start date, faculty title, reappointment date, duties and responsibilities, and salary



Applies to: Faculty

and compensation, including whether any compensation is subject to productivity expectations and requirements.

C. Joint appointments

1. Appointing new faculty members to a **joint appointment**

- a. TIUs considering making a joint appointment are to determine whether this is the most appropriate means of accomplishing a shared goal. Financial reasons (neither unit has the resources to make the appointment on its own) alone do not provide an optimal foundation for joint appointments. The Office of Academic Affairs (OAA) suggests not pursuing a joint appointment if there are other means (such as joint service on graduate studies committees) that will accomplish the shared goal.
- b. TIUs making a joint appointment are to reach agreement on its terms before seeking an individual to fill the position so that these terms can be communicated clearly to candidates. These terms, modified as a consequence of negotiation with a particular candidate when appropriate, must be set forth in a memorandum of understanding (MOU) signed by the heads of the TIUs and the dean(s) of those TIUs.
- c. Before being extended to candidates, offer letters involving joint appointments, along with the executed MOU, must be approved by OAA. A candidate must be provided with the terms of the MOU before being asked to decide on an offer. Items that must be included in the MOU include:
 - i. The TIU in which the candidate's tenure or other appointment will reside (see [Faculty Rule 3335-6-06](#)). This is the unit where the candidate will be a member of the eligible faculty for APT decisions. If it is possible for the TIU designation to be renegotiated at a subsequent time, the MOU should describe how such a negotiation would be initiated and concluded.
 - ii. What each unit will contribute to the appointment in terms of compensation; office; research space, equipment, and start-up funds; and any other relevant resources, as well as the process by which relative contributions could be changed over time.
 - iii. The defined workload associated with each part of the appointment; the process by which the defined workload associated with the different parts of the appointment can be changed; and the mechanism for resolving workload issues should it be alleged by either the joint appointee or one of the TIUs that one or both of the TIUs' expectations differ from those agreed to in the MOU.
 - iv. The annual salary decisions process and whether the TIUs agree to reach consensus on salary increases or each provide its own recommendation based on performance in areas relevant only to its part of the appointment.
 - v. In the case of an untenured faculty member, how annual reviews and the review for tenure will be conducted; whether both TIUs must agree on renewal of the appointment and ultimately on the award of tenure for the peer recommendation to be considered positive and if not, how a disagreement on renewal and tenure will be handled. If the TIUs cannot reach an agreement on this extremely important matter, then the hire is not to be made.
 - vi. In the case of a tenured faculty member, how annual reviews and reviews for promotion will be conducted and whether both TIUs must agree that promotion is warranted for the peer recommendation to be considered positive.
 - vii. The governance rights of the joint appointee in each of the TIUs sharing the joint appointee.

2. Faculty transfer into a joint appointment

- a. On occasion, a faculty member hired into a faculty position in a particular TIU seeks a joint appointment with another unit. In such cases, the two TIUs must enter into an MOU about the appointment that includes the items set forth in Policy Details I.B.1.c, including which unit will serve as the TIU, with the MOU being signed by the heads of the TIUs and the dean(s) of those TIUs and OAA. In such circumstances, OAA recommends that the faculty member and the TIUs involved observe the following process:
 - i. The faculty member consults with the head of the unit with which they want to establish a joint appointment and explain why such an appointment would benefit their academic career at The Ohio State University (university).



Applies to: Faculty

- ii. The TIU head then makes a judgment about whether the joint appointment will benefit the mission of the unit as a whole and whether there are funds to cover the salary and benefits associated with the joint appointment. In making this judgment, the TIU head consults with the dean (if applicable) about the effect of this joint appointment, if any, on future hires in the unit.
- iii. If the TIU head ascertains that the transfer would benefit the unit, the TIU head consults with the dean about whether there are funds in place to support the joint appointment. At this point, the faculty member requesting the joint appointment writes a formal letter of application to the TIU head.
- iv. The receiving unit provides information about the faculty member to its tenured faculty and requests a vote, following hiring procedures laid out in the [Appointments, Reappointments, Promotion and Tenure web page](#), about whether the unit approves the joint appointment.
- v. The dean and TIU head of the receiving unit decide whether to approve the appointment.
- vi. Joint appointed faculty may vote on appointments, promotion, and tenure decisions only in their TIU.

D. Academic appointments

1. Academic appointments have 0% FTE and occur when a tenure-track, clinical/teaching/practice, or research faculty member holds an appointment in one or more academic units outside the TIU.
2. TIUs must establish formal expectations for academic appointments. Academic appointments are to be discontinued when expectations are not met and when a faculty member retires from or otherwise terminates employment with the university.

E. Changes in appointment

1. Transfer of TIU
 - a. The concept of a TIU and the circumstances under which a tenure-track faculty member may be considered for transfer to a new TIU are described, along with the necessary approvals, in [Faculty Rule 3335-6-06](#).
 - b. Approval of the transfer by OAA is dependent on the establishment of mutually agreed upon arrangements between the administrators of the affected TIUs, including the deans(s), and the faculty member.
 - c. An MOU signed by all parties, including OAA, must describe in detail the arrangements of the transfer. Since normally the transferring faculty member will fill an existing vacancy in the receiving unit, the MOU will describe the resources supporting the position, including salary, provided by the receiving unit.
 - d. The review schedule of probationary tenure-track faculty is not altered by transferring to a new TIU. Requests for exceptions due to special circumstances must be submitted to OAA before the MOU is finalized.
2. Transfer from tenure-track to clinical/teaching/practice or research appointments
 - a. Tenure-track faculty members who transfer to clinical or research appointments are required to resign their tenure-track positions, relinquishing tenure if applicable.
 - b. Such transfers are initiated for consideration only upon the written request of the faculty member. Clear evidence must be offered of a change in the individual's career goals and expectations, duties, and activities.
 - c. The following Faculty Rules describe the circumstances under which such a transfer may be considered and approved:
 - i. To clinical/teaching/practice, [Faculty Rule 3335-7-09](#).
 - ii. To research, [Faculty Rule 3335-7-38](#).
 - d. Transfer from a clinical/teaching/practice or research appointment to the tenure-track is not permitted (see [Faculty Rule 3335-7-10](#) and [Faculty Rule 3335-7-39](#) respectively). Clinical/teaching/practice or research faculty may apply for tenure-track positions and compete in regular national searches for such positions.
3. Reduction in FTE
 - a. Involuntary reduction



Applies to: Faculty

- i. Unless otherwise agreed upon by the TIU and faculty member or otherwise set forth under the faculty rules, the involuntary reduction of FTE must follow the process under [Faculty Rule 3335-5-04](#).
 - b. Tenure-track faculty
 - i. If a part-time appointment was not included in the terms of hire as stated in the offer letter, a tenure-track faculty member who desires a temporary FTE reduction or a permanent FTE reduction must consult with the TIU head.
 - ii. Tenure-track faculty are defined in [Faculty Rule 3335-5-19\(A\)](#) as holding an appointment of 50% FTE or greater. Persons with a tenure-track faculty title on an appointment of less than 50% FTE are associated faculty.
 - iii. Upon the faculty member's request, the TIU head, with the approval of the dean in colleges with TIUs, has the authority to grant a reduction in FTE.
 - c. Probationary tenure-track faculty
 - i. A reduction in FTE does not involve an automatic exclusion of time from the probationary period, even though the projected revised dates may be mentioned in the letter approving the reduction, as is often the case. Probationary tenure-track faculty whose appointment is less than full-time but not less than 50% may request an exclusion of time from the probationary period in accordance with [Faculty Rule 3335-6-03\(D\)\(1\)\(c\)](#).
 - ii. OAA does not approve exclusions of time in advance. Rather, during the second year of a faculty member's reduced appointment, OAA will approve an exclusion of time for one year. For example, a 50% FTE appointment will reflect one year of service within the probationary period upon working two academic years for a nine-month appointment or two full years for a twelve-month appointment. At the appropriate time, a letter requesting approval of the exclusion of time is forwarded by the TIU head to the dean and then OAA.
 - iii. For probationary faculty, the letter directed to the final level of approval is to include (in addition to the amount of the reduction, when it will take effect, and whether it is permanent or temporary) a projected revision of the review schedule and the projected year in which the adjusted Fourth-Year Review would fall (if the Fourth-Year Review has not already occurred).
 - d. Clinical/teaching/practice and research faculty
 - i. Clinical/teaching/practice and research faculty who wish to renegotiate their FTE during a contract period must consult with the TIU head to seek approval.
4. Twelve-month and nine-month appointment conversions
 - a. Faculty will normally convert between a twelve-month and a nine-month appointment using a 12/9 or a 9/12 salary conversion ratio. Any other arrangement requires the approval of OAA.
 - b. See the [Faculty Compensation](#) policy for information regarding a faculty member with an administrative appointment.
5. Transfer of campus
 - a. The circumstances under which a faculty member may be considered for a transfer from one campus to another are described in [Faculty Rule 3335-6-07](#).
 - b. The provost's approval of the transfer is dependent on the establishment of a mutually agreed upon financial arrangement between administrators of the affected TIUs, including the dean(s).
- F. Endowed chairs or professorships
 1. Only the Board of Trustees (BOT) can establish an endowed chair or professorship and appoint an individual to hold that position. TIUs are to defer publicity regarding the establishment of an endowed chair/professorship or the appointment of an individual to that position until action has been taken by the BOT.
- G. College distinguished professors
 1. Colleges wishing to recognize distinguished faculty members may establish distinguished professorships, the titles of which must be (college name) distinguished professor.
 2. Criteria for review and procedures for awarding such distinctions must be included in the college Pattern of Administration.



Applies to: Faculty

H. Emeritus faculty

1. Tenure-track, clinical/teaching/practice, research, and associated faculty are eligible for consideration for emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service at the university (see [Faculty Rule 3335-5-19](#) and [Faculty Rule 3335-5-36](#)). The process for recommending emeritus status to the executive vice president and OAA is to be set forth in the TIU APT document and the Faculty Rules. Various offices within the university offer perquisites to emeritus faculty, which are subject to modification and remain at the discretion of the applicable office.
2. Graduate faculty status
 - a. See the [Graduate School Handbook](#) for details on graduate faculty status when a faculty member terminates employment with or retires from the university.
3. Emeritus titles for endowed chairs/professorships
 - a. Faculty members who hold an endowed chair/professorship or an Ohio eminent professorship at the time of their retirement or resignation may continue to use the chair designation upon request by their TIU head with the approval of the dean, OAA, and Board of Trustees (BOT).
 - b. The request can only be made for a faculty member retiring from the university and from the chair/professorship, not for those who may have held the chair/professorship in the past or those simply ending a term holding the chair/professorship.
 - c. The request can only be for carrying the name of the chair/professorship with the “emeritus” designation preceding the name. No chair/professorship resources can be allocated to the individual carrying the emeritus designation.
4. Title for members of the Emeritus Academy
 - a. A faculty member who has been granted emeritus academy status may use the title academy professor during the period that such faculty is an active member of the Emeritus Academy.

I. Reemployment of retired faculty

1. For eligibility requirements and guidelines on the rehiring of faculty who have retired from the university, see the [Reemployment of Faculty and Staff policy](#).
2. Re-employment of retired faculty is not an entitlement and cannot be guaranteed. Note that faculty may be rehired into the same position at greater than 75% FTE only if the salary is not greater than 75% of the salary at the time of retirement, subject to the requirements under the [Reemployment of Faculty and Staff policy](#).
3. Use the guidelines below in Section III.G.1-3 of this policy to determine appointment classification and FTE.
4. Rehiring a retired faculty member requires approval of the TIU head, the college human resources business partner, the college dean (or campus dean/director), and OAA prior to extending an offer. Colleges must forward requests to hire a retired faculty member using the [Request to Rehire Retired Faculty/Staff Member Form](#).

J. Reemployment of tenure-track faculty following nonrenewal of appointment or denial of tenure

1. OAA must approve the rehire of a tenure-track faculty member denied reappointment or tenure. This requirement for approval applies to faculty members rehired within three years of the final day of their original tenure-track appointment. Approval will be based on the nature of the proposed appointment in relationship to the reasons for denial of reappointment or tenure.
2. A proposal to rehire a faculty member to teach or to conduct research in some capacity when unacceptable teaching or research, respectively, was a factor in the denial of reappointment or tenure is unlikely to be approved.
3. TIUs are to exercise sound judgment in considering the rehire of probationary tenure-track faculty who withdraw from a mandatory review and resign.

K. Reemployment of tenure-track faculty who have resigned

1. There may be rare circumstances when a unit is unable to retain a truly exceptional faculty member (e.g., a member of a national academy), and the unit and college wish to facilitate the faculty member’s return to the university. The chair and dean may request approval from OAA, within two years of the faculty



Applies to: Faculty

member's departure, to rehire the faculty member into a vacant position without a national search. The unit/college must not promise to rehire the faculty member in advance since intervening events could make it undesirable or not feasible to follow through on such a commitment.

II. Associated Faculty

- A. For definitions and rules regarding associated faculty, see [Faculty Rule 3335-5-19](#).
- B. Regardless of title, all associated appointments require an offer letter stating the start date and the end date, not to exceed a term of three years. Appointments carry no presumption of academic tenure or reappointment.
- C. Associated appointments do not typically require OAA approval except in instances when the individual does not have a degree beyond a baccalaureate degree (see Section II.M below).
- D. Initial appointments at senior rank require prior approval of the college dean and OAA.
- E. Renewal requires a new offer letter and a new action in the human resources (HR) system. Nonrenewal requires termination in the HR system effective on the end date as stated in the offer letter.
- F. Persons with tenure-track faculty titles employed at 50% FTE or greater, clinical/teaching/practice faculty, and research faculty cannot hold an associated faculty appointment.
- G. General concerns
 - 1. Appointment classification
 - a. Temporary and Regular appointment status are determined by the length of the appointment. These appointments are renewable.
 - b. Temporary:
 - i. Appointment is for one semester or less.
 - ii. While a faculty member may be appointed for back-to-back semesters, continuous consecutive back-to-back appointments should be reviewed annually to determine if a regular appointment would be more appropriate.
 - c. Regular:
 - i. Appointment is for a minimum of two semesters up to three years.
 - ii. Faculty members with a multiple-year commitment to work for only part of the year, e.g., to be the instructor of record each fall for three years in a row, would only be appointed for the period they work.
 - d. Benefit eligibility for multiple appointments will follow the principles in the Office of Human Resources [Staff Employment policy](#).
 - 2. FTE in semesters
 - a. In cases when associated faculty members have duties limited to formal class instruction, the FTE is determined by the number of credit hours assigned per term. The university-wide baseline for fall and spring semesters is that one three-credit course equals 0.25 FTE. This translates into approximately 10 hours/week, or 3.33 hours/week/credit hour. Compensated associated faculty teaching fewer or more than three credits will have their FTE adjusted accordingly. For example, faculty teaching one course should be appointed at 25% FTE, regardless of hiring unit. Faculty teaching more than four three-credit courses should be paid supplemental compensation for this overload. No associated faculty member should teach more than five three-credit courses in a single semester.
 - b. Using this standard, a 100% FTE lecturer or other associated faculty appointment would be distributed by credit hour across two semesters as four (4) courses equaling twelve (12) credit hours for Autumn semester and four (4) courses equaling twelve (12) credit hours for Spring. semester.
 - c. Colleges and regional campuses may develop formal guidelines (written into their Patterns of Administration) for addressing types of courses that warrant a different credit-hour to FTE equivalency. This allows TIUs to address concerns about the differing amounts of time required for the preparation or evaluation of types of courses due to enrollment size, assistance from graduate teaching associates, studios, labs, one-on-one instruction, and so on, while at the same time providing a standard ensuring that all associated faculty members within a college or campus are treated equitably.



Applies to: Faculty

- d. In cases when associated faculty members have duties beyond formal class instruction, the TIU head must adjust the FTE accordingly. For example, in a given semester a lecturer could teach three courses and be assigned 25% FTE duties in other teaching areas, such as advising, guest lecturing, or developing curriculum.
 - e. All appointment letters for associated faculty members must specify the FTE of the appointment.
 - 3. FTE in summer term
 - a. Associated faculty teaching three credits in one four-week session will be appointed at 100% FTE, in one six-week session will be appointed at 75% FTE, and in one eight-week session will be appointed at 50% FTE. A summer course may be appended to a two-semester appointment.
 - 4. Pay Period; Benefits
 - a. Associated faculty members on appointments 75% FTE or greater for two semesters or the nine-month academic year will be paid out over twelve months as a 9/12 appointment. Such appointments will be eligible for benefits, subject to the terms and conditions of the applicable university employee benefit plan, program and/or policy, during the entire twelve-month appointment, from September-August.
- H. Professional titles if less than 50% FTE
 - 1. Individuals who perform across the full range of faculty duties and responsibilities (teaching, scholarship, and service) if less than 50% FTE are given tenure-track titles.
- I. Clinical practice faculty
 - 1. Clinical practice faculty appointments are limited to the health sciences.
 - 2. These appointments are appropriate for persons who provide significant service to the university such as:
 - a. Teaching the equivalent of one or more courses.
 - b. Advising graduate students or serving on graduate committees.
 - c. Serving as a co-investigator on a clinical trial or scholarly project that entails regular interaction with unit faculty and students as part of the collaboration.
 - d. Providing necessary university affiliation so that non-university health care providers may practice in university facilities and/or engage in teaching activities.
 - 3. Such individuals may be either non-university employees or university employees compensated on a non-instructional budget.
 - 4. Clinical practice faculty (compensated)
 - a. Clinical practice appointments are appropriate for persons who teach and provide patient care for compensation at an FTE ranging from 1% - 100%.
 - 5. Clinical practice faculty (uncompensated)
 - a. 0% FTE clinical practice appointments are made for the period in which the uncompensated service is provided, not to exceed three years.
 - b. TIUs may renew uncompensated clinical practice appointments only in cases when the purpose of the appointment continues to be met.
- J. Visiting faculty
 - 1. Visiting faculty (compensated)
 - a. Fiscal or programmatic circumstances may sometimes make it appropriate to hire faculty under time-limited contracts. Visiting faculty appointments may be renewed for up to three consecutive years or given a contract for up to three years at 100% FTE. Part-time appointments may be renewed until the equivalent of three years at 100% FTE is reached.
 - b. TIUs may also use the visiting faculty title for the temporary appointment of faculty members from other institutions and for foreign national faculty members who have been awarded tenure but do not have permanent residency status.
 - c. Only TIUs may make visiting faculty appointments for temporary duties. A non-TIU unit, such as a center that wishes to appoint persons, must use an appropriate non-faculty title.
 - 2. Visiting faculty (uncompensated)



Applies to: Faculty

- a. TIUs may use the visiting faculty title for the temporary appointment of faculty from other institutions who are not compensated by Ohio State, typically when the faculty member is compensated by their home institution.
- K. Adjunct faculty
 1. These appointments are appropriate for persons who provide significant service to the university such as:
 - a. Teaching the equivalent of one or more course.
 - b. Advising graduate students or serving on graduate committees.
 - c. Serving as a co-investigator on a research project that entails regular interaction with unit faculty and students as part of the collaboration.
 2. Such individuals may be either non-university employees or university employees compensated on a non-instructional budget.
 3. APT documents, as well as offer letters to adjunct faculty, must clearly state that adjunct appointments are:
 - a. Recommended at the discretion of the unit;
 - b. Made for periods not to exceed three years; and
 - c. Entail no commitment to renew the appointment beyond that period.
 4. Adjunct faculty (compensated)
 - a. Colleges may approve compensation for services provided by adjunct faculty in instances where such individual takes on exceptional responsibility.
 5. Adjunct faculty (uncompensated)
 - a. Adjunct appointments are made for the period in which the uncompensated service is provided, not to exceed three years. Renewal is contingent upon continued significant contributions.
- L. Lecturers
 1. When part-time instructors are needed for teaching, other than graduate teaching associates, the appropriate appointment is lecturer or senior lecturer.
 2. Colleges and the regional campuses must establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers.
- M. Qualifications for Appointment
 1. While qualified faculty members are identified primarily by credentials, other factors, including but not limited to equivalent experience, may be considered by the university in determining whether a faculty member is qualified. To be a member of the faculty or be the instructor of record for college credit at the university, the faculty member must satisfy at least one of the following criteria:
 - a. Holds an academic degree that is relevant to what the faculty member is teaching and that is one level above the level at which the faculty member teaches. In terminal degree programs, faculty members possess the same level of degree.
 - b. Holds a master's degree or higher in the discipline or subfield (or if master's is in another discipline or subfield, has completed 18 graduate credit hours in the discipline or subfield in which the appointee teaches) when teaching general education courses, or other non-occupational courses.
 2. Exceptions to the qualification requirements set forth in Section II.M.1. include the instructor of record who:
 - a. Has completed all requirements for the terminal degree with the exception of the dissertation, all but dissertation (ABD). This exception applies for a maximum of three years, after which time the faculty member must have completed the terminal degree;
 - b. Holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline and is equivalent to the degree that is otherwise required for a faculty position, as documented through a review process as determined by the TIU or college. Qualifications must be documented and approved by the appropriate chair and dean; or
 - c. Is a graduate student supervised by university faculty.
 3. For faculty holding less than a master's degree, the university defines the minimum threshold of equivalent experience generally as five years of professional experience or demonstrated skills in the



Applies to: Faculty

same area in which the potential instructor of record will be teaching. Credentials will be the primary determinant of minimal instructional qualifications but equivalent professional experience (having a breadth and depth of experience outside the classroom, in real-world situations relevant to what the faculty is teaching) and/or industry credentials are other possible determinants. OAA has final decision-making authority to determine whether the qualification of an instructor of record whose highest degree is less than a master's degree meets the minimum threshold. Such appointments should be rare and will only be approved if it is clear that the expertise of the faculty member fulfills a specific instructional need.

PROCEDURE

Issued: 07/20/2004

Revised: 08/25/2025 (interim revision)

- I. Appointing a Faculty Member to an Endowed Chair or Professorship
 - A. Once the BOT has approved the establishment of an endowed chair/professorship, the college is to transmit a draft offer letter to OAA for approval before extending an offer to the candidate. The letter must state the effective date and length of term, not to exceed five years, at which time the appointment will be up for renewal. After OAA returns the draft offer letter to the college, the unit may extend an offer to the candidate. The candidate must acknowledge acceptance of the position in writing.
 - B. The college must follow the requirements under the [Faculty Recruitment and Selection policy](#) for such appointments and include all required documentation with the draft offer letter when making an offer to an external candidate. OAA does not require a curriculum vitae (CV) for internal candidates.
 - C. The college sends to OAA a copy of the final offer on letterhead along with the candidate's acceptance, either as a signature on the offer letter or as a separate letter.
 - D. OAA forwards the offer letter with the candidate's acceptance to the BOT for final approval.
 - E. The appointment becomes official only upon approval by the BOT.
 - F. The dean must conduct a formal review prior to submitting an individual for reappointment to an endowed position.
 - G. Appointments to endowed chairs are ordinarily made at senior tenure rank and appointments to endowed professorships, when appropriate, can be made for early or mid-career faculty. Such endowments are to support the establishment of a new endowed position, and support the work of the faculty in terms of academic work and/or compensation as determined in consultation with OAA.
- II. Procedures for Faculty Emeritus Requests
 - A. Colleges are to forward written requests for faculty emeritus status to OAA using the [Request for Emeritus Status Form \(Form 207\)](#). TIUs are to follow the unit approval process set forth in their APT documents.
 - B. The title request is to be tied to final faculty status (e.g. associate professor emeritus). The process for using an emeritus title with an endowed chair, endowed professorship, or eminent scholar position is set forth in Policy Details I.H. The request for emeritus status must be received by the BOT prior to the date of retirement, if the perquisites of emeritus status (see Policy Details I.H.) are to become effective by that date.
 - C. After the emeritus request is approved by the BOT, the unit and/or college enters the emeritus appointment into the HR system. A retirement action must be entered prior to entering the emeritus action, and the emeritus effective date in the HR system must correspond with the effective date of the BOT approval. The emeritus effective date does not affect the retirement effective date or access to approved perquisites as determined by the TIU.
 - D. The process for recommending emeritus status to the executive vice president and provost must be set forth in the TIU APT document.
 - E. Emeritus status may be revoked in accordance with the Faculty Rules.

Applies to: Faculty

III. Procedures for Verifying Qualifications

- A. Each course instructor must provide a CV to their department or college. The current CV, along with all relevant documents, will be kept by each department, college, or program in accordance with the university's [General Records Retention Schedule](#).
- B. Any offer of employment to a prospective faculty member will be made contingent on verification of necessary academic credentials. The candidate must submit credentials to verify that they hold an appropriate degree and any other academic or professional credential and/or experience (e.g., license or certification) required for the position.
- C. TIUs are responsible for verifying that received credentials are appropriate to the faculty member's position and teaching assignments.

IV. Retrenchment

- A. Pursuant to [ORC 3345.454\(A\)\(2\) and \(B\)](#), the university must outline procedures for addressing faculty and program levels in the event of a reduction of the student population or overall funding, a change to institutional missions or programs, or other fiscal pressures or emergencies facing the institution.
- B. In the event of financial exigency as defined in [Faculty Rule 3335-5-02.1\(A\)](#), the president may initiate the process to address that situation as outlined in [Faculty Rule 3335-5-02.1](#). Tenured faculty are subject to the provisions outlined in [Faculty Rule 3335-5-02.2](#) during financial exigency, and tenured faculty have the appeal rights outlined in [Faculty Rule 3335-5-02.3](#) if their employment is terminated in accordance with those rules.
- C. In the event that a department, school, or college must be restructured, altered, or abolished due to financial exigency or any other reasons, the provisions in [Faculty Rule 3335-3-37](#) and [Faculty Rule 3335-6-06](#) will apply.
- D. Faculty may be subject to furloughs in accordance with [bylaw 3335-1-08\(E\)](#) of the Ohio Administrative Code and the procedure in the [Furloughs policy](#).
- E. Pursuant to [ORC 3345.454\(C\)](#), unless a waiver is granted by the Chancellor of the Ohio Department of Higher Education, the university must eliminate any undergraduate degree program that confers an average of fewer than five degrees annually over any three-year period, without counting any academic year prior to the first academic year in which an undergraduate degree is conferred. The Office of Academic Affairs is responsible for monitoring degree conferrals and working with impacted units to develop appropriate plans for addressing these requirements in accordance with applicable policies, rules, and laws.

Responsibilities

Position or Office	Responsibilities
Candidate	Acknowledge acceptance of an endowed chair or professorship position in writing.
College dean	<ol style="list-style-type: none"> 1. Approve the rehire of retired faculty. 2. Approve joint appointments of faculty. 3. Approve initial appointments of associated faculty at senior rank. 4. Approve qualifications of instructor of records when such faculty holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline. 5. Conduct a formal review prior to submitting an individual for reappointment to an endowed position.
Human resources business partner	Approve the rehire of retired faculty.
Office of Academic Affairs (OAA)	<ol style="list-style-type: none"> 1. Approve offer letter and MOUs involving joint appointment and all faculty transfers into a joint appointment. 2. Approve offer letters for appointments to endowed chairs or professorships. 3. Approve the rehire of retired faculty. 4. Approve the rehire of tenured-track faculty denied reappointment or tenure. 5. Approve initial appointments of associated faculty at senior rank. 6. Have final decision-making authority to determine whether the qualifications of a candidate whose highest degree is less than a master's degree meets the threshold of equivalent experience to be an instructor of record.

Applies to: Faculty

Position or Office	Responsibilities
	7. Monitor undergraduate degree deferrals and work with impacted units as set forth in the policy.
Tenure initiating unit (TIU)	<ol style="list-style-type: none"> 1. Determine if a joint appointment is the most appropriate means of accomplishing a shared goal. 2. Establish formal expectations for academic appointments. 3. Provide offer letters to candidates for signing prior to start date. 4. Reach agreement with a partnering TIU on the terms, requirements, workload of a joint appointment before filling the position. 5. Verify that received credentials are appropriate to the faculty member's position and teaching assignments.
TIU head	<ol style="list-style-type: none"> 1. Approve the rehire of retired faculty. 2. Approve qualifications of instructor of records when such faculty holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline.

Resources

Forms

Reemployment after Retirement, hr.osu.edu/benefits/retirement/reemployment

Request for Emeritus Status Form, Form 207, oaa.osu.edu/sites/default/files/documents/Form-207.pdf

Request to Rehire Retired Faculty/Staff Member Form, hr.osu.edu/wp-content/uploads/form-rehire-retired-request.pdf

Governance Documents

Advance Ohio Higher Education Act, ORC 3345.454, codes.ohio.gov/ohio-revised-code/section-3345.454

OAA Policies and Procedures Handbook, oaa.osu.edu/policies-and-procedures-handbook

Rules of the University Faculty, trustees.osu.edu/bylaws-and-rules/university-faculty-rules

University Policies, policies.osu.edu

Faculty Compensation, go.osu.edu/faculty-compensation-policy

Faculty Recruitment and Selection, go.osu.edu/faculty-recruitment-selection-policy

Furloughs, hr.osu.edu/wp-content/uploads/policy450.pdf

Paid Time Off, hr.osu.edu/policy/policy627.pdf

Reemployment of Faculty and Staff, hr.osu.edu/policy/policy425.pdf

Staff Employment, hr.osu.edu/policy/policy420.pdf

Additional Guidance

Faculty Rank Title Codes, bpb-us-w2.wpmucdn.com/u.osu.edu/dist/c/58333/files/2018/02/FacultyRankTitleCode-rj1af3.pdf

Graduate School Handbook, gradsch.osu.edu/graduate-school-handbook-gsh

Higher Learning Commission Criteria for Accreditation and Assumed Practices, download.hlcommission.org/FacultyGuidelines_OPB.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Academic Affairs	614-292-5881	oaa.osu.edu
Establishing an endowed chair or professorship Endowment approval schedule	Office of University Advancement	614-292-2970	advancement.osu.edu
Graduate faculty status	Graduate School	614-292-6031	gradsch.osu.edu
Rehiring retired faculty, benefits	HR Connection	614-247-myHR (6947)	HRConnection@osu.edu



Applies to: Faculty

History

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3335-5-04 Procedures for complaints of failure to meet academic responsibilities, post-tenure review, and misconduct made against faculty members.

(A) This rule shall apply to all formal complaints of failure to meet academic responsibilities, post-tenure review, and misconduct against faculty members as defined in rule 3335-5-19(A) and

(B). Complaints may be filed under this rule against any individual with a faculty appointment, including administrators who hold such appointments.

1. Complaints about the performance of administrators in their administrative capacity must be brought pursuant to applicable rules or policies for those administrative positions; all complaints against administrators who hold faculty appointments relating to the violation of applicable law, university policies or rules, or unit governance documents (other than those related to the performance of the administrator's duties) must be brought under this rule.

(B) Complaints shall proceed under the general procedures set forth in this rule and the specific procedures set forth in the following four subsections based on the nature of the allegations.

1. Complaints involving allegations of failure to meet academic responsibilities, complaints arising from the investigatory process set forth in the Campus Free Speech policy, and complaints arising from the DEI, Intellectual Diversity, and Controversial Beliefs Under the Ohio Higher Education Act policy shall proceed under rule 3335-5-04.1. A faculty member may be disciplined under this rule and may be terminated if the conduct constitutes serious failure to meet academic responsibilities for violations established under rule 3335-5-04.1(A) or a violation of the Campus Free Speech policy or the DEI, Intellectual Diversity, and Controversial Beliefs Under the Ohio Higher Education Act policy.
2. Complaints involving allegations of research misconduct shall proceed under rule 3335-5-04.2. A faculty member may be disciplined up to and including termination for violations established under this rule.
3. Complaints involving allegations of sexual misconduct, workplace violence, whistleblower retaliation, discrimination, harassment, and retaliation based on protected status shall proceed under rule 3335-5-04.3. A faculty member may be disciplined up to and including termination for violations established under this rule.
4. Complaints involving allegations of violations of applicable law, university policies or rules, or unit governance documents shall proceed under rule 3335-5-04.4, unless they fall under rules 3335-5-04.1, 3335-5-04.2 or 3335-5-04.3. A faculty member may be disciplined under this rule and may be terminated if the conduct constitutes grave misconduct or non-trivial financial fraud for violations established under rule 3335-5-04.4(A)(1)–(2).
5. Complaints arising out of the post-tenure review process set forth in section 3345.453 of the Revised Code and the Faculty Annual Review, Post-Tenure Review, and Reappointment policy shall proceed under rule 3335-5-04.5. A faculty member may be disciplined up to and including termination for violations established under this rule.

...

(K) The timelines set forth in this rule and in rules 3335-5-04.1 through 3335-5-04.4 are mandatory. However, the provost or designee may grant defined extensions of any time period

on an as-needed basis upon written request. The timelines set for in rule 3334-5-05 are mandatory, and the president shall hold sole authority to grant a single, two-month extension to complete the review process.

...

3335-5-04.1 Procedures for complaints of failure to meet academic responsibilities.

(A) This rule applies to complaints made against faculty members involving their failure to meet academic responsibilities as defined in rule 3335-5-01(C) as well as complaints arising from the investigatory process set forth in the Campus Free Speech policy and the DEI, Intellectual Diversity, and Controversial Beliefs Under the Advance Ohio Higher Education Act policy. A faculty member may be disciplined for violations established under this rule, and may be disciplined up to and including termination for serious failure to meet academic responsibilities or violations of the Campus Free Speech policy or the DEI, Intellectual Diversity, and Controversial Beliefs Under the Advance Ohio Higher Education Act policy. For the purposes of this rule “serious failure to meet academic responsibilities” is defined as conduct that reflects gross indifference or consistent failure to satisfactorily perform the academic responsibilities set forth in paragraph (C) of rule 3335-5-01 of the Administrative Code. If complaints against a faculty member are brought concurrently under both 3335-5-04.1 and 3335-5-04.4, those complaints may be consolidated into one proceeding, retaining the relevant evidentiary standard for each complaint.

...

3335-5-04.5 Procedures for post-tenure review complaints.

A) This rule applies to complaints made against tenured faculty members under the post-tenure review process set forth in section 3345.453 of the Revised Code and the Faculty Annual Review, Post-Tenure Review, and Reappointment policy. A tenured faculty member shall be required to undergo a post-tenure review if they: (1) receive a rating of “does not meet expectations” in the same area on their annual performance evaluation twice within any three-year period; (2) receive a rating of “does not meet expectations” in any area on their annual performance evaluation within two years following the conclusion of a previous post-tenure review; or (3) the faculty member’s department chair or dean or the provost determines that there is cause to find that the faculty member has a documented and sustained record of significant underperformance outside of the faculty member’s annual performance evaluation, provided that cause may not be based on an allowable expression of academic freedom as defined by the university or Ohio law. Post-tenure reviews arising from performance evaluations shall only be based on areas in which the faculty member spent at least five percent of their effort for the evaluation year. A tenured faculty member may be disciplined up to and including termination for violations established under this rule.

B) Preliminary proceedings.

- 1) Within 30 days after a tenured faculty member meets one of the conditions set forth in section (A) of this rule, the faculty member’s department chair shall submit a letter to the

vice provost for faculty affairs explaining the concerns set forth in the evaluations or a separate statement outlining an alleged documented and sustained record of significant underperformance outside the evaluations, and providing copies of the faculty member's five most recent performance evaluations and any responses submitted by the faculty member for consideration as part of the post-tenure review as well as any other documentation that the department chair deems relevant. This letter shall serve as the complaint for the purposes of the post-tenure review.

- a) For the purposes of this rule, the term "department chair" shall include school directors as well as associate deans for colleges without departments. For regional campus faculty, the campus dean and director shall be responsible for filing the complaint in consultation with the TIU head.
- 2) The vice provost shall have fourteen days to review the complaint and ensure that it contains all required information to conduct the post-tenure review. Thereafter, the vice provost shall provide a copy of the complaint to the respondent and refer the complaint to the relevant college investigation and sanctioning committee, which shall officially begin the post-tenure review process.
- 3) Only allegations stated in the complaint shall be considered at the various stages of deliberation. However, additional facts relevant to the allegations set forth in the complaint may be presented throughout the process.

C) College investigation and sanctioning committee.

- 1) Each college shall appoint a standing college investigation and sanctioning committee, which shall fulfill the responsibilities set forth in this section and shall be comprised solely of tenured faculty. A college may include faculty members from other colleges on its committee. Should a college have more than one complaint, it has the authority to convene multiple panels of the committee as needed. Each member of the standing college investigation sanctioning committee must receive required training before conducting an investigation under this rule.
- 2) Upon receipt of a referral of a complaint from the vice provost, the committee shall be responsible for reviewing the faculty member's performance as documented in the annual reviews and any accompanying information, with a specific focus on those areas in which the faculty member received "does not meet expectations" ratings that triggered the post-tenure review, or on the information provided when the complaint alleges a documented and sustained record of significant underperformance outside of the faculty member's annual performance evaluation. The committee shall meet with the department chair and the respondent and shall review any documentary evidence provided by these parties. The respondent shall be given copies of any documentary evidence provided to the committee as part of the investigation and be given an opportunity to respond to all such documentation. The committee shall have the authority to gather information relevant to the complaint, including by interviewing individuals other than the complainant and

respondent as the committee sees fit or as recommended by the complainant or respondent. The committee shall strive to maintain confidentiality in the proceedings.

- 3) At the conclusion of the investigation, the committee shall prepare a preliminary report that identifies the proposed findings of fact regarding whether the faculty member's performance was substantiated as "does not meet expectations," or whether an allegation of a documented and sustained record of significant underperformance outside of the faculty member's annual performance evaluation was substantiated. In making this determination, the committee must recognize that department chairs and deans have discretion to set performance expectations for their units and to evaluate performance according to those expectations, and that the committee may not substitute its judgment for the legitimate exercise of such discretion. However, the committee must still find that the alleged performance failures are supported by clear and convincing evidence to sustain a finding, and document its conclusions in the preliminary report. The committee shall provide that document to both the department chair or dean as applicable and respondent for review. Each party shall have seven days to respond and to identify any alleged errors or omissions in the findings.
- 4) Following review of any comments by the parties, the committee shall thereafter make any modifications to the report that it deems appropriate and issue a final report which shall include its proposed sanctions.
- 5) In evaluating sanctions, the committee shall consider the totality of the circumstances, including aggravating and mitigating factors.
 - a) Aggravating factors may include, but are not limited to:
 - (i) the significance and impact of the faculty member's failure to meet expectations;
 - (ii) the strength of the evidence presented;
 - (iii) whether there is a demonstrated pattern of failing to meet expectations;
 - (iv) the extent to which the respondent's conduct impacted students, staff, other faculty, their tenure-initiating unit's operations, and/or the university's reputation; and
 - (v) the respondent was offered feedback and resources to improve performance that were not utilized.
 - b) Mitigating factors may include, but are not limited to:
 - (i) the respondent's conduct did not have a significant negative impact on students, staff, other faculty, their tenure-initiating unit's operations, and/or the university's reputation;

- (ii) the respondent's performance met or exceeded expectations in some areas of their evaluation, and/or the respondent has a consistent history of meeting or exceeding expectations in the areas in which they currently do not meet expectations;
 - (iii) Documented external factors beyond the respondent's control contributed to the failure to meet expectations; and
 - (iv) the respondent accepted responsibility for the failure to meet expectations.
- 6) The committee shall have the authority to recommend sanctions as it sees fit as long as the sanctions are commensurate with the nature of the complaint and the committee's analysis of any aggravating and mitigating factors. Sanctions may be of a discrete or continuing nature, but sanctions of a continuing nature must specify the period of time in which they are applicable. Sanctions may include, but are not limited to the following, and may further include a combination of sanctions:
 - a) Verbal reprimand;
 - b) Written reprimand;
 - c) Mandatory training and professional development or other rehabilitation;
 - d) Reduction of salary base;
 - e) Reduction of twelve-month appointment to nine-month appointment;
 - f) Reduction of full-time equivalent (FTE) appointment;
 - g) Reduction of rank;
 - h) Revocation of tenure;
 - i) Termination of employment.
- 7) The committee shall complete its investigation and submit its report to the respondent's dean within forty-five days of the delivery of the complaint to the committee. The committee may seek a single, 15-day extension from the provost if needed pursuant to rule 3335-5-04(K).

D) Decision by the dean.

- 1) After reviewing the report and recommendation of the college investigation and sanctioning committee, the dean may:

- a) Dismiss the complaint if the committee found that the complaint was not substantiated and the dean concurs with that finding;
 - (i) If the dean determines that the committee erred in recommending dismissal of the complaint, the dean may return the case to the committee to address the error. In the event that a case is returned to the committee, the dean must specify the error at issue, and the committee shall address that error in accordance with the requirements of this rule and resubmit its finding to the dean within fourteen days.
 - b) Impose the committee's proposed sanction;
 - c) Impose what would reasonably be interpreted as an equivalent or lesser sanction to the committee's sanction; or
 - d) Increase the committee's sanction.
- 2) The dean shall make a decision in seven days. The final report of the college investigation and sanctioning committee and the dean's decision shall be sent to the complainant and the respondent.
- a) Appeals:
 - (i) The dean's decision shall be final in all cases in which the sanction imposed is a verbal reprimand, a written reprimand, or mandatory counseling or training, but a respondent may place a response to this sanction in their primary personnel file.
 - (ii) If the dean imposes any other sanction except for revocation of tenure or termination of employment, the respondent shall have the right to appeal in writing to the provost.
 - (iii) If the dean imposes a sanction that revokes tenure or terminates employment, the matter shall be automatically appealed to the provost.
 - (iv) In all appeals, whether discretionary or automatic, the respondent may identify their position on the case in writing to the provost. All such submissions and all discretionary appeals must be filed within seven days after notice of the dean's decision was mailed.
- E) Review of appeals by the provost.
- 1) After reviewing the record of a case appealed by a respondent or referred by the dean, the provost may:
 - a) Affirm the dean's sanction;

- b) Impose what would reasonably be interpreted as an equivalent or lesser sanction to the dean's sanction;
 - c) Increase the sanction; or
 - d) In the event that the provost determines that substantial new evidence exists (evidence that was not available at the time of the initial investigation and that may reasonably have affected the finding of misconduct) or there was conflict of interest or procedural error in the previous steps of the process that resulted in material harm or prejudice to the respondent, the provost shall return the case back to a previous step of the process for further proceedings as appropriate. If the provost returns the case to the committee, the committee shall address the error or new evidence and resubmit its finding to the dean within fourteen days. If the provost returns the case to the dean, the dean shall address the error or new evidence and resubmit their decision to the provost within seven days.
- 2) The provost shall make a decision within seven days of receiving materials from the dean and respondent as applicable.
 - 3) If the provost affirms the dean's decision to terminate employment, or imposes or upholds a sanction set forth in section (C)(6)(g) through (i) of this rule, the respondent may appeal to the faculty hearing committee. In all other cases, the provost's decision shall be final.
 - 4) An appeal by the respondent must be in writing and must be filed with the faculty hearing committee within fourteen days after notice of the provost's decision was mailed. Appeals to the faculty hearing committee shall be limited to one or more of the following grounds:
 - a) the sanction is disproportionate to the violations committed in view of the aggravating and mitigating factors;
 - b) substantial new evidence has been discovered (evidence that was not available at the time of the initial investigation and that may reasonably have affected the finding); or
 - c) there was a conflict of interest or procedural error in the previous steps of the process that resulted in material harm or prejudice to the respondent.
- F) The faculty hearing committee.
- 1) Within three days of receipt of an appeal from a respondent, the faculty hearing committee established by rule 3335-5-48.10 shall convene a hearing panel to consider the appeal and to provide a recommendation to the president regarding the appropriate action. The respondent and the provost or designee may each make one peremptory challenge to the seating of one person on the hearing panel and one peremptory challenge

to the selection of a presiding officer. Any peremptory challenges must be made within 24 hours of receipts of the panel and presiding officer names.

- 2) The parties to this hearing shall be the respondent and the provost, or designee.
 - 3) The hearing panel may restrict the attendance of persons at the proceedings. However, the respondent and the provost shall have the right to have one observer of their choosing present at all times.
 - 4) The provost, or designee, shall present the case to the hearing panel. In presenting the case, the provost may be advised and represented by the general counsel, or designee. The provost shall have the right to present witnesses and evidence and to examine witnesses and evidence presented by the respondent.
 - 5) Respondents shall have the right to represent themselves or to be represented by legal counsel or any other person of their choice. The respondent shall have the right to examine the witnesses and evidence presented against them in the hearing, to present witnesses and evidence on their own behalf, and to refuse to testify or be questioned in the proceedings without prejudice to their cause.
 - 6) The hearing panel shall receive testimony and other evidence as it deems relevant and material to the issues appealed, and may decline to receive evidence presented by the provost or the respondent that is not material and relevant to the appeal.
 - 7) An electronic recording shall be kept of all proceedings at a hearing panel. The recording shall be conveyed by the chair of the faculty hearing committee to the Office of Academic Affairs.
 - 8) At the conclusion of the proceedings, the hearing panel shall make written conclusions with respect to each substantive issue raised at the hearing:
 - a) If the respondent challenges the appropriateness of the sanction, the faculty hearing committee shall set forth what their recommended sanction is in accordance with the factors set forth in section (C)(5) of this rule.
 - b) If the respondent alleges conflict of interest, procedural error, or substantial new evidence, the faculty hearing committee shall set forth what their conclusions are and whether they believe that further proceedings are appropriate.
 - 9) The faculty hearing committee's report, together with a recording of the proceedings, shall be transmitted to the president, provost, and respondent within thirty days of the date that the final hearing panel is convened.
- G) The president.

- 1) Upon receipt of the written recommendation and a record of the proceedings from a hearing panel, the president shall review the matter. The president may:
 - a) Impose any sanction less than termination of employment whether or not it accords with the recommendation of the hearing panel;
 - b) Recommend to the board of trustees termination of employment;
 - c) Remand the case to the hearing panel for reconsideration; or
 - d) In the event that the president determines that substantial new evidence exists (evidence that was not available at the time of the initial investigation and that may reasonably have affected the finding of misconduct) or there was conflict of interest or procedural error in the previous steps of the process that resulted in material harm or prejudice to the respondent, the president shall return the case back to a previous step as appropriate.
- 2) The president's decision on all sanctions less than termination of employment is final.
- 3) Any decision of the president shall be communicated in writing to the hearing panel, the provost, and the respondent.
- 4) The president shall make a decision within fourteen days.

H) Board of trustees.

- 1) The board of trustees, in reviewing and deciding upon a case in which termination of employment has been recommended, has the ultimate authority to take that action necessary to promote the best interest of the university and to protect the rights of the individual. In such cases, the board shall have the discretion to decide whether the respondent has an opportunity to present to it arguments in writing, or in person, or both.



AMERICAN CIVIC LITERACY PLAN
REQUEST FOR APPROVAL

State institutions of higher education shall develop a plan, approved by the institution's board of trustees, to offer a course in American civic literacy pursuant to [ORC Section 3345.382](#). Submit this form, along with the board of trustees' resolution, to SB1@highered.ohio.gov.

The course shall comply with the criteria, policies, and procedures established under [ORC Section 3333.16](#). For approval of an American civic literacy course, complete the American Civic Literacy Course - Request for Approval Form.

OVERVIEW

Name of State Institution of Higher Education:

The Ohio State University

Date of Submission:

Primary Institutional Contact for This Request:

Name	W. Randy Smith, Ph.D.
Title	Vice Provost for Academic Programs
Phone number	614-292-5881
E-mail	smith.70@osu.edu

Date the institution's Board of Trustees adopted the plan (attach BOT Resolution as an appendix):

SECTION 1: STUDENT SUCCESS

1.1 Provide a plan for students that do not pass the cumulative final examination at the conclusion of the course that assesses student proficiency of the documents listed in division (B) of [ORC Section 3345.382](#).

All undergraduate students must pass the civics literacy (CL) course to graduate. The course should be taken no later than the next-to-last semester to address any potential graduation issue.

The university anticipates offering multiple courses that will include the statutorily required elements. The approved course(s) would include two distinct, but related, components: overall approved course content with expected learning outcomes, **and** clear, distinct attention to the seven specified documents.

Students who are enrolled in the course will need to pass a cumulative test for the course, which will require students to demonstrate proficiency on the documents as well as additional course requirements. That examination will be specified on the syllabus. As occurs currently in all courses, If the student fails required elements of the course (including but not limited to the aforementioned proficiency examination), they need to retake the failed course or complete another course that also meets the statutory requirements.

The Office of Undergraduate Education and the Office of the University registrar will work on special transfer or returning student cases individually.

SECTION 2: CURRICULUM

2.1 Describe where the course fits into the curriculum for the program (i.e., general education course).

Multiple courses will fulfill this requirement, and will include existing or new courses, drawn primarily from two “Foundations” level areas of our new General Education (GEN) program: “Historical and Cultural Studies” and “Social and Sciences”. Goals and learning outcomes are specified for each. They align with the statewide general education requirements of “Arts and Humanities” and “Social Sciences”.

Established courses designated for civics literacy will have already been approved at the State level for statewide transfer and will be submitted as such to the Ohio Department of Higher Education (ODHE). Because any **new** course proposed for civics literacy designation will be seeking state certification and inclusion in the general education program, it will need to follow established curricular review processes for those programs, specifically review by the department/school, college, Arts and Sciences Curriculum Committee (for review of concurrence relative to existing general education courses), Office of Academic Affairs, University Registrar, and Ohio Department of Higher Education.

All courses fulfilling the civics literacy (CL) requirement will have a distinct name and number with a CL designation (History XXXX Title: CL).

Initially the courses will come from the College of Arts and Sciences and the Chase Center. The John Glenn College of Public Affairs, the Moritz College of Law and the College of Education and Human Ecology may submit courses for approval.

SECTION 3: APPLICABILITY

3.1 Describe how the institution will ensure students who graduate with a bachelor’s degree in the spring semester, or equivalent quarter, of the 2029-2030 academic year and after will meet the requirements to complete the course.

The Office of the University Registrar will build into our degree audit system, appropriate requirements to ensure that students have completed a civil literacy course. That will be accomplished in some combination of:

- degree requirements based on the specific Ohio State civics literacy course and/or
- the satisfactory completion of the Ohio Transfer 36 module, or
- transfer of a specifically approved civics literacy course from another Ohio post-secondary institution.

This process will be monitored annually by the Office of Academic Affairs working through the Council on Academic Affairs' University Level Advisory Committee on the General Education.

Verification and Signature

The Ohio State University verifies that the information provided is truthful and accurate.

Walter "Ted" Carter Jr.
President, The Ohio State University

APPROVAL OF FISCAL YEAR 2026 CAPITAL INVESTMENT PLAN

Synopsis: Authorization and acceptance of the Capital Investment Plan for the fiscal year ending June 30, 2026, as proposed.

WHEREAS the university has presented the recommended capital expenditures for the fiscal year ending June 30, 2026; and

WHEREAS the recommended capital expenditures are the result of the university's comprehensive annual capital planning process; and

WHEREAS only those projects outlined in these recommendations will be approved for funding;

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that Capital Investment Plan for the fiscal year ending June 30, 2026, as described in the accompanying documents, be approved; and

BE IT FURTHER RESOLVED, That any request for authorization to proceed with any project contained in these recommendations must be submitted individually by the university for approval by the Board of Trustees, as provided for by Board policy.

FY 2026-2030 Final Capital Investment Plan
August 20, 2025

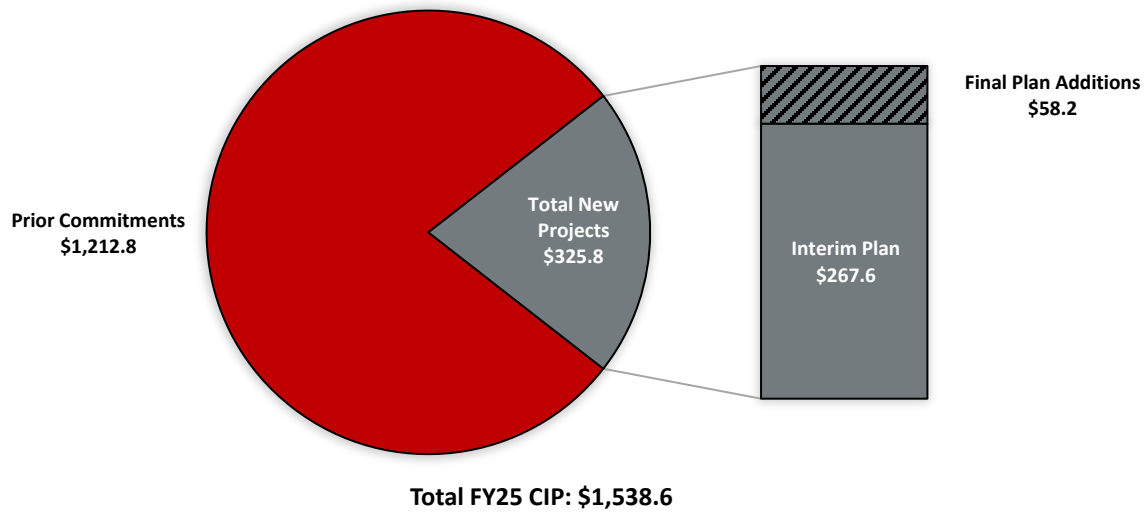


Table 1 - Prior Commitments - Remaining Spend (As of April 14 Actuals)

\$ in Millions

Line	Capital Priority	Projected Capital Expenditures					
		FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	Total
1	ABA - Schottenstein Center - Main Roof Replacement	\$ 2.2	\$ 5.5	\$ 0.5	\$ -	\$ -	\$ 8.2
2	ABA - Schottenstein Center - Scoreboard Replacement	\$ 1.0	\$ 2.8	\$ 1.2	\$ -	\$ -	\$ 5.0
3	A&S – Biological Sciences Building Upgrades	\$ -	\$ 1.8	\$ 5.3	\$ 4.7	\$ 2.3	\$ 14.0
4	A&S – Department of Economics Relocation	\$ 4.5	\$ 4.9	\$ -	\$ -	\$ -	\$ 9.4
5	COE – BMEC Phase 2	\$ 32.1	\$ 9.4	\$ 1.4	\$ -	\$ -	\$ 42.9
6	COE – Bus Testing Facility	\$ 2.7	\$ 12.6	\$ 0.7	\$ -	\$ -	\$ 16.0
7	EHE – Campbell Hall Renovation	\$ 16.1	\$ 20.5	\$ 6.3	\$ -	\$ -	\$ 42.9
8	ERIK – Battery Cell Research and Demonstration Center	\$ 6.0	\$ 1.3	\$ -	\$ -	\$ -	\$ 7.4
9	ERIK - Microelectronic Commons	\$ 2.4	\$ -	\$ -	\$ -	\$ -	\$ 2.4
10	FAES – Waterman Infrastructure Project	\$ -	\$ 4.1	\$ 2.8	\$ -	\$ -	\$ 7.0
11	FAES – Waterman Multispecies Animal Learning Center	\$ 21.9	\$ 18.3	\$ -	\$ -	\$ -	\$ 40.2
12	VET – PET/CT Space Renovation	\$ 0.3	\$ 0.8	\$ 1.4	\$ -	\$ -	\$ 2.5
13	WMC – Inpatient Hospital	\$ 201.3	\$ 88.6	\$ -	\$ -	\$ -	\$ 289.9
14	WMC – James Cellular Therapy Lab	\$ 1.3	\$ 3.8	\$ 1.7	\$ -	\$ -	\$ 6.8
15	WMC – James Outpatient Care	\$ 7.5	\$ -	\$ 12.7	\$ -	\$ -	\$ 20.2
16	WMC – James Outpatient Care Buildout	\$ 1.0	\$ 3.8	\$ 1.7	\$ -	\$ -	\$ 6.5
17	WMC – Magnetic Resonance Linear Accelerator & Housing	\$ 0.9	\$ 3.2	\$ 3.6	\$ 2.3	\$ 0.3	\$ 10.3
18	WMC – OSU East 4th Floor OR Renovation	\$ 0.8	\$ 7.0	\$ 10.6	\$ -	\$ -	\$ 18.4
19	WMC – Outpatient Care Powell	\$ 58.3	\$ 46.3	\$ -	\$ -	\$ -	\$ 104.6
20	Roll Up Other Projects	\$ 196.8	\$ 179.2	\$ 160.1	\$ 13.9	\$ 8.5	\$ 558.4
21	Subtotal	\$ 557.1	\$ 413.9	\$ 209.8	\$ 20.9	\$ 11.1	\$ 1,212.8

FY 2026-2030 Final Capital Investment Plan
August 13, 2025

Table 2 - New Projects Beginning in FY2026

\$ in Millions

Line	Capital Priority	Projected Capital Expenditures					Total
		FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	
1	Anticipated Spend for CIP Changes	\$ 10.0	\$ -	\$ -	\$ -	\$ -	\$ 10.0
2	Roll up of Small Infrastructure RDM Projects	\$ 2.7	\$ 10.4	\$ 10.8	\$ 5.4	\$ -	\$ 29.3
3	Small Programmatic Cash Ready	\$ 3.6	\$ 13.8	\$ 11.6	\$ 2.3	\$ -	\$ 26.8
4	WMC/COM - Roll up of Multiple Cash Ready	\$ 173.6	\$ 7.9	\$ 5.3	\$ -	\$ -	\$ 186.9
5	New Major Projects						
6	ATHL - 1922 Club Renovation (Construction)	\$ 1.8	\$ 5.4	\$ 5.4	\$ 1.9	\$ -	\$ 14.5
7	ATHL - Technology Modernization (Construction)	\$ 2.7	\$ 8.0	\$ 7.9	\$ 2.8	\$ -	\$ 21.3
8	DENT - Dental Simulation Space Modernization	\$ 0.2	\$ 1.5	\$ 3.7	\$ 3.4	\$ 1.8	\$ 10.6
9	NURS - Newton Hall Space Upgrades	\$ 0.2	\$ 1.4	\$ 2.1	\$ 0.4	\$ -	\$ 4.0
10	NURS - Newton Hall AHU Replacements	\$ 0.3	\$ 2.7	\$ 4.2	\$ 0.8	\$ -	\$ 8.0
11	SL - North Towers Upgrades - Jones, Taylor, Drackett (Design)	\$ 2.2	\$ 6.7	\$ 1.1	\$ -	\$ -	\$ 10.0
12	Grand Total	\$ 197.3	\$ 57.8	\$ 52.0	\$ 16.9	\$ 1.8	\$ 325.8

Table 3 - Funding for New Projects by Type and Funding Source

\$ in Millions

Line	Unit	Projected Capital Expenditures							% By Unit	Def. Maint. Addressed	Def. Maint. %
		Local	WMC	State	Grant	Gift- Pledged	University Debt	Grand Total			
1	Academic Support	\$ 29.9	\$ -	\$ 4.6	\$ -	\$ -	\$ 2.9	\$ 37.3	11.4%	\$ 12.9	34.5%
2	Athletics	\$ 9.5	\$ -	\$ -	\$ -	\$ 1.0	\$ 35.5	\$ 46.0	14.1%	\$ 20.9	45.5%
3	Infrastructure	\$ 32.8	\$ -	\$ -	\$ 0.5	\$ -	\$ -	\$ 33.2	10.2%	\$ 20.0	60.3%
4	Regional Campuses	\$ -	\$ -	\$ -	\$ 0.4	\$ -	\$ -	\$ 0.4	0.1%	\$ -	0.0%
5	Student Life	\$ 12.0	\$ -	\$ -	\$ -	\$ -	\$ 10.0	\$ 22.0	6.8%	\$ 19.8	90.0%
6	WMC/COM	\$ 15.9	\$ 171.0	\$ -	\$ -	\$ -	\$ -	\$ 186.9	57.4%	\$ 45.9	24.6%
7	Grand Total	\$ 100.0	\$ 171.0	\$ 4.6	\$ 0.9	\$ 1.0	\$ 48.4	\$ 325.8	100.0%	\$ 119.5	36.7%

**APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES
AND ENTER INTO/INCREASE CONSTRUCTION CONTRACTS**

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

BLANKENSHIP HALL UPGRADES
BRAIN AND SPINE HOSPITAL – LOWER-LEVEL RENOVATION
DOAN HALL – PET/CT REPLACEMENT
OUTPATIENT CARE EAST – CLINIC RENOVATIONS & RELOCATIONS

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

EAST HOSPITAL – CHILLER & COOLING TOWER REPLACEMENT
HERRICK DRIVE REBUILD
1922 CLUB
POLARIS MEP UPDATES
600 ACKERMAN – SPECIALTY PHARMACY EXPANSION

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS

TUNNEL REHABILITATION PHASE 1

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

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts for the following projects; and

	Prof. Serv. Approval Requested	Total Requested	
Blankenship Hall Upgrades	\$1.2M	\$1.2M	University funds
Brain and Spine Hospital – Lower-Level Renovation	\$0.3M	\$0.3M	Auxiliary funds
Doan Hall – PET/CT Replacement	\$0.4M	\$0.4M	Auxiliary funds
Outpatient Care East – Clinic Renovations & Relocations	\$1.1M	\$1.1M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital – Chiller & Cooling Tower Replacement	\$1.2M	\$5.8M	\$7.0M	Auxiliary funds
Herrick Drive Rebuild	\$0.6M	\$3.4M	\$4.0M	University debt
1922 Club	\$0.2M	\$14.3M	\$14.5M	University debt Auxiliary funds
Polaris MEP Updates	\$0.8M	\$6.6M	\$7.4M	Auxiliary funds
600 Ackerman – Specialty Pharmacy Expansion	\$1.2M	\$14.0M	\$15.2M	Auxiliary funds

**APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES
AND ENTER INTO/INCREASE CONSTRUCTION CONTRACTS (CONT)**

WHEREAS in accordance with the attached materials, the University desires to increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
Tunnel Rehabilitation Phase 1	\$5.5M	\$5.5M	University debt University funds State funds Partner funds

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

Project Data Sheet for Board of Trustees Approval

Blankenship Hall Upgrades

OSU-260014 (REQ ID# DPS260001)

Project Location: Blankenship Hall (0360)

- **Approval Requested and Amount**

Professional services	\$1.2M
Total requested	\$1.2M
- **Project Budget**

Professional services	\$1.2M
Construction w/contingency	TBD
Total project budget	TBD
- **Project Funding**

University funds
- **Project Schedule**

BoT professional services approval	08/25
Design	9/25 – 06/26
BoT construction approval	05/26
Construction	06/26 – 09/27
Facility opening	10/27



- **Project Delivery Method**

Construction Manager at Risk
- **Planning Framework**
 - This project is included in the FY26 Capital Investment Plan.
- **Project Scope**
 - This project will modernize and reconfigure Blankenship Hall to support the Department of Public Safety while updating building infrastructure to address deferred maintenance.
 - Key improvements include a state-of-the-art command center, an expanded, media-ready press briefing room, a mat training room, and enhanced locker facilities to support officer training.
 - The renovation will also incorporate updated technology to establish a real-time crime center and public safety hub.
 - An initial phase of the project will merge a previously planned renovation of the building's sallyport.
 - Total project cost will be validated during design.
- **Approval Requested**
 - Approval is requested to enter into professional services contracts.

-
- **project team**

University project manager: Munger, Steve
AE/design architect: TBD
CM at Risk or Design TBD

Project Data Sheet for Board of Trustees Approval

Brain and Spine Hospital – Lower-Level Renovation

OSU-230598 (REQ ID# Jam230040)

Project Location: Brain and Spine Hospital (0372)

- **Approval Requested and Amount**

Professional services	\$0.3M
Total requested	\$0.3M

- **Project Budget**

Professional services	TBD
Construction w/contingency	TBD
Total project budget	TBD

- **Project Funding**

Auxiliary funds

- **Project Schedule**

BoT professional services approval	08/25
Design	TBD
BoT construction approval	TBD
Construction	TBD
Facility opening	TBD

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

- This project is included in the FY26 Capital Investment Plan.

- **Project Scope**

- The project will assess ways to optimize the ground floor of the Brain and Spine Hospital to support nuclear pharmacy, James diagnostic/treatment spaces and imaging services.
- This project includes infrastructure and support space improvements for new LINAC and SPECT-CT equipment installations.
- Total project cost will be validated during design.

- **Approval Requested**

- Approval is requested to enter into professional services contracts.



- **project team**

University project manager: Brown, Vanessa
AE/design architect: BHDP
CM at Risk or Design Builder: Messer Construction

Project Data Sheet for Board of Trustees Approval

Doan Hall - PET/CT Replacement

OSU-250112 (REQ ID# JAM250012)

Project Location: Doan Hall (0089)

- **Approval Requested and Amount**

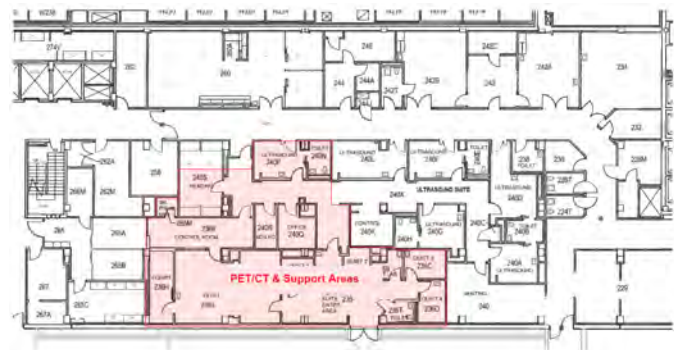
Professional services	\$0.4M
Total requested	\$0.4M
- **Project Budget**

Professional services	\$0.4M
Construction w/contingency	TBD
Total project budget	TBD
- **Project Funding**

Auxiliary funds
- **Project Schedule**

BoT professional services approval	08/25
Design	09/25 – 05/26
BoT construction approval	02/26
Construction	06/26 – 03/27
Facility opening	05/27
- **Project Delivery Method**

Construction Manager at Risk
- **Planning Framework**
 - This project is included in the FY26 Capital Plan.
- **Project Scope**
 - This project will support the installation of a new PET/CT machine in the Nuclear Medicine Department in Doan Hall.
 - Renovations to existing space will provide expanded support areas to accommodate the higher capacity and operational needs of the new equipment.
 - Total project budget and construction schedule to be validated during design.
- **Approval Requested**
 - Approval is requested to enter into professional services contracts.



-
- **project team**

University project manager: Dollery, Mitchell
AE/design architect: TBD
CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Outpatient Care East – Clinic Renovations & Relocations

OSU-255228 (REQ ID# WMC240003)

Project Location: Outpatient Care East (0837)

- **Approval Requested and Amount**

Professional services	\$1.1M
Total requested	\$1.1M

- **Project Budget**

Professional services	\$1.1M
Construction w/contingency	TBD
Total project budget	TBD

- **Project Funding**

Auxiliary funds

- **Project Schedule**

BoT professional services approval	08/25
Design	09/25 – 08/26
BoT construction approval	TBD
Construction	TBD
Facility opening	TBD

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

- This project is included in the FY26 Capital Investment Plan.

- **Project Scope**

- The project expands, renovates, and relocates healthcare services at Outpatient Care East, encompassing primary care, new optometry services, advanced urgent care, and non-oncology infusion spaces.
- Total project cost will be validated during design.

- **Approval Requested**

- Approval is requested to enter into professional services contracts.



- **project team**

University project manager: Radabaugh, Alexandra
AE/design architect: TBD
CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

East Hospital - Chiller and Cooling Tower Replacement

OSU-255136 (REQ ID# WMC240003)

Project Location: East Hospital - Tower (0397)

- **Approval Requested and Amount**

Professional services	\$1.2M
Construction w/contingency	\$5.8M
Total requested	\$7.0M

- **Project Budget**

Professional services	\$1.2M
Construction w/contingency	\$5.8M
Total project budget	\$7.0M

- **Project Funding**

Auxiliary funds

- **Project Schedule**

BoT professional services approval	08/25
BoT construction approval	08/25
Design	08/25 – 03/26
Construction	03/26 – 05/27
Facility opening	05/27

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

- This project is included in the FY26 Capital Investment Plan.

- **Project Scope**

- To address aging infrastructure, this project will replace the two main chillers, pumps and associated infrastructure, along with the cooling tower located on the west side of the facility.
- The units that are being replaced are part of the redundant infrastructure serving the hospital, replacements will be staged with cooling unit replacement to occur during off-peak season.

- **Approval Requested**

- Approval is requested to enter into professional services and construction contracts.



- **project team**

University project manager: Hyde, Carrie
AE/design architect: TBD
CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Herrick Drive Rebuild

OSU-230116 (REQ ID# FOD232017)

Project Location: **Site-see project information

- **Approval Requested and Amount**

Professional services	\$0.6M
Construction w/contingency	\$3.4M
Total requested	\$4.0M

- **Project Budget**

Professional services	\$0.6M
Construction w/contingency	\$3.4M
Total project budget	\$4.0M

- **Project Funding**

University debt

- **Project Schedule**

Design	08/23 – 11/25
BoT professional services approval	08/25
BoT construction approval	08/25
Construction	03/26 – 12/26
Opening	12/26

- **Project Delivery Method**

General Contracting

- **Planning Framework**

- This project is included in the FY23 and FY24 Capital Investment Plans.

- **Project Scope**

- This project will reconstruct John Herrick Drive between Woody Hayes Drive and Olentangy River Road to address the poor road conditions. The existing four-lane configuration will transition to a three-lane layout, including a center turn lane and a new multi-use path to enhance safety and connectivity.
- Initial design funding was allocated in FY23 to define scope and estimate total project costs, which were anticipated to be under the \$4.0M threshold, with construction targeted for the summer of 2025. The total cost now requires board of trustee approval, and the project schedule has been modified to align with the completion of the CHP project.

- **Approval Requested**

- Approval is requested to enter into professional services and construction contracts.



- **project team**

University project manager: Kitchen, Donovan
AE/design architect: American Structurepoint
CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

1922 Club

OSU-230836 (REQ ID# ABA250075)

Project Location: Ohio Stadium (0082)

- **Approval Requested and Amount**

Professional services	\$0.2M
Construction w/contingency	\$14.3M
Total requested	\$14.5M

- **Project Budget**

Professional services	\$1.7M
Construction w/contingency	\$14.3M
Total project budget	\$16.0M

- **Project Funding**

University debt, Auxiliary funds

- **Project Schedule**

BoT professional services approval	11/24
Design	01/25 – 09/25
BoT prof. services approval (increase)	08/25
BoT construction approval	08/25
Construction	10/25 – 07/26
Facility opening	08/26

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

- This project is included in the FY25 and FY26 Capital Investment Plans.

- **Project Scope**

- This project will renovate vacant space on the east side of Ohio Stadium into premium club and event space.
- The updated space will feature a new kitchen, catering space, full-service bar, dining room, and private event rooms to support and enhance the stadium's hospitality offerings.

- **Approval Requested**

- Approval is requested to increase professional services contracts and enter into construction contracts.



- **project team**

University project manager: Munger, Steve
AE/design architect: Osborn / OSPO RTS / HNTB
CM at Risk or Design Builder: Pepper Construction

Project Data Sheet for Board of Trustees Approval

Polaris MEP updates

OSU-255690 (REQ ID# WMC240003)

Project Location: Polaris Pkwy, 2001 (0836)

- **Approval Requested and Amount**

Professional services	\$0.8M
Construction w/contingency	\$6.6M
Total requested	\$7.4M

- **Project Budget**

Professional services	\$0.8M
Construction w/contingency	\$6.6M
Total project budget	\$7.4M

- **Project Funding**

Auxiliary funds

- **Project Schedule**

BoT professional services approval	08/25
BoT construction approval	08/25
Design	09/25 – 05/26
Construction	06/26 – 02/27
Facility opening	02/27

- **Project Delivery Method**

General Contracting

- **Planning Framework**

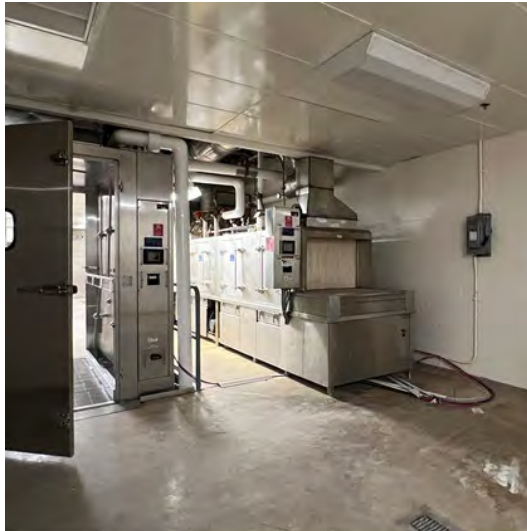
- This project is included in the FY26 Capital Investment Plan.

- **Project Scope**

- The project will update MEP infrastructure, including emergency electrical power in support of the overall building and cell therapy modular units. Updates will provide increased capacity for future expansion of the building.

- **Approval Requested**

- Approval is requested to enter into professional services and construction contracts.



- **project team**

University project manager: Whitmore, Steven
AE/design architect: TBD
CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

600 Ackerman - Specialty Pharmacy Expansion

OSU-240182 (REQ ID# WMC240001)

Project Location: Ackerman Rd, 600 (2435)

- **Approval Requested and Amount**

Professional services	\$1.2M
Construction w/contingency	\$14.0M
Total requested	\$15.2M

- **Project Budget**

Professional services	\$1.2M
Construction w/contingency	\$14.0M
Total project budget	\$15.2M

- **Project Funding**

Auxiliary funds

- **Project Schedule**

Design	04/24 – 10/25
BoT professional services approval	08/25
BoT construction approval	08/25
Construction	11/25 – 05/27
Facility opening	06/27

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

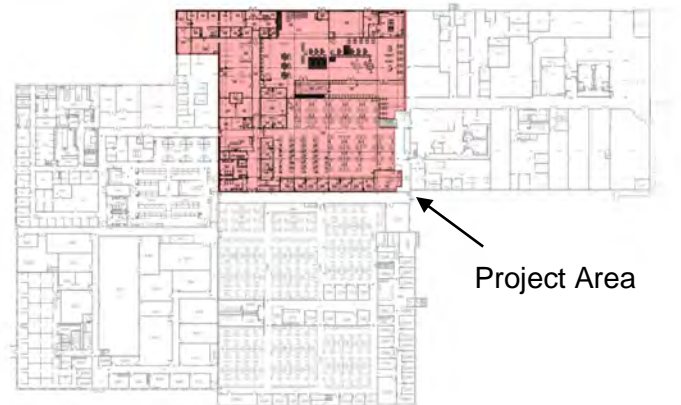
- This project is included in the FY24 and FY26 Capital Investment Plans.

- **Project Scope**

- This project will renovate approximately 30,000 SF in the 600 Ackerman building to accommodate the growth of the Specialty Pharmacy space and services to meet the demand of the patient population.
- The scope includes increasing the dispensing pharmacy from 1,800 SF to 10,000 SF, adding automation equipment, and additional storage capabilities in the form of freezers and coolers.
- Equipment costs, which are included in the total project budget, are estimated to be \$2.8M.

- **Approval Requested**

- Approval is requested to enter into professional services and construction contracts.



- **project team**

University project manager: Lively, Sarah
AE/design architect: BDTAID
CM at Risk or Design Builder: The Ruhlin Company

Project Data Sheet for Board of Trustees Approval

Tunnel Rehabilitation Phase I

OSU-230499 (REQ ID# FOD230015)

Project Location: **Site-see project information

- **Approval Requested and Amount**

Construction w/contingency	\$5.5M
Total requested	\$5.5M

- **Project Budget**

Professional services	\$3.2M
Construction w/contingency	\$31.8M
OSEP/ENGIE scope	\$12.5M
Total project budget	\$47.5M

- **Project Funding**
University debt, University funds, State funds, Partner funds (OSEP/ENGIE)

- **Project Schedule**

Design	04/23 – 10/24
BoT professional services approval	11/23
BoT construction approval	11/23
Construction	05/24 – 12/26

- **Project Delivery Method**
General Contracting

- **Planning Framework**
 - This project is included in the FY23, FY24 and FY25 Capital Investment Plan

- **Project Scope**
 - This request includes the design and construction dollars for the temporary above ground steam line that runs along the north side of John Herrick Drive from the Neil Ave. Garage to Cannon Drive.
 - This temporary steam line, which is expected to be operational by late 2025, will allow OSEP/ENGIE to design and construct the replacement of the west steam feed to ensure reliable steam service
 - The original project scope is the first phase of a three-phase tunnel project addressing deferred maintenance, including structural repairs, asbestos removal, and drainage/water infiltration issues. Phases 2 and 3 have not been funded.
 - Work will include structural repairs and piping replacements from 19th Avenue to an area near Lazenby Hall on South Neil.

- **Approval Requested**
 - Approval is requested to increase construction contracts.



-
- **project team**
University project manager: Stazzone, Al
AE/design architect: RMF Engineering
CM at Risk or Design Builder: McDaniel's Construction

**APPROVAL OF OHIO STATE ENERGY PARTNERS UTILITY SYSTEM
CAPITAL IMPROVEMENTS PLAN FOR FISCAL YEAR 2026**

Utility System Life-Cycle Renovation, Repair and Replacement Projects

Synopsis: Approval of the Ohio State Energy Partners LLC (“OSEP”) utility system capital improvements plan (“OSEP CIP”) for fiscal year 2026; authorization for OSEP to make such capital improvements pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the “Agreement”).

WHEREAS the Agreement requires OSEP to annually submit an OSEP CIP for approval; and

WHEREAS the Board of Trustees approved an interim fiscal year 2026 OSEP CIP in May 2025, prior to the university’s finalization of its capital investment plan for fiscal year 2026; and

WHEREAS the university has now finalized its capital investment plan for fiscal year 2026; and

WHEREAS the fiscal year 2026 OSEP CIP includes the requests for approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2025; and

WHEREAS OSEP has provided detailed descriptions of the proposed capital improvement projects, including the construction schedules and supporting technical data and analysis, pursuant to Section 4.3(c) of the Agreement; and

WHEREAS these utility system capital improvement projects will be delivered pursuant to the terms of the Agreement, including the schedules as detailed in the project approval requests; and

WHEREAS these capital expenditures for the approved OSEP CIP utility system projects will be added to the utility fee pursuant to the Agreement and any associated university directives; and

WHEREAS the university has reviewed and considered the financial, technical, and operational aspects of the projects and the OSEP CIP alignment with university plans and sustainability goals; and

WHEREAS the Master Planning & Facilities Committee has reviewed the OSEP CIP for alignment with all applicable campus plans and guidelines; and

WHEREAS the Finance & Investment Committee has reviewed the OSEP CIP for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2026 OSEP CIP; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2026 capital improvements to the Utility System as outlined in the attached materials.

BACKGROUND

TOPIC: Approval of Ohio State Energy Partners' ("OSEP") Utility System Capital Improvements Plan for Fiscal Year 2026

CONTEXT: Pursuant to the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), OSEP will fund and implement capital improvements to the Utility System.

Proposed capital projects are evaluated for alignment with applicable strategic, financial, and physical plans and to ensure continued reliability, safety, and compliance.

Approval of these projects is pursuant to the project scopes, schedules, cost breakdowns, total project costs outlined below, any applicable university directives, applicable project approval request forms, and supporting documentation submitted pursuant to the Agreement.

These OSEP capital projects are categorized as Life-Cycle Renovations, Repair, and Replacement Projects ("LFC"): LFC projects are capital improvements to existing utility system plants and distribution networks.

SUMMARY:

Campus Gas – Building Systems Upgrades 101-25-LFC

Scope: This project will upgrade the natural gas systems necessary to comply with codes and/or the university's Building Design Standards (including gas entrances, building meters, and regulators). Specifically, this project will perform the upgrades required for 11 buildings connected to master meters #7 and #9. This project was previously approved for design.

Construction Cost Request: \$ 2.012 M

Project Cost Breakdown	Cost
FY 2025 – Design	\$ 0.659 M
FY 2026 – Design	\$ 1.102 M
FY 2026 – Construction	\$ 0.069 M
FY 2027 – Construction	\$ 1.707 M
FY 2027 – Construction	\$ 0.236 M
Total Project Cost	\$ 3.773 M

Building Transformer Replacements - Phase 1 154-26-LFC

Scope: Replacement of existing end-of-life medium voltage transformers and associated equipment. This request is limited to the procurement of long-lead equipment. Construction is expected to begin in fiscal year 2028. The design for this project was completed under project 127-23-LFC.

Construction Procurement Cost Request: \$ 1.779 M

Project Cost Breakdown	Cost
FY 2026 – Procurement	\$ 0.217 M
FY 2027 – Procurement	\$ 0.563 M
FY 2028 – Procurement	\$ 1.000 M
FY 2028 – Construction Estimate	\$ 2.414 M
FY 2029 – Construction Estimate	\$ 6.117 M
FY 2030 – Construction Estimate	\$ 2.515 M
Total Project Cost Estimate	\$ 12.826 M

Steam & Condensate Repairs and Replacements – East of Neil 156-24-LFC

Scope: Replacement of an end-of-life expansion joint, support structures, and approximately 2,500 feet of condensate piping, and repair of a steam pipe leak in the 12th Avenue and College Road tunnels. This project was previously approved for design with an original construction estimate of over \$12M. Detailed design and assessment of the existing system revealed the steam piping could be repaired in lieu of replacement reducing the total project cost to \$6.033M.

Construction Cost Request: \$ 5.149 M

Project Cost Breakdown	Cost
FY 2024 – Design	\$ 0.015 M
FY 2025 – Design	\$ 0.400 M
FY 2026 – Design	\$ 0.469 M
FY 2026 – Construction	\$ 5.149 M
Total Project Cost	\$ 6.033 M

OSU Substation Transformers Replacement T1 & T2 193-25-LFC

Scope: Detailed design for the replacement of two of the existing three 138kV transformers at the OSU substation and upgrades to associated telemetry, monitoring, and alarm equipment. The project was previously approved for preliminary design. The current request is to complete design.

Design Cost Request: \$ 2.165 M

Project Cost Breakdown	Cost
FY 2025 – Preliminary Design	\$ 0.318 M
FY 2026 – Preliminary Design	\$ 0.014 M
FY 2026 – Detailed Design	\$ 1.600 M
FY 2027 – Detailed Design	\$ 0.555 M
FY 2027 – Procurement estimate	\$ 4.485 M
FY 2028 – Procurement estimate	\$15.640 M
FY 2029 – Construction estimate	\$ 5.042 M
FY 2030 – Construction estimate	\$ 0.350 M
Total Project Cost Estimate	\$ 28.004 M

McCracken UPS B Replacement 194-26-LFC

Scope: Design of the replacement of the end-of-life Universal Power Supply (UPS) B in the McCracken Power Plant. UPS A was approved for replacement under a previously approved project (31-21-LFC). Design work will include updated electrical drawings and load studies to properly size the new UPS system.

Design Cost Request: \$ 0.421 M

Project Cost Breakdown	Cost
FY 2026 – Design	\$ 0.363 M
FY 2027 – Design	\$ 0.058 M
FY 2027 – Construction Estimate	\$ 1.216 M
FY 2027 – Construction Estimate	\$ 1.163 M
Total Project Cost Estimate	\$ 2.800 M

New West Steam Leg 306-26-LFC

Scope: Design of the replacement and relocation of the portion of the steam piping system that runs north and south along the east side of Cannon Drive. The current portion of piping is subject to water infiltration when excessive rain raises the river water level. Repeated efforts to repair this leg of the system as part of 144-23-LFC over the past several years have not been effective, requiring a full replacement.

Design Cost Request: \$ 1.565 M

Project Cost Breakdown	Cost
FY 2026 – Design*	\$ 1.565 M
FY 2027 – Construction Estimate	\$ 21.785 M
Total Project Cost Estimate	\$ 23.350 M

* Preliminary design in the amount of \$200,00 was approved in March 2025 under project 144-23 LFC.

REQUESTED OF THE MASTER PLANNING & FACILITIES AND THE FINANCE & INVESTMENT COMMITTEES: Approval of the resolution.

Project Data Sheet for Board of Trustees Approval

Campus Gas - Building system upgrade

101-25-LFC

Project Location: Master Meter 7 and 9

- **Approval(s) Requested and Amount**

Construction	\$2.012 M
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Total requested	\$2.012 M
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- **Project Budget**

Design	\$ 0.082 M
--------	------------

Construction	\$ 3.691 M
--------------	------------

w/contingency

Total project budget	\$ 3.773 M
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- **Project Funding**

OSEP Financed	\$ 3.773 M
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University	\$ 0.000 M
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- **Project Schedule**

BoT design & construction approval	08/24
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BoT construction approval	08/25
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Construction	08/24 – 12/27
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Completion /full operation	09/25 – 12/27
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- **Project Delivery Method**

Design-Bid-Build

- **Project Scope**

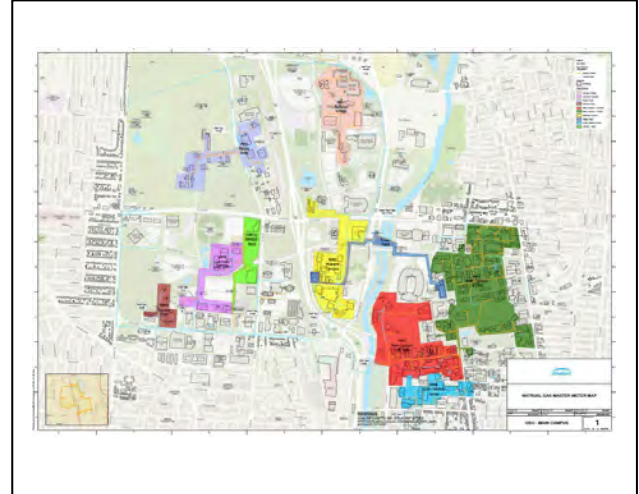
- Replace and upgrade meters and regulators are non-code compliant or non-functioning with new designed full setting.

- **Project Risks and Impacts**

- Outages to be coordinated with OSU stakeholders.
- Additional risks include gas leaks which may lead to minor service interruptions

- **Approval Requested**

- Requesting approval for construction in FY26.



project team

- OSEP project manager: Firas S. Oueis
- General Contractor: Design, Bid, Build – To be determined

Project Data Sheet for Board of Trustees Approval

Building Transformer Replacement 1

154-26-LFC

Project Location: Various Buildings across campus

- **Approval(s) Requested and Amount**

Long lead procurement	\$1.779 M
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Total requested	\$1.779 M
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- **Project Budget**

Construction w/contingency	\$ 12.826 M
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Total project budget	\$ 12.826 M
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- **Project Funding**

OSEP Financed	\$ 12.826M
---------------	------------

University	\$ 0.000M
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- **Project Schedule**

BoT Procurement approval	08/25
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BoT Construction approval (estimate)	05/26
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Construction	5/27-8/29
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Completion /full operation	8/29
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- **Project Delivery Method**

Design-Bid-Build

- **Project Scope**

Replace and upgrade aging transformers for several buildings, including those identified as safety hazards or requiring upgrades due to University-led renovation projects.

- **Project Risks and Impacts**

- Outages to be coordinated with OSU stakeholders.
- Supply chain issues leading to longer than anticipated delivery times and meeting university outage schedules

- **Approval Requested**

- Long lead procurement



project team

- OSEP project manager: Aoun Barki
- General Contractor: To be determined

Project Data Sheet for Board of Trustees Approval

Steam and Condensate Repairs and Replacements - East of Neil

156-24-LFC

Project Location: Southeast Tunnels – Upper 12th Ave. and College Tunnels

- **Approval(s) Requested and Amount**

Construction w/contingency	\$5.149 M
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Total requested	\$5.149 M
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- **Project Budget**

Design	\$0.884 M
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Construction w/contingency	\$5.149 M
----------------------------	-----------

Total project budget	\$6.033 M
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- **Project Funding**

OSEP Financed	\$6.033 M
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University	\$0.000 M
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- **Project Schedule**

BoT design Approval	11/23
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Design	05/24 – 02/25
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BoT construction approval	08/25
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Construction	10/25 – 11/26
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Completion /full operation	12/26
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- **Project Delivery Method**

Design-Bid-Build

- **Project Scope**

- Replace and upgrade approximately 2,500 linear feet of pumped condensate distribution piping in the Upper 12th Ave. and College Road tunnels.
- Replace structural supports of the piping systems, including pipe stanchions, grout footing, connections, anchors, expansion joints, saddles, guides, and slides.
- Replace an expansion joint located in the College Road tunnel between Page Hall and Ohio Union, and repair a steam leak near Canfield Hall.

- **Project Risks and Impacts**

- Outages to be coordinated with OSU stakeholders.
- Constrained space in the tunnels, which complicates the work.
- Health and safety risks inherent in working along the route of active steam and in areas with compromised ventilation.
- Labor shortage and supply chain issues.

- **Approval Requested**

- Approval for design received for FY24. Requesting Approval for construction in FY26.



project team

- | | |
|-------------------------|---------------------------------------|
| • OSEP project manager: | Francisco D. Saavedra |
| • AE/design architect: | Osborn Engineering |
| • General Contractor: | Design, Bid, Build – To be determined |

Project Data Sheet for Board of Trustees Approval

OSU Substation Transformer Replacement - T1, T2

193-25-LFC

Project Location: OSU Substation

- **Approval(s) Requested and Amount**

Detailed Design	\$ 2.165 M
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Total requested	\$2.165 M
-----------------	-----------

- **Project Budget**

Initial Design	\$ 0.332 M
----------------	------------

Design and Engineering Services	\$ 2.165 M
---------------------------------	------------

Construction w/contingency	\$25.507 M
----------------------------	------------

Total project budget	\$28.004 M
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- **Project Funding**

OSEP Financed	\$28.004 M
---------------	------------

University	\$ 0.000 M
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- **Project Schedule**

BoT Pre-Design Approval	02/25
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BoT Full Engineering Approval	08/25
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BoT Long Lead Approval	11/25
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BoT Construction Approval	TBD
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- **Project Delivery Method**

Design-Bid-Build

- **Project Scope**

- This project will replace two (T1 and T2) of the three 84MVA, 138kV to 13.8kV stepdown transformers at the OSU substation to maintain reliable delivery of electricity to the campus and modernize support infrastructure.
- In addition to improving the resiliency of the electrical system, this project implements an online transformer monitoring system which will provide real time information including warning and alarms relevant to the operating characteristics of the transformers to facilitate faults before they become failures, thereby minimizing downtime and unplanned outages.

- **Project Risks and Impacts**

- Long lead equipment
- Project duration and complexity

- **Approval Requested**

Design and Engineering Services



project team

- OSEP project manager: Chris Schneider
- AE/design architect: To be determined
- General Contractor: To be determined

Project Data Sheet for Board of Trustees Approval

McCracken UPS B Replacement

194-26-LFC

Project Location: McCracken Power Plant

- **Approval(s) Requested and Amount**

Design	\$0.421 M
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Total requested	\$0.421 M
-----------------	-----------

- **Project Budget**

Design & Construction w/contingency	\$ 2.799 M
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Total project budget	\$ 2.799 M
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- **Project Funding**

OSEP Financed	\$ 2.799 M
University	\$ 0.000 M

- **Project Schedule**

BoT Design approval	08/25
Design	9/25 – 6/26
BoT Construction approval	5/26
Completion /full operation	8/27

- **Project Delivery Method**

Design-Bid-Build

- **Project Scope**

- This project involves the replacement of Universal Power Supply (UPS) “B”, a critical component of the McCracken Power Plant’s electrical infrastructure that is past its operational lifespan.

- **Project Risks and Impacts**

- Outages to be coordinated with OSU stakeholders.
- Equipment lead times could drive the construction schedule
- Close coordination will be required with the operations team at McCracken during construction to minimize disruption to operations

- **Approval Requested**

- Design only



project team

- OSEP project manager: Aoun Barki
- Engineer: Osborn Engineering

Project Data Sheet for Board of Trustees Approval

West Steam Leg Installation

306-26-LFC

Project Location: South of OSU Stadium on OSU Columbus Campus

- **Approval(s) Requested and Amount**

Design	\$ 1.565 M
--------	------------

Total requested	\$ 1.565 M
-----------------	------------

- **Project Budget**

Design	\$ 1.565 M
--------	------------

Construction w/contingency	\$21.785 M
----------------------------	------------

Total project budget	\$23.350 M
----------------------	------------

- **Project Funding**

OSEP Financed	\$23.350 M
---------------	------------

University	\$ 0.000 M
------------	------------

- **Project Schedule**

BoT design Approval	08/25
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Design	08/25 – 11/25
--------	---------------

BoT construction approval	02/26
---------------------------	-------

Construction	07/26 – 07/27
--------------	---------------

Completion /full operation	10/27
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- **Project Delivery Method**

Design-Bid-Build

- **Project Scope**

- Install approx. 1,500 linear feet of steam and condensate piping systems between steam vaults 6 and 11 located east of the Morrill and Lincoln dormitory towers.
- Use exclusively Perma-Pipe buried pipes suitable for direct burial and can withstand the operating temperatures and pressures, including the installation of pipe connections, anchors, expansion loops, guides, and supports.

- **Project Risks and Impacts**

- Service outages and maintenance of traffic to be coordinated with Facilities Operations and Development, Facilities Design and Construction, Student Life, Wexner Med Center, Athletics, Rec-sports, Traffic and Transportation Management and Buckeye Grove departments.
- Soil conditions, water table level, and existing utilities that may interfere with the piping installation.
- Health and safety risks inherent in working along the route of the new steam and condensate pipes of active construction areas such as opened trenches, hot work, heavy equipment, material handling, and so on.
- Supply chain issues and labor shortages could pose risks to completing the construction on time. No permitting risks are anticipated.

- **Approval Requested**

- Requesting approval for design in FY26.



project team

- | | |
|-------------------------|---------------------------------------|
| • OSEP project manager: | Francisco D. Saavedra |
| • AE/design architect: | Affiliated Engineers, Inc. |
| • General Contractor: | Design, Bid, Build – To be determined |

APPROVAL FOR DISPOSITION OF REAL PROPERTY

**THAYER ROAD
BATH TOWNSHIP, ALLEN COUNTY, OHIO**

Synopsis: Authorization to sell real property located along Thayer Road, Bath Township, Allen County, Ohio, is proposed.

WHEREAS The Ohio State University seeks to sell 5.369 acres along Thayer Road, Bath Township, Ohio, identified as Allen County parcel number 37-3500-02-001.000, to Allen County so they may improve and widen Thayer Road; and

WHEREAS the sale of this property corresponds with the strategic investment and divestment of land assets in support of the university's current and future needs; and

WHEREAS the administration has identified this site as excess and no longer aligning with current and future planned needs:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to effect the sale of the aforementioned property upon terms and conditions deemed to be in the best interest of the university and at a sale price at or above the appraised value.

**APPROVAL FOR DISPOSITION OF REAL PROPERTY
THAYER ROAD, ALLEN COUNTY, OHIO
BOARD BACKGROUND**

Background

The university seeks Board approval for the sale of 5.369 acres along Thayer Road at the OSU Lima Campus to Allen County. The Allen County Commissioners plan to use the property to widen Thayer Road, which is located along the east side of the campus and have requested to purchase the property at the appraised value of \$43,000.

Location and Description

The affected property consists of approximately 5.369 acres along the east side of Allen County parcel number 37-3500-02-001.000.

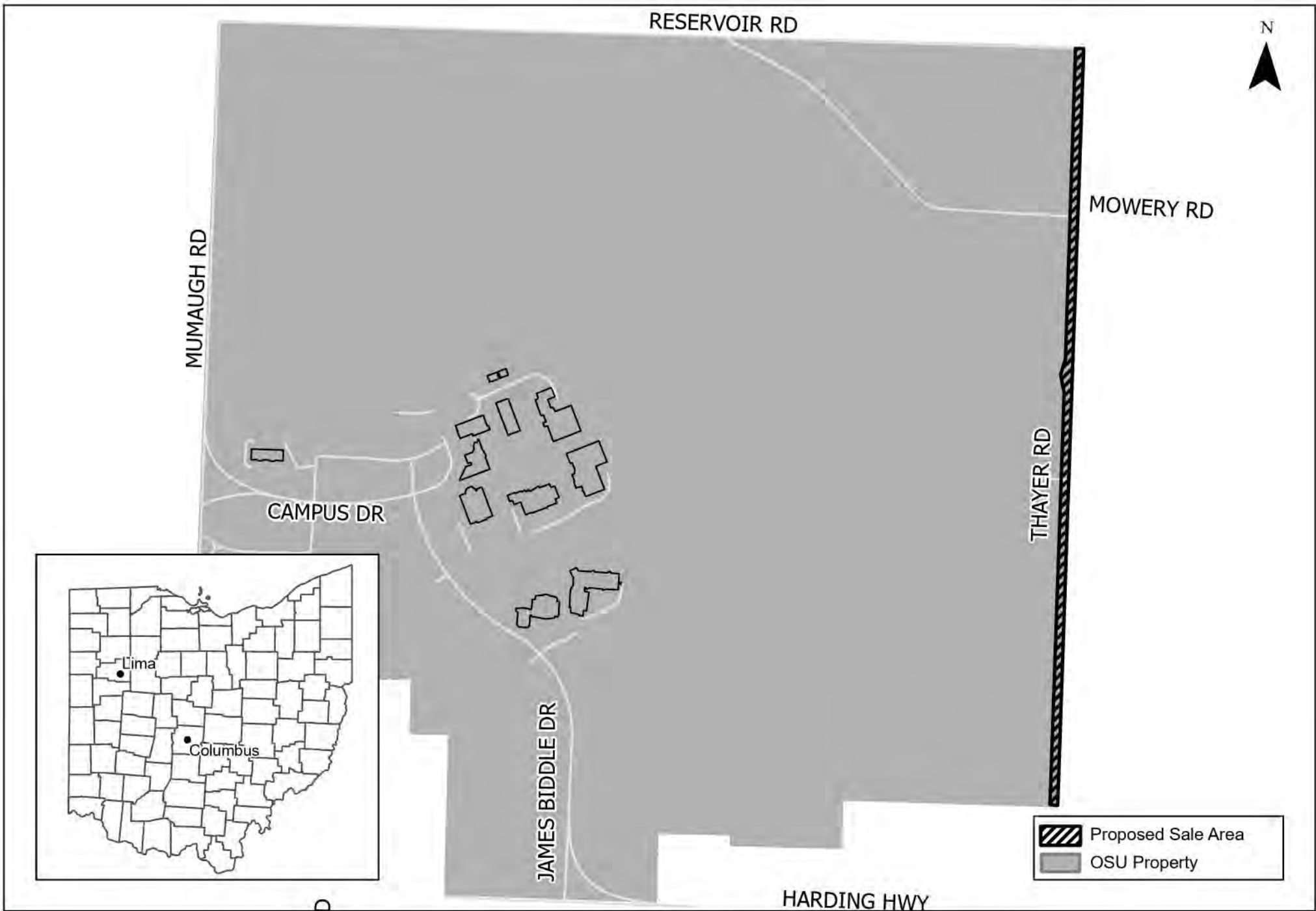
Property History

The property was purchased in 1965 as a part of the original acquisition and establishment of the OSU Lima Campus.

The proposed property to be sold extends along Thayer Road. The campus core lies approximately ¼ mile west of the sale area. The land to be sold is presently road right of way, farmland, or unimproved land, and sale of the site will not impact campus operations.

Sale of Property

Planning, Architecture and Real Estate recommends that the above referenced property be sold under terms and conditions that are deemed to be in the best interest of the university and at a sale price equal to appraised value. The proceeds will be used by OSU Lima campus to replenish their capital component fund for future projects.



Parcel ID 37-3500-02-001.000
Thayer Road
Bath Township, Lima, Ohio

APPROVAL OF FISCAL YEAR 2026 OPERATING BUDGET

Synopsis: Approval of the Operating Budget for the Fiscal Year ending June 30, 2026, is proposed.

WHEREAS The State of Ohio Biennial Budget for State Fiscal Years 2026 and 2027, including funding levels for State institutions of higher education, has been signed into law; and

WHEREAS Tuition and mandatory fee levels for the Columbus and Regional Campuses for the Academic Year 2025-2026 were proposed at the May 21, 2025, Board of Trustees meeting; and

WHEREAS The Administration now recommends approval of the Fiscal Year 2026 Operating Budget for the University for the Fiscal Year ending June 30, 2026.

NOW THEREFORE

BE IT RESOLVED, That the University's Operating Budget for the Fiscal Year ending June 30, 2026, as described in the accompanying Fiscal Year 2026 Operating Budget Book for the Fiscal Year ending June 30, 2026, be approved with authorization for the President to make expenditures within the projected income.

TOPIC:

Fiscal Year 2026 Operating Budget Approval

CONTEXT:

The approval of the Fiscal Year 2026 Operating Budget ending June 30, 2026, is the final step in establishing the budget for the University. The budget as presented is based on the tuition and mandatory fees proposed at the May 21, 2025, Board of Trustees meeting.

SUMMARY:

Included are the following:

- Resolution for Approval of the Fiscal Year 2026 Operating Budget
- Fiscal Year 2026 Operating Budget Book for The Ohio State University

REQUESTED OF THE BOARD OF TRUSTEES:

Approval of the Fiscal Year 2026 Operating Budget.



THE OHIO STATE UNIVERSITY

FY2026 Financial Plan

Office of Business and Finance
Financial Planning and Analysis

FY 2026 Financial Plan

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Chapter 1 | Executive Summary

We are pleased to submit the Fiscal Year 2026 Financial Plan. This plan builds on the university's strengths and provides an operating margin to be reinvested in strategic initiatives and capital projects at the university.

We are presenting the Operating Plan alongside the Capital Investment Plan to provide more clarity about funding sources – which funding sources are fungible and can be spent for unrestricted purposes, and which funding sources must be spent on legally mandated or designated programs and projects. The narratives throughout this financial plan utilize this managerial-based presentation.

This document includes an Executive Summary, an introduction to the budget process at Ohio State, the full FY 2026 Operating Plan, FY 2026 Capital Investment Plan, and detailed material provided in the Appendix.

Highlights of the Consolidated Financial Plan

Total Sources (\$ thousands)	FY25 Forecast	FY26 Plan	FY25-FY26 \$ Diff	FY25-FY26 % Diff
University, External Sources	\$4,749,727	\$4,720,847	(\$28,881)	-0.6%
Health System	\$5,055,203	\$5,499,538	\$444,336	8.8%
OSU Physicians, Inc, External Sources	\$1,046,746	\$1,159,167	\$112,421	10.7%
DPCUs	\$81,591	\$72,124	(\$9,466)	-11.6%
Total Sources	\$10,933,267	\$11,451,676	\$518,409	4.7%
Total Uses (\$ thousands)	FY25 Forecast	FY26 Plan	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Total Personnel Expenses	\$5,530,860	\$6,020,241	\$489,380	8.8%
Total Non-Personnel Expenses	\$4,574,641	\$4,866,500	\$291,859	6.4%
Total Uses	\$10,105,501	\$10,886,740	\$781,239	7.7%
Sources Less Uses, Operating	\$827,766	\$564,936	(\$262,830)	-31.8%
Capital Sources and Uses (\$ thousands)	FY25 Forecast	FY26 Plan	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Total Capital-Related Sources	\$302,091	\$269,169		
Total Capital-Related Uses	\$1,043,499	\$1,046,462		
Sources Less Uses, Capital	(\$741,408)	(\$777,293)		
Sources Less Uses, Capital and Operating	\$86,358	(\$212,358)		

Sources: We anticipate consolidated sources will increase \$518.4 million or 4.7% to \$11.5 billion in FY 2026 compared to the FY 2025 Forecast.

- The university is projecting \$4.7 billion of total sources, excluding net transfers from the Health System, which is a decrease of \$28.9 million to the FY 2025 Forecast. Specifically, we anticipate increases in the areas of tuition and fees (increasing \$59.9 million) driven by increases in rates for the incoming tuition guarantee cohort, non-resident fees, and differential rate increases for professional and tagged masters programs; state operating support (increasing \$18.0 million) based upon the state operating budget guidance; non-exchange grants and contracts (increasing

\$3.7 million) driven primarily by increases in state financial aid; departmental sales and services (increasing \$6.7 million) resulting from instructional clinic activities; current use gifts (increasing \$7.0 million) and endowment distributions (increasing \$34.6 million). Increases in these areas are more than offset by decreases in exchange grants and contracts (decreasing \$63.4 million) driven by uncertainty in federal research funding; auxiliary sales and services (decreasing \$8.1 million) based on the autumn 2025 football schedule and a planned decrease in dorm occupancy; interest income (decreasing \$49.6 million) and other revenue (decreasing \$37.7 million) driven by one-time sources in FY 2025, inclusive of royalty, trademark and licensing revenues.

- The Health System and OSU Physicians, Inc. (OSUP) together account for a total increase in sources of \$556.8 million due to a combination of an estimated increase in adjusted admissions, outpatient growth, and some rate increases.

Uses: We anticipate consolidated uses will increase \$781.2 million or 7.7% to \$10.9 billion in FY 2026 compared to the FY 2025 Forecast.

- The university is projecting \$4.9 billion of total uses, which is an increase of \$214.9 million or 4.6%. The most significant driver of this increase is salaries, which are increasing \$118.4 million or 5.9% over the FY 2025 Forecast and related benefit cost increases of \$45.1 million. Increased salaries reflect a 3.5% merit increase pool (\$58.0 million) and related benefits expense. Increases more than the merit pool are driven by investments in strategic faculty and staff hiring initiatives including staff equity adjustments. Most notably, the FY 2026 personnel plan includes incremental faculty hiring of \$50.0 million to support academic excellence initiatives. Non-personnel uses are increasing by \$51.4 million, or 2.5%, driven by increases in student fee authorizations and scholarships of \$4.2 million; supplies, services, and other cost increases of \$57.8 million, or 4.4%; offset by an annual reduction in debt service of \$10.6 million.
- The Health System and OSUP's increases in uses are due to expenses to support their continued revenue growth and 5.5% salary increases, inclusive of the annual merit pool and incremental market increases to support employee retention and recruitment.

Sources Less Uses: We anticipate a consolidated surplus, excluding capital, of \$564.9 million. After including capital sources and uses, this surplus decreases to a loss of \$212.4 million, representing the investment of cash and bond proceeds in the university's capital plan. Details of the FY 2026 Capital Investment Plan are included in Chapter 8.

- The university is projecting an operating surplus of \$152.9 million, excluding capital. This surplus becomes a loss of \$97.1 million after including capital sources and uses. University surpluses are not completely fungible as some funds are for restricted purposes. The university is comprised of general funds used for teaching and other unrestricted uses, restricted funds from grants, gifts, or governmental appropriations, and earnings funds such as housing and dining and health sciences clinical operations. University funds are tracked and managed to ensure all restrictions are met. Of the \$152.9 million surplus before capital, \$96.2 million is from general funds, \$2.7 million is from earnings funds, and the remainder is for restricted purposes.

- The Health System FY 2026 Operating Plan projects an operating surplus of \$430.5 million, excluding capital. This surplus becomes a loss of \$96.9 million, including capital, based on net capital uses of \$527.4 million, primarily driven by the completion of the hospital tower project that is scheduled to open in the spring of 2026.
- The OSU Physicians, Inc. FY 2026 Operating Plan projects an operating surplus of \$4.6 million, based on \$1.336 billion operating sources (including \$176.9 million of Medical Center Investment transfers, see Chapter 7) and \$1.331 billion of operating uses.

FY 2026 Operating Plan Summary

The following table shows consolidated sources and uses for FY 2026 and compares those numbers to the forecast for FY 2025 and actual results from FY 2024.

Total Sources (\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Total Tuition and Fees (gross)	\$1,374,390	\$1,473,897	\$1,533,838	5.6%	\$59,941	4.1%
State Share of Instruction	\$428,599	\$437,373	\$453,309	2.8%	\$15,935	3.6%
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Total Sources	\$10,150,577	\$10,933,267	\$11,451,676	6.2%	\$518,409	4.7%
Total Uses (\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
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Total Uses	\$9,319,774	\$10,105,501	\$10,886,740	8.1%	\$781,239	7.7%
Sources Less Uses, Operating	\$830,803	\$827,766	\$564,936			
Total Capital-Related Sources	\$590,477	\$302,091	\$269,169			
Total Capital-Related Uses	\$964,303	\$1,043,499	\$1,046,462			
Sources Less Uses, Capital	(\$373,826)	(\$741,408)	(\$777,293)			
Sources Less Uses, Capital and Operating	\$456,977	\$86,358	(\$212,358)			

Sources

Tuition and fees are charged to students to cover the cost of instruction and university operations. All students are charged a base instructional fee depending on their program of study. Non-Ohio residents and international students also pay a non-resident and/or international surcharge. Select graduate and professional programs charge a market-based differential instructional fee. Certain programs also charge a program/special and/or technology fee. Tuition and fees also include Student Life fees, including the Ohio Union fee, the recreation fee, the student activities fee, and other miscellaneous fees for applications, orientation, transcripts, and the like.

Government Appropriations are divided between State Share of Instruction (SSI) and State Operating Appropriations. SSI is allocated between all Ohio public colleges based on a State of Ohio performance-based

formula and is used to fund instruction, operations, and strategy. State Operating Appropriations are direct line-item allocations for Ohio State University and are restricted in use.

Grants and Contracts include research projects administered through the Office of Sponsored Programs (OSP), grants and contracts administered directly by colleges and support units, and funding from federal and state government financial aid programs. Grants and contract funds are highly restricted in use and are typically disbursed on a reimbursement basis.

Sales and Services are goods and services sold to students or the general public. Housing, dining, athletics, and instructional clinical services make up the majority of this revenue. University sales and services operations retain their earnings and are charged an overhead rate to fund central operations and strategy.

Health System and OSU Physicians Revenues are derived from patient and insurance billing. The Health System and OSU Physicians retain their earnings and are charged an overhead rate to fund central operations and strategy.

Current Use Gifts are gifts that are available for immediate use based on donor restrictions. These funds are highly restricted based on donor intent and may or may not be expended in the year received.

Endowment Distributions are received from endowed funds established for the purpose of generating a distribution in perpetuity for a donor-restricted purpose. For purposes of the Operating Plan, only distributions are counted as sources and are restricted to each endowment description.

Interest Income is generated by the university on all cash balances. The short and intermediate-term interest revenue is unrestricted and used to fund operations and strategy.

Other Sources include miscellaneous university earnings such as royalties and rental income.

Uses

Personnel Expenses are salaries, wages, and bonus payments to university employees and benefits paid on their behalf. Units pay into benefits pools based on composite rates by employee type; these rates are reviewed by the University Faculty Senate and approved by the Provost and Chief Financial Officer.

Student Aid includes all institutional, departmental, governmental, gift and athletic financial aid.

Fee Authorizations pay for the tuition and fees for graduate teaching, research or administrative appointments.

Supplies & Services cover all other operating expenses for the university. Utilities, repairs and maintenance, consulting expenses, and research subcontract expenses are reflected in this category.

University Debt Service is an interest expense and principal repayment incurred on all outstanding debt.

Chapter 2 | Operating Plan Scope

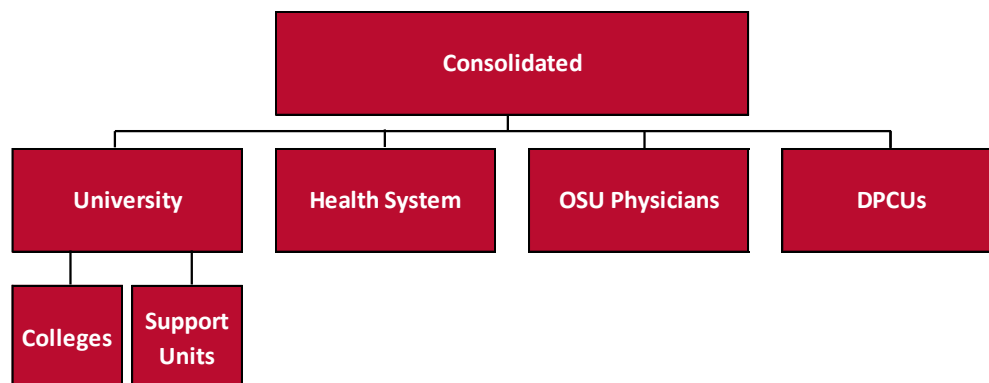
The university is a complex institution with planning units responsible for diverse missions: patient care, introductory accounting instruction, and automotive engineering research are all under the same umbrella. Diverse revenue streams fund these diverse missions, and the financial plan takes all these differences into account.

Operating Plan Units

All-funds operating plans are intended to represent planned revenue and expenses. They are collected from each unit across the university and reviewed and consolidated by the Office of Financial Planning and Analysis. This all-funds total operating plan provides the base framework for evaluating the activities of all academic and support units within the university, allowing proactive responses to changing economic issues as they arise. For the FY 2026 planning cycle, the university used Workday Adaptive Planning, a financial planning tool to collect college and unit plans and integrate data directly from Workday Finance and Human Resources. The university continues to optimize the use of Adaptive to reinforce consistent planning and forecasting, commitment tracking, and efficient position control at the college and unit level.

The financial structure of units throughout the organization reflects our complex mission. The financial plan is based on a hierarchical structure where individual plans are collected from colleges and support units and then consolidated. Financial Planning and Analysis performs a bottom-up review and consolidation of individual plans. It then reconciles the resulting numbers with a top-down forecast approach to arrive at the final submitted plan. Note that this hierarchy does not necessarily imply personnel reporting lines but serves as a graphical representation of how the plan is compiled and consolidated.

The top-level consolidation is made up of the University, Health System, OSU Physicians and Discretely Presented Component Units (DPCUs). Numerous eliminations occur at this level that reflect the transfer of funds among these four entities. In turn, the university is split between colleges and support units; the Health System is divided among five hospitals, dozens of ambulatory care facilities, and other administrative units; and OSU Physicians is split into 19 physicians' practices. The Health System and OSU Physicians are discussed in greater detail in Chapters 6 and 7. The remainder of this chapter and Chapters 4 and 5 address the structure and details of the University portion of the consolidated budget.



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Colleges are segmented into their respective Executive Dean clusters, Arts and Sciences, Health Sciences Colleges, Professional Colleges, and Regional Campuses for the university consolidation. Figures below represent sources before transfers for all funds.

Colleges \$2.4B: total sources before transfers and capital - including research			
Arts and Sciences \$517M	Health Sciences \$838M	Professional \$951M	Regional \$68M
	Dentistry \$68M	Fisher College of Business \$119M	Lima \$11M
	Medicine \$499M	Education and Human Ecology \$104M	Mansfield \$12M
	Nursing \$47M	Engineering \$354M	Marion \$14M
	Optometry \$25M	Food, Agricultural, and Environmental Sciences \$284M	Newark \$31M
	Pharmacy \$47M	Glenn College of Public Affairs \$16M	
	Public Health \$28M	Moritz College of Law \$39M	
	Veterinary Medicine \$124M	Social Work \$34M	

FY 2026 FINANCIAL PLAN

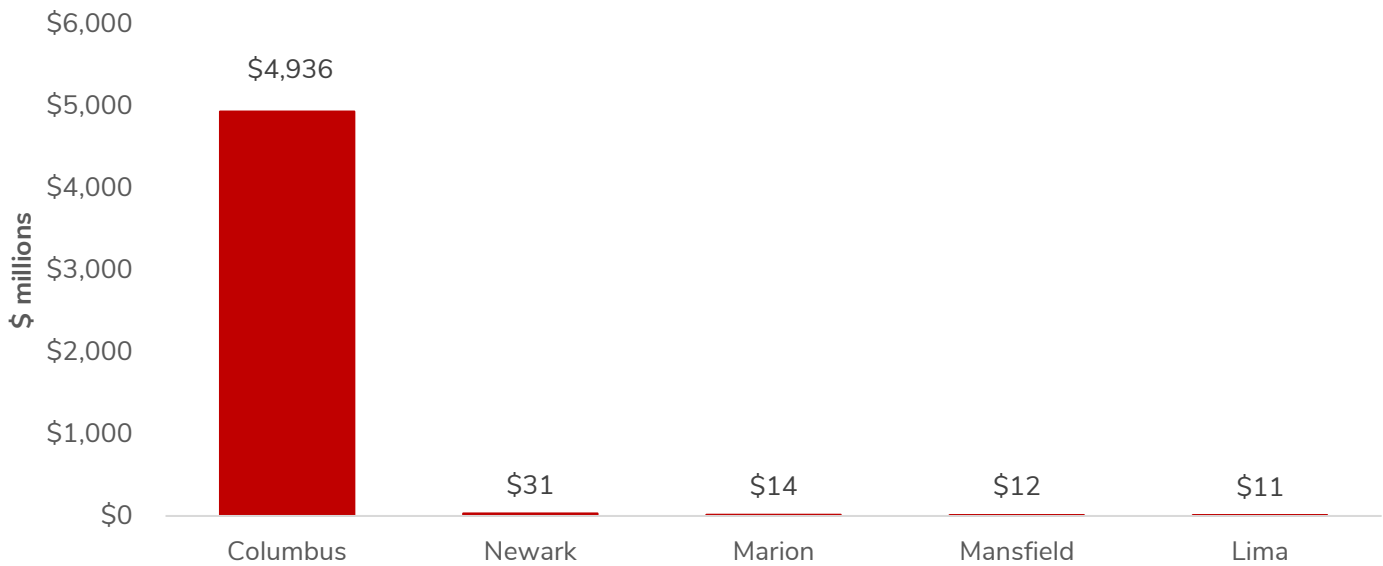
Sources before transfers for all funds for support units are as follows:

Support Units \$1.8B: total sources before transfers and capital - including research				
Major Auxiliaries \$688M	Academic Affairs \$264M		Other Support Units \$878M	
Athletics \$274M	Academic Affairs Administration \$59M	Strategic Enrollment \$27M	Administration and Planning \$373M	Board of Trustees \$1M
Business Advancement \$90M	Graduate School \$55M	Student Academic Excellence Administration \$3M	Business and Finance \$41M	ERIK \$94M
Student Life \$324M	International Affairs \$13M	Undergraduate Education \$20M	Government Affairs \$3M	Health Sciences \$206M
	Ohio State Online \$17M	University Libraries \$54M	Human Resources \$50M	Legal Affairs \$16M
	Outreach and Engagement \$3M	Wexner Center for the Arts \$11M	Marketing and Communications \$13M	President \$6M
			University Advancement \$74M	

Note: Each college and support unit depicted is also divided into many additional planning sub-units, which include divisions such as academic departments, deans' offices, centers, specific earnings operations, sports teams, physicians' practices, etc. University Advancement is shown after central funding transfers that comprise a majority of their budget.

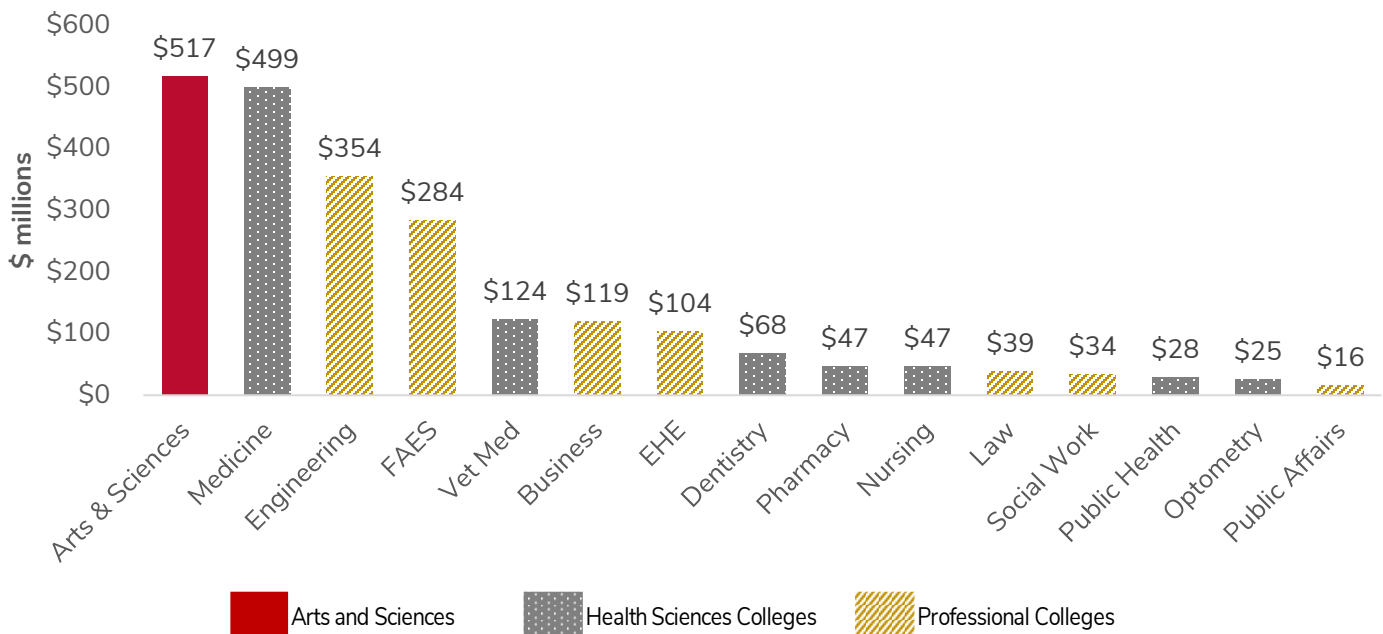
The size of campuses varies widely. The Columbus Campus is by far the largest in terms of sources:

Sources by Campus



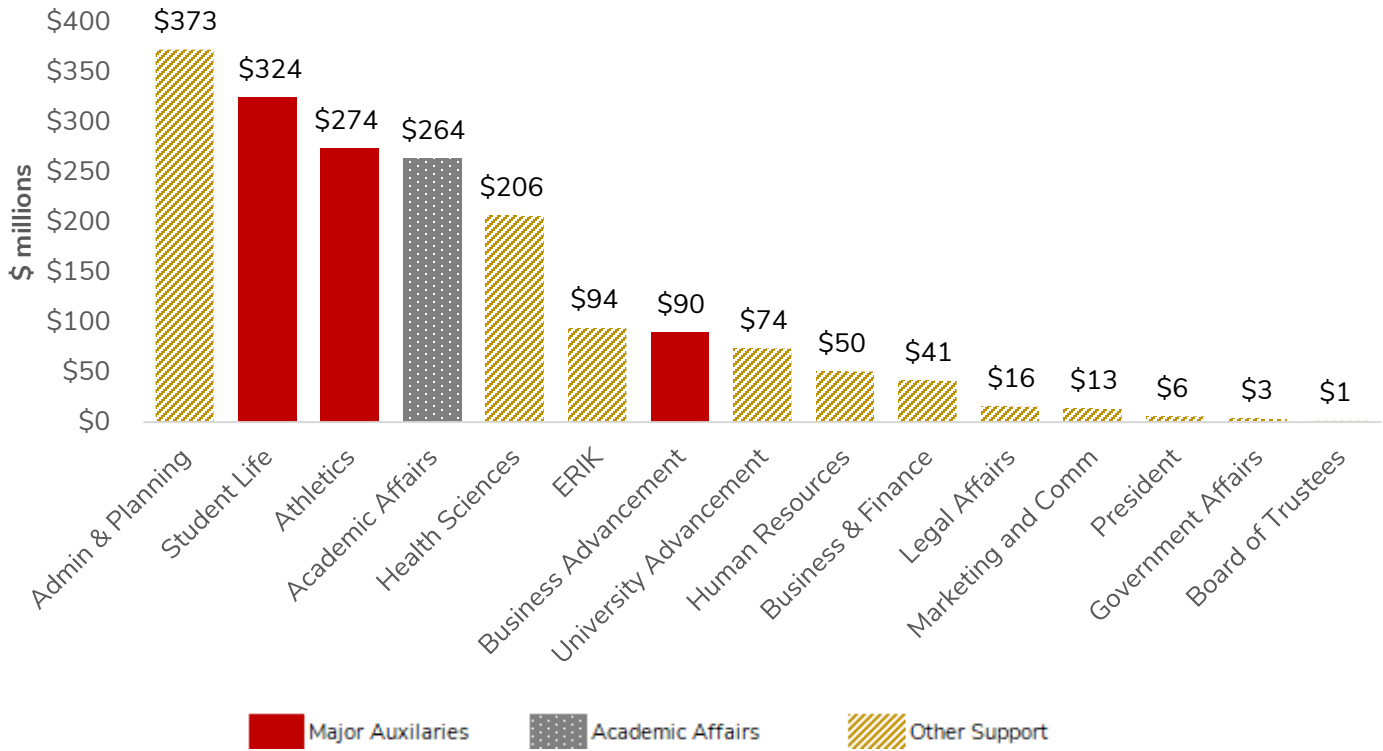
The College of Arts and Sciences is the largest college by sources, followed by the College of Medicine, the College of Engineering, and the College of Food, Agricultural, and Environmental Sciences.

Sources by College - Columbus Campus



After the transition of the Office of Technology and Digital Innovation (OTDI) and OH-TECH from Academic Affairs in 2024, the Office of Administration and Planning and its component units are the largest support unit, followed by Student Life and Athletics:

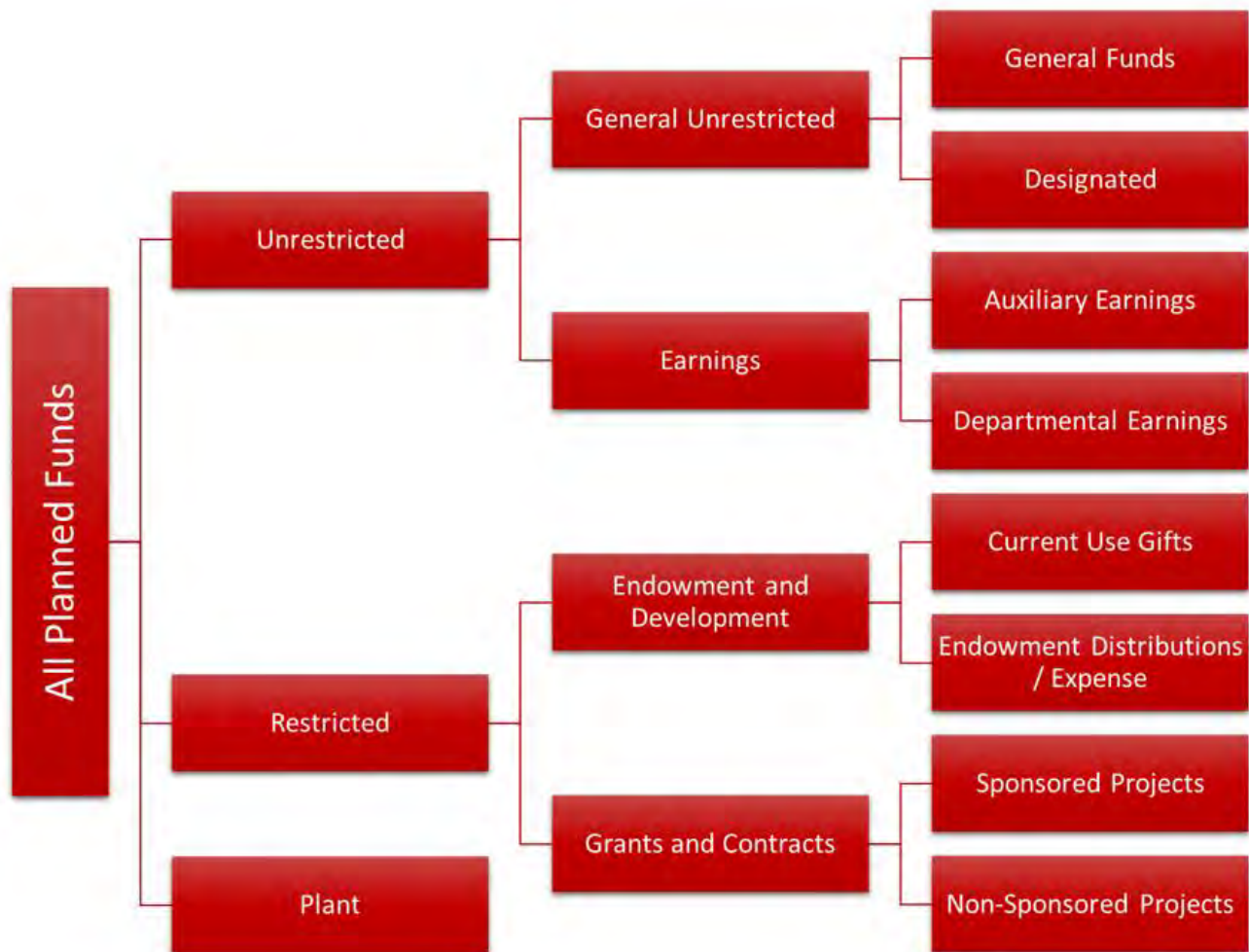
Sources by Support Unit



Operating Plan Funds

Not only is the university divided into planning units of vastly varying sizes, but each planning unit is also tracked using funds to ensure that fund restrictions are met. For the FY 2026 Financial Plan, the university continues a planning process encompassing all university operating funds. This approach affords a holistic view of all university operations in an easily understood format that will enable the university to highlight the evolution of funding sources. This will allow leadership to make informed strategic decisions in a timely manner.

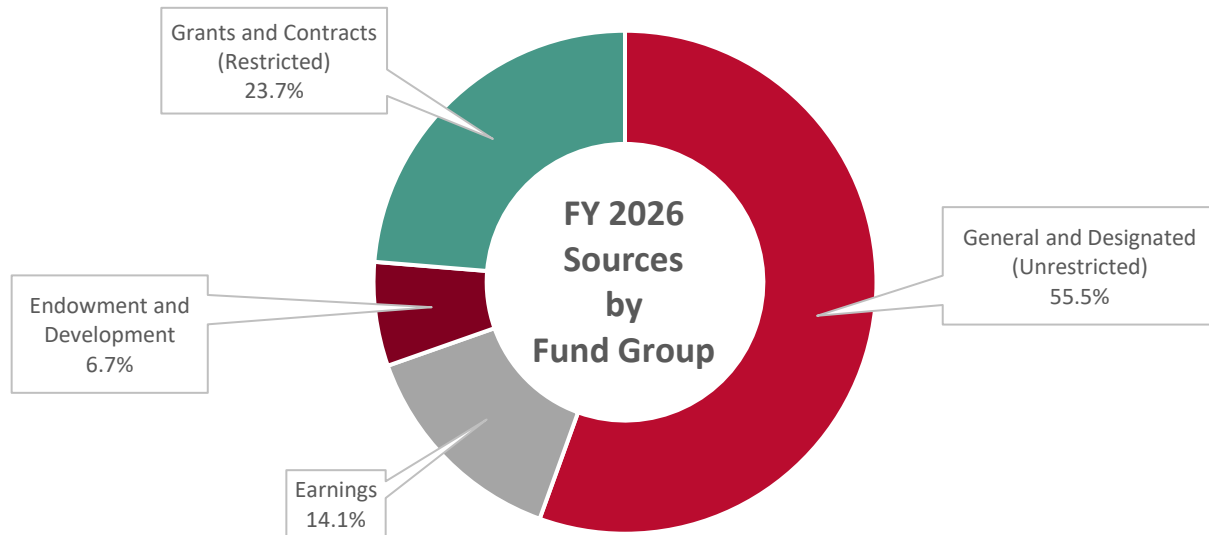
The operating plan comprises the following fund groups:



The university's plan is developed and managed according to the principles of fund accounting. Not all funds are created alike, and many are not fungible. Revenue is separated into a variety of fund types, the use of which is governed by the restrictions of the specific fund. Some fund types are unrestricted, including general funds and some earnings funds. Other funds have restrictions derived from the source of revenue, including current use gifts, endowments, and grants and contracts received from government agencies, foundations, and other outside sponsors. For both planning and spending decision purposes, the source of funding matters, as only certain fund groups can be used for all purposes at the university. Roughly 55.5% of total university

operating sources are tied to unrestricted general funds. An additional 14.1% of total university operating sources are derived from earnings sources, in which customers and users may expect revenue to only support specific goods or services, and the remaining 30.4% of university operating sources are restricted to the purposes set forth by the donor, contract, or granting agency.

As a feature of decentralized budgeting authority, all colleges and support units carry forward their own equity balances into the following year. They hold these equity balances to apply to strategic opportunities, including hires and startup packages, strategic procurement, capital uses, etc.

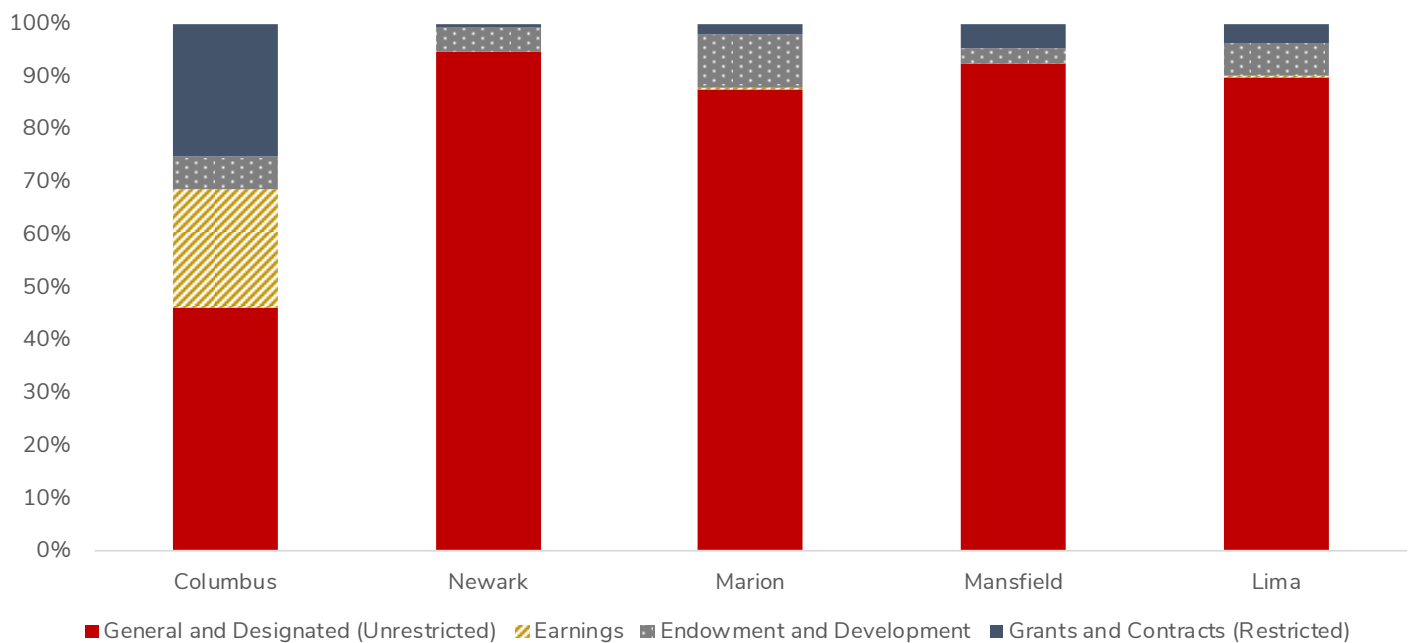


Funding sources and restrictions vary greatly by fund type:

Fund Group	Fund Type	Typical Funding Sources	Restrictions
Unrestricted	General Funds	Tuition and student fees, State Share of Instruction, short-term interest income, grant facilities and administrative cost allowances, cost allocations from earnings funds and Health System	None
	Designated	Originally from General Funds or unrestricted gifts, internally designated for a specific purpose	Not legally restricted but internally restricted for stated purposes
Earnings	Auxiliary Earnings	User fees, e.g., housing, dining, athletics ticket revenue	Not legally restricted, but customer/user may expect specific fees to only support specific goods or services
	Departmental Earnings	User fees, including internal billings, e.g., instructional clinic revenue, lab services revenue, etc.	Not legally restricted, but customers or users may expect specific fees to only support specific goods or services
Restricted Endowment and Development	Current Use Gifts	Donor gifts without either a requirement to be deposited into an endowment or used for a capital project	Restricted based on donor intent, may be governed by a gift agreement
	Endowment Income/Expense	Income from investment of donor gifts in the endowment	Restricted based on donor intent as memorialized in fund description
Restricted Grants and Contracts	Grants and Contracts	Grant or contract dollars received from external entities; includes specific line-item appropriations from the State of Ohio	Restricted based on grant agreement, contract, or line-item appropriation description

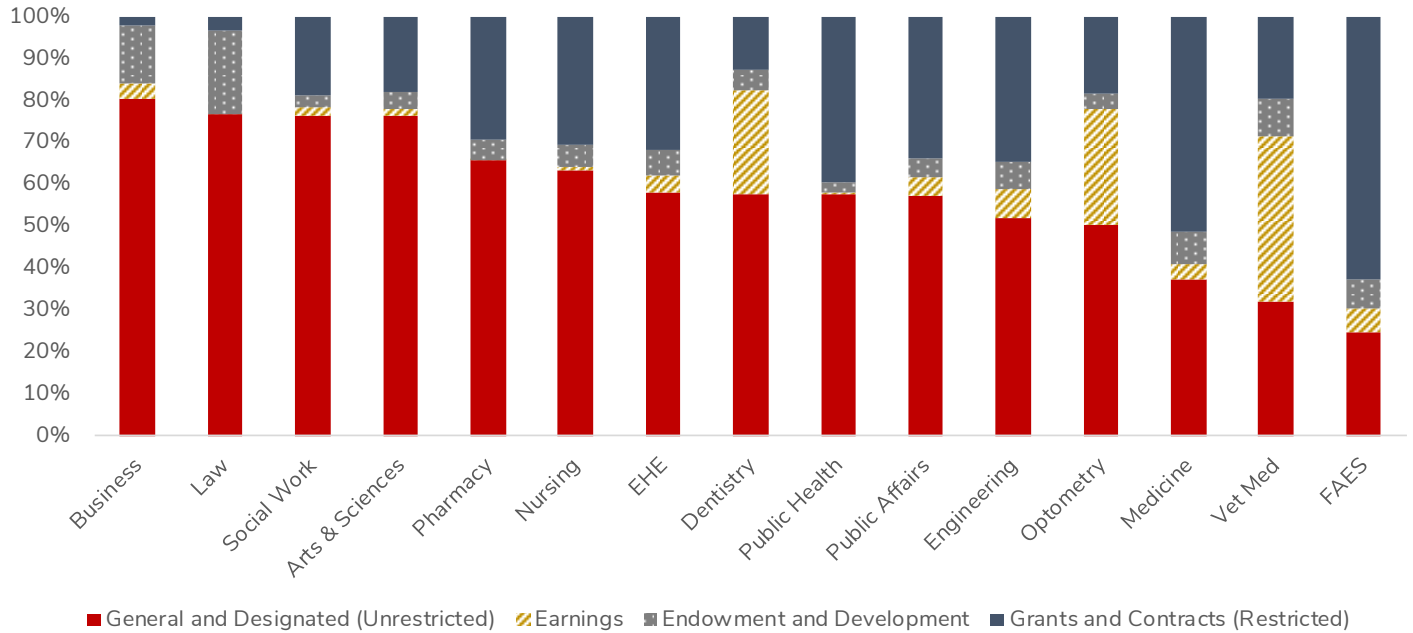
As units vary in size, units can also vary by funding type. The following charts show the differences in funding proportions among general unrestricted, earnings and restricted funds. Differences in funding sources result in different risk profiles. A unit with heavy reliance on general funds will be more sensitive to changes in enrollment, tuition and fees (including restrictions on tuition rates from the State of Ohio), the proportion of non-resident students, and changes in subsidy received from the State of Ohio than a more balanced unit. Support units with reliance on earnings are more susceptible to market-driven factors and typically must carry greater equity balances as reserves to maintain facilities and replace capital equipment. Units more reliant on restricted funding may not have the flexibility to spend all available equity balances based on the original gift or grant restrictions and are likely more susceptible to changes in the grant funding landscape or the loss of a large donor.

Proportion of Sources by Fund Group - By Campus

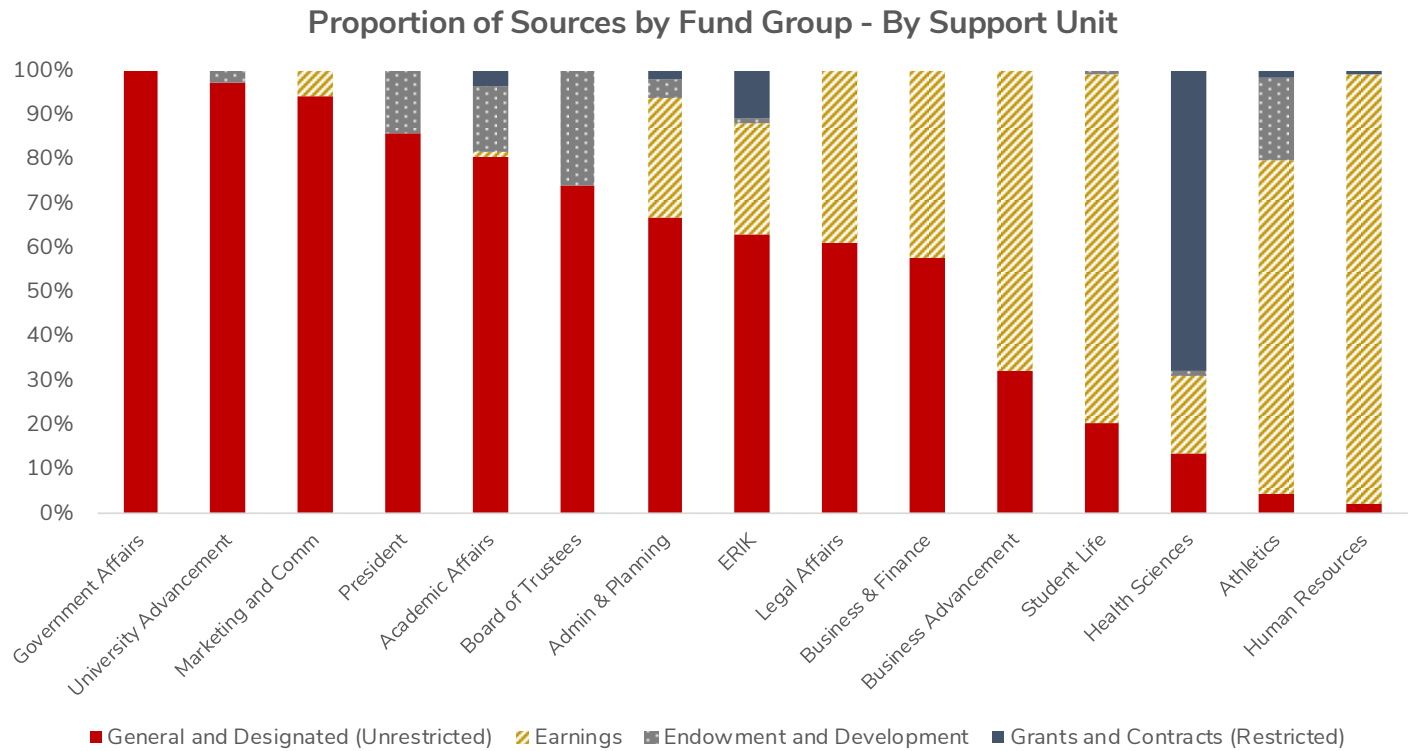


The Columbus Campus has more varied funding sources than the regional campuses, which rely primarily on general funds sources – tuition and subsidy.

Proportion of Sources by Fund Group - By College



Like the Colleges of Business, Law, Social Work, and Arts and Science, some colleges are highly dependent on general fund sources – tuition and subsidies. Colleges such as Dentistry, Optometry, and Veterinary Medicine rely on significant earnings revenue through their instructional clinics. Colleges like Food, Agricultural, and Environmental Sciences (FAES), the College of Medicine, and the College of Public Health operate with significantly restricted funding that supplements their general funds.



Support units also demonstrate a wide variety of funding dependencies, from units that are heavily reliant on general funds – Government Affairs and University Advancement – to units that heavily utilize earnings funds – such as Student Life and Athletics.

Units use a variety of techniques to prepare their plans. General funds plans are based on fixed uses and historical patterns coupled with preliminary estimates of tuition and subsidy allocations provided by Financial Planning and Analysis. Earnings units typically plan based on their business plans, approved fees, and projected use of their products and services. Grants and contracts revenue and current use gifts are projected based on historical patterns and anticipated gifts and grants that may be received.

The Ohio State University Health System and Ohio State University Physicians, Inc. prepare their plans based on projected activity and associated costs. External factors, such as government regulations and reimbursement rates, as well as contractual agreements with healthcare payors, also play an integral part in developing the Health System's plan.

General Funds Allocations

Although emphasis was placed on including all university funds in the FY 2026 planning process, general funds continue to remain a significant component of the plan. General funds can broadly be used for any university purpose, whereas restricted funds are more specifically targeted. These funds play an essential role in both the plan and operations of the university, as they cover many expenses in the colleges and support units for which it is difficult to raise money. The primary sources of general funds are tuition and other student fees, State Share of Instruction, indirect cost recovery, and overhead charged to earnings units.

Allocation of Funds

For general funds, the Columbus campus uses an allocation model that is comprised of two components: a modified Responsibility Center Management (RCM) model and the strategic investment of central funds. This structure allows for decentralized decision-making and control of financial resources at the colleges and support units while still retaining central funds for holistic strategic investment purposes. The modified RCM allocation model assigns substantial control over resource decisions to individual colleges and support units. The underlying premise of the university's decentralized budget model is entrusting academic and support unit leaders with significant control over financial resources, leading to more informed decision-making and better outcomes for the university. Through this resource funding model, colleges are incentivized to increase resources by teaching more credit hours and growing research activity.

Each college and support unit receives a portion of general funds supporting both academic and administrative functions. The process for allocating the funds is administered through the Office of Financial Planning and Analysis under the guidance of the Chief Financial Officer and Provost. General funds are allocated to colleges and support units on a marginal basis under established criterion. In other words, increases (or decreases) in the pool of general funds available each budget year are allocated back to colleges and support units as increases (or decreases) to their base general funds' budgets.

Revenue is allocated to colleges based on three primary funding formulas: pooled undergraduate, graduate tuition, and graduate state support. The pooled undergraduate formula utilizes a model to distribute undergraduate marginal tuition and state support. In prior years, sixty percent of the total marginal undergraduate revenue was allocated based on total credit hours taught, while forty percent was allocated based on the cost of instruction. In FY 2023, this funding model began a six-year phase-out to more closely align with an "as-earned" allocation. The new allocation will treat tuition revenue and state support separately and allocate tuition revenue based on total credit hours taught and state support revenue based on the type of course taught/cost of instruction. This allocation method is more in line with the allocation methods for graduate tuition and state support and will be fully phased in by FY 2028.

The other two funding formulas allocate graduate tuition and state support based on a two-year average of credit hours in fee-paying categories (tuition) and the type of course taught based on the cost of instruction (state support). As a college teaches more of the share of total credit hours, it receives a proportionally larger share of the incremental funding.

Conversely, if a college's share of the hours taught declines, the college's allotted share of incremental funding will correspondingly decline proportionally. The two-year average credit hour driver acts as a smoothing

FY 2026 FINANCIAL PLAN

mechanism in times of unforeseen volatility. Colleges will receive their share of marginal revenue on indirect research cost recovery, based on the college's share of research revenue. Fee revenue from differential, learning technology, course and program/special fees are provided directly to colleges.

Support units are funded through a combination of central tax, specific activity-based assessments, and an overhead rate charged to auxiliary and earnings units. The central tax, assessments and overhead charges are designed to provide the funds necessary to maintain support services such as payroll, central human resources, and academic support. Support units are generally ineligible for marginal revenue changes because the funding formulas rely on credit hours taught; instead, support units must request additional funding during the annual planning process to support new services or mandates. For FY 2026, the following requests were prioritized for central investment, assuming no local funds are available, through the shared governance support office budget request process.

Service Excellence Investment	FY26 Plan
Public Safety	\$600,000
A&P - Lyft Ride Smart (continued investment)	\$2,000,000
OTDI - Workday Success Plan	\$332,000
Total	\$2,932,000

In addition to the requested central investments, \$8.5 million in unit investments have been committed in FY 2026 for ongoing strategic initiatives, including \$5.4 million for the Student Information Systems Project and \$3.1 million of resources for mental health program support. In support of the institution's strategic planning efforts currently under development, an additional \$75.0 million has been budgeted in FY26 to support Executive Leadership's investments.

Allocations of expenses are also made through the general funds' allocation model. Both colleges and support units receive a net allocation that considers both marginal revenue and marginal expenses. Current expense assessments include:

Assessment	Allocation Basis	Notes
Plant Operation and Maintenance	Assignable square footage	The square footage is multiplied by a flat rate per square foot for four types of costs: utilities, custodial service, maintenance, and deferred maintenance.
Student Services	Credit hours	<ul style="list-style-type: none"> • Cost Pool 1 (Undergraduate): 92% of this pool is Undergraduate Financial Aid. It also includes operating budgets for Financial Aid and First-Year Experience. Expense is allocated by average undergraduate credit hours. • Cost Pool 2 (Graduate): 97% of this pool is Non-Resident Fee Authorizations and Graduate Fellowships. This pool also includes the operating budget of the Graduate School. Expense is allocated by average graduate credit hours. • Cost Pool 3 (All Students): This is the smallest student services cost pool and includes portions of operating budgets for Student Affairs, Academic Affairs, and new Library Acquisitions. Expense is allocated by an average of ALL credit hours.
Research	Modified Total Direct Costs	Research cost allocation covers the budgets of units that support sponsored research.
Distance Education	Distance Education credit hours	Funds operations for Ohio State Online.
Central Tax	% of marginal tuition and subsidy revenue	Funds support units such as the President's Office, OAA, Controller, Public Safety, etc. as well as promotion and tenure and strategic investments.

Auxiliaries and earnings units are expected to operate at a break-even or better margin and generally do not receive general fund support. One exception is the Office of Student Life, which receives general fund support via special Student Activity, Ohio Union and Recreational Facility fees enacted to specifically advance the student experience.

Regional campuses develop their individual campus plans primarily based on the student tuition and fees received from the regional campus students, the State Share of Instruction they expect to collect, and costs directly incurred to operate those campuses.

Chapter 3 | FY 2026 Financial Plan

The FY 2026 Financial Plan is displayed in a modified cash flow presentation that includes operating sources and uses. The purpose of this presentation is to provide a more complete understanding of the university's funding and margins generated by operations. Capital sources and uses will be discussed in Chapter 8.

Consolidated

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Sources Less Uses, Operating	\$830,803	\$827,766	\$564,936			
Total Capital-Related Sources	\$590,477	\$302,091	\$269,169			
Total Capital-Related Uses	\$964,303	\$1,043,499	\$1,046,462			
Sources Less Uses, Capital	(\$373,826)	(\$741,408)	(\$777,293)			
Sources Less Uses, Capital and Operating	\$456,977	\$86,358	(\$212,358)			

FY 2026 FINANCIAL PLAN

University [excluding Health System, OSUP, DPCUs, and eliminations]

Total Sources (\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Tuition and Fees (gross)	\$1,374,390	\$1,473,897	\$1,533,838	5.6%	\$59,941	4.1%
State Share of Instruction	\$428,599	\$437,373	\$453,309	2.8%	\$15,935	3.6%
Other Operating Appropriations	\$99,937	\$103,312	\$105,418	2.7%	\$2,107	2.0%
Exchange Grants & Contracts	\$1,016,551	\$1,030,222	\$966,813	-2.5%	(\$63,409)	-6.2%
Non-Exchange Grants & Contracts	\$116,078	\$150,296	\$154,003	15.2%	\$3,706	2.5%
Sales and Services - Auxiliaries	\$450,352	\$492,416	\$484,281	3.7%	(\$8,135)	-1.7%
Sales and Services - Departmental	\$205,271	\$212,780	\$219,455	3.4%	\$6,675	3.1%
Current Use Gifts	\$172,581	\$190,000	\$197,000	6.8%	\$7,000	3.7%
Endowment Distributions	\$371,294	\$423,929	\$458,549	11.1%	\$34,619	8.2%
Interest Income	\$122,643	\$149,942	\$100,355	-9.5%	(\$49,587)	-33.1%
Other Revenue	\$66,869	\$85,561	\$47,827	-15.4%	(\$37,733)	-44.1%
Total External Sources	\$4,424,565	\$4,749,727	\$4,720,847	3.3%	(\$28,881)	-0.6%
Net Transfers from OSU Health System	\$204,756	\$231,633	\$283,086	17.6%	\$51,453	22.2%
Total Internal Sources	\$204,756	\$231,633	\$283,086	17.6%	\$51,453	22.2%
Total Sources	\$4,629,321	\$4,981,361	\$5,003,932	4.0%	\$22,572	0.5%
Total Uses (\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Salaries	\$1,898,102	\$2,001,463	\$2,119,906	5.7%	\$118,443	5.9%
Benefits	\$545,244	\$568,402	\$613,457	6.1%	\$45,054	7.9%
Total Personnel Expense	\$2,443,346	\$2,569,865	\$2,733,363	5.8%	\$163,497	6.4%
Fee Authorizations	\$140,316	\$147,807	\$149,250	3.1%	\$1,443	1.0%
Student Aid	\$468,315	\$524,279	\$527,001	6.1%	\$2,722	0.5%
Supplies, Services & Other	\$1,238,061	\$1,315,573	\$1,373,420	5.3%	\$57,848	4.4%
Debt Service	\$86,443	\$78,645	\$68,048	-11.3%	(\$10,597)	-13.5%
Total Non-Personnel Expense	\$1,933,135	\$2,066,304	\$2,117,719	4.7%	\$51,416	2.5%
Total Uses	\$4,376,481	\$4,636,169	\$4,851,082	5.3%	\$214,913	4.6%
Sources Less Uses, Operating	\$252,840	\$345,192	\$152,850			
Total Capital-Related Sources	\$219,193	\$277,280	\$230,304			
Total Capital-Related Uses	\$337,282	\$519,897	\$480,210			
Sources Less Uses, Capital	(\$118,089)	(\$242,617)	(\$249,905)			
Sources Less Uses, Capital and Operating	\$134,751	\$102,574	(\$97,055)			

University by Fund Group

As explained in Chapter 2, not all funding is fungible at the university. The following gives a breakout by fund group indicating the level of restriction of dollars:

Total Sources (\$ thousands)	General and Designated (Unrestricted)	Earnings	Endowment and Development	Grants and Contracts (Restricted)	Total FY2026 University
Tuition and Fees (gross)	\$1,531,204	\$1,976	\$-	\$657	\$1,533,838
State Share of Instruction	\$453,309	\$-	\$-	\$-	\$453,309
Other Operating Appropriations	\$-	\$-	\$-	\$105,418	\$105,418
Exchange Grants & Contracts	\$38,049	\$1,680	\$2,370	\$924,714	\$966,813
Non-Exchange Grants & Contracts	\$-	\$300	\$-	\$153,703	\$154,003
Sales and Services - Auxiliaries	\$-	\$484,281	\$-	\$-	\$484,281
Sales and Services - Departmental	\$59,366	\$159,268	\$821	\$-	\$219,455
Current Use Gifts	\$600	\$-	\$196,400	\$-	\$197,000
Endowment Distributions	\$262,559	\$-	\$195,990	\$-	\$458,549
Interest Income	\$97,944	\$2,325	\$35	\$51	\$100,355
Other Revenue	\$30,980	\$15,124	\$107	\$1,616	\$47,827
Total External Sources	\$2,474,011	\$664,953	\$395,723	\$1,186,159	\$4,720,847
Net Transfers In (Out)	\$303,700	\$40,728	(\$61,342)	\$0	\$283,086
Total Internal Sources	\$303,700	\$40,728	(\$61,342)	\$0	\$283,086
Total Sources	\$2,777,711	\$705,681	\$334,381	\$1,186,159	\$5,003,932
Total Uses (\$ thousands)	General and Designated (Unrestricted)	Earnings	Endowment and Development	Grants and Contracts (Restricted)	Total FY2026 University
Salaries	\$1,280,783	\$379,596	\$53,538	\$405,988	\$2,119,906
Benefits	\$376,972	\$117,477	\$14,573	\$104,434	\$613,457
Total Personnel Expense	\$1,657,755	\$497,074	\$68,112	\$510,422	\$2,733,363
Fee Authorizations	\$125,046	\$1,710	\$4,453	\$18,042	\$149,250
Student Aid	\$284,674	\$34,068	\$64,074	\$144,185	\$527,001
Supplies, Services & Other	\$546,032	\$170,120	\$161,977	\$495,291	\$1,373,420
Debt Service	\$68,048	\$-	\$-	\$-	\$68,048
Total Non-Personnel Expense	\$1,023,800	\$205,898	\$230,503	\$657,518	\$2,117,719
Total Uses	\$2,681,556	\$702,972	\$298,615	\$1,167,940	\$4,851,082
Sources Less Uses, Operating	\$96,154	\$2,710	\$35,766	\$18,218	\$152,850

In FY 2026, Unrestricted General and Designated funds are projected to generate a margin of \$96.2 million, which is mainly used for operating reserves, capital reinvestment and strategic investments. Earnings operations are planned to generate a slightly positive margin of \$2.7 million. Endowment and Development funds are planned to generate a margin of \$35.8 million, mainly due to anticipated timing differences between gift receipt or endowment distribution and spend. Restricted grants and contracts generate a margin of \$18.2 million due to the timing of reimbursements on research projects.

Chapter 4 | University Operating Plan | Sources

Tuition and Fees

\$ thousands	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Instructional Fees	\$819,229	\$860,360	\$882,174	3.8%	\$21,813	2.5%
Non-Resident Fees	\$419,154	\$463,036	\$493,557	8.5%	\$30,521	6.6%
General Fees	\$27,993	\$30,529	\$33,116	8.8%	\$2,587	8.5%
International Surcharge	\$9,177	\$9,829	\$9,484	1.7%	(\$345)	-3.5%
Program and Tech Fees	\$49,229	\$58,289	\$63,407	13.5%	\$5,119	8.8%
Other Student Fees	\$23,026	\$24,532	\$24,662	3.5%	\$130	0.5%
Total Academic Fees	\$1,347,806	\$1,446,575	\$1,506,401	5.7%	\$59,826	4.1%
Student Activity Fees	\$4,573	\$4,658	\$4,690	1.3%	\$31	0.7%
Recreational Fees	\$13,933	\$14,419	\$14,528	2.1%	\$108	0.8%
Ohio Union Fees	\$8,078	\$8,244	\$8,220	0.9%	(\$24)	-0.3%
Total Student Life Fees	\$26,584	\$27,322	\$27,437	1.6%	\$116	0.4%
Total Tuition and Fees (gross)	\$1,374,390	\$1,473,897	\$1,533,838	5.6%	\$59,941	4.1%

Gross tuition and fees are expected to increase by \$59.9 million, or 4.1%, from \$1.47 billion in FY 2025 to \$1.53 billion in FY 2026. The growth in gross tuition revenue is primarily driven by an increase in instructional fees and non-resident surcharges. Additionally, the university is expecting the non-resident mix of new first-year students (NFYS) to decrease from 36% in autumn 2024 to 33% in autumn 2025. The FY 2026 Operating Plan assumes the summer 2025 enrollment and mix will be consistent with the summer 2024 enrollment.

The FY 2026 Operating Plan reflects a 3.0% increase in resident (base) tuition and mandatory fees for incoming undergraduate students not in the Ohio State Tuition Guarantee. Ohio resident undergraduate students in the Tuition Guarantee cohort that began in autumn of 2021 (FY 2022), will move to the Tuition Guarantee cohort rates established for FY 2023. Ohio resident undergraduate students in the Tuition Guarantee cohorts that began in fiscal years 2023, 2024 and 2025 will continue at the rates established for their cohorts and will therefore see no change (0%) in their tuition, mandatory fees, and room and board rates for academic year 2025-26. New first-year Ohio resident undergraduate students enrolled at all campuses in 2025-26 will be part of a new Ohio State Tuition Guarantee cohort.

Based on market research, the FY 2026 Operating Plan reflects a 3.0% increase in resident (base) tuition and mandatory fees and a 4.0% increase in the non-resident surcharge for graduate students. Some tagged master's and professional programs have differential fees based on the market demand for those programs.

The university is committed to access, affordability and excellence. In areas where tuition and fee increases are planned, the proceeds will be used to cover inflation and to invest in excellence within the core academic mission. Tuition and fees provide approximately 76% of general funds revenue available to fund the core academic mission. The remaining 24% is largely provided through the State of Ohio instructional subsidy (SSI).

Three distinct drivers generally impact revenue in academic fees for undergraduates at the Columbus campus: price (relating to rates charged), volume (total size of enrollments), and mix (proportion of resident and non-resident student populations), as detailed below. When comparing the FY 2025 Forecast to the FY 2026 Plan, undergraduate instructional and non-resident revenue at the Columbus campus is expected to increase by \$13.3 million and \$29.7 million, respectively. The revenue variances are predominantly due to our normal revenue drivers of price, volume and mix.

- **Price (+\$42.1 million):** Students paying lower instructional fees graduate and leave the university, and the average price per student rises. The average instructional price is planned to grow by 3.2% or \$183 per full-time equivalent (FTE) over FY 2025. This growth in price accounts for \$16.8 million in instructional fee revenue. The non-resident fee is planned to increase 7.5% or \$1,002 per FTE as compared to the FY 2025 rate and when charged to all non-resident students accounts for a \$25.3 million increase.
- **Volume (-\$3.4 million):** Total undergraduate enrollment is projected to decline from 46,815 in autumn 2024 to 46,556 in autumn 2025 (-0.5%) due to a stabilized trend of the decreased time-to-degree and matriculation of the smaller incoming cohorts in autumn 2022 and autumn 2023. This decrease is offset by a higher projected incoming class of 8,220 in autumn 2025 as compared to the graduating class. The total decrease in volume accounts for approximately \$3.4 million in instructional and non-resident surcharge revenue.
- **Mix (+\$4.3 million):** Non-resident FTE is planned to increase 1% due to the progression of larger domestic and international non-resident cohorts in autumn 2024, offset by a slight projected decline in the non-resident mix of the incoming cohort in autumn 2025. The increase in non-resident mix accounts for approximately \$4.3 million of non-resident surcharge fees.

Volume Driver: Total Enrollment (Undergraduate, Graduate and Professional)

15th Day Headcount	Autumn 2020	Autumn 2021	Autumn 2022	Autumn 2023	Autumn 2024	Autumn 2025	1 YR % Chg	6 YR % Chg
Columbus	61,369	61,677	60,540	60,046	61,443	60,981	-0.8%	-0.6%
Lima	998	874	818	740	723	723	0.0%	-27.6%
Mansfield	1,012	954	828	849	849	849	0.0%	-16.1%
Marion	1,158	1,047	900	886	849	849	0.0%	-26.7%
Newark	2,873	2,730	2,263	2,422	2,544	2,544	0.0%	-11.5%
ATI	547	490	446	462	493	493	0.0%	-9.9%
University - Total	67,957	67,772	65,795	65,405	66,901	66,439	-0.7%	-2.2%
Regionals - Total	6,588	6,095	5,255	5,359	5,458	5,458	0.0%	-17.2%

Autumn 2025 enrollment is expected to decline slightly compared with FY 2025 levels.

Regional campuses account for 8.2% of the university's enrollment. Autumn enrollments at regional campuses have been declining over the past five years because of demographic changes and declining numbers of high school graduates outside of Ohio's largest cities. The most significant declines are at Lima, Mansfield, and Marion campuses. Each campus is engaged in efforts to improve student retention and success by enhancing students' academic experiences and elevating the quality of campus life. The regional campuses are working

with the Office of Academic Affairs and University Marketing to incorporate regional recruitment and marketing strategies into the university's overall strategy and provide increased visibility, greater resources, an improved internet presence, and an easier application process.

Price Driver: Fees

See Appendix for a listing of student fees.

Instructional, General & Student Life Fees

The university continues to focus on affordability. The Ohio State Tuition Guarantee was established in FY 2018 to provide predictability and transparency for Ohio resident students and their families by locking in a set price for tuition, mandatory fees, housing and dining for four years. Increases for entering cohorts will allow the university to continually invest in quality while addressing the inflationary cost increases that affect the rest of the economy.

Undergraduate tuition (instruction and general fees) will increase by 3.0% or \$397 for new first-year students (2025-26 cohort) compared with the 2024-25 tuition guarantee cohort. Undergraduate tuition rates for students who are part of the Ohio State Tuition Guarantee (2022-23, 2023-24 and 2024-25) will not change. Students in the Tuition Guarantee cohort that began in autumn of 2021 (FY 2022), will move to the Tuition Guarantee cohort rates established for FY 2023. Ohio resident undergraduate students, not included in the Ohio State Tuition Guarantee program, resident (base) tuition and mandatory fees will remain unchanged.

Master's and Ph.D. resident (base) tuition and mandatory fees will increase by 3.0% or \$417 in FY 2026. Some graduate and professional programs charge a differential instructional fee based principally on market demand and pricing. Revenue generated from these additional fees directly supports the graduate or professional program that is charging the student. Twelve programs across nine colleges are seeking changes or new differential instruction fees:

- Seven Colleges have requested changes: Business, Dentistry, Law, Medicine, Optometry, Pharmacy, and Veterinary Medicine.
- Two Colleges have requested new differentials: Law and Engineering.

Non-Resident & International Surcharges

The non-resident surcharge will increase by 7.5% or \$2,004 for undergraduates and 4.0% or \$1,153 for most graduate programs at each campus.

In addition, four colleges are seeking changes to the non-resident surcharge. These changes would apply instead of the standard increase (4.0%) proposed for Fiscal Year 2026:

- The College of Business is requesting an increase of \$6,995 per semester for the Specialized Master of Finance program.
- The College of Dentistry is requesting a 5.0% increase for all students.
- The College of Veterinary Medicine is requesting a 5.0% increase for Rank 1.

- The College of Medicine is requesting a 10.0% increase for Rank 1 and a 98.1% decrease for Ranks 2-3 for their Doctor of Occupational Therapy program.
- The College of Medicine is requesting a 25.4% decrease for Rank 1 and a 72.6% decrease for Ranks 2-3 for their Doctor of Physical Therapy program.

The undergraduate international surcharge will increase by 6.0% or \$175 in FY 2026.

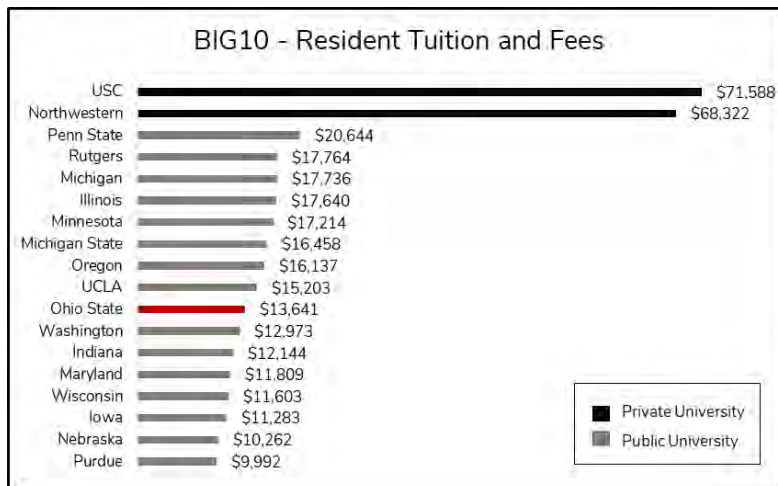
Program / Special & Technology Fees

The College of Engineering implemented a special fee effective autumn 2022 (FY 2023) that, when fully implemented in autumn 2025, will have the benefits of a lower student-faculty ratio, increased program quality and rankings, more academic advisors, more internships/industry immersion, increased research activity and alignment with future multi-disciplinary STEM degrees. This increase to the special fee applies to new first-year undergraduates to The Ohio State University and transfers who were new first-year undergraduates in autumn 2022 at another college or university. The special fee of \$2,000 per semester replaced the existing program fee of \$590 per semester. Students enrolled prior to autumn 2022 will continue to pay the existing program fee of \$590 per semester.

Several colleges and academic programs have additional fees to support specific initiatives. In accordance with the Ohio Revised Code, these types of fees will be frozen for undergraduate students for FY 2026. Program fees are designed to provide financial support for specific academic and student programs, and technology fees support learning technology. Course fees provide classroom supplies, and distance education fees support distance education technology.

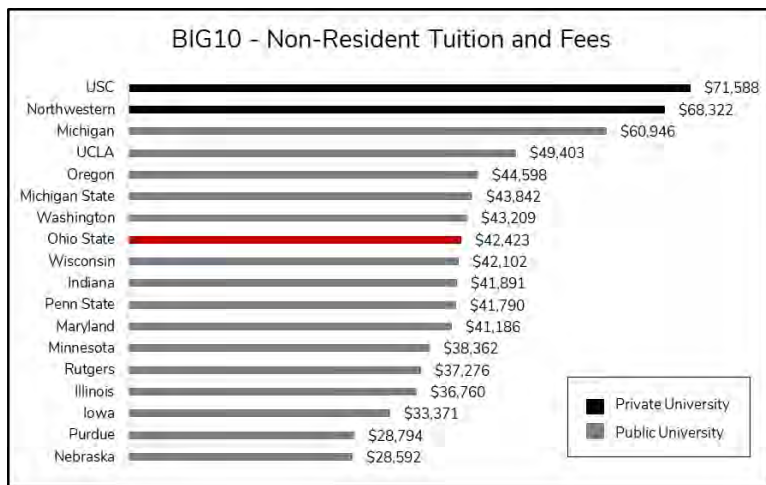
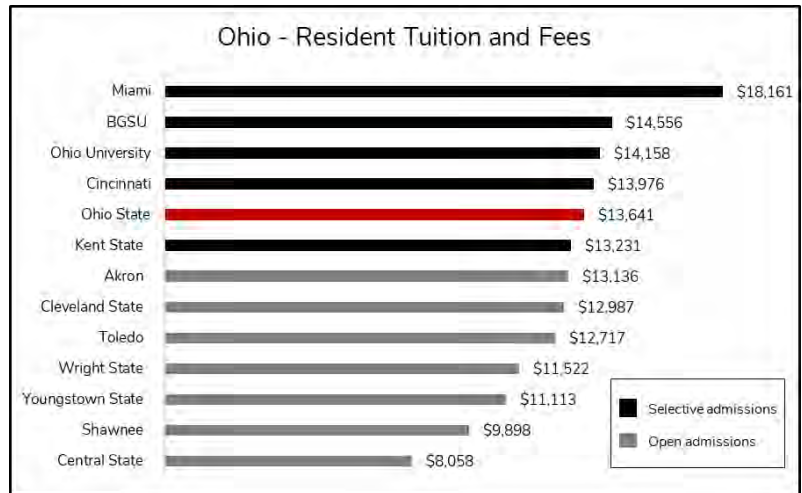
Peer Comparison of Fees

Note: Charts below compare the tuition guarantee cohort entering autumn 2025 with peers' published FY 2025 rates. Peer rates are sourced from the Association of American Universities' Data Exchange.



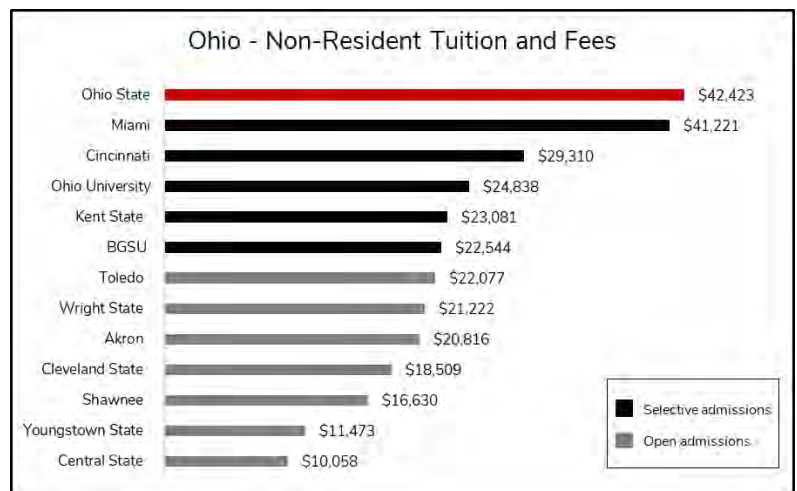
In the Big Ten, Ohio State is near the median and is more affordable than 10 of the other 17 Big Ten universities.

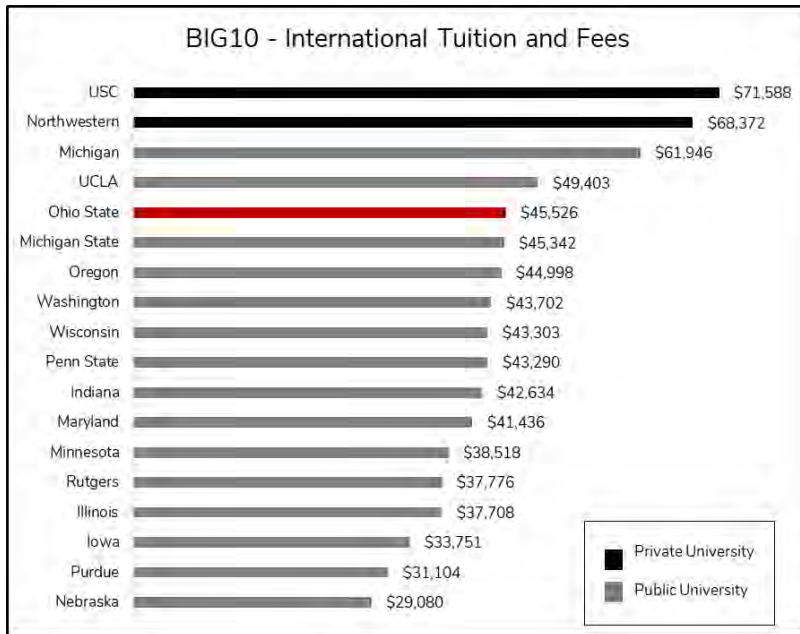
Among Ohio's six public four-year universities with selective admissions, Ohio State ranks highest in academic reputation and is the second most affordable rate for resident tuition and fees – even including the most expensive tuition guarantee cohort.



Ohio State is more affordable than 7 of the other 17 Big Ten schools for undergraduate non-resident tuition and fees.

Among Ohio's six public four-year universities with selective admissions, Ohio State is the most expensive university for non-resident tuition and fees.





Ohio State is the fourteenth most affordable compared to the other 17 Big Ten schools for undergraduate international student tuition and fees.

Government Appropriations

The university receives funding from the State of Ohio, the federal government and local governments to support various aspects of the university's operations. The largest category received is the State Share of Instruction (SSI), which is expected to account for approximately 81.1% of State funding in FY 2026.

(\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
State Share of Instruction	\$428,599	\$437,373	\$453,309	2.8%	\$15,935	3.6%
Other Operating Appropriations	\$99,937	\$103,312	\$105,418	2.7%	\$2,107	2.0%
Total Government Appropriations	\$528,536	\$540,685	\$558,727	2.8%	\$18,042	3.3%

State Share of Instruction (SSI)

The SSI allocation is the State of Ohio's primary funding support for higher education. The allocation between public colleges and universities in Ohio is based on their share of enrollment, course and degree completions, indexed for financially and academically at-risk resident undergraduate students, medical and doctoral subsidy, and other criteria intended to advance the goals of the state. The FY 2026 Financial Plan assumes \$7.4 million annual growth in the historical SSI allocation, or a 1.7% increase, after accounting for the \$8.5 million operating earmark for the Salmon P. Chase Center, added to the SSI line item as part of the state's biennial operating budget process. The SSI formula increase is driven by a 1% increase in appropriation alongside a 0.7% increase in Ohio State's share of course and degree completions across all levels of instruction. The Columbus campus expects to receive approximately 95.7% of the SSI formula allocation in FY 2026, or \$425.7 million, with the remaining \$19.1 million earned by the regional campuses.

Other Operating Appropriations

In addition to SSI funding, the university also receives funding directed for specific purposes through state line-item appropriations. Total appropriations for FY 2026 are projected to be \$105.4 million, a \$2.1 million increase from FY 2025 in alignment with the final state operating budget appropriations.

Grants and Contracts

Grants and contracts revenue is administered in two ways: recorded by individual units in segregated grants and contracts funds or sponsored projects administered by the Office of Sponsored Programs. For FY 2026, revenue from grants and contracts (including non-exchange grants) is expected to be \$1.1 billion, representing a decrease of 5.1% as compared to the FY 2025 Forecast.

(\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Federal Grants and Contracts	\$518,809	\$530,660	\$443,771	-7.5%	(\$86,889)	-16.4%
Private Grants and Contracts	\$338,077	\$366,095	\$386,095	6.9%	\$20,000	5.5%
State Grants and Contracts	\$126,623	\$101,468	\$103,489	-9.6%	\$2,021	2.0%
Local Grants and Contracts	\$33,042	\$32,000	\$33,458	0.6%	\$1,458	4.6%
Total Exchange Grants & Contracts	\$1,016,551	\$1,030,222	\$966,813	-2.5%	(\$63,409)	-6.2%
Federal Grants and Contracts Non-Exchange	\$70,982	\$89,749	\$88,937	11.9%	(\$812)	-0.9%
State Grants and Contracts Non-Exchange	\$30,851	\$49,226	\$53,744	32.0%	\$4,519	9.2%
Federal Covid Assistance	\$2,924	\$-	\$-	-100.0%	\$0	n/a
Federal Build America Bonds Subsidy	\$11,321	\$11,321	\$11,321	0.0%	\$0	0.0%
Total Non-Exchange Grants & Contracts	\$116,078	\$150,296	\$154,003	15.2%	\$3,706	2.5%
Total Grants & Contracts	\$1,132,629	\$1,180,518	\$1,120,815	-0.5%	(\$59,703)	-5.1%

Of the \$1.1 billion, \$803.8 million is administered by the Office of Sponsored Programs, \$171.2 million is administered directly by colleges and support units, \$134.5 million is administered by Student Financial Aid for student aid programs, and \$11.3 million is received as federal subsidy for Build America Bond interest. Projects administered by the Office of Sponsored Programs typically have a more stringent process and documentation requirements than projects that are directly administered through the colleges and support units.

Exchange Grants and Contracts

Exchange grants and contracts are administered either through the Office of Sponsored Programs or directly by colleges and support units. The university secures funding for sponsored research programs from a variety of external sources. External grants are awarded by federal, state, and local agencies, along with private foundations and corporate sponsors. Total revenue for sponsored research programs administered by the Office of Sponsored Programs is expected to decrease from \$842.3 million in FY 2025 to approximately \$803.8 million in FY 2026, a decrease of 4.6%. The estimated decrease is based on the current research grant funding landscape at the federal government level.

The sponsored research revenues include facilities and administrative (F&A) cost recoveries, which are projected to be \$138.1 million, a 27.8% decrease over the estimated FY 2025 recovery of \$191.2 million. F&A costs are recovered from most sponsored programs to offset the cost of maintaining the physical and administrative infrastructure that supports the research enterprise at the university. It is important to note that direct and indirect cost expenditures do not necessarily align when comparing expected revenue streams, which occur for two reasons. First, certain direct cost expenditures do not recover F&A. Second, not all sponsors allow the university to recover F&A at the university's fully negotiated rate. The full negotiated F&A rate for FY 2026 will tentatively remain at 57.5%, the same rate in effect for FY 2025. While the institution's negotiated F&A rate remains unchanged, the university's plan assumes federal indirect cost recoveries are capped at 30% given uncertainty in the federal research landscape.

FY 2026 revenue for exchange grants and contracts administered directly by individual colleges and support units is expected to decrease to \$163.2 million, a decrease of 13.2%.

Non-Exchange Grants and Contracts

Some grants and contract revenues are considered non-exchange items and appear in the non-operating section of the external income statement as Non-Exchange Grants. These items include \$134.5 million of grants administered by Student Financial Aid, sourced from federal funding for Pell Grants and Supplemental Educational Opportunity Grants (SEOG) and state funding for Ohio College Opportunity Grants (OCOG) and the Governor's Merit Scholarship.

Sales and Services

(\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Auxiliaries	\$450,352	\$492,416	\$484,281	3.7%	(\$8,135)	-1.7%
Departmental	\$205,271	\$212,780	\$219,455	3.4%	\$6,675	3.1%
Total Sales and Services	\$655,623	\$705,196	\$703,736	3.6%	(\$1,460)	-0.2%

Student Life, Athletics and Business Advancement comprise the majority of sales and services of auxiliary enterprises. Revenue from auxiliary enterprises before scholarship allowances is expected to decrease \$8.1 million, or 1.7%, in FY 2026 over FY 2025. Athletics' sales and services are expected to grow by \$9.3 million in FY26, primarily driven by larger Big 10 Conference distributions resulting from the removal of gate revenue sharing, as well as increased television media rights. Student Life room and board revenues are projected to decrease by \$5.3 million due to a decrease in the budgeted number of beds occupied and meal plans purchased. Additionally, the FY26 Plan for the Schottenstein Center (Business Advancement) includes an \$11.5 million decrease due to its conservative projection of Ohio Stadium shows, prior to knowing performers.

Revenue sources in educational departments consist largely of clinical operations in colleges such as Dentistry, Optometry, and Veterinary Medicine and non-college departments such as Recreational Sports and Student Health Services. Sales and services are expected to increase by \$6.7 million in FY 2026 due primarily to increases in Dentistry and Veterinary Medicine clinical activity.

Advancement Sources

\$ thousands	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Current Use Gifts	\$172,581	\$190,000	\$197,000	6.8%	\$7,000	3.7%
Endowment Distributions	\$371,294	\$423,929	\$458,549	11.1%	\$34,619	8.2%
Total Advancement Sources	\$543,875	\$613,929	\$655,549	9.8%	\$41,619	6.8%

Gifts from alumni, friends, grateful patients, and the rest of Buckeye Nation continue to be directed to our students, faculty, campuses and future potential. In FY 2026, the university's goal for "New Fundraising Activity" is \$706 million, which represents a \$43 million increase as compared to the FY 2025 Forecast. New Fundraising Activity includes gifts, pledges and certain private contracts. The Office of Advancement fully expects to deliver results in line with expectations. Dollars are being raised by engaging a variety of constituents, including students, faculty, staff, alumni, friends, corporate partners and private foundations.

To display an operating financial plan, only the cash sources that can be used immediately against operating expenses are presented. These include current use gifts and endowment distributions.

Current Use Gifts

In the FY 2026 Financial Plan, current use gifts are expected to increase by \$7.0 million compared to the updated goal used in the FY 2025 Forecast.

Endowment Distributions

Endowment distributions are the spendable portion of annual distributions from the Long-Term Investment Pool (LTIP), which is projected to total \$8.3 billion as of FY 2025 year-end and includes gifted endowment funds of \$3.2 billion, designated funds of \$3.3 billion and operating funds of \$1.8 billion that have been invested for long-term institutional stability. The investment team has built a portfolio of specialized investment teams around the world to implement the university's investment strategy and to be responsive to changing market conditions. The LTIP is expected to gain \$546.7 million before fees at an 8.0% return in FY 2026 and is projected to have an ending market value of \$8.7 billion at the end of FY 2026.

For the operating budget, spendable endowment distributions of \$458.5 million for FY 2026 are anticipated. Distribution per share was calculated based on projected market values through March 2025.

Interest Income

Interest income on cash, short and intermediate-term investments is budgeted at \$100.4 million for FY 2026, a decrease of \$49.6 million from the forecasted FY 2025 activity. Ongoing elevated short-term rates due to economic conditions were experienced in FY 2025. The FY 2026 Plan assumes a conservative short-term rate, in line with historical levels.

Chapter 5 | University Operating Plan | Uses

Salaries and Benefits

\$ thousands	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Faculty	\$652,117	\$686,935	\$742,176	6.7%	\$55,242	8.0%
Staff	\$1,075,599	\$1,133,361	\$1,200,745	5.7%	\$67,384	5.9%
Students	\$170,386	\$181,167	\$176,985	1.9%	(\$4,182)	-2.3%
Total Salaries	\$1,898,102	\$2,001,463	\$2,119,906	5.7%	\$118,443	5.9%
Benefits	\$545,244	\$568,402	\$613,457	6.1%	\$45,055	7.9%
Total Personnel	\$2,443,346	\$2,569,865	\$2,733,363	5.8%	\$163,497	6.4%

Salaries

Salary expenses are expected to increase by \$118.4 million or 5.9% over FY 2025. The plan for FY 2026 includes a 3.5% increase in faculty and staff annual merit compensation pool, which accounts for \$59.3 million (\$21.8 million for faculty and \$37.5 million for staff) of the increase. Beyond salary increases, additional investments in human capital are largely driven by strategic investments in academic excellence and market wage pressures, as detailed below.

Strategic Investments: Academic Excellence –FY 2026 Plan includes incremental investments of \$50.0 million for faculty salary and benefits. The strategic investment in academic excellence will be tracked separately throughout FY 2026 and reported to the Board of Trustees to ensure alignment with the university’s strategic plan.

Market Wage Pressures –FY 2026 Plan includes a total of \$4.0 million in incremental salary expense to address wage pressures that are a result of both internal and external market factors. The planned university adjustments reflect staff raise-to-minimum for employees identified as part of Career Roadmap salary re-banding, which continues to create compression issues. As the external labor landscape remains highly competitive, the university is facing pressures to counter-offer salary adjustments to retain existing employees, in addition to extending competitive salary offers for open positions to attract new talent.

Benefits

Benefits consist of several different pools of costs, including retirement plans, medical plans, educational benefits and life insurance benefits. For the forecast and budget, benefits are estimated based on the composite benefit rate applied to salaries by employee type (e.g., full-time faculty vs. part-time staff vs. students). Actual expenses may be more or less than the amount collected through the rates and vary from year to year. The composite benefit rate-setting process takes these yearly variations into account.

Total benefit costs are expected to increase by \$45.1 million or 7.9% over FY 2025, to \$613.5 million. This increase is primarily driven by salary guidelines, benefit cost increases, as well as strategic hiring. The annual

change in aggregate benefit costs is due to the 9% increase in the medical plan component; these rates will continue to reflect controlled employer medical costs.

Controlled employer medical costs are driven by benefits plan changes that reflect recent trends in moving to consumerism. Employer medical costs are also driven by tightened controls over benefits administration and decreased inpatient and outpatient utilization from enhanced medical management processes. Benefits include the university's contribution to employee retirement plans, various medical, dental, vision, life and disability plans, employee and dependent tuition plans and university expenses related to compulsory plans, such as workers' compensation and unemployment compensation.

Retirement Plans - University employees are covered by one of three retirement systems. The university faculty are covered by the State Teachers Retirement System of Ohio (STRS Ohio). Substantially all other employees are covered by the Public Employees Retirement System of Ohio (OPERS). Employees may opt out of STRS Ohio and OPERS and participate in the Alternative Retirement Plan (ARP) if they meet certain eligibility requirements. Under each of the plans, the university contributes 14% of the employee's pay to the plan annually, while the employees contribute 10%. Vesting varies by plan.

Medical Plan - The university is self-insured for employee health insurance. FY 2026 medical plan costs are budgeted based on historical cost trend data, projected employee eligibility, and expected plan changes associated with governmental regulations and plan design.

Student Financial Aid

(\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Institutional	\$196,614	\$206,892	\$206,823	2.6%	(\$69)	0.0%
Departmental	\$83,167	\$86,171	\$87,691	2.7%	\$1,520	1.8%
Endowment and Development	\$55,991	\$64,508	\$64,074	7.0%	(\$435)	-0.7%
Athletic	\$37,337	\$35,916	\$33,920	-4.7%	(\$1,997)	-5.6%
Federal	\$69,306	\$86,067	\$85,251	10.9%	(\$816)	-0.9%
State	\$25,901	\$44,723	\$49,242	37.9%	\$4,519	10.1%
Total Student Aid	\$468,315	\$524,279	\$527,001	6.1%	\$2,722	0.5%
Fee Authorizations	\$140,316	\$147,807	\$149,250	3.1%	\$1,443	1.0%

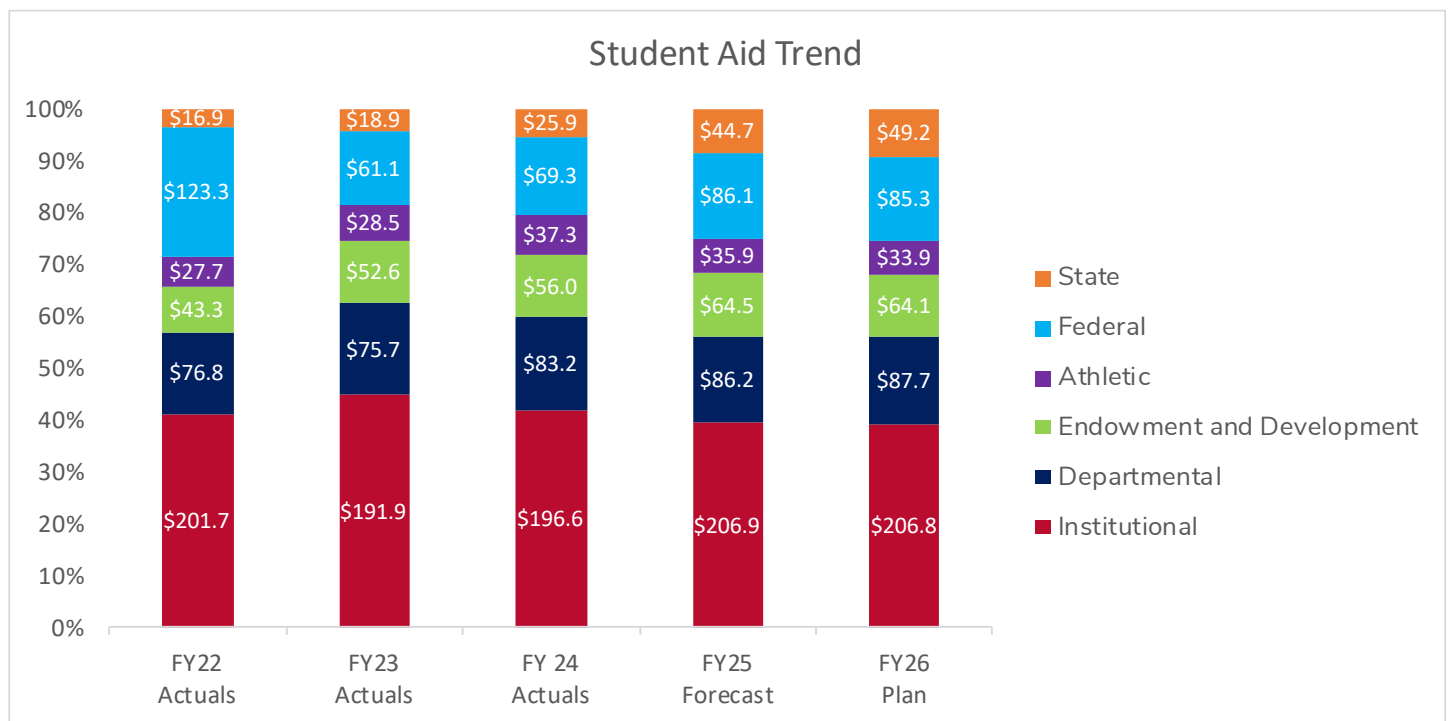
Financial Aid is a critical investment of resources that keeps the cost of education manageable for students. The Ohio State University engages both the federal and state governments in conversations to stress the importance of financial aid and reasonable loan programs for students.

The financial aid plan seeks to advance two specific goals for the university: to invest in the quality, quantity and mix of students to continue to advance Ohio State as a leading national flagship public research university; and to invest in students to fulfill the role as a land grant university for the State of Ohio, whereby college access is afforded to those students with limited resources. The university continues to support both goals and develop the appropriate balance in moving the university toward eminence. Fundraising efforts are also underway through various initiatives.

Since FY 2015, millions in additional need-based financial aid have supported students with the introduction of the Buckeye Opportunity Program and President's Affordability Grants. Since FY 2018, and the advent of the undergraduate Tuition Guarantee, Ohio State's average student debt (for those with loans) has decreased 9.6% from nearly \$27,500 per student to less than \$25,000 per student.

Ohio State expects to distribute a total of \$527.0 million of financial aid, excluding graduate fee authorizations, to students in FY 2026. Sources for financial aid include federal and state programs, gifts and endowments and institutionally funded aid. The university financial statements present a portion of financial aid, in accordance with GASB accounting requirements, as an allowance against gross tuition and, in the case of athletic and room and board scholarships, an allowance against sales and services of auxiliary enterprises.

The increased budget of \$2.7 million of total student aid for FY 2026 is driven primarily by the addition of a second cohort of students to the Governor's Merit Scholarship that was created in FY 2025.



Fee Authorizations

Fee authorizations are provided to students holding graduate student appointments to pay for graduate tuition and fees. Total university fee authorization expenses are expected to grow by 1%, from \$147.8 million in FY 2025 to \$149.3 million in FY 2026.

Supplies and Services

Supplies and services expenses are comprised of several discrete categories, including the following: Cost of Sales, Supplies, Services, Travel, Utilities, Other Expense and Non-Capitalized Equipment, all offset by Intra-University Revenue.

\$ thousands	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Cost of Sales	\$131,294	\$142,673	\$137,090	2.2%	(\$5,583)	-3.9%
Supplies	\$160,147	\$151,146	\$154,536	-1.8%	\$3,390	2.2%
Services	\$478,347	\$507,576	\$535,742	5.8%	\$28,167	5.5%
Travel	\$80,315	\$89,170	\$89,008	5.3%	(\$163)	-0.2%
Utilities	\$198,416	\$200,211	\$228,519	7.3%	\$28,309	14.1%
Other Expense	\$222,307	\$279,487	\$280,412	12.3%	\$925	0.3%
Investment Expenses	\$80,866	\$84,043	\$87,306	3.9%	\$3,263	3.9%
Non-Capital Equipment (<\$5k)	\$62,322	\$68,460	\$74,158	9.1%	\$5,698	8.3%
Intra-University Revenue	(\$175,953)	(\$207,193)	(\$213,350)	10.1%	(\$6,157)	3.0%
Total Supplies and Services	\$1,238,061	\$1,315,573	\$1,373,420	5.3%	\$57,848	4.4%

Overall, supplies and services expenses are projected to increase \$57.8 million, or 4.4%, over FY 2025 to \$1.4 billion. In response to global macroeconomic trends, including research activity and associated indirect costs, we are planning for general inflation of 3.0%, which is below the historical 5% planned annual increases and yields an increase of approximately \$36 million. Utilities expense, including commodity costs and expenses associated with the OSEP Engie agreement, are expected to grow by 14.1% based on OSEP-related capital project assumptions and utility inflation, driven by purchased power and market capacity impacts. The growth of 3.9% in investment expenses is aligned with the growth in the Long-Term Investment Pool (LTIP).

University Debt Service

The proceeds of debt issuances have been utilized to fund major construction projects, including the Ohio State Wexner Medical Center expansion, student housing construction and refurbishments, significant campus infrastructure improvements and academic facility construction and enhancements. A portion of the consolidated debt service budget is aligned with the Health System based on its internal loan amortization schedules, with the remainder attributed to the university. The university's portion of the consolidated debt service is expected to decrease \$10.6 million from FY 2025 to approximately \$68.0 million in FY 2026. As the Health System debt service is planned to remain relatively flat between FY 2025 and FY 2026, the reduced debt service aligned with the university is due to \$14.4 million less in principal payments on the 2012A and 2020A series bonds in FY 2026.

Chapter 6 | Health System Operating Plan

In order to consolidate the University with the Health System, we format the Health System budget into a sources and uses view as provided below:

Total Sources (\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Sales and Services - Health System	\$4,444,042	\$4,964,944	\$5,390,544	10.1%	\$425,600	8.6%
Interest Income	\$92,051	\$56,217	\$50,984	-25.6%	(\$5,233)	-9.3%
Other Revenue	\$71,299	\$34,042	\$58,010	-9.8%	\$23,969	70.4%
Total Sources	\$4,607,392	\$5,055,203	\$5,499,538	9.3%	\$444,336	8.8%
Total Uses (\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Total Personnel Expense	\$2,019,464	\$2,164,404	\$2,392,835	8.9%	\$228,431	10.6%
Supplies, Services & Other	\$2,029,800	\$2,273,860	\$2,552,069	12.1%	\$278,209	12.2%
Debt Service	\$113,125	\$129,456	\$124,158	4.8%	(\$5,298)	-4.1%
Total Non-Personnel Expenses	\$2,142,925	\$2,403,316	\$2,676,227	11.8%	\$272,911	11.4%
Total Uses	\$4,162,389	\$4,567,720	\$5,069,062	10.4%	\$501,342	11.0%
Sources Less Uses, Operating	\$445,003	\$487,483	\$430,476			
Total Capital-Related Sources	\$371,284	\$24,811	\$38,864			
Total Capital-Related Uses	\$627,021	\$523,601	\$566,252			
Sources Less Uses, Capital	(\$255,737)	(\$498,790)	(\$527,388)			
Sources Less Uses, Capital and Operating	\$189,266	(\$11,308)	(\$96,912)			

The managerial Income Statement view provided on behalf of the Health System is provided below:

(\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Total Operating Revenue	\$4,444,042	\$4,964,944	\$5,390,544	10.1%	\$425,600	8.6%
Salaries & Benefits	\$2,019,464	\$2,164,404	\$2,392,835	8.9%	\$228,431	10.6%
Supplies	\$516,707	\$560,441	\$608,603	8.5%	\$48,162	8.6%
Drugs & Pharmaceuticals	\$642,946	\$749,846	\$816,641	12.7%	\$66,794	8.9%
Services	\$482,102	\$553,807	\$640,349	15.2%	\$86,541	15.6%
Depreciation	\$231,473	\$267,881	\$291,132	12.1%	\$23,250	8.7%
Interest	\$41,362	\$50,682	\$47,328	7.0%	(\$3,354)	-6.6%
University Overhead	\$80,757	\$86,540	\$92,454	7.0%	\$5,914	6.8%
Other Expenses	\$71,855	\$75,590	\$82,972	7.5%	\$7,382	9.8%
Total Operating Expenses	\$4,086,666	\$4,509,192	\$4,972,313	10.3%	\$463,121	10.3%
Gain/Loss from Operations	\$357,376	\$455,752	\$418,231			
Medical Center Investments	(\$235,433)	(\$247,635)	(\$311,051)	14.9%	(\$63,416)	-225.6%
Investment Income	\$92,051	\$56,217	\$50,984	-25.6%	(\$5,233)	-9.3%
Other Gains (Losses)	\$71,299	\$34,042	\$58,010	-9.8%	\$23,969	70.4%
Excess of Revenue over Expenses	\$285,293	\$298,376	\$216,174			

The margin for the OSU Health System is budgeted at \$216.2 million for FY 2026. The operating budget is set at a level to achieve the organization's strategic and long-range financial plan goals and provides the necessary margin to invest in clinical and academic programs, strategic capital and provide debt service coverage. The

operating budget for FY 2026 anticipates continued growth in both inpatient and outpatient activities, with the cancer program, new ambulatory services and surgical specialties being the leading contributors. The budget also includes assumptions around healthcare reform impacts on reimbursement. In addition, the budget continues to incorporate payor mix changes resulting from an aging population with shifts to Medicare. Included in the budget is the Health System's continued support for faculty investments relating to clinical, academic and research initiatives (\$522.0 million). The budget provides a Total Margin percentage of 4.0% and earnings before interest, depreciation, and amortization (EBIDA) margin of 10.3%.

Revenue Drivers

Overall revenue is budgeted to increase 8.6% compared to an 11.7% increase forecasted in FY 2025. Total inpatient volume growth is budgeted at 3.1% above FY 2025. Growth is projected across numerous specialties with a slight increase in length of stay assumed related to increased patient acuity. Outpatient activity is expected to grow 3.7% in total. The outpatient growth is being driven by the backfill of University Hospital space and continued growth in outpatient ambulatory facilities, including Outpatient James, New Albany and Dublin. The overall payor mix continues to see growth in Medicare and decreases in managed care. The managed care plan migration to Medicare due to the aging population is anticipated at 2% in FY 2026. Overall, Medicare rates will increase by approximately 1%. Managed care arrangements are negotiated through the end of FY 2026 and, in some cases, into FY 2027. Inflation, quality-driven outcomes and risk-based contracts are the primary drivers in ongoing negotiations with payors and are reflected in the modeled reimbursement rates. The payment increases for managed care contracts are on average 5% in rate growth, while government payor base rates are anticipated to increase 1%.

Expense Drivers

Total operating expenses will grow by 10.3%, which aligns with the prior-year growth of 10.3%. Drug costs are increasing 8.9% with 4.0% due to inflation, and the remaining impact is primarily due to growth in infusions and increased cancer drug utilization. Operating expenses, excluding drugs, depreciation and overhead, are budgeted to grow by 10.8%, of which 4.4% will be activity-driven and 6.4% rate-driven. Annual salary merit increases are budgeted at 3.5% and an additional 2% is planned in the budget relating to market increases for employee retention and recruitment. Benefit rates are expected to increase 2.5% from FY 2025. Revenue enhancement and expense efficiency initiatives will continue to be an emphasis to mitigate pressures around inflationary expense impacts on labor, supplies and drugs.

Chapter 7 | OSU Physicians Operating Plan

In order to consolidate the University with OSU Physicians (OSUP), we format the OSUP budget into a sources and uses view as provided below.

Total Sources (\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Sales and Services - OSU Physicians	\$943,589	\$1,038,232	\$1,149,480	10.4%	\$111,248	10.7%
Interest Income	\$10,126	\$8,514	\$9,687	-2.2%	\$1,173	13.8%
Net Transfers from OSU Health System	\$159,004	\$153,905	\$176,914	5.5%	\$23,009	15.0%
Total Sources	\$1,112,719	\$1,200,651	\$1,336,081	9.6%	\$135,430	11.3%
Total Uses (\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Total Personnel Expense	\$717,406	\$786,255	\$883,345	11.0%	\$97,090	12.3%
Supplies, Services & Other	\$384,378	\$409,328	\$448,122	8.0%	\$38,794	9.5%
Total Non-Personnel Expenses	\$384,378	\$409,328	\$448,122	8.0%	\$38,794	9.5%
Total Uses	\$1,101,784	\$1,195,583	\$1,331,467	9.9%	\$135,884	11.4%
Sources Less Uses, Operating	\$10,935	\$5,068	\$4,614			

The managerial Income Statement view provided on behalf of the OSU Physicians is provided below:

(\$ thousands)	FY24 Actuals	FY25 Forecast	FY26 Plan	FY24-FY26 CAGR	FY25-FY26 \$ Diff	FY25-FY26 % Diff
Net Patient Revenue	\$696,431	\$759,871	\$845,439	10.2%	\$85,568	11.3%
Other Revenue	\$247,158	\$278,361	\$304,041	10.9%	\$25,680	9.2%
Medical Center Investments	\$159,004	\$153,905	\$176,914	5.5%	\$23,009	15.0%
Interest Income	\$10,126	\$8,514	\$9,687	-2.2%	\$1,173	13.8%
Total Revenue	\$1,112,719	\$1,200,651	\$1,336,081	9.6%	\$135,430	11.3%
Provider Salaries & Benefits	\$717,406	\$786,255	\$883,345	11.0%	\$97,090	12.3%
Non-Provider Salaries & Benefits	\$206,636	\$232,078	\$260,528	12.3%	\$28,450	12.3%
Other Expenses	\$177,743	\$177,250	\$187,594	2.7%	\$10,344	5.8%
Depreciation	\$5,417	\$4,800	\$4,389	-10.0%	(\$411)	-8.6%
Interest	\$444	\$235	\$225	-28.9%	(\$10)	-4.3%
Total Expenses	\$1,107,645	\$1,200,618	\$1,336,081	9.8%	\$135,463	11.3%
Change in Net Assets	\$5,074	\$33	\$0			

Total revenue is budgeted to increase \$135.4 million or 11.3% over FY 2025. Total operating revenue includes net patient revenue and other operating revenue associated with physician services. Net patient revenue is budgeted to increase \$85.6 million or 11.3% over FY 2025 due to faculty recruitment, increased clinical productivity and expansion of services in Outpatient Care locations and three additional Primary Care locations. Other operating revenue and MCI are budgeted to increase \$48.7 million due primarily to support for and growth in specific healthcare service lines.

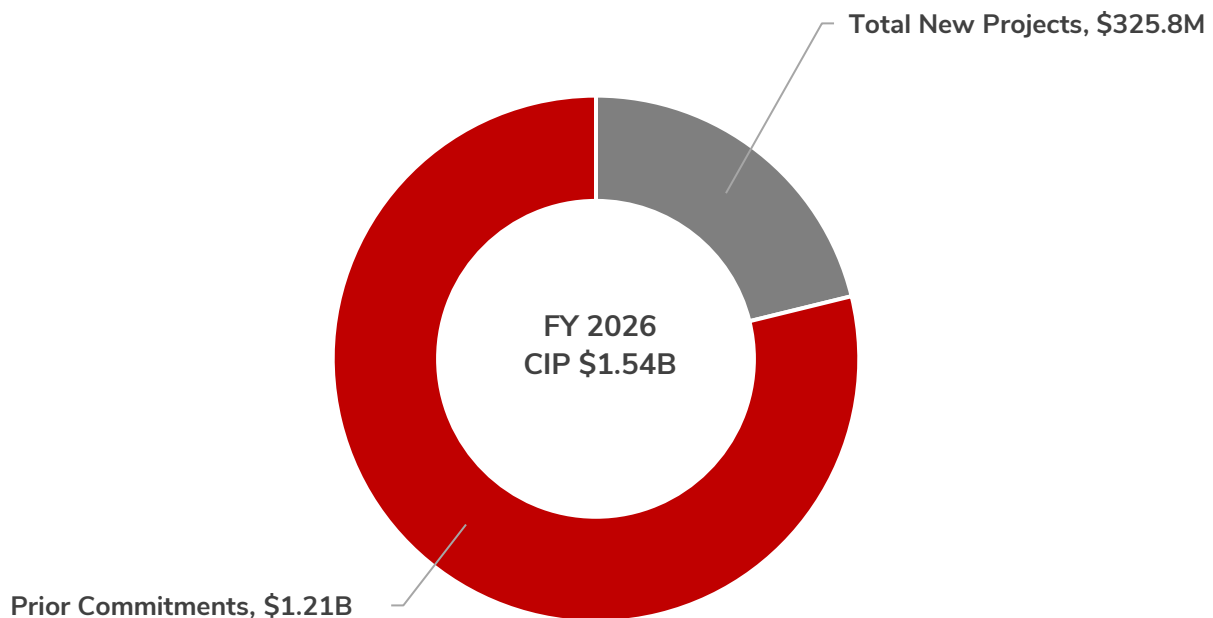
Total expenses are expected to increase by \$135.5 million. Expense categories with the largest increases were physician salaries & benefits and staff salaries & benefits. Growth in staff salaries includes investment in the expansion of services and service locations.

Work continues to increase revenue growth through several operating initiatives, plus an improvement in payor mix. In addition, expense control measures continue to evolve to help keep controllable costs, such as the number of staff, supplies, and services, in line with revenue changes. Annual salary merit increases are budgeted at 3.5% and an additional 2% is planned in the budget related to market increases for employee retention and recruitment. The budget also includes assumptions about the inflationary impact on supplies and offsetting supplies expense mitigation strategies. These assumptions are aligned with the Health System's FY2026 Financial Plan.

Chapter 8 | Capital Investment Plan FY 2026-30

The university is planning to invest more than \$1.54 billion through FY 2030 in strategic physical plant projects as detailed in the final FY 2026-30 Capital Investment Plan. Each year, Ohio State completes a robust capital planning process resulting in a comprehensive Capital Investment Plan (CIP) that reflects all capital investments across six campuses and the Ohio State Wexner Medical Center, regardless of funding source. Each project is evaluated for alignment with strategic, physical and financial plans prior to inclusion in the Capital Investment Plan. This integrated approach ensures that capital investments support the strategic mission of the university.

The Capital Investment Plan captures the expenditure on all capital projects, defined as projects over \$250,000, that are in various stages of implementation or are anticipated to begin in FY 2026. The following chart reflects the Capital Investment Plan through FY 2030. Of the total \$1.54 billion, \$1.21 billion is remaining spend on projects previously committed and \$325.8 million is on new projects beginning in FY 2026. The remaining expenditure reflects the active strategic capital projects, including the Wexner Medical Center Inpatient Hospital. The total for the new expenditures includes the projects for which state capital funding has been requested.



FY 2026 FINANCIAL PLAN

Prior Commitment Remaining Spend

Capital Priority (\$ millions)	Projected Capital Expenditures					Total
	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY26-FY30
ABA - Schottenstein Center - Main Roof Replacement	\$2.2	\$5.5	\$0.5	-	-	\$8.2
ABA - Schottenstein Center - Scoreboard Replacement	\$1.0	\$2.8	\$1.2	-	-	\$5.0
A&S – Biological Sciences Building Upgrades	-	\$1.8	\$5.3	\$4.7	\$2.3	\$14.0
A&S – Department of Economics Relocation	\$4.5	\$4.9	-	-	-	\$9.4
COE – BEMC Phase 2	\$32.1	\$9.4	\$1.4	-	-	\$42.9
COE – Bus Testing Facility	\$2.7	\$12.6	\$0.7	-	-	\$16.0
EHE – Campbell Hall Renovation	\$16.1	\$20.5	\$6.3	-	-	\$42.9
ERIK – Battery Cell Research and Demonstration Center	\$6.0	\$1.3	-	-	-	\$7.4
ERIK - Microelectronic Commons	\$2.4	-	-	-	-	\$2.4
FAES – Waterman Infrastructure Project	-	\$4.1	\$2.8	-	-	\$7.0
FAES – Waterman Multispecies Animal Learning Center	\$21.9	\$18.3	-	-	-	\$40.2
VET – PET/CT Space Renovation	\$0.3	\$0.8	\$1.4	-	-	\$2.5
WMC – Inpatient Hospital	\$201.3	\$88.6	-	-	-	\$289.9
WMC – James Cellular Therapy Lab	\$1.3	\$3.8	\$1.7	-	-	\$6.8
WMC – James Outpatient Care	\$7.5	-	\$12.7	-	-	\$20.2
WMC – James Outpatient Care Buildout	\$1.0	\$3.8	\$1.7	-	-	\$6.5
WMC – Magnetic Resonance Linear Accelerator & Housing	\$0.9	\$3.2	\$3.6	\$2.3	\$0.3	\$10.3
WMC – OSU East 4th Floor OR Renovation	\$0.8	\$7.0	\$10.6	-	-	\$18.4
WMC – Outpatient Care Powell	\$58.3	\$46.3	-	-	-	\$104.6
Roll Up Other Projects	\$196.8	\$179.2	\$160.1	\$13.9	\$8.5	\$558.4
Total Prior Commitments	\$557.1	\$413.9	\$209.8	\$20.9	\$11.1	\$1,212.8

New Projects Beginning in FY 2026

Capital Priority (\$ millions)	Projected Capital Expenditures					Total
	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY26-FY30
Anticipated Spend for CIP Changes	\$10.0	-	-	-	-	\$10.0
Roll up of Small Infrastructure RDM Projects	\$2.7	\$10.4	\$10.8	\$5.4	-	\$29.3
Small Programmatic Cash Ready	\$3.6	\$13.8	\$11.6	\$2.3	-	\$26.8
WMC/COM - Roll up of Multiple Cash Ready	\$173.6	\$7.9	\$5.3	-	-	\$186.9
New Major Projects	\$7.6	\$27.2	\$26.7	\$9.7	\$1.8	\$72.8
ATHL - 1922 Club Renovation (Construction)	\$1.8	\$5.4	\$5.4	\$1.9	-	\$14.5
ATHL - Technology Modernization (Construction)	\$2.7	\$8.0	\$7.9	\$2.8	-	\$21.3
DENT - Dental Simulation Space Modernization	\$0.2	\$1.5	\$3.7	\$3.4	\$1.8	\$10.6
NURS - Newton Hall Space Upgrades	\$0.2	\$1.4	\$2.1	\$0.4	-	\$4.0
NURS - Newton Hall AHU Replacements	\$0.3	\$2.7	\$4.2	\$0.8	-	\$8.0
SL - North Towers Upgrades - Jones, Taylor, Drackett (Design)	\$2.2	\$6.7	\$1.1	-	-	\$10.0
New Projects Beginning in FY26	\$197.3	\$57.8	\$52.0	\$16.9	\$1.8	\$325.8

Capital Plan Funding Sources

Capital projects are funded with a variety of sources, including state capital appropriations, fundraising, debt proceeds, current year operating margins and existing cash from units and central university. As discussed previously, operating margins can be highly restrictive, and only certain funds are available for capital use. As projects are completed, restricted dollars such as state capital appropriations and private capital gifts are typically used first, followed by existing cash, depending on the project or funding plan. Each project requiring debt must have a specific funding plan completed and approved before inclusion in the capital plan. For the FY 2026-2030 Capital Investment Plan, the following represents the sources identified to fund the new projects.

Unit Type (\$ millions)	Local	Wexner Medical Center	State	Grant	Pledged Gifts	University Debt	Total FY26-FY30	% by Unit
Academic Support	\$29.9	-	\$4.6	-	-	\$2.9	\$37.3	11.4%
Athletics	\$11.2	-	-	-	\$1.0	\$33.8	\$46.0	14.1%
Infrastructure	\$32.8	-	-	\$0.5	-	-	\$33.2	10.2%
Regional Campuses	-	-	-	\$0.4	-	-	\$0.4	0.1%
Student Life	\$12.0	-	-	-	-	\$10.0	\$22.0	6.8%
WMC/COM	\$15.9	\$171.0	-	-	-	-	\$186.9	57.4%
Grand Total	\$101.7	\$171.0	\$4.6	\$0.9	\$1.0	\$46.7	\$325.8	100.0%
% by Fund Source	31.2%	52.5%	1.4%	0.3%	0.3%	14.3%	100.0%	

Appendix A | Student Fees

Columbus Undergraduate Fees

Typical Annual Undergraduate Fees by Cohort (Autumn and Spring Terms)

Resident	Pre-tuition Guarantee	Cohort 2022-2023	Cohort 2023-2024	Cohort 2024-2025	Cohort 2025-2026
Instructional Fees	\$9,351	\$11,525	\$11,826	\$12,180	\$12,545
General Fees	\$390	\$458	\$524	\$548	\$571
Student Activity Fee	\$75	\$80	\$80	\$80	\$82
Student Union Fee	\$149	\$149	\$149	\$149	\$149
Rec Fee	\$246	\$246	\$253	\$260	\$267
COTA Fee	\$27	\$27	\$27	\$27	\$27
Total Tuition and Fees	\$10,238	\$12,485	\$12,859	\$13,244	\$13,641
Housing (Rate I)	\$7,876	\$9,514	\$9,798	\$10,090	\$10,392
Dining (Gray 10)	\$3,790	\$4,452	\$4,584	\$4,720	\$4,860
Total	\$21,904	\$26,451	\$27,241	\$28,054	\$28,893

Non-Resident Domestic	Pre-tuition Guarantee	Cohort 2022-2023	Cohort 2023-2024	Cohort 2024-2025	Cohort 2025-2026
Instructional Fees	\$9,351	\$11,525	\$11,826	\$12,180	\$12,545
General Fees	\$390	\$458	\$524	\$548	\$571
Student Activity Fee	\$75	\$80	\$80	\$80	\$82
Student Union Fee	\$149	\$149	\$149	\$149	\$149
Rec Fee	\$246	\$246	\$253	\$260	\$267
COTA Fee	\$27	\$27	\$27	\$27	\$27
Non-Resident Surcharge	\$28,782	\$28,782	\$28,782	\$28,782	\$28,782
Total Tuition and Fees	\$39,020	\$41,267	\$41,641	\$42,026	\$42,423
Housing (Rate I)	\$7,876	\$9,514	\$9,798	\$10,090	\$10,392
Dining (Gray 10)	\$3,790	\$4,452	\$4,584	\$4,720	\$4,860
Total	\$50,686	\$55,233	\$56,023	\$56,836	\$57,675

Non-Resident International	Pre-tuition Guarantee	Cohort 2022-2023	Cohort 2023-2024	Cohort 2024-2025	Cohort 2025-2026
Instructional Fees	\$9,351	\$11,525	\$11,826	\$12,180	\$12,545
General Fees	\$390	\$458	\$524	\$548	\$571
Student Activity Fee	\$75	\$80	\$80	\$80	\$82
Student Union Fee	\$149	\$149	\$149	\$149	\$149
Rec Fee	\$246	\$246	\$253	\$260	\$267
COTA Fee	\$27	\$27	\$27	\$27	\$27
Non-Resident Surcharge	\$28,782	\$28,782	\$28,782	\$28,782	\$28,782
International Surcharge	\$3,103	\$3,103	\$3,103	\$3,103	\$3,103
Total Tuition and Fees	\$42,123	\$44,370	\$44,744	\$45,129	\$45,526
Housing (Rate I)	\$7,876	\$9,514	\$9,798	\$10,090	\$10,392
Dining (Gray 10)	\$3,790	\$4,452	\$4,584	\$4,720	\$4,860
Total	\$53,789	\$58,336	\$59,126	\$59,939	\$60,778

Regional Campus and ATI Undergraduate Fees

Typical Annual Regional Campus Undergraduate Fees by Cohort (Autumn and Spring Terms)

Resident	Pre-tuition Guarantee	Cohort 2022-2023	Cohort 2023-2024	Cohort 2024-2025	Cohort 2025-2026
Instructional Fees	\$7,050	\$8,677	\$8,937	\$9,205	\$9,481
General Fees	\$233	\$267	\$275	\$283	\$291
Total Tuition and Fees	\$7,283	\$8,944	\$9,212	\$9,488	\$9,772
Non-Resident	Pre-tuition Guarantee	Cohort 2022-2023	Cohort 2023-2024	Cohort 2024-2025	Cohort 2025-2026
Instructional Fees	\$7,050	\$8,677	\$8,937	\$9,205	\$9,481
General Fees	\$233	\$267	\$275	\$283	\$291
Non-Resident Surcharge	\$28,782	\$28,782	\$28,782	\$28,782	\$28,782
Total Tuition and Fees	\$36,065	\$37,726	\$37,994	\$38,270	\$38,554

Typical Annual ATI Undergraduate Fees by Cohort (Autumn and Spring Terms)

Resident	Pre-tuition Guarantee	Cohort 2022-2023	Cohort 2023-2024	Cohort 2024-2025	Cohort 2025-2026
Instructional Fees	\$7,014	\$8,633	\$8,892	\$9,158	\$9,432
General Fees	\$233	\$267	\$275	\$283	\$291
Total Tuition and Fees	\$7,247	\$8,900	\$9,167	\$9,441	\$9,723
Non-Resident	Pre-tuition Guarantee	Cohort 2022-2023	Cohort 2023-2024	Cohort 2024-2025	Cohort 2025-2026
Instructional Fees	\$7,014	\$8,633	\$8,892	\$9,158	\$9,432
General Fees	\$233	\$267	\$275	\$283	\$291
Non-Resident Surcharge	\$28,782	\$28,782	\$28,782	\$28,782	\$28,782
Total Tuition and Fees	\$36,029	\$37,682	\$37,949	\$38,223	\$38,505

Undergraduate tuition and fee rates reflected for both the Columbus Undergraduate Fees and Regional Campus and ATI Undergraduate Fees do not include program specific, special or technology fees that may be assessed based on major or program of study. For more information, for more information, please visit:

<https://registrar.osu.edu/student-hub/tuition-and-fees/>.

Graduate and Professional Fees

Traditional Graduate and PhD programs charge standard graduate tuition and mandatory fees. Some graduate and professional programs charge a differential instructional fee based principally on market demand and pricing. For a detailed listing of graduate and professional fees by program, please visit:

<https://registrar.osu.edu/student-hub/tuition-and-fees/graduate-tuition-and-fees/>.

Housing Rates

The Ohio State University Proposed Housing Rates for FY 2026

Housing Plans	FY 2025	FY 2026	\$ Change	% Change
Columbus Campus (Annual Rates - 2 semesters)				
Rate I	\$10,090	\$10,392	\$302	3.0%
Rate II	\$8,406	\$8,658	\$252	3.0%
Rate IIA	\$8,138	\$8,382	\$244	3.0%
Rate III	\$7,858	\$8,092	\$234	3.0%
Stadium Scholars Program	\$6,662	\$6,860	\$198	3.0%
Alumnae Scholarship Houses - single or double w/bath	\$7,640	\$7,868	\$228	3.0%
Alumnae Scholarship Houses - double or triple	\$7,472	\$7,696	\$224	3.0%
German House - 1-person room	\$7,748	\$7,980	\$232	3.0%
German House - 2-person room	\$7,214	\$7,430	\$216	3.0%
Columbus Campus (Monthly Housing Rates)				
237 E17th - mini-single	\$519	\$535	\$16	3.0%
237 E17th - single	\$718	\$740	\$22	3.0%
237 E17th - supersingle	\$868	\$894	\$26	3.0%
237 E17th - double	\$473	\$487	\$14	3.0%
Gateway - studio	\$1,105	\$1,138	\$33	3.0%
Gateway - 1 bedroom apartment	\$1,184	\$1,220	\$36	3.0%
Gateway - 2 bedroom apartment	\$2,306	\$2,375	\$69	3.0%
Gateway - 3 bedroom apartment	\$3,012	\$3,102	\$90	3.0%
Neil - efficiency	\$1,004	\$1,034	\$30	3.0%
Neil - 4 bedroom	\$994	\$1,024	\$30	3.0%
Penn Place - 1 person room	\$948	\$976	\$28	3.0%
Penn Place - 2 person room	\$544	\$560	\$16	3.0%
ATI				
1-bedroom for 2 (per person)	\$8,366	\$8,616	\$250	3.0%
2-bedroom for 2 (per person)	\$9,946	\$10,244	\$298	3.0%
2-bedroom for 4 (per person)	\$8,366	\$8,616	\$250	3.0%
2-bedroom for 5 (per person - double)	\$8,366	\$8,616	\$250	3.0%
2-bedroom for 5 (per person - triple)	\$7,218	\$7,434	\$216	3.0%
3-bedroom for 5 (per person - single)	\$8,814	\$9,078	\$264	3.0%
3-bedroom for 5 (per person - double)	\$8,366	\$8,616	\$250	3.0%
Private Apartment	\$9,946	\$10,244	\$298	3.0%
Newark				
1-person efficiency	\$9,370	\$9,650	\$280	3.0%
2-person efficiency (per person)	\$9,048	\$9,318	\$270	3.0%
2-bedroom for 4 (per person)	\$9,098	\$9,370	\$272	3.0%
3-bedroom for 6 (per person)	\$8,574	\$8,830	\$256	3.0%
McConnell Hall	\$9,370	\$9,650	\$280	3.0%
Mansfield				
2-bedroom for 2 (per person)	\$9,562	\$9,848	\$286	3.0%
2-bedroom for 4 (per person)	\$7,652	\$7,880	\$228	3.0%
5-bedroom for 5 (per person)	\$8,026	\$8,266	\$240	3.0%
5-bedroom for 6 - single (per person)	\$7,652	\$7,880	\$228	3.0%
5-bedroom for 6 - double (per person)	\$6,896	\$7,102	\$206	3.0%

Dining Rates

The Ohio State University Proposed Dining Rates for FY 2026

Dining Plans	FY 2025	FY 2026	\$ Change	% Change
Columbus Campus				
Scarlett 14	\$5,622	\$5,790	\$168	3.0%
Declining Balance	\$5,016	\$5,166	\$150	3.0%
Gray 10	\$4,720	\$4,860	\$140	3.0%
Traditions	\$4,608	\$4,746	\$138	3.0%
Carmen 1 (off-campus)	\$1,016	\$1,046	\$30	3.0%
Carmen 2 (off-campus)	\$1,988	\$2,046	\$58	2.9%
Regional Campus				
McConnell Hall (Newark)	\$3,284	\$3,382	\$98	3.0%
Carmen 1	\$1,016	\$1,046	\$30	3.0%
Carmen 2	\$1,988	\$2,046	\$58	2.9%

Appendix B | Tuition and SSI History (Columbus Campus)

Fiscal Year	Undergraduate Resident Total	% Change	Undergraduate Non-Resident (Domestic) Total	% Change	Columbus Campus Total SSI (000's)	% Change
1998	\$3,687	6.3%	\$10,896	5.4%	\$297,551	5.1%
1999	\$3,906	5.9%	\$11,475	5.3%	\$305,161	2.6%
2000	\$4,137	5.9%	\$12,087	5.3%	\$312,839	2.5%
2001	\$4,383	5.9%	\$12,732	5.3%	\$317,721	1.6%
2002	\$4,788	9.2%	\$13,554	6.5%	\$305,389	-3.9%
2003	\$5,691	18.9%	\$15,114	11.5%	\$300,064	-1.7%
2004	\$6,651	16.9%	\$16,638	10.1%	\$299,998	0.0%
2005	\$7,542	13.4%	\$18,129	9.0%	\$301,898	0.6%
2006	\$8,082	7.2%	\$19,305	6.5%	\$305,588	1.2%
2007	\$8,667	7.2%	\$20,562	6.5%	\$314,597	2.9%
2008	\$8,676	0.1%	\$21,285	3.5%	\$330,269	5.0%
2009	\$8,679	0.0%	\$21,918	3.0%	\$362,682	9.8%
2010	\$8,726	0.5%	\$22,298	1.7%	\$391,658	8.0%
2011	\$9,420	8.0%	\$23,604	5.9%	\$390,830	-0.2%
2012	\$9,735	3.3%	\$24,630	4.3%	\$329,548	-15.7%
2013	\$10,037	3.1%	\$25,445	3.3%	\$331,829	0.7%
2014	\$10,037	0.0%	\$25,757	1.2%	\$334,394	0.8%
2015	\$10,037	0.0%	\$26,537	3.0%	\$330,878	-1.1%
2016	\$10,037	0.0%	\$27,365	3.1%	\$341,582	3.2%
2017	\$10,037	0.0%	\$28,229	3.2%	\$362,654	6.2%
2018	\$10,591	5.5%	\$29,695	5.2%	\$360,816	-0.5%
2019	\$10,726	1.3%	\$30,742	3.5%	\$359,412	-0.4%
2020	\$11,084	3.3%	\$32,061	4.3%	\$353,396	-1.7%
2021	\$11,518	3.9%	\$33,502	4.5%	\$375,115	6.1%
2022	\$11,936	3.6%	\$35,019	4.5%	\$376,486	0.4%
2023	\$12,485	4.6%	\$36,722	4.9%	\$393,035	4.4%
2024	\$12,859	3.0%	\$38,365	4.5%	\$405,472	3.2%
2025	\$13,244	3.0%	\$40,022	4.3%	\$416,652	2.8%
2026	\$13,641	3.0%	\$42,423	6.0%	\$425,721	2.2%

APPOINTMENT TO THE SELF-INSURANCE BOARD

Synopsis: Appointment of a member to the Self-Insurance Board is proposed.

WHEREAS the Board of Trustees directed that a Self-Insurance Board be established to oversee the University Self-Insurance Program; and

WHEREAS all members of the Self-Insurance Board are appointed by The Ohio State University Board of Trustees upon recommendation of the President.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approve that the following individual be appointed as a member of the Self-Insurance Board effective September 1, 2025 for the term specified below:

Christopher A. Cray, term ending June 30, 2027

BE IT FURTHER RESOLVED, That this appointment entitles each member to any immunity, insurance or indemnity protection to which officers and employees of the University are, or hereafter may become, entitled.

UNIVERSITY FOUNDATION REPORT

Synopsis: Approval of the University Foundation Report as of June 30, 2025, is proposed.

WHEREAS monies are solicited and received on behalf of the university from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Foundation; and

WHEREAS this report includes: (i) the establishment of two (2) endowed chairs: the Dr. Harold "Hal" Miller and Betty J. Miller Endowed Chair in Organic Chemistry and Biochemistry and the Endowed Chair in Integrative Health; five (5) endowed professorships: the Honda Endowed Professorship in Artificial Intelligence in Mechanics and Manufacturing, the Dr. John M. McGregor Department of Neurosurgery Professorship, the Jeffrey Professorship in Children, Young Adult and Family Psychiatry, The Leon M. McCorkle Jr. Professorship in Commercial Law, and the Colleen McMahon Professorship in Music; two (2) professorship funds: The Ernestine R. Lowrie Professorship Fund in Thoracic Surgery and the Wayne Urban Endowed Professorship Fund; one (1) scholarship as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and twenty-one (21) additional named endowed funds; (ii) the revision of twenty-six (26) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of June 30, 2025.

	Amount Establishing Endowment*	Total Commitment
<u>Establishment of Named Endowed Professorship (University)</u>		
<p>Honda Endowed Professorship in Artificial Intelligence in Mechanics and Manufacturing</p> <p>Established August 21, 2025, as a quasi-endowment, with a match from the College of Engineering Dean's Endowed Faculty Position and Graduate Student Fellowship Match Program; supports a professorship position in the College of Engineering. The person appointed to such professorship shall be a tenure track professor in the college with preference for a faculty member with a joint appointment in the Department of Integrated Systems Engineering and the Department of Materials Science and Engineering. If the position is vacant, the annual distribution may be used to support faculty in the college who are focused on manufacturing.</p>	\$1,000,000.00	\$1,000,000.00
<p>Dr. John M. McGregor Department of Neurosurgery Professorship</p> <p>Established August 21, 2025, as a quasi-endowment, with a fund transfer by the Department of Neurosurgery; supports a professorship position in Department of Neurosurgery, if full funding is reached. If the position is vacant, the annual distribution may be used to support faculty in the department.</p>	\$1,000,000.00	\$1,000,000.00
<u>Establishment of Named Endowed Fund (University)</u>		
<p>Mary Seaton Breese Scholarship Fund</p> <p>Established August 21, 2025, with estate gifts from Mary Seaton Breese; supplements the grant-in-aid costs of student-athletes who are playing at the point-guard position on The Ohio State University Women's Varsity Basketball Team. If annual distribution remains, the scholarship(s) will be open to all student-athletes who are playing on The Ohio State University Women's Varsity Basketball Team. If annual distribution still remains, the scholarship(s) will be open to all student-athletes who are playing on women's varsity teams.</p>	\$2,036,200.34	\$2,036,200.34
<p>College of Medicine Greatest Needs Fund</p> <p>Established August 21, 2025, as a quasi-endowment, with a fund transfer by the College of Medicine of an unrestricted gift from the estate of Mary Ann Stockum; supports the greatest needs of the College of Medicine as determined by the highest ranking official in the college or his/her designee.</p>	\$678,887.62	\$678,887.62
<p>College of Medicine Scholarship Fund for First-Year Medical Students</p> <p>Established August 21, 2025, as a quasi-endowment, with a fund transfer by the College of Medicine of an unrestricted gift from the estate of Mary Ann Stockum; provides one or more scholarships to first-year medical students who demonstrate academic merit and/or financial need.</p>	\$678,762.62	\$678,762.62

<p>Julia Holland Memorial Scholarship Fund Established August 21, 2025, with gifts from friends and family of Julia Holland (BA 2023); provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law with preference given to students who are interested in criminal defense law.</p>	\$100,200.00	\$100,200.00
<u>Change in Name and Description of Named Endowed Fund (University)</u>		
<p>From: The Jo Ann M. Ferguson Scholarship Fund for Synchronized Swimming To: The Jo Ann M. Ferguson Fund for Artistic Swimming</p>		
<p>From: The Ohio State University Nephrology Endowed Professorship for Kidney Research To: The Brad H. Rovin Endowed Professorship for Kidney Research</p>		
<p>From: The Mary Lundie Stewart Vorman Loan Fund To: The Mary Lundie Stewart Vorman Endowed Scholarship Fund</p>		
<u>Change in Description of Named Endowed Fund (University)</u>		
The W. E. Cramer Scholarship Fund		
Faculty Initiatives and Research Discovery Endowment Fund		
The Julie Price Memorial Scholarship Fund in Law		
The Ruth Haignere Rose Student Nurse Scholarship Fund		
The Shepherd Scholarship Award Fund		
The Wildah Turnbull and Joseph K. Walkup Memorial Fund		
The Herbert G. Utz Memorial Scholarship Fund		
The Dorothy Sumption Wirthwein – Women's Physical Education Fund		
<u>Establishment of Named Endowed Chair (Foundation)</u>		
<p>Dr. Harold "Hal" Miller and Betty J. Miller Endowed Chair in Organic Chemistry and Biochemistry Established February 10, 2022, with a gift from Betty Jane Miller in memory of Dr. Harold "Hal" Miller (BA '48, MA '51, PhD '59 Chemistry); supports a chair position in the College of Arts and Sciences, Department of Chemistry and Biochemistry. The chair may be used to recruit or retain candidates who demonstrate excellence in teaching and conduct research in organic chemistry and/or biochemistry. If the position is vacant, the annual distribution may be used to support faculty in the department. Revised August 21, 2025.</p>	\$3,824,497.40	\$3,824,497.40

<p>Endowed Chair in Integrative Health Established August 21, 2025, with gifts from Christina E. Grote and James E. Grote; supports a chair position in the College of Medicine to be held by the highest ranking official in the Center for Integrative Health. Subsequent to the date on which the current Director of the Center, Maryanna D. Klatt (MA 2001, PhD 2002), retires or is otherwise no longer the Director of the Center, the fund shall be renamed the Maryanna D. Klatt Endowed Chair in Integrative Health. If the position is vacant, the annual distribution may be used to support the priorities of the center. If the center ever ceases to exist, the annual distribution shall support faculty in the college.</p>	\$3,500,000.00	\$3,500,000.00
<p><u>Establishment of Named Endowed Professorships (Foundation)</u></p>		
<p>Jeffrey Professorship in Children, Young Adult and Family Psychiatry Established April 6, 2007, with gifts from Robert H. "Tad" and Anne K. "Nancy" Jeffrey of Bexley, Ohio; used for a professorship position in the Department of Psychiatry and Behavioral Health focused on activities relevant to advancing the quality of mental health services delivered to children, adolescents, and young adults with mental disorders and their families. If the position is vacant, the annual distribution may be used to support faculty in the College of Medicine. Revised August 21, 2025.</p>	\$2,017,401.35	\$2,017,401.35
<p>The Leon M. McCorkle Jr. Professorship in Commercial Law Established August 21, 2025, with gifts from Leon M. McCorkle Jr. (JD 1972); supports a professorship position in the Michael E. Moritz College of Law focused on commercial and consumer law. If the position is vacant, the annual distribution may be used to support faculty in the college who are focused on commercial and consumer law.</p>	\$1,016,579.40	\$1,016,579.40
<p>Colleen McMahon Professorship in Music Established May 19, 2022, with a gift from the Honorable Colleen McMahon (BA 1973); supports a professorship position in the School of Music. If the position is vacant, the annual distribution may be used to support faculty in the school. This endowment should be used to enhance the school's reputation for faculty excellence, by facilitating the recruitment and retention of outstanding educators and researchers who display the potential for leadership both in their specialty and in the College of Arts and Sciences. Preferred fields of specialization are choral music and music theory. Revised August 21, 2025.</p>	\$1,000,000.00	\$1,000,000.00
<p><u>Establishment of Named Endowed Professorship Funds (Foundation)</u></p>		

<p>The Ernestine R. Lowrie Professorship Fund in Thoracic Surgery Established August 21, 2025, with gifts from Ernestine R. Lowrie. If the gifted principal balance of the fund reaches the required professorship funding level of \$1,000,000 by July 1, 2030, the annual distribution from this fund supports a professorship position in the Division of Thoracic Surgery. Prior to full funding, if the position is vacant, or if full funding is not reached, the annual distribution may be used to support faculty in the division.</p>	<p>\$199,357.11</p>	<p>\$1,000,000.00</p>
<p>Wayne Urban Endowed Professorship Fund Established August 21, 2025, with gifts from Dr. Wayne Joseph Urban. If the gifted principal balance of the fund reaches the required professorship funding level of \$1,000,000 by December 31, 2035, the annual distribution from this fund supports a professorship position in the College of Education and Human Ecology. Candidates should be focused on the history of American education and/or the history of American higher education. Prior to full funding, if the position is vacant, or if full funding is not reached, the annual distribution may be used to support faculty working in the areas of philosophy and history of education in the Department of Educational Studies. The annual distribution shall be reinvested in the endowment principal for up to the first five years of the fund's existence at the discretion of the highest ranking official in the college or his/her successor.</p>	<p>\$112,000.00</p>	<p>\$1,000,000.00</p>
<p><u>Establishment of Named Endowed Funds</u> <u>(Foundation)</u></p>		
<p>Jeffrey M. Prestel Professional Sales Support Fund Established August 21, 2025, with grants from The Columbus Foundation as recommended by Jeffrey Michael Prestel (MBA 1989); provides operational support for professional sales programs and initiatives in the Max M. Fisher College of Business. Expenditures may be used for, but are not limited to, enhancing the curricular offerings, programmatic offerings, and technology enhancements for use in the classroom related to sales.</p>	<p>\$1,500,000.00</p>	<p>\$3,500,000.00</p>
<p>The Darlene and Tom McCalmont Sustainability & Cancer Research Graduate Fellowship Established August 21, 2025, with gifts from Darlene Hinerman McCalmont (BS 1976) and David Thompson McCalmont; supports a graduate fellowship(s) in the College of Engineering for PhD candidates who are studying in the William G. Lowrie Department of Chemical and Biomolecular Engineering. Preference shall be given to candidates who are pursuing sustainability-related research or cancer-related research. Additional preference shall be given to students who participate in activities that promote leadership or community service efforts to broaden participation by women and girls in the field of engineering.</p>	<p>\$1,200,000.00</p>	<p>\$1,200,000.00</p>

<p>Krishan and Vicky Joshi Eye Research Endowed Fund Established August 21, 2025, with gifts from Krishan K. Joshi (B.A.A.E. 1961) and Vicky M. Joshi; supports faculty, residents, or medical students in the Department of Ophthalmology & Visual Sciences who are developing or conducting research programs to discover innovative treatments and cures for eye diseases. Expenditures shall be used for, but are not limited to, salary support, research supplies, and/or equipment costs.</p>	<p>\$500,000.41</p>	<p>\$500,000.41</p>
<p>Edward J. Wagner II and Erva M. Wagner Scholarship Fund Established August 21, 2025, with an estate gift from Edward J. Wagner II (BA 1958, MA 1959, PhD 1963) and Erva M. Wagner; provides financial aid scholarships to fulltime, undergraduate students who are majoring in studies in the College of Arts and Sciences who qualify for a financial aid scholarship under the University's standard financial aid guidelines. In addition, in order to receive this scholarship, the student(s) must have a maintained at least a B cumulative grade point average in high school if the candidate (s) is a freshman or maintained at least a B cumulative grade point average (per University criteria) at all times while a student at the University if the student(s) is a sophomore, junior or senior.</p>	<p>\$385,449.71</p>	<p>\$385,449.71</p>
<p>Karen Collins (O'Neal) Memorial Scholarship Fund Established August 21, 2025, with gifts from David M. O'Neal Jr. in memory of his wife, Karen Collins O'Neal (MSW 1982); supports students who are enrolled in the Master's of Social Work program in the College of Social Work. First preference shall be given to MSW students who demonstrate an interest in working in the medical or behavioral health field. Second preference shall be given to any students enrolled in the MSW program.</p>	<p>\$350,000.00</p>	<p>\$700,000.00</p>
<p>Yvette McGee Brown and Tony Brown Athletic Scholarship Fund Established August 21, 2025, with gifts from the Honorable Yvette M. McGee Brown and Anthony L. Brown (MA 1986) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program. The Donors wish to honor Leo M. Brown (DDS 1962), the first black co-captain of The Ohio State University Football team in 1955-57. Supplements the grant-in-aid costs of undergraduate student-athletes with preference towards those who have overcome substantial educational or economic obstacles.</p>	<p>\$213,016.18</p>	<p>\$213,016.18</p>

<p>Rosenfield Family Athletics Scholarship Fund Established August 21, 2025, with gifts from Daniel Lawrence Rosenfield (BS 1973, MA 1974); supplements the grant-in-aid costs of undergraduate student-athletes who are majoring in finance or real estate within the Max M. Fisher College of Business. First preference shall be given to candidates who are enrolled in or have taken courses on Hebrew and Jewish Studies and/or have demonstrated experience through academic study, community service, or other work with issues affecting individuals or communities of Jewish faith. Second preference shall be given to candidates who are from the New York City metro area. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate student-athletes. The donor desires to support two recipients annually. Scholarships may be awarded in varying numbers based on student enrollment, available funding, and other factors.</p>	\$150,275.64	\$200,000.00
<p>Dr. Hedda Litowitz Haning and Dr. Ray Vernon Haning, Jr. Fund Established August 21, 2025, with the gifts anonymous donors; supports The Ohio State University.</p>	\$137,008.59	\$137,008.59
<p>The Anil K. Makhija Undergraduate Impact Fund Established August 21, 2025, with gifts from friends, family, and colleagues to honor the leadership of Anil K. Makhija; used for leadership development, social responsibility, and experiential learning opportunities for undergraduate students at the Max M. Fisher College of Business. The donors desire the fund be used to enhance student leadership competencies.</p>	\$115,275.00	\$115,275.00
<p>Morris Beja Odyssey Award: Thriving Through Global Discovery Fund Established August 21, 2025, with gifts from Andrew Beja, friends, family and colleagues of Morris Beja; provides one or more travel awards to undergraduate and/or graduate students who are pursuing degrees in the Department of English. Preference shall be given to undergraduate students who are specializing in Literature, Film, Folklore and Popular Culture Studies.</p>	\$109,470.00	\$109,470.00
<p>The Moussallem Foundation Civil Engineering Endowed Scholarship Fund Established August 21, 2025, with gifts from Maroun Moussallem (BS 1983, MS 1985); provides one or more scholarships to students who are enrolled in the College of Engineering and are majoring in civil engineering. Preference shall be given to candidates who demonstrate high financial need and are in good academic standing with a minimum 3.0 grade point average on a 4.0 scale.</p>	\$100,603.14	\$100,603.14

<p>Dr. Frederick "Fritz" Stocker Memorial Fund Established August 21, 2025, with gifts from friends, family and colleagues of Dr. Frederick "Fritz" Stocker; provides one or more scholarships to graduate students who are enrolled in the John Glenn College of Public Affairs and demonstrate financial need. The group desires that when awarding this scholarship special consideration be given for students who have encountered or overcome substantial educational or economic obstacles. It is the group's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college.</p>	\$100,055.00	\$100,055.00
<p>The Jarka and Grayce Susan Burian Research Fund Established August 21, 2025, with a gift from the estate of Grayce Susan Burian; shall be available to scholars at the graduate student, faculty, and theatre professional levels, and will support research in the collections on Czech theatre and culture held in the Jerome Lawrence and Robert E. Lee Theatre Research Institute of The Ohio State University Libraries. If the distribution is not awarded in a given year, the distribution may be used to support a Burian Symposium presenting research or analysis on Czech theatre or Czech theatre artists, additions to the collections of works of Czech theatre, or reinvested in the fund's principal.</p>	\$100,000.00	\$100,000.00
<p>Sandra Jennifer Coco Endowed Scholarship Fund Established August 21, 2025, with gifts from Robert A. Coco and Mary W. Coco; provides one or more scholarships to undergraduate students who are enrolled in the College of Nursing and have a passion for and/or demonstrate an interest in working in oncology nursing. The donors desire to support at least two students annually. Scholarships may be awarded in varying amounts based on student enrollment, available funding, and other factors. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college.</p>	\$100,000.00	\$1,000,000.00
<p>The Michael Dubetz, Jr. Endowed Scholarship in Tax Law Established August 21, 2025, with gifts from Michael Dubetz Jr. (JD 1989); provides one or more scholarships to second- or third-year students who are enrolled in the Michael E. Moritz College of Law. First preference shall be given to candidates who demonstrate an interest in tax law. Second preference (which shall be applied only when no candidates are available that meet the first preference) shall be given to candidates who demonstrate an interest in corporate/business law.</p>	\$100,000.00	\$100,000.00

<p>Andrew and Rosemary Fogarty Global Eye Health Fund Established August 21, 2025, with gifts from Patricia A. McElroy and Cathy Busemeyer, with inspiration from the rest of the Fogarty family, in memory of Andrew and Rosemary Fogarty and in honor of Robert Chambers, DO; supports global outreach initiatives in ophthalmology to assist with medical care and education in low resource communities. Expenditures may be used for, but are not limited to, salary support, supplies, equipment, or other expenses for faculty, alumni, staff, and learners aspiring to build knowledge and local resource capacity toward preventing blindness. If in any given year, there is remaining distribution after being used for the purpose above, or if there are no eligible global outreach initiatives, the annual distribution may be used to support regional outreach initiatives in ophthalmology.</p>	\$100,000.00	\$100,000.00
<p>The McClure Nursing Scholarship Fund Established August 21, 2025, with gifts from Colonel Roger E. McClure (BS 1955) and Mary C. McClure (BS 1955); provides one or more scholarships to undergraduate students enrolled in the College of Nursing and are in good academic standing. Preference shall be given to students who graduated from high school in from Greater Dayton and/or the Miami Valley area of Ohio.</p>	\$100,000.00	\$100,000.00
<p>Peter L. & Cathy A. Hahn Endowment for Faculty and Student Excellence in History Established August 21, 2025, with gifts from Peter L. Hahn and Cathy A. Hahn; supports the enhancement of the World War II academic program in the Department of History.</p>	\$52,450.00	\$52,450.00
<p><u>Change in Name and Description of Named Endowed Fund (Foundation)</u></p>		
<p>From: Frederick Luis Aldama Inclusive Excellence Scholarship Fund To: Frederick Luis Aldama Leadership Scholarship Fund</p>		
<p>From: Mike and Linda Kaufmann Diversity, Equity & Inclusion Scholarship Fund To: Mike and Linda Kaufmann Scholarship Fund</p>		
<p>From: The Tom and Gail Reardon Chemical Engineering Scholarship Fund To: The Thomas E. Reardon Chemical Engineering Scholarship Fund</p>		
<p>From: The Vorman-Anderson Professorship of Nordic Languages and Literatures To: The Vorman-Anderson Faculty Support Fund for Nordic Languages and Literatures</p>		
<p><u>Change in Description of Named Endowed Fund (Foundation)</u></p>		
<p>The Jessica C. Beck Memorial Scholarship Fund</p>		

Anthony Boone '74 & Steve W. Jemison '75 Scholarship Fund		
The Thomas (Tommy) M. Davis III Endowed Scholarship Fund		
The Captain Nick Rozanski Memorial Scholarship Fund		
The Dr. Carlton Triolo-Sapp Fund		
Dr. Robert E. Williams Endowed Dentistry Scholarship Fund		
<u>Change in Description of Named Endowed Fund (Foundation)</u>		
The Ohio State University Alumni Association, Inc. Scholarship Endowment Fund		
The Honorable Robert M. Duncan Scholarship Fund		
The Marie Catherine Elliott '47 Scholarship Fund		
The Barbara Eng and Anna Eng Artistic Swimming Athletic Scholarship Fund		
The Fred Kaufmann Memorial Scholarship Fund		
Total	\$22,577,489.51	

*Amounts establishing endowments as of June 30, 2025, unless notated otherwise.

NAMING OF INTERNAL SPACES

IN UNIVERSITY HOSPITAL

Synopsis: Approval for the naming of internal spaces in the University Hospital located at 650 W. 10th Avenue is proposed.

WHEREAS The Ohio State University is taking a major step forward with the development of the new University Hospital that, combined with modern educational space, will enhance a unified Ohio State Wexner Medical Center campus; and

WHEREAS the Ohio State Wexner Medical Center campus provides leading-edge research, outstanding clinical training and world-class patient care; and

WHEREAS the following donors have provided significant contributions to the Wexner Medical Center and University Hospital; and

- Stan and Jodi Ross
- Dr. Mark Landon
- Dawson Fund
- Cindy and Larry Hilsheimer

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned spaces be named the following:

- Stanley D. and Joan H. Ross Neurosciences Critical Care Unit (Floor 14)
- Mark B. Landon, MD and Jane Landon Visitor Lounge (Floor 23 Visitor Lounge)
- Janet and Elden Thomas Sanctuary (Room 2075)
- Cindy and Larry Hilsheimer Chairman's Conference Room (Room 0075)

NAMING OF INTERNAL SPACES

IN THE RIFFE BUILDING

Synopsis: Approval for the naming of the 2nd floor pharmacy classroom (classroom A) and the student lounge in the Riffe Building, located at 496 W. 12th Ave, is proposed.

WHEREAS the College of Pharmacy is consistently ranked a top pharmacy school in the country, home to world-class faculty, dedicated students and innovative researchers working toward improving medications and medication-related health outcomes; and

WHEREAS the College of Pharmacy commits to providing students access to state-of-the-art facilities and spaces to promote learning; and

WHEREAS the donors listed below have provided significant contributions to the Riffe Building renovations; and

- Dr. Robert Weber and Mrs. Barbara Weber
- Mrs. Ann M. Klein and Mr. Barry E. Klein

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned spaces be named the following:

- Dr. Robert J. and Barbara B. Weber Classroom
- Ann & Barry Klein Family Student Lounge

NAMING OF INTERNAL SPACES

IN MASON HALL

Synopsis: Approval for the naming of internal spaces in Mason Hall, located at 250 W. Woodruff Avenue, is proposed.

WHEREAS Mason Hall is currently undergoing renovations to accommodate the growing and changing needs of Max M. Fisher College of Business students, reinforcing the university's commitment to being a preeminent business school that creates transformational ideas and leaders; and

WHEREAS Mason Hall includes state-of-the-art spaces for active learning and research to the benefit of students and faculty; and

WHEREAS the donors listed below have provided significant contributions to Fisher College of Business and are currently recognized with spaces affected by the renovation; and

- Nu Chapter Delta Sigma Pi Corporation
- Kathryn Esselburn
- Charles and Lynne Klatskin

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the spaces be named the following:

- Nu Chapter Delta Sigma Pi Corporation Room (room 133)
- Esselburn Breakout Room (room 140D)
- Neil M. Klatskin Conference Room and Neil M. Klatskin Collaborative and Learning Resource Corridor

NAMING OF INTERNAL SPACE

IN THE JAMES OUTPATIENT CARE

Synopsis: Approval for the naming of room 1234 in The Ohio State University Wexner Medical Center James Outpatient Care facility, located at 2121 Kenny Road, is proposed.

WHEREAS The James Outpatient Care facility provides convenient access to state-of-the-art health services for The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) patients; and

WHEREAS the facility includes a variety of services supporting the OSUCCC – James program; and

WHEREAS Albert & Karen Sheridan and Stephen Sheridan have provided significant contributions to the OSUCCC – James and the James Outpatient Care facility; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the internal space be named the following:

- Generous gift from the Metzger/Sheridan Family Fund (Room 1234)

NAMING OF INNOVATION DISTRICT AT OHIO STATE

Synopsis: Approval for the administrative renaming of the university's innovation community, currently known as Carmenton, is proposed.

WHEREAS the administrative naming of the university's innovation community was approved on May 19, 2022; and

WHEREAS upon further consideration with stakeholders as plans for the district have evolved, a new name is recommended that provides brand clarity and accurately conveys the district's purpose; and

WHEREAS this change does not affect the names of streets approved on May 19, 2022; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Innovation District at Ohio State.

NAMING OF THE WATERMAN – MULTISPECIES ANIMAL LEARNING COMPLEX

IN THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

Synopsis: Approval for the naming of the Multispecies Animal Learning Complex, located at the northwest corner of Lane Avenue and Kenny Road, is proposed.

WHEREAS the new Multispecies Animal Learning Complex (MALC) is being constructed to meet the aims of the Waterman Agricultural and Natural Resources Laboratory to provide comprehensive agricultural education; and

WHEREAS the College of Food, Agricultural, and Environmental Sciences (CFAES) aims to maintain consistent nomenclature across Waterman Complex; and

WHEREAS CFAES recommends and Planning, Architecture and Real Estate reviewed this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Waterman—Multispecies Animal Learning Complex.

NAMING OF OUTPATIENT CARE POWELL

IN THE WEXNER MEDICAL CENTER

Synopsis: Approval for the naming of the Powell outpatient care location (building #1046), located at 7171 Sawmill Parkway, is proposed.

WHEREAS the new Powell outpatient facility is part of the Wexner Medical Center's suburban outpatient care program, supporting growth in the region and excellence in academic health care; and

WHEREAS the facility will provide convenient access to comprehensive health care services to the Powell community; and

WHEREAS the Wexner Medical Center recommends and Planning, Architecture and Real Estate reviewed this change; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named Outpatient Care Powell.

NAMING OF COMMERICAL VEHICLE INNOVATION LABORATORY

IN THE COLLEGE OF ENGINEERING

Synopsis: Approval for the administrative naming of the building located at 920 Kinner Road (building #1145) in the College of Engineering, is proposed.

WHEREAS the building being constructed at 920 Kinner Road will further the mission of the Center for Automative Research; and

WHEREAS this facility name accurately reflects its purpose and current naming standards within the College of Engineering; and

WHEREAS the College of Engineering recommends and Planning, Architecture and Real Estate reviewed these changes; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facility the aforementioned space be named the Commercial Vehicle Innovation Laboratory.

AMENDMENT TO THE BYLAWS OF THE BOARD OF TRUSTEES

Synopsis: Amendment to the *Bylaws of the Board of Trustees* related to Ohio Senate Bill 1, the Advance Ohio Higher Education Act, and organizational changes to the Academic Affairs and Student Life Committee.

WHEREAS Ohio Senate Bill 1 (SB1), the Advance Higher Education Act, took effect on June 27, 2025; and

WHEREAS SB1 prohibits student trustees from serving as voting members on the full Board of Trustees and from attending Board executive sessions, but student trustees may continue to serve on Board committees, as their input and perspectives deepen the Board's understanding of the student experience; and

WHEREAS the university has reorganized research operations such that the Enterprise for Research, Innovation and Knowledge now reports to the Executive Vice President and Provost, such that all of these operations may be addressed by the Board's Academic Affairs and Student Life Committee, rather than in a separate Research, Innovation and Strategic Partnerships Committee; and

WHEREAS these developments require amending Board Bylaw 3335-1-02 to reflect the changes to student trustee authority and Board committee standing and authority:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the attached amendment to Board Bylaw 3335-1-02.

3335-1-02 Members, officers and committees of the board.

(A) Members of the board of trustees.

- (1) The board of trustees of the Ohio state university shall, as provided in section 3335.02 of the Revised Code, be comprised of seventeen trustees, including two student trustees, who shall be appointed by the governor, with advice and consent of the senate, with terms of office as articulated in the Ohio Revised Code.
- (2) Student trustees. Student trustees ~~shall be permitted to participate in all discussion and deliberations of the board, including attending executive sessions~~ provide valuable input and perspectives that deepen the board's understanding of the student experience at the university.
 - (a) Student trustees shall have no voting privileges on the board of trustees, shall not be considered in determining whether a quorum is present, shall not be entitled to attend executive sessions of the board, and shall not be eligible to be officers of the board, but may otherwise participate in all activities of the board, including membership on committees. Student trustees who are members of board committees shall have voting privileges on those committees.
- (3) Charter trustees. In order to take advantage of the diverse cultural, geographic, business, professional, public service and civic backgrounds, talents and experiences of friends and alumni of the Ohio state university who do not live in the state of Ohio, the position of charter trustee has been established, in accordance with the following guidelines:
 - (a) Charter trustees shall be non-Ohio residents and shall be chosen on the basis of the following attributes: Ohio state university alumna/alumnus or friend of the university; success in his or her chosen field or profession; state, national, or international prominence; ability to advocate for higher education; and willingness and ability to offer counsel.
 - (b) The board shall appoint no more than three charter trustees at any given time.
 - (c) Each charter trustee shall be appointed for one three-year term, commencing on May fourteenth and expiring on May thirteenth. The reappointment of a charter trustee is not automatic. Appointment and reappointment decisions will be made with consideration to the expertise needs of the overall board.
 - (d) Charter trustees shall have no voting privileges on the board of trustees, shall not be considered in determining whether a quorum is present, and shall not be eligible to be officers of the board, but will otherwise participate in all activities of the board, including membership on committees. Charter trustees who are members of board committees shall have voting privileges on those committees and shall be eligible to serve as committee chair or vice chair.
 - (e) Charter trustees shall be nominated by the talent, compensation and governance committee and shall be appointed, and may be removed before the conclusion of his or her term, by a vote of the board. Upon such appointment, the chair shall cause a letter of appointment to be delivered to the charter trustee, and a copy of the letter shall be delivered to the governor.
- (4) Ethics and conflicts of interest. All trustees shall follow the protections of the public set forth in Chapter 102, sections 2921.42 and 2921.43 of the Revised Code. In addition, the board of trustees shall adopt and periodically review a policy on ethics and conflicts of interest to

govern all members of the board of trustees, Wexner medical center board and their committees.

- (5) Statement of expectations. The board of trustees shall adopt and periodically review a board statement of expectations, which shall address such topics as comportment among board members, with the university president and other internal constituents, and with external constituents.
- (6) Indemnification. Trustees, charter trustees, and non-trustee committee members shall be entitled to legal defense and indemnification against any claims or liabilities which might arise from the performance of their duties on behalf of the Ohio state university to the fullest extent permitted by Ohio law.
- (7) Reimbursement of expenses. All trustees, charter trustees, and non-trustee committee members shall be entitled to reimbursement for reasonable travel expenses incurred in attending meetings of a committee or of the board of trustees, or other meetings as a representative of the board, in accordance with university policy and Ohio law.

(B) Officers

- (1) Number. The officers of the board shall be a chair, one or more vice chairs, and a secretary. No officer of the board shall, at the same time, hold more than one board office. The board may elect such other officers as the board may deem necessary with such authority and responsibility as delegated to them by the board.
- (2) Chair. The chair shall preside at all meetings of the board. Unless otherwise directed by the board, the chair shall have the authority to appoint members of and to fill vacancies on all standing and ad hoc committees and shall serve as an ex-officio member of all standing and ad hoc committees. Subject to these bylaws, the chair shall work with the secretary of the board of trustees to fix the date and time of all regular, special, and emergency meetings, shall sign the journal of all proceedings of the board, and perform such other duties as may pertain to this office.
- (3) Vice chair. At the request of or in the absence or incapacity of the chair, the vice chair shall perform all the duties of the chair and, while so acting, shall have all the powers and authority of, and be subject to all the restrictions upon, the chair. In the event that there are multiple vice chairs, these powers and duties shall devolve upon the senior vice chair, based on length of service on the board, unless otherwise indicated by the board. In addition, the vice chair shall perform such other duties as may be assigned to him or her by the board or by the chair.
- (4) Secretary. The board of trustees appoints the secretary of the board, establishes the qualifications for filling this role and conducts the annual performance evaluation for this position. The secretary reports functionally to the board and administratively to the university president. The responsibilities of the secretary, which are defined by the board as part of their oversight role, include:
 - (a) Serving as the key internal university liaison for the chair and the board;
 - (b) Communicating and interacting directly with the chair and the board to advance the strategic work of the board;
 - (c) Serving as the custodian of and being ultimately responsible for the preservation of all official records of the board;

- (d) Serving as the custodian of the university seal and causing its imprint to be placed whenever and wherever appropriate;
- (e) Overseeing the maintenance of the minutes of all meetings of the board and of committees of the board;
- (f) Overseeing the operations of the Office of the Board of Trustees; and
- (g) Performing all other duties customary to the office or assigned by the chair or the board.

In the absence of the secretary, the associate secretary shall perform the duties of the secretary of the board and all official actions taken by the associate secretary shall be deemed authorized and approved by the board of trustees.

(5) Election, term of office, and qualifications.

- (a) The chair and vice chair(s) of the board shall be elected annually by the board and shall take office at the adjournment of the final meeting of the fiscal year ending June 30. They shall hold their office through the following final fiscal year meeting of the board of trustees or until their successors are elected and qualified, so long as they shall continue to be eligible to serve as officers.
- (b) The chair and the vice chair(s) must be members of the board of trustees. The qualifications of all other officers shall be determined by the board.
- (c) The chair shall be elected to a one-year term and may serve up to three consecutive terms as chair. Before the end of each term, the talent, compensation and governance committee shall conduct a review of the chair, and after consultation with the members of the board, shall recommend to the board whether the chair should be reelected for an additional term.
- (d) The vote of a majority of all trustees then in office shall be necessary to elect or remove an officer of the board.

(C) Committees of the board.

- (1) Standing committees of the board, the members of which shall be appointed annually by the chair, shall be constituted and shall consider and make recommendations for action by the board on the various matters as enumerated below:
 - (a) Academic affairs and student life committee. The academic affairs and student life committee shall consider and make recommendations to the board regarding matters pertaining to the teaching, ~~and~~ public service, and research programs and activities of the university, Wexner medical center, and its faculty, staff, and students. Matters to be brought before the committee may include, but shall not be limited to: teaching and learning; student success, support and well-being; faculty and staff matters; educational policy; academic structure and organization; student welfare and housing; collective bargaining; university faculty and student rules; conferring of degrees, certificates, awards, and other honors; the university system of Ohio; regional campuses; the Ohio agricultural research and development center; agricultural technical institute; the university's land-grant mission and extension programs; athletics; programs and activities related to research and creative inquiry; policies to support and enhance research and creative inquiry conducted at the university; the development and support of strategic internal and external

relationships; outreach and engagement activities of the university's students, faculty, and staff; and any other matter assigned to the committee by the board or the chair of the board.

In addition to the trustees appointed to the committee, the committee shall also consist of at least one student trustee, ~~one member up to two members~~ of the university faculty, and up to two additional non-trustee committee members, with majority membership by trustees at all times.

- (b) Finance and investment committee. The finance and investment committee shall consider and make recommendations to the board regarding matters pertaining to the financial, business, and administrative management of the university. Matters to be brought before the committee may include, but shall not be limited to: long-range financial planning; borrowing and investment policies and strategies; investment benchmarks and asset allocation; capital and operating budgets and policies; capital expenditure budgets and investment; financing related to real property transactions; financial reporting practices; issuance of debt; tuition and fees; endowment assets and Advancement objectives; namings of university buildings and spaces; purchasing policies; insurance and Self-Insurance Board appointments; efficiency and cost-savings efforts; managed health care systems; and any other matter assigned to the committee by the board or the chair of the board.

In addition to the trustees appointed to the committee, the committee shall also consist of at least one student trustee and up to three additional non-trustee committee members, with majority membership by trustees at all times.

- (c) Talent, compensation and governance committee. The talent, compensation and governance committee shall provide oversight and counsel to the president regarding matters related to the senior leadership of the university, as determined by the board and the president, and make recommendations to the board regarding matters pertaining to the organization of the board and involvement and role of trustees. Matters to be brought before the committee may include, but shall not be limited to: roles and responsibilities of trustees and senior leadership positions; position specifications and necessary qualifications; compensation strategy and comparative data; transition plans; the board structure and operation; matters related to the trustees, non-trustee committee members and charter trustee selection process; trustee orientation; reviews of the president of the university and officers of the board; expectations regarding trustee comportment; organization of the board office; and any other matter assigned to the committee by the board or the chair of the board.

The committee shall consist of the chairs of each board committee and the vice chairs of the board. In addition to the trustees appointed to the committee, the committee may also consist of up to three additional non-trustee committee members, with majority membership by trustees at all times. The chair of the board may also appoint to this committee up to one current voting member of the board who formerly served as a board officer.

- (d) Master planning and facilities committee. The master planning and facilities committee shall consider and make recommendations to the board regarding the university's physical environment to ensure they enable and advance the university's academic mission and strategic goals. The committee will serve as stewards of the campus master plans and district plans. Matters to be brought before the committee may include, but shall not be limited to: the review and recommendation for approval of the planning, design, and construction activity of the university, including the

Wexner medical center; university master planning; development and maintenance of facilities; real property matters; security and infrastructure updates; and any other matter assigned to the committee by the board or the chair of the board.

In addition to the trustees appointed to the committee, the committee shall also consist of at least one student trustee and up to three additional non-trustee committee members, with majority membership by trustees at all times.

- (e) Legal, audit, risk and compliance committee. The legal, audit, risk and compliance committee shall consider and make recommendations to the board regarding oversight of the university's legal, audit, risk, and compliance functions. Matters to be brought before the committee may include, but shall not be limited to: reports regarding significant legal, legislative, and regulatory matters and initiatives; potential and active litigation; oversight and monitoring of compliance programs and activities; university and Wexner medical center enterprise risk management programs and business continuity planning; approval and monitoring of affiliated entities; internal financial control systems and reporting; auditing of the university and related entity operations; internal audit policies, plans, and reports; selection of, and receiving reports from, independent auditors (in conjunction with the auditor of state); and any other matter assigned to the committee by the board or the chair of the board.

In addition to the trustees appointed to the committee, the committee shall also consist of at least one student trustee and up to three additional non-trustee committee members, with majority membership by trustees at all times.

- ~~(f) Research, innovation and strategic partnerships. The research, innovation and strategic partnerships committee shall consider and make recommendations to the board regarding matters pertaining to the research programs and activities of the university, Wexner medical center, faculty, staff, and students. Matters to be brought before the committee may include, but shall not be limited to: programs and activities related to research and creative inquiry; policies to support and enhance research and creative inquiry conducted at the university; the development and support of strategic internal and external relationships; outreach and engagement activities of the university's students, faculty, and staff; and any other matter assigned to the committee by the board or the chair of the board.~~

~~In addition to the trustees appointed to the committee, the committee shall also consist of at least one student trustee, one member of the university faculty, and up to two additional non-trustee committee members, with majority membership by trustees at all times.~~

- ~~(g)~~(f) Athletics committee. The athletics committee shall consider and make recommendations to the board regarding oversight of the university's intercollegiate athletics programs and the actions taken to foster student-athlete success. Matters to be brought before the committee may include, but shall not be limited to: intercollegiate athletics programs and activities; student-athlete success, support, and well-being; reports regarding the operations of the organization, staffing, financial performance, and facilities for intercollegiate athletics operations; reports regarding significant structural, legal, and compliance developments impacting intercollegiate athletic activities; reviews and investigations related to intercollegiate athletic programs; and any other matter assigned to the committee by the board or the chair of the board.

In addition to the trustees appointed to the committee, the committee shall also consist of at least one student trustee and up to three additional non-trustee committee members, with majority membership by trustees at all times.

~~(h)~~(g) Wexner medical center board. The university board of trustees retains ultimate sovereign power and authority over, and fiduciary responsibility for, all aspects of the mission and operations of the university, including its Wexner medical center. The university board of trustees nonetheless recognizes the important oversight role of its Wexner medical center board. The Wexner medical center board shall consider and make recommendations to the university board of trustees regarding matters set forth in the Wexner medical center board bylaws. The Wexner medical center board shall keep the university board of trustees and its committees apprised of, and make recommendations regarding, Wexner medical center matters. The university board of trustees and its committees shall consult and seek the input of the Wexner medical center board on the relevant strategic and operational matters that come before the university board of trustees. Trustees who are members of the Wexner medical center board shall represent the interests of both boards during their service.

Trustees, public members and ex-officio voting members of the Wexner medical center board shall be appointed by the chair of the university board of trustees in compliance with the procedure set forth in the Wexner medical center board bylaws.

- (2) The chair and vice chair of each committee of the board shall be trustees or charter trustees.
- (3) The chair of the university board of trustees shall appoint the chair, vice chair, and other trustee and non-trustee members of each committee. The board or the chair of the board may designate guidelines regarding non-trustee members of committees. Student trustee, charter trustee, and non-trustee committee members shall be voting members of the committees on which they serve.
- (4) In addition to the committees enumerated in this bylaw, the board or the chair of the board may establish ad hoc committees and appoint the members thereof.
- (5) Committees of the board of trustees have no independent decision-making authority, except for specific exceptions outlined in the Ohio state university Wexner medical center board bylaws. Any matter or resolution recommended by a committee of the board shall be presented to the board for its consideration.
- (6) Except as provided in paragraph (B)(1) of rule 3335-93-01 of the Administrative Code, no trustee shall, during his or her term in office, serve as a director or officer or in any other capacity of any university affiliated entity or as a director, officer, or member or in any other capacity of any other university or related advisory or governance board, committee, or similar body, unless such service is approved by the chair of the board of trustees.

###

RATIFICATION OF COMMITTEE APPOINTMENTS FY2026

BE IT RESOLVED, That the Board of Trustees hereby approves that the ratification of committee appointments for Fiscal Year 2026 are as follows:

Academic Affairs & Student Life:

Reginald A. Wilkinson, Chair
Elizabeth A. Harsh, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Michael F. Kiggin
Bradley R. Kastan

Kara J. Trott

Patrick C. Arp

Phillip Popovich (faculty member)

Eric Bielefeld (faculty member)
Stefanie Sanford
John W. Zeiger (ex officio)

Athletics:

Gary R. Heminger, Chair
Michael F. Kiggin, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Pierre Bigby
Bradley R. Kastan
George A. Skestos
Patrick C. Arp
John W. Zeiger (ex officio)

Finance & Investment:

Tomislav B. Mitevski, Chair
Pierre Bigby, Vice Chair
Gary R. Heminger
Michael F. Kiggin
George A. Skestos
Kendall C. Buchan
Amy Chronis
Kent M. Stahl
John W. Zeiger (ex officio)

Legal, Audit, Risk & Compliance:

Elizabeth P. Kessler, Chair
Bradley R. Kastan, Vice Chair
Michael F. Kiggin
Juan Jose Perez
Patrick C. Arp
Amy Chronis
John W. Zeiger (ex officio)

Master Planning & Facilities:

Juan Jose Perez, Chair
George A. Skestos, Vice Chair
Elizabeth A. Harsh
Reginald A. Wilkinson
Pierre Bigby
Bradley R. Kastan
Kendall C. Buchan
Robert H. Schottenstein
Keith Myers
John W. Zeiger (ex officio)

Talent, Compensation & Governance:

Jeff M.S. Kaplan, Chair
Elizabeth P. Kessler, Vice Chair
Gary R. Heminger
Reginald A. Wilkinson
Tomislav B. Mitevski
Juan Jose Perez
John W. Zeiger (ex officio)

Wexner Medical Center:

Leslie H. Wexner, Chair
Gary R. Heminger
Tomislav B. Mitevski
Juan Jose Perez
George A. Skestos
Kara J. Trott
Kendall C. Buchan
Robert H. Schottenstein
Stephen D. Steinour
Cindy Hilsheimer
Amy Chronis
Hiroyuki Fujita
John W. Zeiger (ex officio, voting)
Walter E. Carter Jr (ex officio, voting)
Ravi V. Bellamkonda (ex officio, voting)
Michael Papadakis (ex officio, voting)
John J. Warner (ex officio, voting)

RATIFICATION OF COMMITTEE APPOINTMENTS FY2026 (CONT)

Finance Committee, Wexner Medical Center:

Stephen D. Steinour, Chair
John W. Zeiger
Tomislav B. Mitevski
Juan Jose Perez
Pierre Bigby
George A. Skestos
Amy Chronis
John J. Warner
Michael Papadakis

**Quality & Professional Affairs Committee,
Wexner Medical Center:**

Juan Jose Perez, Chair
George A. Skestos
Ravi V. Bellamkonda
Michael Papadakis
John J. Warner
Jay M. Anderson
Eric Bourekas
Carol R. Bradford
Stacy A. Brethauer
David E. Cohn
Scott A. Holliday
Kami J. Maddocks
Elizabeth Seely
Deana Sievert
Corrin Steinhauer
Andrew M. Thomas

Foundation Board Representative:

Pierre Bigby

Alumni Board Representative:

Elizabeth A. Harsh

BE IT FURTHER RESOLVED, That these appointments shall take effect at the adjournment of the meeting at which they are approved and remain in effect through the fiscal year ending June 30, 2026, or until they are superseded by a subsequent action of the board, whichever occurs first, so long as the persons appointed continue to be eligible to serve in such a capacity.

**THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER
CLINICAL QUALITY MANAGEMENT, PATIENT SAFETY AND PATIENT EXPERIENCE PLAN**

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the annual review of the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26 for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26 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 University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital; and

WHEREAS the annual review of the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26 was approved by the Quality Leadership Council on May 28, 2025; and

WHEREAS the annual review of the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26 was approved by the University Hospitals Medical Staff Administrative Committee on July 9, 2025; and

WHEREAS on July 22, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26 for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital as outlined in the attached document.



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

QUALITY LEADERSHIP COUNCIL

**The Ohio State University Wexner Medical Center
Clinical Quality Management, Patient Safety, &
Patient Experience Plan**

FY 2026

July 1, 2025 - June 30, 2026

The Ohio State University Wexner Medical Center

Clinical Quality Management, Patient Safety, & Patient Experience Plan

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Ambition, Mission, Vision and Values

Ambition: To be a top (Honor Roll) academic health center driving breakthrough healthcare solutions to improve people's lives and the communities in which we live.

Mission: To improve health in Ohio and across the world through innovations in research and transformation in research, education, patient care and community engagement.

Vision: By pushing the boundaries of discovery and knowledge, we will solve significant health problems and deliver unparalleled care

Values: Inclusiveness, Determination, Empathy, Sincerity, Ownership and Innovation

Definition

The Clinical Quality Management, Patient Safety and Patient Experience Plan is the health system approach to the systematic assessment and improvement of process design and performance aimed at improving quality of care, patient safety, and patient experience.

The approach to clinical quality management, patient safety, and patient experience is leadership-driven and involves significant staff and provider engagement. The activities within the health system are multi-disciplinary and rooted in the system's ambition, mission, vision, and values. The plan embodies a culture of continuously measuring, assessing, and initiating changes to improve outcomes. The health system employs the following principles which support the Institute of Medicine's six aims of care (Safe, Timely, Effective, Efficient, Equitable and Patient Centered). These principles are:

- **Customer Focus:** Knowledge and understanding of internal and external customer needs and expectations.
- **Leadership & Governance:** Dedication to continuous improvement instilled by leadership and the Board.
- **Education:** Ongoing development and implementation of a curriculum for quality, safety & service for all staff, employees, clinicians, patients, and learners.
- **Everyone is involved:** All members have mutual respect for the dignity, knowledge, and potential contributions of others. Everyone is engaged in improving the processes in which they work.
- **Data Driven:** Decisions are based on knowledge derived from data.
- **Process Improvement:** Analysis of processes for redesign and variance reduction using a scientific approach.
- **Continuous:** Measurement and improvement are ongoing.
- **Safety Culture:** A culture that is open, honest, transparent, collegial, team-oriented, accountable and non-punitive when system failures occur.
- **Personalized Health Care:** Incorporate evidence-based medicine in patient centric care that considers the patient's health status, genetics, cultural traditions, personal preferences, values family situations and lifestyles.

The Plan was developed in accordance with The Joint Commission (TJC) accreditation standards and the Center for Medicare & Medicaid Services (CMS) Conditions of Participation outlining a

Quality Assurance and Performance Improvement (QAPI) program. In addition to the principles outlined above, the following will also serve as fundamental components of the plan.

Consistent Level of Care

Certain elements of the OSUWMC Clinical Quality Management, Patient Safety, & Patient Experience Plan assure that patient care standards for the same or similar services are comparable in all areas throughout the health system. For example,

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

Performance Transparency

The OSUWMC Medical and Administrative leadership, in conjunction with the Board of Trustees, has a strong commitment to transparency of performance as it relates to clinical quality, patient safety, and patient experience performance. As supported by the long-range quality plan, the organization is committed to providing transparency to our patients and communities regarding our performance.

Performance data are shared internally with faculty and staff through a variety of methods. The purpose of providing data internally is to assist faculty and staff in having real-time performance results and to use those results to drive change and improve performance when applicable.

Online performance scorecards have been developed to cover a variety of clinical quality, safety and patient experience metrics. When applicable, on-line scorecards provide the ability to “drilldown” on the data by discharge service, department and nursing unit. In some cases, password authentication also allows for practitioner-specific data to be viewed by Department Chairs and various Quality and Administrative staff. Transparency of information will be provided within the limits of the Ohio law that protects attorney client privilege, quality inquiries and reviews, as well as peer review.

Confidentiality

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

Scope/Purpose

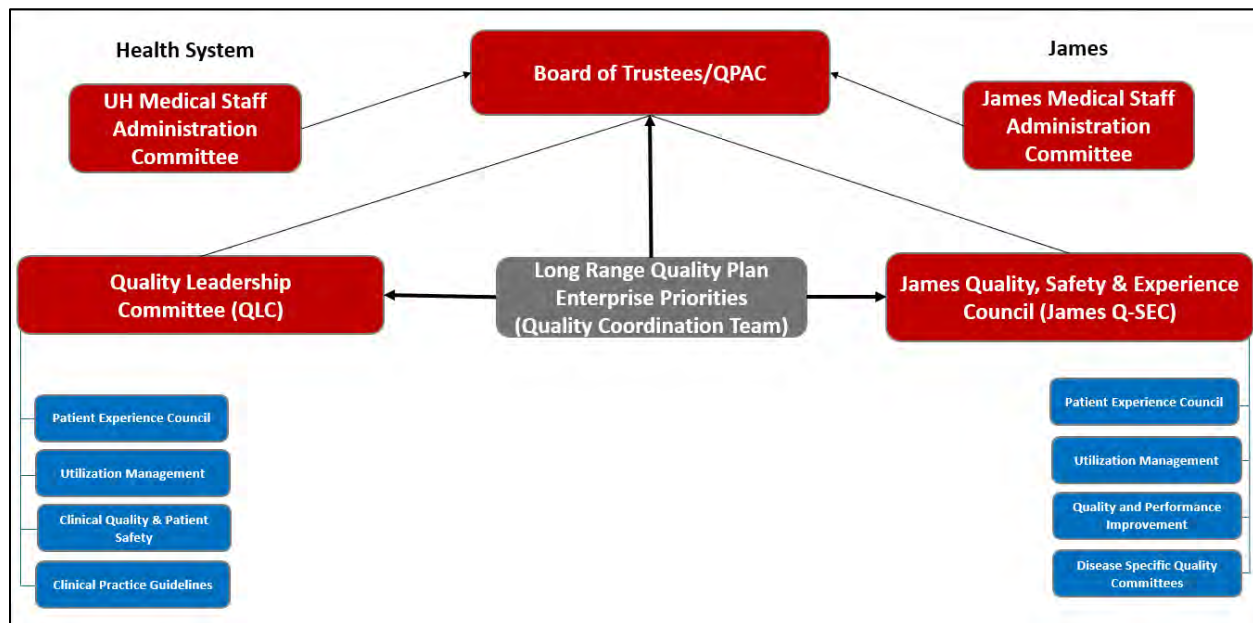
The Clinical Quality Management, Patient Safety & Patient Experience Plan includes all inpatient and outpatient facilities in The OSU Wexner Medical Center (OSUWMC) and appropriate entities across the continuum of care and in any clinical setting. The execution of the Clinical Quality Management, Patient Safety & Patient Experience Plan will demonstrate measurable improvements in health outcomes and the value of patient care provided within the OSUWMC.

As part of the Quality Assurance and Performance Improvement (QAPI program), the organization provides oversight for contracted services. The contracts are reviewed annually by the Medical Staff Administrative Committee (MSAC) and then forwarded to the Quality and Professional Affairs Committee of the governing body for review and approval.

Objectives

- Continuously monitor, evaluate, and improve outcomes and sustain improved performance.
- Implement reliable system changes that will improve patient care and safety by assessing, identifying, and reducing risks within the organization and responding accordingly when undesirable patterns or trends in performance are identified, or when events requiring intensive analysis occur.
- Assure optimal compliance with accreditation standards, state, federal and licensure regulations.
- Develop, implement, and monitor adherence to evidenced-based practice guidelines and companion documents in accordance with best practice to standardize clinical care and reduce practice variation.
- Improve patient experience and perception of treatment, care and services by identifying, evaluating, and improving performance based on patient needs, expectations, and satisfaction.
- Improve value by providing the best quality of care at the minimum cost possible. Incorporate value metrics, specifically the cost of care, into quality data and discussions where appropriate.
- Provide a mechanism by which the governance, medical staff and health system staff members are educated in quality management principles and processes.
- Provide appropriate levels of data transparency to both internal and external customers.
- Create a level of accountability for all system-wide quality improvement initiatives at the dyad/triad leadership level and assure processes involve an interdisciplinary teamwork approach.
- Improve processes to prevent patient harm.
- Improve clinical documentation to accurately reflect the severity of illness for the patients in which we provide care.

Structure for Quality Oversight



The Quality Leadership Council serves as the single, multidisciplinary quality and safety oversight committee for the OSUWMC. In accordance with the Long-Range Quality Plan (Appendix A), The Quality Leadership Council utilizes criteria (Appendix B) to determine priorities for the health system that are reported in the Quality & Safety Priorities (Appendix C). Given the James Cancer Hospital has a separate provider number with a requirement for a distinct QAPI program, they have a specific substructure that ultimately reports to QPAC (Appendix D).

Committees

Medical Center Board

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

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

Quality Professional Affairs Committee (QPAC)

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

Function:

The QPAC shall be responsible for the following specific duties:

- Reviewing and evaluating the patient safety and quality improvement programs of the university Wexner medical center;
- Overseeing all patient care activities in all facilities that are a part of the university Wexner medical center, including, but not limited to, the hospitals, clinics, ambulatory care facilities, and physicians' office facilities;
- Monitoring quality assurance performance in accordance with the standards set by the university Wexner medical center;
- Monitoring the achievement of accreditation and licensure requirements;
- Reviewing and recommending to the university Wexner medical center board changes to the medical staff bylaws and medical staff rules and regulations;
- Reviewing and approving clinical privilege forms;
- Reviewing and approving membership and granting appropriate clinical privileges for the credentialing of practitioners recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James medical staff administrative committee;
- Reviewing and approving membership and granting appropriate clinical privileges for the expedited credentialing of such practitioners that are eligible by satisfying minimum approved criteria as determined by the university Wexner medical center board and are recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James medical staff administrative committee;
- Reviewing and approving reinstatement of clinical privileges for a practitioner after a leave of absence from clinical practice;
- Conducting peer review activities and recommending professional review actions to the university Wexner medical center board;
- Reviewing and resolving any petitions by the medical staff for amendments to any rule, regulation or policy presented by the chief of staff on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to the university hospitals medical staff administrative committee and the James medical staff administrative committee for further dissemination to the medical staffs; and
- Such other responsibilities as assigned by the chair of the university Wexner medical center board.

Medical Staff Administrative Committees (MSACs)

Composition: Refer to Medical Staff Bylaws and Rules and Regulations

Function: Refer to Medical Staff Bylaws and Rules and Regulations

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

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

Quality Leadership Council (QLC)

Composition: Refer to Medical Staff Bylaws and Rules and Regulations

Function: Refer to Medical Staff Bylaws and Rules and Regulations

The QLC is responsible for designing and implementing systems and initiatives to enhance clinical care, outcomes and patient experience throughout the integrated health care delivery system. The QLC serves as the oversight council for the Clinical Quality Management, Patient Safety and Patient Experience plan. Quality improvement activities within the Quality Accountability Team will be reported up to the QLC to ensure alignment of priorities for system- wide quality improvement projects and to provide consistent interventions (toolkits) to all stakeholders in the system.

Clinical Practice Guideline Committee (CPGC)

Composition: The CPGC consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Information Technology, Pharmacy, Nursing, and other allied health professionals. An active member of the medical staff chairs the committee. The CPGC reports to QLC and shares pertinent information with the Medical Staff Administrative Committees.

Function:

- Develop and update evidence-based clinical practice guidelines and best practices to support the delivery of patient care that promotes high quality, safe, efficient, effective, and patient centered care.
- Develop and implement Health System-specific resources and tools to support evidence-based guideline recommendations and best practices to improve patient care processes, reduce variation in practice, and support health care education.
- Develop measures to evaluate guideline use, processes, and outcomes of care.

Clinical Quality and Patient Safety Committee (CQPSC)

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

The primary role of the CQPSC is to ensure that OSUWMC is compliant with the Joint Commission and CMS Requirements for Participation.

Function:

- Creates, a culture of safety which promotes organizational learning and minimizes individual blame or retribution for reporting or involvement in a medical/health care error
- Assure optimal compliance with patient safety-related accreditation standards
- Proactively identifies risks to patient safety and initiates actions to reduce risk with a focus on process and system improvement
- Oversees completion of proactive risk assessment as required by TJC
- Oversees education & risk reduction strategies as they relate to Sentinel Event Alerts from TJC
- Provides oversight for clinical quality management committees
- Evaluates and, when indicated, provides recommendations to improve clinical care and outcomes
- Ensures actions are taken to improve performance whenever an undesirable pattern or trend is identified
- Receive reports from committees that have a potential impact on the quality & safety in delivering patient care

Patient Experience Council(s)

Composition: The Patient Experience Councils consists of executive, physician, and nursing leadership spanning the inpatient and outpatient care settings. The University Hospitals Council is co-chaired by the Chief Nurse Executive for the Health System, The Chief Administrative Officer for the Hospitals Division, and Chief Quality and Patient Safety Officer. The committee reports to the QLC and reports out to additional committees as applicable. The James Patient Experience Council reports to the James Quality, Patient Safety and Experience Council which then reports to QPAC. The Council's key strategic initiatives center on empathy, trust, and personal connections as well as leveraging technology to enhance communication with patients and families.

Function:

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

Practitioner Evaluation Committee (PEC)

Composition: The Practitioner Evaluation Committee (PEC) (Appendix E) is the Peer Review committee that provides medical leadership in overseeing the Peer Review process. The PEC is co-chaired by the CQPSO and a CMO appointee. The committee is composed of the Chair of the Clinical Quality and Patient Safety Committee, physicians, and advanced practice licensed health care providers from various business units & clinical areas as appointed by the CMO & Physician in Chief at the James. The Medical Center CMO & Physician-in-Chief at the James serves Ex- Officio. In FY24, a subcommittee of PEC will be established to review OPPE outliers and to report these concerns to PEC.

Function:

- Provide leadership for OSUWMC clinical quality improvement processes.
- Provide clinical expertise to the practitioner peer review process thorough and timely review of clinical care and/or patient safety issues referred to the PEC.
- Advises the CMO & Director of Medical Affairs at the James regarding action plans to improve the quality and safety of clinical care at the OSUWMC.
- Develop follow up plans to ensure action is successful in improving quality and safety.
- Monitor OPPE reports (via subcommittee) to identify outliers in the faculty prior to their recredentialing review every three years.
- Establish Peer Review Process Policy to clearly define the scope, methods, and timing of peer review events.

Sentinel Event Team

Composition: The OSUWMC Sentinel Event Team (SET) includes an Administrator, the Chief Quality and Patient Safety Officer, the Administrative Director for Quality & Patient Safety, a member of the Physician Executive Council, a member of the Nurse Executive Council, representatives from Quality and Operations Improvement and Risk Management and other areas as necessary.

Function:

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

The Sentinel Event Determination Group (SEDG)

The SEDG is a sub-group of the Sentinel Event Team and determines whether an event will be considered a sentinel event, a significant event or a non-event. SEDG has the authority to assign the Root Cause Analysis (RCA) Executive Sponsor, RCA Workgroup Leader, RCA Workgroup Facilitator, and recommends the Workgroup membership to the Executive Sponsor. When the RCA is presented to the Sentinel Event Team, the RCA Workgroup Facilitator will attend to support the members.

Composition: The SEDG voting membership includes the CQPSO or designee, Director of Risk Management, and Quality Director of respective business unit for where the event occurred (or their designee). Additional guests attend as necessary.

Clinical Quality & Patient Safety Sub-Committees

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

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

Quality Improvement (QI) Teams/Work Groups

The QI Teams serve as the functional arm of Quality and Patient Safety to implement specific quality improvement initiatives within the Health System. The teams leverage the triad/dyad leaders across the system to establish a clear level of accountability for quality improvement activities. The councils use data provided by ACE to identify and prioritize processes and tactics to improve a specific outcome or priority. The teams may develop implementation toolkits consistent with best practice. These toolkits decrease variation in how quality improvement efforts are undertaken across the system for common issues such as falls, hospital acquired infections, and patient safety indicators. QI Team members are responsible for the successful implementation and maintenance of these QI efforts within their areas of responsibility.

Composition: Co-chaired by the Chief Quality and Patient Safety Officer and the Senior Director of Quality and Patient Safety. The teams consist of multidisciplinary leaders across the system and selected business units, nursing, pavilion, as well as educational and administrative leaders.

Function:

- System-wide implementation of quality improvement efforts for specific quality opportunities impacting a broad patient population.
- QI Teams are not intended to replace any service line or business unit level quality committee or activity but are intended to align QI efforts across the system for specific opportunities.
- Priorities are established based on current performance and identified gaps in performance when compared to industry leaders; data is provided from the ACE and quality teams.
- QI Teams are tasked with creating a system-wide QI plan to improve performance to include a standardized toolkit for implementation.
- The team coordinates with ACE to develop process measures, adherence reports, and outcome reporting for the project.
- After implementation, council leaders are responsible for ongoing surveillance of process adherence and outcomes for their respective units.
- QI teams report priorities, progress, and results to the QLC as appropriate.

Roles and Responsibilities

Executive Vice President/CEO

The EVP leads all seven health science colleges and the Wexner Medical Center Enterprise which includes seven hospitals, a nationally ranked college of medicine, 20-plus research institutes, multiple ambulatory sites, an accountable care organization and a health plan. Additionally, the EVP serves as the Chief Executive Officer for Wexner Medical Center and serves in an ex-officio role for the Wexner Board of Trustees, as well as being the Chairman for the Quality and Professional Affairs committee which is a Board committee.

Chief Operating Officer (COO)

The COO for the Medical Center is responsible for providing leadership and oversight for the overall Clinical Quality Management, Patient Safety and Patient Experience Plan across the OSUWMC.

Chief Clinical Officer (CCO)

The CCO for the Medical Center is responsible for facilitating the implementation of the overall Clinical Quality Management, Patient Safety & Patient Experience Plan at OSUWMC. The CCO is responsible for facilitating the implementation of the recommendations approved by the various committees under the Quality Leadership Committee (QLC).

Chief Quality and Patient Safety Officer (CQPSO)

The CQPSO reports to the Chief Operating Officer and provides oversight and leadership for the OSUWMC in the conceptualization, development, implementation and measurement of the OSUWMC approach to quality, patient safety and patient experience.

Senior Director, Quality and Safety

The Senior Director of Quality and Safety works in dyad partnership with the CQPSO to provide oversight and leadership for the OSUWMC in the conceptualization, development, implementation, and measurement of the OSUWMC approach to quality, patient safety, and patient experience.

Associate Chief Quality and Patient Safety Officers

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

Medical Director/Director of Medical Affairs

Each business unit Medical Director is responsible for the review, implementation and oversight of the Clinical Quality Management, Patient Safety & Patient Experience Plan.

Associate Medical Directors

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

Chief Administrative Officers – Acute Care Division/Post-Acute and Home-Based Care Division/Outpatient and Ambulatory Division/Clinical and Physician Network

The OSUWMC Chief Administrative Officers are responsible to the Board for implementation of the Clinical Quality Management, Patient Safety & Patient Experience Plan for their respective divisions.

Business Unit Executive Directors

The OSUWMC staff, under the direction of the Health System Chief Administrative Officer and Hospital Administration, implements the program throughout the organization. Hospital Administration provides authority and supports corrective actions within its realm for clinical quality management, patient safety, and patient experience activities.

Clinical Department Chief and Division Directors:

Each department chairperson and division director are responsible for ensuring the standards of care and service are maintained within their department/division. In addition, department chairpersons/division directors may be asked to implement recommendations from the Clinical Quality Management, Patient Safety and Patient Experience Plan, or participate in corrective action plans for individual physicians, or the division/department as a whole.

Medical Staff

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

House Staff Quality Forum (HQF)

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

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

Nursing Quality

The primary responsibility of the Nursing Quality and Evidence-Based Practice (EBP) Department is to monitor and evaluate performance of the nursing staff in support of organizational quality, safety and patient experience goals, submit required data to the National Database for Nursing Quality Indicators (NDNQI), review benchmark data and identify opportunities for improvement, use the literature to guide recommended changes to nursing practice and policy, coordinate and facilitate nursing quality improvement initiatives, facilitate participation/collaboration with system-wide patient safety activities, and use EBP and research to improve both the delivery and outcomes of personalized nursing care.

Nursing Quality team members serve as internal consultants for the development and evaluation of quality improvement, patient safety, and EBP activities. The department maintains human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting.

Hospital Department Directors

Each department director is responsible for ensuring the standards of care and service are maintained or exceeded within their department. Department directors are responsible for implementing, monitoring, and evaluating activities in their respective areas and assisting medical staff members in developing appropriate mechanisms for data collection and evaluation. In addition, department directors may be asked to implement recommendations from the Clinical Quality Management, Patient Safety and Patient Experience Plan or participate in corrective action plans for individual employees or the department as a whole. Department directors provide input regarding committee memberships and serve as participants on quality management committees and/or quality improvement teams.

Health System Staff

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

- Reporting events, including near misses or “good catches” via the internal Patient Safety Reporting System (PSRS)
- Suggesting processes to improve quality, safety and service
- Monitoring activities and processes, such as patient complaints and patient satisfaction
- Participating in focus groups
- Attending staff meetings
- Participating in efforts to improve quality and safety including Root Cause Analysis and Proactive Risk Assessments

Quality and Operations Improvement

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

The department is comprised of five main functions (Appendix F):

1. Patient Safety
2. Quality Outcomes Management
3. Quality Program Reporting
4. Provider Engagement / Peer Review

Patient Experience

The primary responsibility of the Patient Experience team is to coordinate and facilitate a service-oriented approach to providing healthcare throughout the Health System. This is accomplished through both strategic and program development as well as through managing operational functions within the Health System. The implementation and evaluation of service-related activities resides in each department/program; however, the Patient Experience staff also serves as an internal consultant for the development and evaluation of service quality activities as well as a representative of the “voice of the patient” throughout the organization by reflecting or providing patient feedback to shape decision making.

The Patient Experience Department maintains human and technical resources for interpreter services, information desks, patient relations, pastoral care, team facilitation, survey management, and performance improvement. The department also oversees the Patient and Family Experience Advisor Program which is a group of current/former patients, or their primary caregivers, who have had experiences at any OSU facility. These individuals are volunteers who serve as advisory members on committees and workgroups, complete public speaking engagements and review materials.

Approach to Clinical Quality, Patient Safety & Patient Experience Management Systematic Approach/Model to Process Improvement

The OSUWMC embraces change and innovation as one of its core values. Organizational focus on process improvement and innovation is embedded within the culture using a general Process Improvement Model that includes:

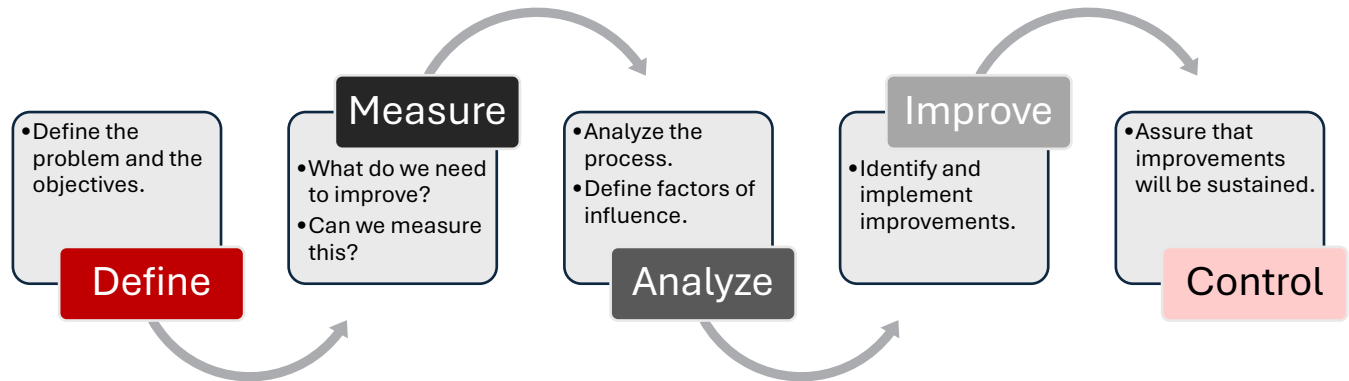
1. An organizational expectation that the entire workforce is responsible for enhancing organizational performance and;
2. Active involvement of multidisciplinary teams and committees focused on improving processes.

With the increased organizational emphasis on utilizing metric-driven approaches to reducing unintended medical errors, eliminating rework, and enhancing the efficiency/effectiveness of our work processes, the DMAIC methodology will be instrumental as a tool to help focus our process improvement efforts.

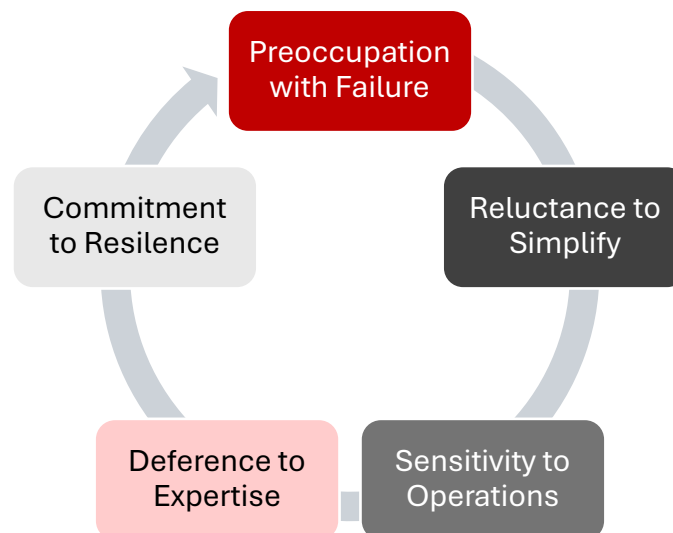
Determining Priorities

The OSUWMC has a process in place to identify and direct resources toward quality management, patient safety, and patient experience activities. The OSUWMC criteria are approved and reviewed by QLC and the Medical Center Board. The prioritization criteria are reevaluated annually according to the mission and strategic plan of the OSUWMC. The leaders may also set performance improvement priorities and reevaluate on an ad hoc basis in response to unusual or urgent events.

DMAIC Roadmap



High Reliability Organization Principles



Data Measurement and Assessment

Determination of Data Needs

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

Collection/Measurement

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

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

Assessment

Statistical methods such as control charts, g-charts, confidence intervals, and trend analysis are used to identify undesirable variance, trends, and opportunities for improvement. The data is compared to previous performance, and external benchmarks. Accepted standards of care and aspirational performance targets are used to establish metrics and goals. Annual goals are established to evaluate performance. Where appropriate, OSUWMC has adopted the philosophy of setting multi-year aspirational targets. Annual targets are set as steps to achieve the aspirational goal.

Surveillance

The OSUWMC systematically collects and assesses data in different areas to monitor and evaluate the quality and safety of services, including measures related to accreditation and other requirements. Data collection also functions as a surveillance system for timely identification of undesired variations or trends in quality indicators. Other mechanisms by which data may be obtained are outlined in the graphic below.

Benchmark data

Both internal and external benchmarking provides value to evaluating performance.

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

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

External Reporting Requirements

There are several external reporting requirements related to quality, safety, and service. These include regulatory, governmental, payer, and specialty certification organizations. An annual report is given to the Compliance Committee to ensure all regulatory requirements are met.

Methods for Monitoring



Communication of Data/Performance

Metric Headquarters (Metric HQ)

Quality and patient safety related data are collected to monitor key processes and outcomes related to care delivery and according to improvement priorities and surveillance needs. For example, Metric HQ is an internal set of dashboards for visualizing quality and safety data. This serves as a single source of truth across the organization. Additional data sets are available from IHIS reports and/or the Analytics Center of Excellence for specific initiatives as needed and at the requested frequency.

Specific data within Metric HQ is available at the system, business unit, and unit level. Additional process measure data as leading indicators for established outcomes or priorities are also included to help target improvement efforts.

Vital Signs of Performance

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

Patient Satisfaction Dashboard

The Patient Satisfaction dashboard consists of patient experience indicators and comments gathered from surveys after discharge or visit to a hospital or outpatient area. The dashboard covers performance in areas such as overall experience, physician communication, nurse communication, responsiveness, and environment. It also measures process indicators, such as joint physician-nurse rounding and nurse leader rounding, as well as serves as a resource for best practices. The information contained on the dashboard is shared in various forums with staff, clinicians, administration, including the Boards.

Frequency of Data Collection

Dashboards are automatically refreshed daily without the need for manual refresh processes. Data collection frequency through other reports and/or data sets occurs at the timeframes designated for each specific initiative. Project and departmental teams set the data collection plan and frequency that meets their project's goals and objectives.

Performance Based Physician Quality & Credentialing

Performance-based credentialing ensures processes that assist to promote the delivery of quality and safe care by physicians and advanced practice licensed health care providers. Both Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) occur. Focused Professional Practice Evaluation (FPPE) is utilized on 3 occasions: initial appointment, when a Privileged Practitioner requests a new privilege, and for cause when questions arise regarding the practitioner's ability to provide safe, high quality patient care. Ongoing Professional Practice Evaluation (OPPE) is performed on an ongoing basis (every 6 months).

Profiling Process

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

Service-Specific Indicators

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

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

Purpose of Medical Staff Evaluation

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

Conflict of Interest

Any person, who is professionally involved in the care of a patient being reviewed, should not participate in peer review deliberations and voting. A person is professionally involved if they are responsible for patient care decision making either as a primary or consulting professional and/or have a financial interest (as determined by legal counsel) in the case under review.

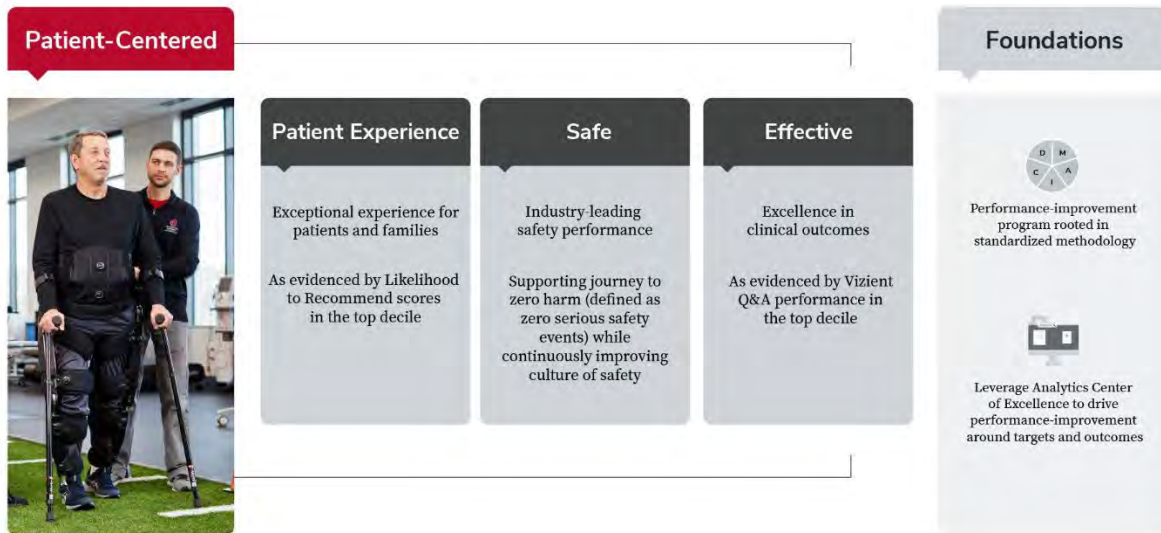
Persons who are professionally involved in the care under review are to refrain from participation except as requested by the appropriate administrative or medical leader. During peer review evaluations, deliberations, or voting, the chairperson will take steps to avoid the presence of any person, including committee members, professionally involved in the care under review. The chairperson of a committee should resolve all questions concerning whether a person is professionally involved. In cases where a committee member is professionally involved, the respective chairperson may appoint a replacement member to the committee.

Participants and committee members are encouraged to recognize and disclose, as appropriate, a personal interest or relationship they may have concerning any action under peer review.

Annual Approval and Continuous Evaluation

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

Appendix A: Long Range Quality Plan



Appendix B: Prioritization Criteria

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

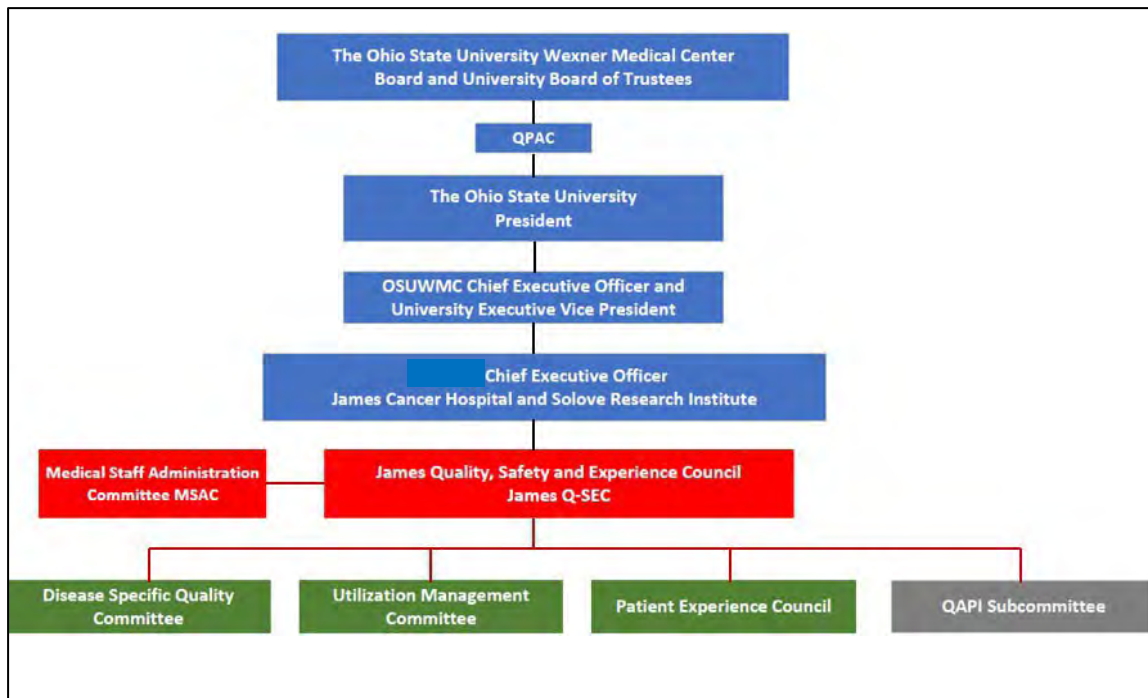
1. Ties to strategic initiatives and is consistent with hospital's mission, vision, and values
2. Reflects areas for improvement in patient safety, appropriateness, quality, and/or medical necessity of patient care (e.g., high risk, serious events, problem-prone)
3. Has considerable impact on our community's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

Appendix C: FY26 Priorities/Metrics

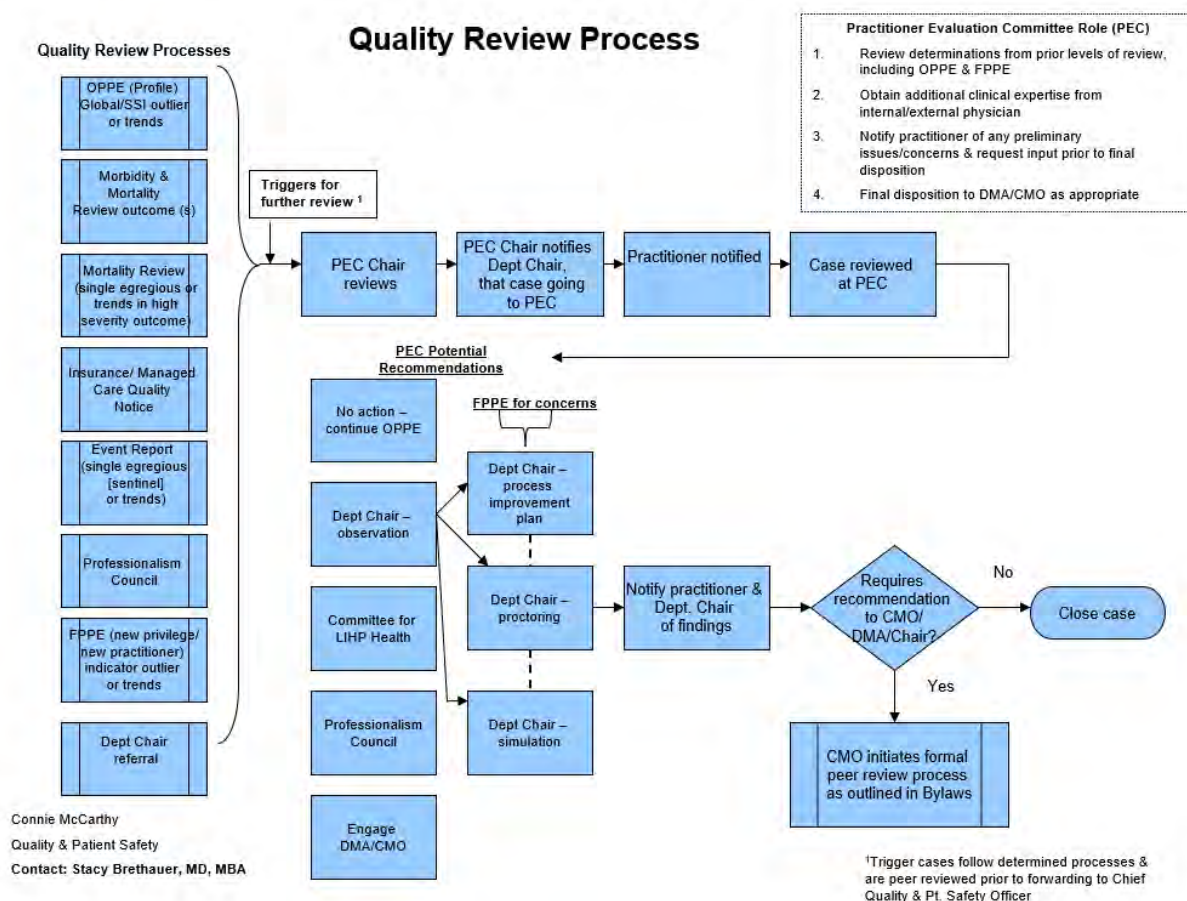
Board Endorsed FY26 Quality & Safety Priorities

- Mortality
- Patient Experience (Likelihood to Recommend)
- Central Line Associated Blood Stream Infection (CLABSI)
- Falls with Injury
- Serious Safety Event Rate
- Execute on HRO

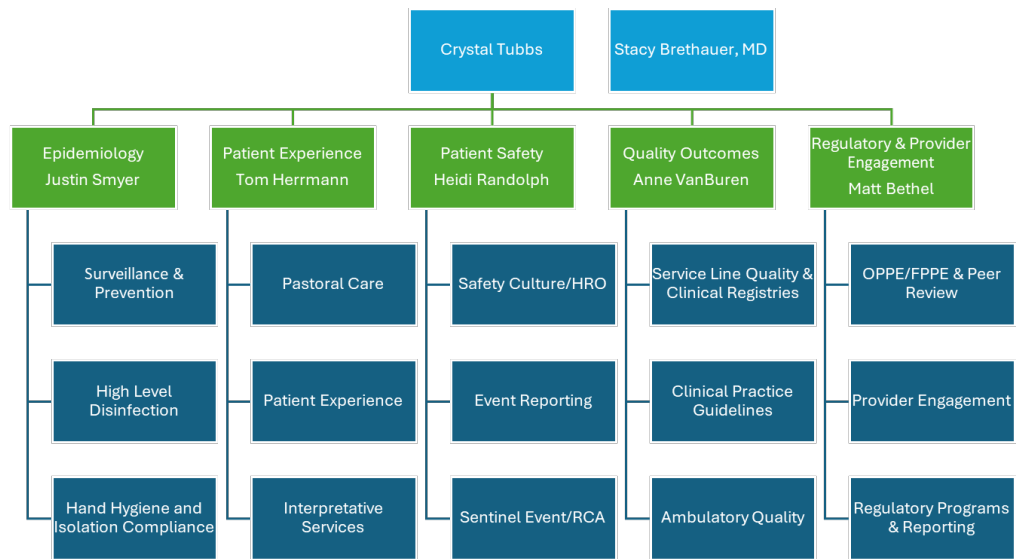
Appendix D: Quality Structure for The James Cancer Hospital & Solove Research Institute



Appendix E: Quality Review Process & Physician Performance Based Profile



Appendix F: Quality & Operations Improvement Organizational Chart



THE JAMES CANCER HOSPITAL QUALITY, SAFETY AND EXPERIENCE COUNCIL PLAN

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: Approval of the annual review of The James Quality, Safety and Experience Council Plan for FY26 for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; and

WHEREAS The James Quality, Safety and Experience Council Plan for FY26 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 James; and

WHEREAS the annual review of The James Quality, Safety and Experience Council Plan for FY26 was approved by The James Quality, Patient Safety, and Reliability Committee on April 23, 2025; and

WHEREAS the annual review of The James Quality, Safety and Experience Council Plan for FY26 was approved by The James Medical Staff Administration Committee on May 16, 2025; and

WHEREAS on July 22, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of The James Quality, Safety and Experience Council Plan for FY26:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve The James Quality, Safety and Experience Council Plan for FY26 as outlined in the attached document.

Approvals

MSAC: 5/16/2025

QPAC:

Wexner Medical Center Board:

The James Cancer Hospital Quality, Safety and Experience Council Plan

The Ohio State University
James Cancer Hospital and
Solove Research Institute
The Comprehensive Cancer Center
(The James and CCC)

Fiscal Year 2026
July 1, 2025, through June 30, 2026

The James



The James Cancer Hospital Quality, Safety and Experience Council Plan

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The James Cancer Hospital & Solove Research Institute

The James Quality, Safety and Experience Council Plan

Mission, Vision, and Values:

Mission: To eradicate cancer from individuals' lives by creating knowledge and integrating groundbreaking research with excellence in education and patient-centered care.

Vision: Creating a cancer-free world. One person, one discovery at a time.

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

The James' model of patient-centered care is enhanced by the teaching and research programs. Patient service, both directly and indirectly, provides the foundation for teaching and research programs. This three-part mission and a staff dedicated to its fulfillment, distinguish The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute as a Comprehensive Cancer Center and as one of the nation's premier cancer treatment centers.

Definition:

The James Quality, Safety, and Experience Council Plan (hereinafter The Plan) of The James Cancer Hospital and Solove Research Institute is our organization-wide approach to systematic assessment of process design and performance improvement targeting quality of care, patient safety, and patient experience. The Plan serves to provide direction for how clinical care and activities are to be designed to enrich patient outcomes, reduce harm, and improve value-added care and service to the cancer patient population.

Scope:

As a Prospective-Payment-System-exempt (PPS-exempt) hospital, which serves as the clinical care delivery-arm of an NCI-designated Comprehensive Cancer Center, The James has a unique opportunity to ensure value-added services and research expertise are provided to our patients, families, and the community – both nationally and internationally. The Plan encompasses all clinical services. Through close partnership with the Comprehensive Cancer Center, The Plan includes quality and patient safety goals for process improvements related to functions and processes involving both the Cancer Center and the hospital and ambulatory clinics/treatment areas.

With a close partnership within OSUWMC, The Plan provides oversight of the clinical contracted services and serves as a component of The Quality Assessment and Performance Improvement (QAPI) requirements from the Center for Medicaid and Medicare Services. These services are evaluated on an annual basis by The James Quality, Safety and Experience Council (Q-SEC), The James Quality Assessment and Performance Improvement (QAPI) Subcommittee, The James Medical Staff Administrative Committee (MSAC), and then forwarded each year to the Quality and Professional Affairs Committee (QPAC) as a part of the governing body, to ensure quality and safety of care is provided to all James' patients.

Purpose:

The purpose of the Plan is to provide guidance for the resources and processes available to ensure measurable improvements to patient care are occurring. The James recognizes the vital importance of creating and maintaining a safe environment for all patients, visitors, employees, and others within the organization to bring about personalized care through evidence-based medicine.

Objectives:

The central objectives of The James Quality, Safety and Experience Council Plan are to:

1. Provide guidance for monitoring and evaluation of effort(s) in clinical care to sustain high performance and improved outcomes for all patients.
2. Evaluate and recommend evidence-based system changes to improve patient care and safety by assessing, identifying, and reducing risk within the organization when undesirable patterns or trends in performance are identified, or when events requiring intensive analysis occur.
3. Assure overall program meets or exceeds accreditation standards, state, federal and licensure regulations.
4. Provide information for adherence to evidence-based practice guidelines to standardize clinical care and reduce practice variation.
5. Improve patient satisfaction and perception of treatment, care, and services by continuously identifying, evaluating, and improving performance based on needs, expectations, and satisfaction results.
6. Enhance the patient experience by providing safe and high-quality care at the best value.
7. Provide education to the governance, faculty and staff regarding quality management principles and processes for improving systems.
8. Provide appropriate levels of data transparency.
9. Assure quality and patient safety processes developed involve trans-disciplinary teamwork.
10. Provide process improvement initiatives to clinical systems to prevent or eliminate patient harm.

Structure for Quality Oversight:

The James Quality, Safety and Experience Council (Q-SEC) serves as the primary entity within The James to develop annual goals which are consistent with goals from the Health System. However, these goals are designed specifically for The James to target and focus on the cancer patient population and cancer research agendas.

Governance and Committees:

Governing Body

The Wexner Medical Center Board is the governing body, responsible to The Ohio State University Board of Trustees, for operation, oversight, and coordination of the Wexner Medical Center and The James Cancer Hospital. The Wexner Medical Center Board is composed of sixteen voting members, plus an additional group of university and medical center senior leaders who serve in ex-officio roles. The Quality & Professional Affairs Committee (QPAC) reports to the Wexner Medical Center Board and is responsible for, among other things, annually reviewing and evaluating The James Quality Safety, and Experience Council Plan, along with goals and process improvements made for improved patient safety and quality programs, QPAC is also responsible for granting clinical privileges for the credentialing of practitioners. The Board of Trustees and its committees meet throughout the year with focused agendas and presentations.

The Quality and Professional Affairs Committee (QPAC):

Composition:

This committee consists of no fewer than four voting members of the University Wexner Medical Center Board of Trustees. Members are appointed each year by the Chair of the OSUWMC Board, and one of these shall be assigned as the Chair of the committee. The CEO of the OSU Health System; CMO of the University Medical Center; CMO of The James; the Medical Director of Credentialing for The James; the Chief of Medical Staff of the University hospitals; the Chief of Medical Staff for The James; the Associate Dean of Graduate Medical Education; the Chief Quality and Patient Safety Officer; The Chief Nurse Executive for the OSU Health System; and the Chief Nursing Officer for The James serve in ex-officio, voting positions. Other members as may be appointed by The Chair of the OSUWMC board, in consultation with the Chair of Quality and Professional Affairs committee.

Function:

The Quality and Professional Affairs Committee (QPAC) shall be responsible for the following specific duties:

1. Reviewing and evaluating the Quality and Patient Safety programs of OSUWMC.
2. Overseeing all patient care activity in all facilities as a part of OSUWMC, including but not limited to, hospitals, clinics, ambulatory care, and physician office facilities.
3. Monitoring quality assurance performance in accordance with the standards set by OSUWMC.
4. Monitoring the achievement of accreditation and licensure requirements.
5. Reviewing and then recommending to the OSUWMC board changes to the medical staff bylaws and medical staff rules and regulations.
6. Reviewing and approving clinical privilege forms.
7. Reviewing and approving membership, as well as granting appropriate clinical privileges for the credentialing of practitioners, recommended for membership and clinical privileges by the hospital's Medical Staff Administrative Committees (MSAC).
8. Reviewing and approving membership and granting appropriate clinical privileges for the expedited credentialing of such practitioners that are eligible by satisfying the minimum approved criteria which is determined by the OSUWMC board and recommended for membership and clinical privileges to the MSACs of OSUWMC and The James.
9. Reviewing and approving the reinstatement of clinical privileges for a practitioner after a leave of absence from clinical practice.
10. Conducting Peer Review activities and recommending professional review actions to the OSUWMC board.
11. Reviewing and resolving any petitions by the medical staff for amendments to any rule, regulation or policy presented by the Chief of Staff on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to the hospital's MSACs.
12. Such other responsibilities as assigned by the Chair of the OSUWMC Board.

The James Medical Staff Administrative Committee (MSAC)

Composition:

Refer to Medical Staff Bylaws and Rules and Regulations

Function:

Refer to Medical Staff Bylaws and Rules and Regulations

The organized medical staff, under the direction of the Director of Medical Affairs/Chief Medical Officer, implements The Plan throughout the clinical departments. The James MSAC reviews reports, and makes recommendations related to clinical quality management, patient safety, and service quality activities. This Committee has responsibility for evaluating the quality and appropriateness of clinical performance and service

quality of all individuals with clinical privileges. The James MSAC reviews corrective actions and provides authority within their realm of responsibility related to clinical quality management, patient safety, and service quality activities.

The James Quality, Safety and Experience Council (Q-SEC)

Composition:

The James Quality, Safety and Experience Council (Q-SEC) consists of representatives from Medical Staff, Administration, Advanced Practice Providers, Quality and Patient Safety, Clinical Outcomes, Analytics Center of Excellence, Nursing, Operations Improvement, and Patient Experience (Attachment A). Membership varies due to the fluency of ongoing quality initiatives and is subject to change. This Council reports to Executive Leadership and The James Medical Staff Administrative Committee (MSAC).

Function:

- Create a culture which promotes organizational learning and recognition of clinical quality (improving outcomes) and patient safety (reducing harm).
- Develop and sustain a culture of safety which strives to embed Just Culture principles in the follow-up of healthcare errors.
- Assure compliance with patient safety-related accreditation standards.
- Proactively identify risks to patient safety and creates a call-to-action to reduce risk with a focus on process and system improvement.
- Oversee education and risk reduction strategies as they relate to Sentinel Event Alerts from The Joint Commission.
- Evaluate standards of care and evidence-based practices and provide recommendations to improve clinical care and outcomes.
- Ensure actions are taken to improve performance whenever an undesirable pattern or trend is identified.
- Receive reports from disease specific committees that have a potential impact on the quality & safety in delivering patient care such as, but not limited to, Apheresis, BMT and Acute Leukemia, Cell Therapy, Lymphoma, Sickle Cell, Radiation Oncology, Translational Research, Patient Experience, Grievance Committee, Utilization Management Committee, and Infection Prevention Committees.
- Receive reports from Shared Services as they represent the metrics for quality and safety of care for the cancer patient population.
- Maintain follow-up on Shared Services action plans as necessary for improving metrics for quality and safety of care for the cancer patient population.

The James Quality, Safety and Experience Council QAPI Sub-Committee

Composition:

The James Quality, Safety and Experience QAPI Sub-Committee refers to the sub-committee functioning under the quality oversight structure of The James Quality, Safety and Experience Council (Q-SEC). The term QAPI refers to Quality Assessment and Performance Improvement. Membership on this sub-committee represents the major clinical and support services throughout the hospitals and/or clinical departments, as well as members from The James Quality, Safety and Experience Council. The QAPI Sub-committee will identify department barriers requiring escalation to The James Quality, Safety and Experience Council (Q-SEC), or as defined by The Plan.

Function:

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

- Conducts department reviews for services provided by The James and services received from Wexner Medical Center, including process/patient safety metrics and PSRS events reviews.
- Receive and review reports from Shared Services as they present quality and safety of care metrics for the cancer patient population.
- Maintain continuous follow-up on Shared Services action plans for improving metrics for quality and safety of care for the cancer patient population.

The James Human Experience Strategic Steering Council**Composition:**

The James Human Experience Strategic Steering Council consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Nursing, Nutrition Services, Environmental Services, Communications, and the Patient Experience Department. The James Human Experience Strategic Steering Council has a liaison member connected to The James Quality, Safety and Experience Council (Q-SEC).

Function:

- Create a culture and environment to deliver exceptional patient experience consistent with the mission, vision and values focused on service quality.
- Measure and review voice of the customer information in the form of patient satisfaction, comments, letters, and related measures.
- Recommend system goals and expectations for consistent patient experience.
- Provides guidance and oversight into patient experience improvement efforts ensuring effective deployment and accountability throughout the system.
- Communicates the work of the Council throughout the organization.

The James Utilization Management Committee (JUMC)**Composition:**

The James Utilization Management Committee (JUMC) is co-chaired by the Associate Chief Medical Officer of the Care Continuum and the Director of Patient Care Resource Management. Committee membership will include James Physician Advisors and Emergency Department Physician Advisors, physician members of the medical staff, representatives from the Patient Care Resource Management (PCRM) Department, Administration, Finance, Advance Practice Professionals, Providers, Quality and Safety, Revenue Cycle and Compliance, Nursing and Service Line Administration. Other departments in The James will be invited to join meetings as necessary when opportunities have been identified for improvement and input. JUMC members will not include any individual who has a financial interest in any hospital in the health system. No JUMC member will be included in the review process for a case when that member has direct responsibility for patient care in the case being reviewed.

Function:

The JUMC has a responsibility to establish and implement The James Utilization Management Plan. The JUMC implements procedures for reviewing the efficient utilization of care and services, including, but not limited to admissions, continued stays, readmissions, over and under-utilization of services, the efficient scheduling of services, appropriate stewardship of hospital resources, access and throughput and timeliness of discharge planning. Any quality or utilization opportunities identified by the JUMC through utilization review activities are

acted upon by the committee or referred to the appropriate entity for resolution. The JUMC provides education on care and utilization issues to all health care professionals and medical staff at The James.

Practitioner Evaluation Committee (PEC)

Composition:

The Practitioner Evaluation Committee (PEC) is the medical staff peer review committee that provides leadership in overseeing the peer review process. The PEC is composed of the Chair of the Clinical Quality and Patient Safety Committee, medical staff, and advanced practice providers from various business units and clinical areas as appointed by the Chief Medical Officer (CMO) of the Health System and the Director of Medical Affairs/Chief Medical Officer.

Function:

- Provide leadership for the provider clinical quality improvement processes.
- Provide clinical expertise to the practitioner peer review process by thorough and timely review of clinical care and/or patient safety issues referred to the PEC.
- Provide advice and support to the Director of Medical Affairs/CMO at The James regarding action plans to improve the quality and safety of clinical care.
- Provide input to the Director for Advanced Practice Providers when there is an APP Peer Review completed.
- Develop follow up plans to ensure action is successful in improving quality and patient safety.

Health System Information Systems Steering Team (HSISST)

Composition:

The HSISST is a multidisciplinary team chaired by the Chief Medical Information Officer of OSUWMC.

Function:

The HSISST oversees information technology for both The James and OSUWMC. The team is responsible for oversight of information technology and processes currently in place, as well as reviewing replacement and/or introduction of new systems, and related policies/procedures. Individual team members are charged with responsibility to communicate and receive input from their various communities of interest on relevant topics discussed at committee meetings and other forums.

Sentinel Event Committee and Sentinel Event Determination Group (SEDG):

Composition:

The Sentinel Event Team includes membership from both The James and the OSUWMC. Membership from The James includes: the Executive Director Medical Affairs/Chief Medical Officer, the Quality Medical Director for The James, the Quality Medical Director for Perioperative services, and the Director of Quality & Patient Safety and Nursing Quality Director. Members from the Medical Center include: an Administrator, Chief Medical Officer, Chief Quality Officer, Associate Chief Quality and Patient Safety Officer, Associate Executive Director of Quality & Safety, a member of the Physician Executive Council, Quality and Operations Improvement, and Medication Safety Officer. Members from Risk Management are also included.

The Sentinel Event Determination Group (SEDG) is a sub-group of the Sentinel Event Team which is comprised of quality leaders from The James and OSUWMC and are chaired by the Health System Chief Quality Officer. The SEDG membership includes the CQO, Associate CQO, Director of Risk Management, James Quality Medical Director, Directors of Quality & Patient Safety and Nursing Quality Directors of respective business units. The SEDG meets weekly to review sentinel events and significant events. Once an event is determined to be a

significant or sentinel event, SEDG members assign a Root Cause Analysis (RCA) Team who includes Executive Sponsor, RCA Workgroup Leader, and RCA Workgroup Facilitator. The James Director of Quality and Patient Safety serves as the executive sponsor for the RCA, and receives the input from SEDG, collaborates with facilitators and physician leaders to finalize the team membership, initiate team charters, and ensure that team meetings and action plans are completed in accordance with requirements to satisfy regulatory compliance.

Function:

Approve and make recommendations on sentinel event determinations and teams, and action plans as received from the Sentinel Event Determination Group. Results of a sentinel event, significant event or near-miss information are considered confidential according to Ohio Revised Code Section 2305.25 and are not externally reported or released.

The James Continuous Quality Improvement Teams

Composition:

For the purposes of this plan, Quality Improvement Teams are considered as ad-hoc committees, disease specific workgroups, performance improvement teams, taskforces, etc., that function under the quality oversight structure and are time-limited in nature, as well as the new Health System groups that will report up to Q-SEC (an example is the Hospital Acquired Infection group). Continuous Quality Improvement teams are comprised of owners or participants in the process under study. The process may be clinical or non-clinical. The members fill the following roles: team leader, Process Engineer or facilitator, physician advisor, administrative sponsor, and technical experts.

Function:

Improve current practice or processes using traditional continuous process improvement tools such as rapid cycle improvements, LEAN principles and DMAIC/DMADV/PDCA.

Roles and Responsibilities

The management of clinical quality, patient safety and excellence are responsibilities of all faculty, staff, and volunteers.

Chief Executive Officer (CEO)

The CEO for The James reports to the OSUWMC Chief Executive Officer and is responsible for providing leadership and oversight for the overall functions within The James. The CEO has authority over the James Quality, Safety and Experience Council Plan and collaborates with all employees and medical staff to ensure safe care is delivered to our patients to achieve quality outcomes for each encounter.

Director of Medical Affairs/Chief Medical Officer (CMO)

The Director of Medical Affairs is the Chief Medical Officer for The James Cancer Hospital who provides leadership and strategic direction for the faculty, medical staff, and other providers to ensure the delivery of high quality, cost-effective health care consistent with The James mission. The CMO has oversight of the medical staff's responsibilities for progress towards goals and process improvements. The CMO is a member of The James Medical Staff Administrative Committee (MSAC) and is the medical director for provider credentialing within The James.

Quality Medical Director

The James Quality Medical Director reports to the Chief Medical Officer and is responsible for assisting the Quality Department with medical review for all patient safety and quality outcomes. This physician also works

collaboratively with the health system quality medical directors and the Chief Quality and Patient Safety Officer in determining sentinel and significant events, as well as reporting events, when necessary, through the peer review process. The Quality Medical Director is a member of both the James Quality, Safety and Experience Council and a member of The James Medical Staff Administrative Committee (MSAC).

Medical Director

Each business unit Medical Director is responsible for reviewing the recommendations from The Plan and implementing quality goals and plans, along with maintaining oversight in their clinical areas.

Medical Staff

Medical staff members are responsible for achieving the highest standard of care and services within their scope of practice. As a requirement for membership on the medical staff, members are expected to and must participate in the functions and expectations set forth in The Plan. In addition, members serve on quality management/patient safety committees and/or continuous quality improvement teams throughout the year.

Executive Director, Clinical Services

The James Executive Director for Clinical Services provides leadership and oversight of The Plan and works collaboratively with the OSUWMC Quality Leadership Council (QLC) initiatives. The Executive Director is integral to the establishment and implementation of The Plan, organization-wide quality goals, and performance improvement achievements.

Chief Nursing Officer

The James CNO reports to the Executive Director of Clinical Services to work and provide senior leadership within the nursing structure to influence the nursing process and practices. The CNO ensures the overall James Quality, Safety and Experience Council Plan is utilized to assist with the development, implementation, and initiation of The James Nursing Strategic Plan. The CNO has oversight of the nursing shared governance model and the nursing leadership which establishes and implements annual nursing-sensitive goals.

Nursing Leadership

The Chief Nursing Officer, as well as the Associate Chief Nursing Officer(s), and Directors of Nursing are responsible to implement, maintain oversight, and incorporate opportunities and goals identified in collaboration with the OSUWMC- QLC Committee.

Nursing directors and managers are to implement recommendations or participate in action plans for individual employees or the department. They provide input regarding committee memberships, and serve as participants in the departmental, hospital and Health System quality/patient safety committees. Clinical Nurse Specialists (CNS) support quality improvement initiatives by providing leadership in the application and use of evidence-based practice. The James nursing staff is responsible for providing the highest standard of care and services within their scope of practice.

Quality and Patient Safety Leadership

The Sr. Director of Quality and Patient Safety, Director for Quality and Patient Safety, and the Director of Clinical Outcomes collaborate directly with the executive leaders as well as with the directors and managers of all areas to evaluate, plan and improve on patient safety and quality outcomes. In addition, the Directors have leadership oversight of quality improvement goals, patient safety improvements, and facilitates team(s) charged for implementation of annual hospital level goals.

The James Quality and Patient Safety Department

The primary responsibilities of The James Quality and Patient Safety Department are to:

- Track and trend quality events, including Sentinel Events.
- Coordinate and facilitate clinical quality management for improved outcomes.
- Monitor patient safety incidents and work with the management teams for elimination or reduction of risk/harm to patients.
- Improve patient care services by assuring the voice of the patient is heard throughout The James.
- Assist managers with evaluations of situations by utilizing Just Culture algorithm and training.

While primary responsibility for the implementation and evaluation of clinical quality, patient safety, and service activities resides within each department/program, The James Quality and Patient Safety staff also serve as internal consultants for the development, evaluation, and on-going monitoring of those activities. The James Quality and Patient Safety Department, James Quality and Clinical Outcomes team including The James Operations Improvement staff, and the Analytics Center of Excellence (ACE) staff, maintain human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting.

Hospital Management Team

Each associate executive director, all service line administrators, department directors and managers are responsible to ensure the standards of care and service are maintained or exceeded within their department(s), and are responsible for implementing, monitoring, and evaluating activities in their areas and assisting clinical staff members in developing appropriate mechanisms for data collection and evaluation. Department directors, managers and/or assistant managers participate in action plans for individual employees or the department. All department directors/managers provide input regarding committee memberships and serve as participants on quality management/patient safety committees and/or quality improvement teams. Managers and staff are engaged through formal and informal processes related to quality improvement and clinical patient safety efforts, including but not limited to:

- Suggesting process improvements and reporting medical/health care events and near misses.
- Implementing evidence-based practices.
- Monitoring and responding to activities and processes, such as patient complaints and patient satisfaction.
- Participating in audits, observations and peer-to-peer review and feedback; and,
- Participating in efforts to improve patient outcomes and enhance patient safety.

The James Patient Experience/Guest Services Department

The primary responsibility of The James Patient Experience and Guest Services Department is to coordinate and facilitate a service-oriented approach to providing healthcare. This is accomplished through both strategic program developments and managing operational functions. The Patient Experience staff serves as an internal consultant for the development and evaluation of service-quality activities. The Department maintains human and technical resources for interpreter services, information desks, patient relations, team facilitation, and use of performance improvement tools, data collection, statistical analysis, and reporting. The Department also oversees the Patient/Family Advisor Program consisting of current and former patients, or their primary caregivers, who have had experiences at any James facility. These individuals are volunteers who serve on committees and workgroups, as Advisory Council members, complete public speaking engagements, and review

materials. Lastly, the department supports system-wide Volunteer efforts, aligning credentialed adult and student volunteers with service opportunities within the medical center.

Philosophy of Patient Care Services

The James provides innovative and patient-focused comprehensive cancer care and services which include the following:

- A mission statement that outlines the relationship between patient care, research, and teaching.
- Long-range, strategic planning conducted by leadership to determine the services to be provided.
- Establishing annual goals and objectives consistent with the hospital mission, and which are based on a collaborative assessment of patient/family and the community's needs.
- Provision of services appropriate to meet the needs of patients.
- Ongoing evaluation of services provided such as: performance assessment and improvement activities, budgeting, and staffing plans.
- Integration of services through the following: continuous quality improvement teams; clinical interdisciplinary quality programs; performance assessment and improvement activities; communications through management operations meetings, nursing shared governance structure, Medical Staff Administrative Committee, administrative staff meetings; participation in OSUWMC and OSU governance structures, special forums; and leadership and employee education/development.
- Maintaining competent patient care leadership and staff by providing education and ongoing competency reviews which are focused towards identified patient care needs.
- Respect for each patient's rights and decisions is an essential component in the planning and provision of care.
- Utilizing the Relationship Based Care principles which encompasses building a caring and healing environment for patients, families and staff by developing caring and therapeutic relationships with the patients/families, colleagues, self and the larger community.
- Embracing the principles of a Just Culture and honoring a Culture of Safety for all team members, faculty, and staff.

The IOM *10 Rules for Redesign* are guiding principles for the provision of safe and quality care. These are:

1. ***Care is based on continuous caring and healing relationships.*** Patients should receive care whenever they need it and, in many forms, not just face-to-face visits. This implies that the health care system must be always responsive, and access to care should be provided over the Internet, by telephone, and by other means in addition to in-person visits.
2. ***Care is customized according to patient needs and values.*** The system should be designed to meet the most common types of needs but should have the capability to respond to individual patient choices and preferences.
3. ***The patient is the source of control.*** Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them. The system should be able to accommodate differences in patient preferences and encourage shared decision making.
4. ***Knowledge is shared and information flows freely.*** Patients should have unfettered access to their own medical information and clinical knowledge. Clinicians and patients should communicate effectively and share information.

5. **Decision making is evidence-based.** Patients should receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or from place to place.
6. **Safety is a system property.** Patients should be safe from injury caused by the care system. Reducing risk and ensuring safety require greater attention to systems that help prevent and mitigate errors.
7. **Transparency is necessary.** The system should make available to patients and their family's information that enables them to make informed decisions when selecting a health plan, hospital, or clinical practice, or when choosing among alternative treatments. This should include information describing the system's performance on safety, evidence-based practice, and patient satisfaction.
8. **Needs are anticipated.** The system should anticipate patient needs, rather than simply react to events.
9. **Waste is continuously decreased.** The system should not waste resources or patient time.
10. **Cooperation among clinicians is a priority.** Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care.

Following these principles, The James has instituted the following guidelines as the approach to quality, safety, and experience services:

- **Customer Focus:** Knowledge and understanding of internal and external customer needs and expectations.
- **Leadership & Governance:** Dedication to continuous improvement instilled by leadership and the Board.
- **Education:** Ongoing development and implementation of curricula for quality, safety, and reliability for all faculty, staff, volunteers, and students.
- **Involvement:** All team members must have mutual respect for the dignity, knowledge, and contributions of others. Everyone is engaged in the improvement of processes where they work.
- **Data-driven decision making:** Decisions for quality, safety, and reliability are based on the knowledge derived from data.
- **Continuous Process Improvement:** Analysis of processes for design, redesign and to reduce variations are accomplished by use of an approach using science and LEAN/DMAIC/PDCA. Measures and improvements are ongoing.
- **Just Culture:** Our framework of quality, safety, and reliability services are based on a culture that is open, honest, transparent, collegial, team-oriented, accountable, and non-punitive when system failures have occurred.
- **Personalized Health Care:** Begins with developing a therapeutic relationship with the patient and family and incorporating evidence-based medicine which considers the patient's health status, genetics, cultural tradition, personal preferences, and values family and lifestyle situations.
- **Reducing Health Disparities:** Ongoing commitment to make health care disparities an organizational quality and safety priority by assessing, identifying trends in data, developing, and implementing action plans, and communicating progress to key stakeholders.

Consistent Level of Care

Certain elements of The Plan help to ensure patient care standards for the same or similar services are comparable in all areas. These elements include, but are not limited to:

- Policies and procedures and services provided are not payer driven and are standardized to promote high quality and safe care.
- Application of a single standard for physician credentialing.
- Cancer care delivery is based upon nationally recognized standards of care from the National Comprehensive Cancer Network (NCCN).

- Use of monitoring tools to measure processes in areas of the Health System and The James.

Performance Transparency

The James Medical and Administrative leadership have a long-standing and strong commitment to transparency of performance as it relates to clinical quality, safety, and service performance.

Performance data is shared internally with faculty and staff through a variety of methods. Providing data internally assists faculty and staff in obtaining real-time performance results and enables faculty and staff to use those results to drive change and improve performance. Transparency of the information provided is within the limits of the Ohio law that protects attorney –client privilege, quality inquiries and reviews, as well as peer review. Current quality data is shared on The James internal intranet site. The Analytics Center of Excellence team works with many departments and partners with other reporting groups to build and enhance quality and safety dashboards, as well as display other important metrics to build on the equation of value for our patients.

Confidentiality

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

Conflict of Interest

A person is professionally involved if they are responsible for patient care decision making, either as a primary or consulting professional, and/or have a financial interest (as determined by legal counsel) in a case under review. Persons who are professionally involved in the care under review are to refrain from participation except as requested by the appropriate administrative or medical leader. During peer review evaluations, deliberations, or voting, the chairperson will take steps to avoid the presence of any person, including committee members, professionally involved in the care under review. The chairperson of the committee should resolve all questions concerning whether a person is professionally involved. In cases where a committee member is professionally involved, the respective chairperson may appoint a replacement member to the committee. Participants and committee members are encouraged to recognize and disclose, as appropriate, a personal interest or relationship they may have concerning any action under peer review.

Priority Criteria

The following criteria are used to prioritize clinical value enhancement initiatives and continuous quality improvement opportunities, to ensure the appropriate allocation of resources.

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

8. Represents significant cost/economic implications (e.g., high volume).

Determining Priorities

The James has a process in place to identify and direct resources toward quality management, patient safety, and service excellence activities. The prioritization criteria are reevaluated annually according to the mission and strategic plan. The leaders set performance improvement priorities and reevaluate annually in response to unusual or urgent events. Whenever possible, NCI, ADCC, or other appropriate cancer specific benchmarks are utilized to compare performance metrics for The James, to assist with determination of priorities each year to improve performance.

Design and Evaluation of New Processes

New processes are designed and evaluated according to the organizational mission, vision, values, and priorities, and are consistent with sound business practices.

The design or re-design of a process may be initiated by:

- Surveillance data indicating undesirable variance.
- Patients, staff, or payers perceived need to change a process.
- Information from within the organization and from other organizations about potential risks to patient safety, including the occurrence of sentinel events.
- Review and assessment of data and/or review of available literature to confirm the need and/or by evidence-based practices.

Data Measurement and Assessment

Determination of Needs

Data needs are determined according to improvement priorities and surveillance needs. The James Quality and Patient Safety departments and Analytics Center of Excellence collect and report data for monitoring important processes and outcomes related to patient care. In addition, each department is responsible for identifying quality indicators specific to their area of service. The quality management committee of each area is responsible for monitoring and assessment of the data collected. Quality and safety monitoring is on-going and reviewed by The James Quality, Safety and Experience Council (Q-SEC) annually.

External Reporting Requirements

The reporting requirements related to quality, safety, and service. These include regulatory, governmental, payer, and specialty certification organizations.

Collection of Data

Data, including patient demographic and diagnosis, are systematically collected by various mechanisms including but not limited to:

- Administrative and clinical databases
- Retrospective and concurrent medical record review
- Reporting systems (e.g., patient safety and patient satisfaction)
- Surveys (e.g., patients, families, and staff)
- External (e.g., Vizient, CDC-NHSN, NDNQI, CMS, or other vendors)

Assessment of Data

Statistical methods are used to identify undesirable variance, trends, and opportunities for improvement. The data are compared to the previous performance, external benchmarks, and accepted standards of care to establish goals and targets. Annual goals are established to evaluate performance.

Surveillance System

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

The James Key Performance Indicator Scorecard

Patient Safety is the highest priority for all faculty and staff at The James. As a crucial element to caring for our patients, there is an on-going process of monitoring safety events and any untoward trends from patient care. The James Key Performance Indicator Scorecard (hereinafter The Scorecard) is a portal consisting of various dashboards with key performance indicators related to events considered potentially preventable, and which cause a level of harm to the patient. The Scorecard covers areas such as mortality, falls, hospital acquired infections, hospital-acquired pressure ulcers, as well as additional indicators such as patient satisfaction, readmissions, and length of stay.

This information is shared in various quality forums with the medical staff, clinicians, James's administration, and senior staff, and The Quality and Professional Affairs Committee (QPAC) at the Wexner Medical Board. The indicators to be included in The Scorecard are reviewed each year to represent the priorities of the Quality and Patient Safety program. The Patient Safety program evaluates opportunities each month at The James Quality, Safety and Experience Council (Q-SEC), as well as monthly at the Medical Staff Administrative Committee (MSAC). Safety goals are reviewed annually and adjusted as necessary by the use of event trending, regulatory changes, needs identified from the culture of safety surveys and/or national cancer benchmarks.

The James Patient Satisfaction Dashboard

The Patient Satisfaction dashboard is a set of patient experience indicators gathered from surveys after discharge or visit to a system-based clinic or hospital. The dashboard displays performance in areas such as physician communication, nursing responsiveness, admitting, and discharging efficiencies and quality in addition to other service categories. The information from this dashboard is shared in forums with staff, clinicians, administration, including the Board. Performances on these indicators serve as annual goals for leaders and members of clinical and patient experience teams.

Quality and Patient Safety Staff Education

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

- Online videos
- Newsletters
- Classroom forums
- Simulation training
- Computerized Based Learning Modules (e-learning/CBLs)

- Curriculum Development within College of Medicine
- Websites (internal SharePoint and external OSUMC)
- Patient Safety/Quality Lesson's Learned and Patient Safety Alerts

The James Benchmark Data

Both internal and external benchmarking provide value when evaluating performance.

Internal Benchmarking

Internal benchmarking uses processes and data to compare The James performance to itself over time and provides a gauge of improvement strategies within the organization.

External Benchmarking

The James participates in various database systems and focused benchmarking projects to compare performance with that of cancer hospital - peer institutions. The James Cancer Hospital utilizes and joins other comprehensive cancer centers for benchmarking such as C4QI (Comprehensive Cancer Center Consortium for Quality Improvement) and ADCC (Alliance of Dedicated Cancer Centers), National Cancer Institute (NCI). Also, The James participates in national benchmarking efforts through the following, but not limited to, The Vizient's Clinical Database (CDB), The US News and World Report, Ohio Department of Health, Press Ganey, National Database of Nursing Quality Indicators (NDNQI), Centers for Disease Control – National Healthcare Safety Network (NHSN), The American College of Surgeons (ACoS) and others.

Performance Based Provider Quality & Credentialing

Performance based credentialing ensures processes that assist with promoting the delivery of quality and safe care by physicians and advanced practice licensed health care providers. Both Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) occur. Focused Professional Practice Evaluation (FPPE) is utilized on three occasions: initial appointment, when a Privileged Practitioner requests a new privilege, and for cause when questions arise regarding the practitioner's ability to provide safe, high quality patient care. Ongoing Professional Practice Evaluation (OPPE) is performed on an ongoing basis (every 6 months).

Profiling Process:

- Data gathering from multiple sources.
- Report generation and indicator analysis.
- Profile review meetings with department chairs.
- Discussion at Credentialing Committee
- Final recommendation & approval:
- Medical Staff Administrative Committees
- Medical Director
- Hospital Board

Service-Specific Indicators

Indicators are used to profile each physician's performance. The results are included in a physician profile, which is reviewed with the department chair as part of the credentialing process. The definition of service/department-specific indicators is the responsibility of the director/chair of each unit. The performance of these indicators is used as evidence of competence to grant privileges in the re-appointment process. The clinical departments/divisions are required to collect the performance information related to these indicators and report that information to the Department of Quality and Operations Improvement.

The Medical Staff Evaluation is multi-purpose:

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

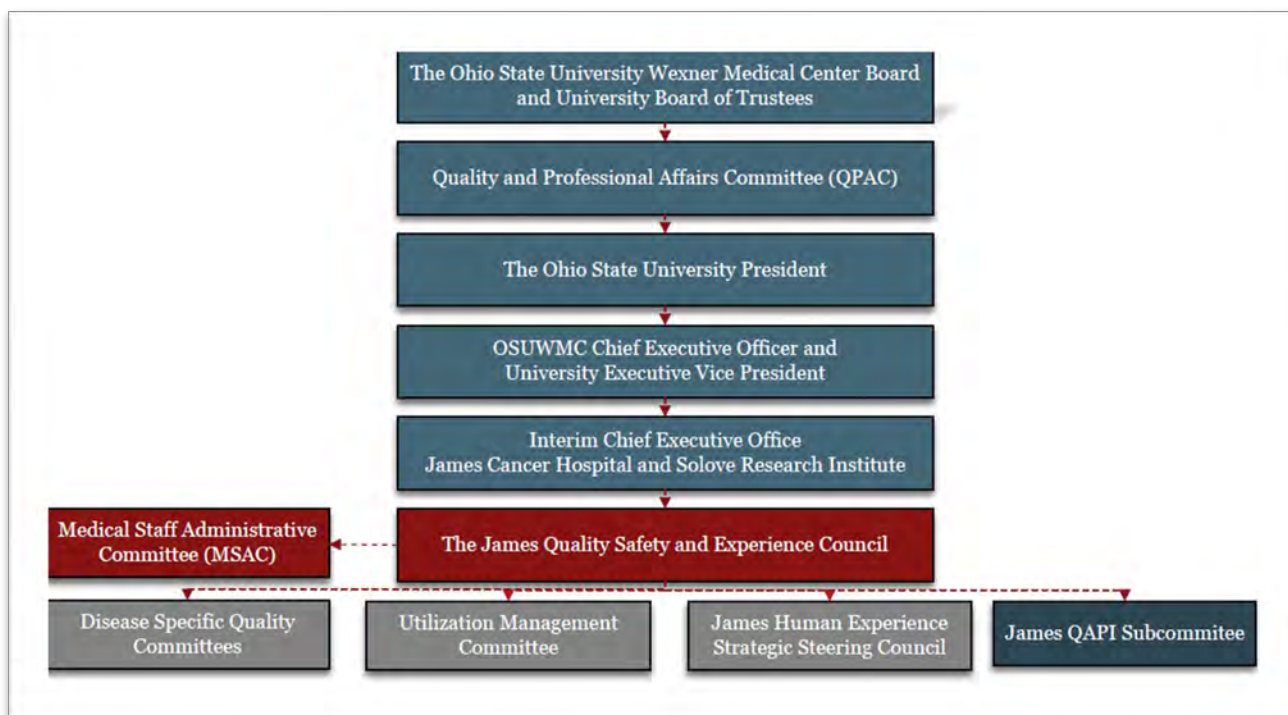
Annual and Ongoing Evaluations

The James Quality Safety, and Experience Council Plan is approved annually by The James Quality, Safety and Experience Council (Q-SEC), the Medical Staff and Committee (MSAC), The Quality and Professional Affairs Committee (QPAC), and the Wexner Medical Center Board.

Enterprise-Wide Alignment and Strategic Plan

The James Quality, Safety and Experience Plan has been developed in alignment with the OSUWMC Enterprise-Wide Long Range Quality Plan (Attachment B). The Long-Range Quality Plan focuses on the foundations and three pillars of patient centered care that have been deemed priorities by the OSUWMC Quality Leadership Council (QLC).

Attachment A: The James Quality, Safety and Experience Council Structure



Attachment B: Long Range Quality Plan



PLAN FOR PATIENT CARE SERVICES

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the annual review of the plan for patient care services for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital and The Ohio State University Wexner Medical Center East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

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

WHEREAS the annual review of the plan for patient care services was approved by the University Hospital Medical Staff Administrative Committee on May 14, 2025; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the plan for patient care services:

NOW THEREFORE

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



TITLE: THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER (INCLUDING UNIVERSITY HOSPITAL, RICHARD M. ROSS HEART HOSPITAL, BRAIN AND SPINE HOSPITAL, DODD REHABILITATION HOSPITAL, HARDING HOSPITAL, AND EAST HOSPITAL) HOSPITAL PLAN FOR PROVIDING PATIENT CARE

University Hospital, Richard M. Ross Heart Hospital, Brain and Spine Hospital, Dodd Rehabilitation Hospital, Harding Hospital, and East Hospital (hereafter referred to as the Hospitals) plan for patient care services describes the integration of departments and personnel who provide care and services to patients based on the Hospitals' mission, vision, shared values and goals. The plan encompasses both inpatient and outpatient services of the Hospitals.

OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER (OSUWMC) MISSION, VISION AND VALUES

Mission Statement:

To improve health in Ohio and across the world through innovations and transformation in research, education, patient care, and community engagement.

Vision Statement:

By pushing the boundaries of discovery and knowledge, we will solve significant health problems and deliver unparalleled care.

Values:

Inclusiveness, Determination, Empathy, Sincerity, Ownership and Innovation

The mission, vision and values statements, developed by our staff members, physicians, governing body members and administration team members, complements and reflects the unique role the hospitals fulfill within The Ohio State University.

PHILOSOPHY OF PATIENT CARE SERVICES

In collaboration with the community, the Hospitals will provide innovative, personalized, and person centered care through:

- a) A mission statement that outlines the synergistic relationship between patient care, research, and education;
- b) Long-range strategic planning with medical center leadership to determine the services to be provided; including, but not limited to essential services as well as special areas of concentration;
- c) Establishing annual goals and objectives consistent with the mission, which are based on a collaborative assessment of needs;
- d) Planning and design conducted by medical center leadership, which involves the potential communities to be served;
- e) Provision of services that are appropriate to the scope and level required by the patients to be served based on assessment of need;
- f) Ongoing evaluation of services provided through formalized processes; e.g., performance assessment and improvement activities, budgeting and staffing plans;
- g) Integration of services through the following mechanisms: continuous quality improvement teams; clinical interdisciplinary quality programs; performance assessment and improvement activities; communications through management team meetings, administrative staff meetings, special forums, and leadership and employee education/development;
- h) Maintaining competent patient care leadership and staff by providing education designed to meet identified needs;

- i) Respect for each patient's rights and decisions as an essential component in the planning and provision of care; and,
- j) Staff member behaviors that reflect a philosophical foundation based on the values of The Ohio State University Wexner Medical Center.

THE HOSPITAL LEADERSHIP

The Hospital leadership is defined as the governing board, CEO/Executive Vice President, administrative staff, physicians and nurses in appointed or elected leadership positions. The Hospital leadership is responsible for the framework of planning health care services provided by the organization based on the hospital's mission and for developing and implementing an effective planning process that allows for defining timely and clear goals.

The planning process includes a collaborative assessment of our customer and community needs, defining a long range strategic plan, developing operational plans, establishing annual operating budgets and monitoring compliance, establishing annual capital budgets, monitoring and establishing resource allocation and policies, and ongoing evaluation of the plans' implementation and success. The planning process addresses both patient care functions (e.g. patient rights, patient assessment, patient care, patient and family education, coordination of care, and discharge planning) and organizational support functions (e.g. information management, human resource management, infection control, quality and safety, the environment of care, and the improvement of organizational performance).

The Hospital leadership works collaboratively with all operational and clinical managers and leaders to ensure integration in the planning, evaluation, and communication processes within and between departments to enhance patient care services and support. This occurs informally on a daily basis and formally via interdisciplinary leadership meetings. The leadership involves department heads in evaluating, planning and recommending annual budget expenses and capital objectives, based on the expected resource needs of their departments. Department leaders are held accountable for managing and justifying their budgets and resource utilization. This includes, but is not limited to identifying, investigating and budgeting for new technologies and resources which are expected to improve the delivery of patient care and services.

Other leadership responsibilities include:

- a) Communication of the organization's mission, vision, goals, objectives and strategic plans across the organization;
- b) Ensuring appropriate and competent direction, management and leadership of all services and/or departments;
- c) Collaborating with community leaders and organizations to ensure services are designed to be appropriate for the scope and level of care required by the patients and communities served;
- d) Supporting the patient's continuum of care by integrating systems and services to improve efficiencies and care from the patient's viewpoint and diversity, equity and inclusion;
- e) Ensuring staffing resources are available to appropriately and effectively meet the needs of the patients served and to provide a comparable level of care to patients in all areas where patient care is provided;
- f) Ensuring the provision of a uniform standard of patient care throughout the organization;
- g) Providing appropriate job enrichment, employee development and continuing education opportunities which serve to promote retention of staff and to foster excellence in care delivery and support services;
- h) Establishing standards of care that all patients can expect and which can be monitored through the hospital's quality assurance and performance improvement (QAPI) process;

- i) Approving the organizational plan to prioritize areas for improvement, developing mechanisms to provide appropriate follow up actions and/or reprioritizing in response to untoward and unexpected events;
- j) Implementing an effective and continuous program to improve patient safety;
- k) Appointing appropriate committees, task forces, and other forums to ensure interdepartmental collaboration on issues of mutual concerns and requiring interdisciplinary input; and,
- l) Supporting patient rights and ethical considerations.

ROLE OF THE CHIEF NURSING OFFICER

The Chief Nursing Officer is responsible for the practice of nursing by ensuring consistency in the standard of nursing practice across the clinical settings. The CNO supports and facilitates an interdisciplinary team approach to the overall delivery of care to patients, families, and the community. This includes creating an environment in which collaboration is valued and excellence in clinical care, education, and research is promoted and achieved. The CNO leads quality, safety, and innovation initiatives in partnership with the Hospital Executive Directors.

The CNO is responsible for developing and driving the nursing strategic plan to deliver excellent patient care. The role will include responsibility for nursing performance improvement, program management, business operations, budgets, resource utilization, financial stewardship and maintenance of the professional contracts with the Ohio State University Nursing Organization and the International Association of Machinists and Aerospace Workers. The CNO ensures the vision, strategic direction, and the advancement of the profession of nursing at OSUWMC.

ROLE OF THE ASSOCIATE CHIEF NURSING OFFICER

The Associate Chief Nursing Officer (ACNO) is a member of the Nursing Executive Leadership team. The ACNO works collaboratively with both the CNO and Executive Director of their business entities. The ACNO has the authority and responsibility for directing the activities related to the provision of nursing care in those departments defined as providing nursing care to patients.

The ACNO is responsible to plan, develop, implement, and oversee programs and projects designed to evaluate and improve clinical quality, safety, resource utilization and operations in all areas staffed by nurses. The role includes implementation of patient care services strategies to support efficiency, clinical effectiveness, clinical operations and quality improvement with interdisciplinary team members. The ACNO works with teams to develop projects, programs and implement system changes that promote care coordination across the health care continuum.

FUNCTIONS OF NURSING LEADERSHIP

The Chief Nursing Officer and ACNOs ensure the following functions are addressed:

- a) Evaluating patient care programs, policies, and procedures describing how patients' nursing care needs are assessed, evaluated and met throughout the organization;
- b) Developing and implementing the plan for the provision of patient care through evidence-based practice and nursing research;
- c) Participating with leaders from the governing body, management, medical staff and clinical areas in organizational decision-making, strategic planning and in planning and conducting performance improvement activities throughout the organization;
- d) Implementing an effective, ongoing program to assess, measure and improve the quality of nursing care delivered to patients; developing, approving, and implementing standards of nursing practice,

- standards of patient care, and patient care policies and procedures that include current research/ literature findings that are evidence based;
- e) Participating with organizational leaders to ensure that resources are allocated to provide a sufficient number of qualified nursing staff to provide patient care;
 - f) Ensuring that nursing services are available to patients on a continuous, timely basis.

DEFINITION OF PATIENT SERVICES, PATIENT CARE AND PATIENT SUPPORT

Patient Services are limited to those departments that have direct contact with patients. Patient services occur through organized and systematic throughput processes designed to ensure the delivery of appropriate, safe, effective and timely care and treatment. The patient throughput process includes those activities designed to coordinate patient care before admission, during the admission process, in the hospital, before discharge and at discharge. This process includes:

- **Access in:** emergency process, admission decision, transfer or admission process, registration and information gathering, placement;
- **Treatment and evaluation:** full scope of services; and,
- **Access out:** discharge decision, patient/family teaching and counseling, arrangements for continuing care and discharge.

Patient Care encompasses the recognition of disease and health, patient teaching, patient advocacy, spirituality and research. The full scope of patient care is provided by professionals who are charged with the additional functions of patient assessment and planning patient care based on findings from the assessment. Providing patient services and the delivery of patient care requires specialized knowledge, judgment, and skill derived from the principles of biological, chemical, physical, behavioral, psychosocial and medical sciences. As such, patient care and services are planned, coordinated, provided, delegated, and supervised by professional health care providers who recognize the unique physical, emotional and spiritual (body, mind and spirit) needs of each person. Under the auspices of the Hospitals, medical staff, registered nurses and allied health care professionals function collaboratively as part of an interdisciplinary, personalized patient-focused care team to achieve positive patient outcomes.

Competency for patient caregivers is determined in orientation and at least annually through performance evaluations and other department specific assessment processes. Credentialed providers direct all medical aspects of patient care as delineated through the clinical privileging process and in accordance with the Medical Staff By-Laws. Registered nurses support the medical aspect of care by directing, coordinating, and providing nursing care consistent with statutory requirements and according to American Nurses Association Nursing Scope and Standards of Practice book as well as hospital-wide policies and procedures. Allied health care professionals provide patient care and services in keeping with their licensure requirements and in collaboration with physicians and registered nurses. Unlicensed staff may provide aspects of patient care or services at the direction of and under the supervision of licensed professionals.

Nursing Care (nursing practice) is defined as competently providing all aspects of the nursing process in accordance with Chapter 4723 of the Ohio Revised Code (ORC), which is the law regulating the Practice of Nursing in Ohio. The law gives the Ohio Board of Nursing the authority to establish and enforce the requirements for licensure of nurses in Ohio. This law also defines the practice of both registered nurses and licensed practical nurses. All of the activities listed in the definitions, including the supervision of nursing care, constitute the practice of nursing and therefore require the nurse to have a current valid license to practice nursing in Ohio.

Patient Support is provided by a variety of individuals and departments which might not have direct contact with patients, but which support the integration and continuity of care provided throughout the continuum of care by the hands-on care providers.

SCOPE OF SERVICES / STAFFING PLANS

Each patient care service department has a defined scope of service approved by the hospital's administration and medical staff, as appropriate. The scope of service includes:

- the types and age ranges of patients served;
- methods used to assess and meet patient care needs (includes services most frequently provided such as procedures, etc.);
- the scope and complexity of patient care needs (such as most frequent diagnosis);
- support services provided directly or through referral contact;
- the extent to which the level of care or service meets patient need (hours of operation if other than 24 hours a day/7days a week and method used for ensuring hours of operation meet the needs of the patients to be served with regard to availability and timeliness);
- the availability of necessary staff (staffing plans) and;
- recognized standards or practice guidelines, when available (the complex or high level technical skills that might be expected of the care providers).

Additional operational details and staffing plans may also be found in department policies, procedures and operational/performance improvement plans.

Staffing plans for patient care service departments are developed based on the level and scope of care provided, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately (competently and confidently) provide the type of care needed. Nursing units are staffed to accommodate a projected average daily patient census. Unit management (including nurse manager and/or charge nurse) reviews patient demands to plan for adequate staffing. Staffing can be increased or decreased to meet patient needs. When the number of patients is high or the need is great, float staff assist in providing care. When staff availability is projected to be low, the unit manager and director may request temporary agency nurses. The Ohio State University Wexner Medical Center follows the Staffing Guidelines set by the American Nurses Association. In addition, we utilize staffing recommendations from various specialty nursing organizations, including: ENA, ANCC, AACN, AORN, ASPN, NDNQI, AWHONN, and others.

The Administrative Team, in conjunction with the budget and performance measurement process, reviews all patient care areas staffing and monitors ongoing regulatory requirements. Each department staffing plan is formally reviewed during the budget cycle and takes into consideration workload measures, utilization review, employee turnover, performance assessment, improvement activities, and changes in customer needs/expectations. A variety of workload measurement tools may be utilized to help assess the effectiveness of staffing plans.

STANDARDS OF CARE

Patients of the Hospitals can expect that:

- 1) Staff will do the correct procedures, treatments, interventions, and care following the policies, procedures, and protocols that have been established. Efficacy and appropriateness of procedures, treatment, interventions and care provided will be demonstrated based on patient assessments/reassessments, standard practice, and with respect for patient's rights and confidentiality.
- 2) Staff will provide a uniform standard of care and services throughout the organization.
- 3) Staff will design, implement and evaluate systems and services for care delivery (assessments, procedures, treatments, interventions) which are consistent with a personalized health care focus and which will be delivered:

- a. With compassion, courtesy, respect and dignity for each individual without bias using a patient centered approach;
- b. In a manner that best meets the individualized needs of the patient;
- c. Coordinated through interdisciplinary collaboration, to ensure continuity and seamless delivery of care to the greatest extent possible; and,
- d. In a manner that maximizes the efficient use of financial and human resources, streamlines processes, decentralizes services, enhances communication, supports technological advancements and maintains patient safety.

Patient Assessment:

Individual patient care requirements are determined by assessments (and reassessments) performed by qualified health professionals. Each service within the organization providing patient care has defined the scope of assessment provided. This assessment (and reassessment) of patient care needs continues throughout the patient's contact with the hospital.

Coordination of Care:

Patients are identified who require discharge planning to facilitate continuity of medical care, social determinant needs, and/or other care to meet identified needs. Discharge planning is timely, is addressed at a minimum during initial assessment as well as during discharge planning processes and can be initiated by any member of the interdisciplinary team. Case Managers coordinate patient care between multiple delivery sites and multiple caregivers; collaborate with physicians and other members of the care team to assure appropriate treatment plan and discharge care.

STANDARDS OF COMPETENT PERFORMANCE/STAFF EDUCATION

All employees receive an orientation consistent with the scope of responsibilities defined by their job description and the patient population to whom they are assigned to provide care. Ongoing education (such as in-services) is provided within each department. In addition, the Educational Development and Resource Department provides annual mandatory education and provides appropriate staff education associated with performance improvement initiatives and regulatory requirements. Performance appraisals are conducted at least annually between employees and managers to review areas of strength and to identify skills and expectations that require further development.

CARE DELIVERY MODEL

The care delivery model is guided by the following goals:

- The patient and family will experience the benefits of the AACN Synergy model for patient care. This model is driven by the core concept that the patient and family needs influence the competencies and characteristics of the nursing care provided. The benefits include enhanced quality of care, improved service, appropriate length of hospitalization and minimized cost.
- Hospital employees will demonstrate values and behaviors consistent with the OSUWMC Buckeye Spirit set of core values. The philosophical foundation reflects a culture of inclusiveness, sincerity, determination, ownership, empathy and innovation.
- Effective communication will impact patient care by ensuring timeliness of services, utilizing staff resources appropriately, and maximizing the patient's involvement in his/her own plan of care.
- Configuring departmental and physician services to accommodate the care needs of the patient in a timely manner will maximize quality of patient care and patient satisfaction.
- The Synergy professional nursing practice model is a framework which reflects our underlying philosophy and vision of providing care to patients based on their unique needs and characteristics. Aspects of the professional model support:

- (1) matching nurses with specific skills to patients with specific needs to ensure "safe passage" to achieve the optimal outcome of their hospital stay;
 - (2) the ability of the nurse to establish and maintain a therapeutic relationship with their patients;
 - (3) the presence of an interdisciplinary team approach to patient care delivery. The knowledge and expertise of all caregivers is utilized to restore a patient to the optimal level of wellness based on the patient's definition;
 - (4) physicians, nurses, pharmacists, respiratory therapists, case managers, dietitians and many other disciplines collaborate and provide input to patient care.
- The patient and family will be involved in establishing the plan of care to ensure services that accommodate their needs, goals and requests.
 - Streamlining the documentation process will enhance patient care.

PATIENT RIGHTS AND ORGANIZATIONAL ETHICS

Patient Rights

In order to promote effective and compassionate care, the Hospitals' systems, policies, and programs are designed to reflect an overall concern and commitment to each person's dignity. All Hospital employees, physicians and staff have an ethical obligation to respect and support the rights of every patient in all interactions. It is the responsibility of all employees, physicians and staff of the Hospitals to support the efforts of the health care team, while ensuring that the patient's rights are respected. Each patient (and/or family member as appropriate) is provided a list of patient rights and responsibilities upon admission and copies of this list are posted in conspicuous places throughout the Hospitals.

Organizational Ethics

The Hospitals have an ethics policy established in recognition of the organization's responsibility to patients, staff, physicians and the community served. General principles that guide behavior are:

- Services and capabilities offered meet identified patient and community needs and are fairly and accurately represented to the public.
- Adherence to a uniform standard of care throughout the organization, providing services only to those patients for whom we can safely care for within this organization. The Hospitals do not discriminate based age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, protected veteran status or any other basis under the law.
- Patients will be billed only for care and services provided.

Biomedical Ethics

A biomedical ethical issue arises when there is uncertainty or disagreement regarding medical decisions, involving moral, social, or economic situations that impact human life. A mechanism is in place to provide consultation in the area of biomedical ethics in order to:

- improve patient care and ensure patient safety;
- clarify any uncertainties regarding medical decisions;
- explore the values and principles underlying disagreements;
- facilitate communication between the attending physician, the patient, members of the treatment team and the patient's family (as appropriate); and,
- mediate and resolve disagreements.

INTEGRATION OF PATIENT CARE, ANCILLARY AND SUPPORT SERVICES

The importance of a collaborative interdisciplinary team approach, which takes into account the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient outcomes, serves as a foundation for integration. See Appendix A for a listing of ancillary and support services.

Open lines of communication exist between all departments providing patient care, patient services and support services within the hospitals, and as appropriate with community agencies to ensure efficient, effective and continuous patient care. Functional relationships between departments are evidenced by cross-departmental Performance Improvement initiatives as well as the development of policies, procedures, protocols, and clinical pathways and algorithms.

To facilitate effective interdepartmental relationships, problem solving is encouraged at the level closest to the problem at hand. Staff is receptive to addressing one another's issues and concerns and work to achieve mutually acceptable solutions. Supervisors and managers have the responsibility and authority to mutually solve problems and seek solutions within their spans of control; positive interdepartmental communications are strongly encouraged. Employees from departments providing patient care services maintain open communication channels and forums with one another, as well as with service support departments to ensure continuity of patient care, maintenance of a safe patient environment and positive outcomes.

CONSULTATIONS AND REFERRALS FOR PATIENT SERVICES

The Hospitals provide services as identified in the Hospital Plan for Providing Patient Care to meet the needs of our community. Patients whose assessed needs require services not offered are transferred to the member hospitals of The Ohio State University Wexner Medical Center or another quality facility (e.g., Nationwide Children's Hospital) in a timely manner after stabilization. Safe transportation is provided by air or ground ambulance with staff and equipment appropriate to the required level of care. Physician consultation occurs prior to transfer to ensure continuity of care. Referrals for outpatient care occur based on patient need.

INFORMATION MANAGEMENT PLAN

The overall goal for information management is to support the mission of The Ohio State University Wexner Medical Center. Specific information management goals related to patient care include:

- Develop and maintain an integrated information and communication network linking research, academic and clinical activities.
- Develop computer-based patient records with integrated clinical management and decision support.
- Support administrative and business functions with information technologies that enable improved quality of services, cost effectiveness, and flexibility.
- Build an information infrastructure that supports the continuous improvement initiatives of the organization.
- Ensure the integrity and security of the Hospital's information resources and protect patient confidentiality.

PATIENT CARE ORGANIZATIONAL IMPROVEMENT ACTIVITIES

All departments are responsible for following the Hospitals' Quality Assurance and Performance Improvement (QAPI) plan. Departments utilize the QAPI plan and cascade the hospital's goals to service line quality plans to ensure proper alignment to support the overall hospital quality goals.

PLAN REVIEW

The Hospital Plan for Providing Patient Care will be reviewed regularly by the Hospitals' leadership to ensure the plan is adequate, current and that the Hospitals are in compliance with the plan. Interim adjustments to the overall plan are made to accommodate changes in patient population, redesign of the care delivery systems or processes that affect the delivery, level or amount of patient care required.

Appendix A: Scope of Services: Patient Ancillary and Support Services

Other hospital services that support the comfort and safety of patients are coordinated and provided in a manner that ensures direct patient care and services are maintained in an uninterrupted, efficient, and continuous manner. These support and ancillary services will be fully integrated with the patient care departments of the Hospitals:

DEPARTMENT	SERVICE
BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)	Expert team that provides innovative and quality care to patients with complex behavioral symptoms while working collaboratively with staff through consultation, education, and early intervention
CARDIAC PROCEDURAL	Cardiac procedural areas include both cardiac catheterization and electrophysiology. Procedures may be diagnostic or interventional.
CARDIOVASCULAR IMAGING SERVICES	Diagnostic and therapeutic procedures in cardiac MR/CT, Nuclear Medicine, Echocardiography, Vascular Imaging Stress Test. Cardiovascular Imaging Services can be provided at inpatient, outpatient, and emergency locations.
CARE MANAGEMENT	As part of the health care team, provides personalized care coordination and resource management with patients and families.
CENTRAL STERILE SUPPLY (CSS)	Responsible for supporting all instrument cleaning and sterilization needs across the organization. In addition, CSS is responsible for providing case carts to the operating rooms which contain all of the instrumentation and disposable supply needs for each surgical case.
CHAPLAINCY AND CLINICAL PASTORAL EDUCATION	Assists patients, their families and hospital personnel in meeting spiritual needs through professional pastoral and spiritual care and education.
CLINICAL ENGINEERING	Routine equipment evaluation, maintenance, and repair of electronic equipment owned or used by the hospital; evaluation of patient owned equipment.
CLINICAL INFORMATICS	A subset of IT services that focuses on appropriately integrating the clinical care provided to the patient into the Electronic Health Record (EHR) through the specialized knowledge of clinical care and informatics. Additionally, direct work with the clinicians occurs through this team to ensure the EHR is adopted and aligns with the clinical work occurring in the organization and provides an accurate depiction of the patients' clinical course while being cared for in the organization.
CLINICAL LABORATORY	Responsible for pre-analytic, analytic and post-analytic functions on clinical specimens in order to obtain information about the health of a patient as pertaining to the diagnosis, treatment, and prevention of disease; assisting care providers with clinical information related to patient care, education, and research.
COMMUNICATIONS AND MARKETING	Responsible for developing strategies and programs to promote the organization's overall image and specific products and services to targeted internal and external audiences. Handles all media relations, advertising, internal communications, special events and publications.
DECEDENT AFFAIRS	Provide support to families of patients who died & assist them with completing required disposition decisions. Ensure notification of the CMS designated Organ Procurement Agency (OPO) – Lifeline of Ohio (Lifeline). Promote & facilitate organ/eye/tissue donation by serving as the OSU hospital Lifeline Liaison. Analyze data provided by Lifeline regarding organ/tissue/eye donation.
DIAGNOSTIC TRANSPORTATION	Provision of on-site transportation services for patients requiring diagnostic, operative or other ancillary services.
DIALYSIS	Dialysis is provided for inpatients of the medical center within a dedicated unit unless the patient cannot be moved. In those instances, bedside dialysis will be administered.

DEPARTMENT	SERVICE
EARLY RESPONSE TEAM (ERT)	Provides timely diagnostic and therapeutic intervention before there is a cardiac or respiratory arrest or an unplanned transfer to the Intensive Care Unit. Consists of a Critical Care RN and Respiratory Therapist who are trained to help patient care staff when there are signs that a patient's health is declining.
EDUCATION, DEVELOPMENT & RESOURCES	Provides and promotes ongoing development and training experiences to all member of the OSUWMC community; provides staff enrichment programs, organizational development, leadership development, orientation and training, skills training, continuing education, competency assessment and development, literacy programs and student affiliations.
ENDOSCOPY	Provides services to patients requiring a nonsurgical review of their digestive tract.
ENVIRONMENTAL SERVICES	Provides routine housekeeping and quality monitoring of such. Additional services upon request: extermination, wall cleaning, etc.
EPIDEMIOLOGY	Enhance the quality of patient care and the work environment by minimizing the risk of acquiring infection within the hospital setting.
FACILITIES OPERATIONS	Provide oversight, maintenance and repair of the building's life safety, fire safety, and utility systems. Provide preventative, repair and routine maintenance in all areas of all buildings serving patients, guests, and staff. This would include items such as electrical, heating and ventilation, plumbing, and other such items. Also providing maintenance and repair to basic building components such as walls, floors, roofs, and building envelope. Additional services available upon request.
FISCAL SERVICES	Works with departments/units to prepare capital and operational budgets. Monitors and reports on financial performance monthly.
HUMAN RESOURCES	Serves as a liaison for managers regarding all Human Resources information and services; assists departments with restructuring efforts; provides proactive strategies for managing planned change within the Health System; assists with Employee/Labor Relations issues; assists with performance management process; develops compensation strategies; develops hiring strategies and coordinates process for placements; provides strategies to facilitate sensitivity to issues of cultural diversity; provides HR information to employees, and establishes equity for payroll.
INFORMATION SYSTEMS	Work as a team assisting departments to explore, deploy and integrate reliable, state of the art Information Systems technology solutions to assist in the provision and documentation of care and services and to manage change of such systems.
MATERIALS MANAGEMENT	Routinely stocks supplies in patient care areas, distributes linen. Sterile Central Supply, Storeroom - upon request, distributes supplies/equipment not stocked on units.
MEDICAL INFORMATION MANAGEMENT	Maintains patient records serving the needs of the patient, provider, institution, and various third parties to health care.
NUTRITION SERVICES	Provides nutrition care and food service for Medical Center patients, staff, students, and visitors. Clinical nutrition assessment, care plan development, and consultation are available in both inpatient and outpatient settings. The Department provides food service to inpatients and selected outpatient settings in addition to operating a variety of retail café locations and acts as a liaison for vending and sub-contracted food services providers. Serve as dietetic education preceptors.
PATIENT ACCESS SERVICES	Coordinates registration/admissions with nursing management.
PATIENT EXPERIENCE	Develops programs for support of patient relations and customer service, and includes front-line services such as information desks.
PATIENT FINANCIAL SERVICES	Provides financial assistance upon request from patient/family. Also responsible for posting payments from patients and insurance companies among others to a patient's bill for services.

DEPARTMENT	SERVICE
PATIENT FLOW DEPARTMENT	Monitors and supports all admissions, discharges, and transfers across OSUWMC. Ensures timely, safe, and individualized access to all patients and families through collaboration with the healthcare team.
PERIOPERATIVE SERVICES	Perioperative Services include preoperative, intraoperative and postoperative care.
PHARMACY	Provides comprehensive pharmaceutical care through operational and clinical services. Responsible for medication distribution via central and satellite pharmacies, as well as 797 compliant IV compounding room and automated dispensing cabinets. Some of the many clinical services include pharmacokinetic monitoring, renal and hepatic dose adjustments, and patient education. Specialist pharmacists also round with patient care teams to optimize medication regimens and serve as the team's primary medication information resource.
QUALITY AND OPERATIONS IMPROVEMENT	Provides an integrated quality management program and facilitates continuous quality improvement efforts throughout the medical center.
RADIOLOGIC SERVICES	Diagnostic and therapeutic procedures in MR, CT, X-ray, Fluoroscopy, Interventional Radiology, Ultrasonography. Radiologic Services can be provided at inpatient, outpatient, and emergency locations.
RESPIRATORY THERAPY	Provide all types of respiratory therapeutic interventions and diagnostic testing, by physician order, mainly to critically ill adults and neonates, requiring some type of ventilator support, bronchodilator therapy, or pulmonary hygiene, due to chronic lung disease, multiple trauma, pneumonia, surgical intervention, or prematurity. Provides pulmonary function testing and diagnostic inpatient and outpatient testing to assess the functional status of the respiratory system. Bronchoscopy and other diagnostic/interventional pulmonology procedures are performed to diagnose and/or treat abnormalities that exist in the airways, lung parenchyma or pleural space.
REHABILITATION SERVICES	Physical therapists, occupational therapists, speech and language pathologists, and recreational therapists evaluate and develop a plan of care and provide treatment based on the physician's referral. The professional works with each patient/family/caregiver, along with the interdisciplinary medical team, to identify and provide the appropriate therapy/treatment and education needed for the established discharge plan and facilitates safe and timely movement through the continuum of care.
RISK MANAGEMENT	Protect resources of the hospital by performing the duties of loss prevention and claims management. Programs include: Risk Identification, Risk Analysis, Risk Control, Risk Financing, Claims Management and Medical-Legal Consultation.
SAFETY and EMERGENCY PREPAREDNESS	Manages programs related to general safety, life safety and emergency preparedness. Maintains compliance with regulatory agencies including, The Joint Commission, Centers for Medicare and Medicaid Services, Ohio Department of Health, State Fire Marshal, Environmental Protection Agency and other authorities having jurisdiction over hospital operations.
SECURITY	Provides a safe and secure environment for patients, visitors, and staff members by responding to all emergencies such as workplace violence, fires, bomb threats, visitor/staff/patient falls, Code Blues (cardiac arrests) in public places, internal and external disasters, armed aggressors, or any other incident that needs an emergency response.
SOCIAL WORK SERVICES	Social Work services are provided to patients/families to meet their medically related social and emotional needs as they impact on their medical condition, treatment, recovery and safe transition from one care environment to another. Social workers provide psychosocial assessment and intervention, crisis intervention, financial counseling, discharge planning, health education, provision of material resources

DEPARTMENT	SERVICE
	and linkage with community agencies. Consults can be requested by members of the treatment team, patients or family members.
VOLUNTEER SERVICES	Volunteer Services credential and place volunteers to fill departmental requests. Volunteers serve in wayfinding, host visitors in waiting areas, serve as patient / family advisors, and assist staff.
WOUND CARE	Wound Care includes diagnosis and management for skin impairments.

PLAN FOR PATIENT CARE SERVICES

**THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE**

Synopsis: Approval of the annual review of the plan for patient care services for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; and

WHEREAS The James plan for patient care services describes the integration of clinical departments and personnel who provide care and services to patients at The James; and

WHEREAS the annual review of the plan for patient care services was approved by The James Medical Staff Administrative Committee on April 18, 2025; and

WHEREAS on June 24, 2025 the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the plan for patient care services:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the plan for patient care services for The James as outlined in the attached Plan for Patient Care Services.

**Title: Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
Plan for Patient Care Services**

The Plan for Providing Patient Care Services is described herein. The Plan is based on the mission, vision, values, and goals. The plan encompasses both inpatient and outpatient services delivered by the teams who provide comprehensive care, treatment, and services to patients with cancer diagnoses and their loved ones. The plan encompasses both inpatient and outpatient services of the hospital.

The Mission, Vision, and Values:

Mission: To eradicate cancer from individuals' lives by creating knowledge and integrating ground-breaking research with excellence in education and patient-centered care.

Vision: Create a cancer-free world, one person, and one discovery at a time.

Values: World class, empowered, compassionate, accountable, respectful, and expert.

At The James, no cancer is routine. Our researchers and oncologists study the unique genetic makeup of each patient's cancer, understand what drives it to develop, and then deliver the most advanced and targeted treatment for the individual patient. The James' patient centered, and relationship-based care is enhanced by our teaching and research programs. Our mission, and staff are dedicated to the fulfillment and success and distinguishes The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute as one of the nation's premier comprehensive cancer centers.

Philosophy of Patient Care Services

The James Cancer Hospital and Solove Research Institute, in collaboration with the community, provides innovative and patient-focused multi-disciplinary cancer care through:

- Maintaining a mission which outlines the synergistic relationship between patient care, research, and teaching.
- Developing a long-range strategic plan with input from hospital leaders to determine the services and levels of care to be provided.
- Establishing annual goals and objectives consistent with the hospital mission and

strategic plan, which are based on a collaborative assessment of patient/family and community needs.

- Planning and designing from the hospital leadership, involving the communities served.
- Providing individualized care, treatment, and services appropriate to the scope and level required by each patient based on professional assessments of need.
- Evaluating ongoing services provided through formalized processes such as: performance assessment and improvement activities, budgeting, and staffing plans.
- Integrating services through the following mechanisms: continuous quality improvement teams; clinical interdisciplinary quality programs; communications through management and operations meetings, Division of Nursing shared governance structure, Medical Staff Administrative Committee, administrative staff meetings, participation in Ohio State University Wexner Medical Center (OSUWMC) governance structures, special forums, leadership and employee education and professional/development.
- Maintaining competent patient care leadership and staff by providing education designed to meet identified needs.
- Respecting each patient's rights and their decisions as an essential component in the planning and provision of care.
- Assuring every staff member demonstrates behaviors which reflect the philosophical foundation based on the values of The James Cancer Hospital and Solove Research Institute.

Hospital Leadership

The hospital leadership is defined as the governing Board of Trustees, the University President, Executive Vice President/Chief Executive Officer, administrative staff, faculty, physicians, nurses, clinical, and operational leaders in both appointed and elected positions. The hospital's leadership team is responsible for producing a framework to plan health care services which are to be provided by the organization, based on the hospital's mission and strategic planning. These responsibilities include developing and implementing a planning process that allows for defining timely and clear goals.

The planning process also includes an assessment of our customer and community needs. This process begins with:

- Developing a long-range strategic plan.
- Developing annual operational plans.
- Establishing annual operating and capital budgets, and monitoring compliance.
- Establishing resource allocations and policies.

- Ongoing evaluation of every plan's implementation and ongoing success.

The planning process addresses both patient care functions (patient: rights, assessment, care, safety, patient and family education, coordination of care, and discharge planning) and organizational support functions (information management, human resource management, infection control, quality, the environment of care, and the improvement of organization performance).

The hospital leadership team works collaboratively with all operational and clinical leaders to ensure integration of planning, evaluation, and communication processes within and between departments, to enhance patient care services and support. This occurs informally, daily, and formally, via multi-disciplinary leadership meetings. The leadership team works with each department manager to evaluate, plan, and recommend annual budget expenses and capital objectives, based on the expected resource needs of the department. Department leaders are accountable for managing, justifying their budgets and resource utilization. This includes, but is not limited to identifying, investigating, budgeting for modern technologies, and resources that are expected to improve the delivery of patient care and services.

Other leadership responsibilities include but are not limited to:

- Communicating the organization's mission, vision, goals, objectives, and strategic plans across the organization.
- Ensuring appropriate, competent management and leadership of all services and/or departments.
- Collaborating with community leaders and organizations to ensure services are designed to be appropriate for the scope and level of care required by the patients and communities served.
- Supporting the continuum of care by integrating systems and services to improve efficiencies and care from a patient's viewpoint.
- Ensuring staff resources are available and competent to effectively meet the needs of the patients and to provide a high level of care to patients in all clinical areas.
- Ensuring the provision of uniform standards of patient care are delivered throughout the continuum of care in accordance with each respective disciplines' approved standards of practice and organizational policy/procedure.
- Providing appropriate job enrichment, employee development, continuing education opportunities that serve to promote retention of staff and to foster excellence in care delivery and support services.
- Establishing standards of care for all patients, and which can be monitored through the hospital's performance assessment and improvement plan.
- Approving the organizational plan to prioritize areas for improvement, developing mechanisms to provide appropriate follow up actions and/or reprioritizing in response to unexpected events.
- Implementing an effective and continuous program to monitor and improve patient safety.

- Appointing appropriate committees, task forces, and other forums to ensure interdepartmental collaboration on issues of mutual concerns and requiring interdisciplinary input.
- Supporting patient rights and ethical considerations.
- Support of evidence-based practice (EBP) to drive patient care decision-making.

Role of the Executive Director of Clinical Services, and the Chief Nursing Officer

The Executive Director of Clinical Services, and the Chief Nursing Officer are members of the Executive Leadership Team who has the requisite authority and responsibility for directing activities related to the provision of care, treatment and services in those departments defined as providing care to patients.

The Executive Director of Clinical Services ensures the following functions are addressed:

- Evaluating patient care programs, policies, and procedures which describe how patients' care needs are assessed, evaluated, and met throughout the organization.
- Implementing the plan for the provision of patient care.
- Participating with leaders from the governing body, medical staff, and clinical areas in organizational decision-making. Strategic planning and conducting performance improvement activities through the organization.
- Implementing an effective, ongoing program to assess, measure and improve the quality of care and safe outcomes of care provided for patients.
- Participating with organizational leaders to ensure that resources are allocated to provide enough qualified and competent staff to provide patient care.
- Ensuring services are available to patients on a continuous, timely basis.
- Reviewing the plan for the providing patient care services on an annual basis.

The Chief Nursing Officer (CNO) ensures the following functions are addressed:

- Implementing standards of nursing practice, standards of patient care, patient care policies, and procedures that include current research and evidence-based practice.
- Supports and facilitates a multi-disciplinary team approach to the overall delivery of care to patients, families, and the community.
- Promotes relationship-based care (RBC), leads quality, safety, and innovation initiatives in partnership with the Executive Director of Clinical Services.
- Responsible for driving nursing strategic plan to deliver excellent patient care.
- Responsible for nursing performance improvement, program management, business operations, budgets, resource, utilization, and maintenance of the professional contract with the Ohio State University Nursing Organization (OSUNO).

Definition of Patient Services, Patient Care, Nursing Care, and Patient Support

Patient Services

Defined as those departments and care providers with direct contact with patients. These services occur through organized and systematic through-put processes designed to ensure the delivery of appropriate, safe, effective, and timely care and treatment. The patient through-put process includes those activities designed to coordinate patient care before admission, during the admission process, in the hospital, in the ambulatory exam or treatment clinics before discharge and at discharge. This process includes:

- Access in emergency process, admission decision, transfer or admission process, registration and information gathering, placement in the appropriate care areas.
- Treatment and evaluation: full scope of service from the care service department.
- Access out: discharge decision, patient/family education, counseling, arrangements for continuing care, and discharge.

Patient Care:

Encompasses the recognition of disease, health, and patient education, which allows the patient to participate in their care, advocacy, and spirituality. The full scope of patient care is provided by professionals who perform the functions of assessing, planning patient care based on information gathered from the assessment, as well as past medical history, social history, and other pertinent findings. Patient care and services are planned, coordinated, provided, delegated, and supervised by professional health care providers who recognize the unique physical, emotional, and spiritual (body, mind, and spirit) needs of each person. Under the auspices of the hospital medical staff, registered nurses, and allied health professionals function collaboratively as part of an interdisciplinary, patient-focused care team to achieve positive patient outcomes and personalized care.

Competency is determined during the initial orientation period and at least annually through performance evaluations and other department specific assessment processes. Physicians direct all aspects of a patient's medical care as delineated through the clinical privileging process and in accordance with the Medical Staff By-Laws. Registered Nurses support the medical aspect of care by assessing, directing, coordinating, providing nursing care consistent with statutory requirements, according to the organization's approved Nursing Standards of Practice and hospital-wide policies and procedures. Allied health professionals provide patient care and services keeping within their licensure requirements and in collaboration with physicians and registered nurses. Unlicensed staff may provide aspects of patient care or services at the direction of and under the supervision of licensed professionals.

Nursing Care and Practice:

Defined as competently providing all aspects of the nursing process in accordance with Chapter 4723 of the Ohio Revised Code (ORC), which is the law regulating the Practice of Nursing in Ohio. This law gives the Ohio Board of Nursing the authority to establish and enforce the requirements for licensure of nurses in Ohio. This law defines the practice of both registered nurses and licensed practical nurses. All activities listed in the definitions, including the supervision of nursing care, constitute the practice of nursing and therefore require the nurse to have a current valid license to practice nursing in Ohio.

Patient Support:

Provided by individuals and departments which may not have direct contact with patients, but which support the integration and continuity of care provided throughout the continuum of care by the direct care providers.

Scope of Services and Staffing Plans

Each patient care service department has a defined scope of service approved annually by administration and medical staff, as appropriate. The scope of service includes:

- The type and age ranges of patients served.
- Methods used to assess and meet patient care needs (including services most frequently provided such as procedures, medication administration, surgery, etc.).
- The scope and complexity of patient care needs.
- The appropriateness, clinical necessity, and timeliness of support services provided directly or through referral contact.
- The extent to which the level of care or service meets patient needs, hours of operation if other than 24 hours a day/7 days a week, and a method used to ensure hours of operation meet the needs of the patients to be served regarding availability and timeliness.
- The availability of necessary staff.
- Recognized standards or practice guidelines.

Staffing plans for patient care service departments are developed based on the level and scope of care provided, the frequency of the care to be provided, determination of the level and mix of staff that can most appropriately, competently, and confidently provide the type of care needed. Patient care units are staffed to accommodate a projected average daily patient census based on historical data.

Unit management (including nurse manager, assistant nurse manager, charge nurse or the administrative nursing supervisor (ANS)) provide 24/7 on-site oversight and review the

demand for patient care to plan for adequate staffing. Staffing can be increased or decreased to meet patient needs or changes in volume. When the census is high or the need is great, float/resource staff are available to assist in providing care.

Administrative leaders, in conjunction with budget and performance measurements, review staffing within all patient care areas and monitor ongoing regulatory requirements. Each department staffing plan is formally reviewed during the budget cycle and takes into consideration workload measures, utilization review, employee turnover, performance assessment, improvement activities, and changes in patient needs or expectations. A variety of workload measurement tools are utilized to help assess the effectiveness of staffing plan.

Standards of Care

Individualized health care at The James is the integrated practice of medicine and support of patients based upon the individual's unique biology, behavior, and environment. It is envisioned we will utilize gene-based information to understand each person's individual requirements for the maintenance of their health, prevention of disease, and therapy tailored to their genetic uniqueness. The direction of personalized health care is to be predictive and preventive.

Patients of The James Cancer Hospital and Solove Research Institute can expect that:

- Hospital staff provide the correct procedures, treatments, interventions, and care. The efficacy and appropriateness of care will be demonstrated based on patient assessment and reassessments, evidence-based practices, and achievement of desired outcomes.
- Hospital leadership staff design, implement and evaluate care delivery systems and services which are consistently focused on patient-centered care that is delivered with compassion, respect, and dignity for everyone, without bias, and in a manner that best meets the individual needs of the patients and their support system.
- Staff provide a uniform standard of care and service throughout the organization.
- Patient care is coordinated through interdisciplinary collaboration to ensure continuity and seamless delivery of care to the greatest extent possible.
- Efficient use of finances, human resources, streamlined processes, enhanced communication, and supportive technological advancements all while focused on quality of care and patient safety.

Patient Assessment:

The care requirements of the Individual patient and their support system are determined

by on-going assessments performed by qualified health professionals. Each service providing patient care within the organization has a defined scope of assessment provided. This assessment and reassessment of patient care needs continues throughout the continuum and the patient's contact.

Coordination of Care:

Staff provide patient discharge planning to facilitate continuity of medical care and/or other care to meet identified needs. Discharge planning is timely, addressed during initial assessment and/or upon admission, as well as during the discharge planning process, and can be initiated by any member of the multidisciplinary team. Registered nurses, patient care resource managers, advanced practice nurses, and social workers coordinate and maintain close contact with the healthcare team members to finalize an individualized discharge plan.

The medical staff is assigned by clinical department or division. Each clinical department has an appointed chair responsible for a variety of administrative duties, including development and implementation of policies that support the provision of departmental services, maintaining the proper number of qualified, and competent personnel needed to provide care.

Care Delivery Model

Individualized, patient-focused care is the model in which teams deliver care for similar cancer patient populations, intricately linking the physician and other caregivers for optimal communication and service delivery. Personalized patient-focused care is guided by the following principles:

- The patient and their support system will experience the benefits of individualized care that integrates skills of all care team members. These benefits include enhanced quality of care, improved service, appropriate length of hospitalization, value-based cost related to quality outcomes, and patient safety.
- Hospital employees will demonstrate behaviors consistent with the philosophy of personalized health care. This philosophical foundation reflects a culture of collaboration, enthusiasm, and mutual respect.
- Effective communication will impact patient care by ensuring timeliness of services, utilizing staff resources appropriately, and maximize the patient's involvement in their own plan of care.
- Configuring departmental and physician services to accommodate the care needs of the patient in a timely manner will maximize quality of patient care and patient satisfaction.
- Primary nursing characteristics, such as relationship-based care, conceptual framework supporting the professional practice model are used to reflect the guiding philosophy and vision of providing individualized care.
- The patient and their support system will be involved in establishing the plan

of care to ensure services that accommodate their needs, goals, and requests.

Patient Rights and Organizational Ethics

Patient Rights:

To promote effective and compassionate care, systems, processes, policies, and programs are designed to reflect an overall concern and commitment to each person's dignity and privacy. All hospital employees, physicians, and staff have an ethical obligation to respect and support the rights of every patient in all interactions. It is the responsibility of all employees, physicians, and staff to support the efforts of the health care team, to ensure the patient's rights are respected. Each patient (and/or their support system) is given a list of patient rights and responsibilities upon admission and copies of this list are posted in conspicuous places throughout the hospital.

Organizational Ethics:

The James utilizes an ethics policy to articulate the organization's responsibility to patients, staff, physicians, and community served. General guiding principles include:

- Services and capabilities offered meet identified patient and community needs and are fairly and accurately represented to the public.
- The hospital adheres to a uniform standard of care throughout the organization, providing services to those patients for whom we can safely provide care. The James does not discriminate based upon age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or source of payment.
- Patients are only billed for care and services received.

Biomedical Ethics:

A biomedical ethical issue arises when there is uncertainty or disagreement regarding medical decisions involving moral, social, or economic situations that impact human life. A mechanism is in place to provide consultation in biomedical ethics to:

- Improve patient care and ensure patient safety.
- Clarify any uncertainties regarding medical decisions.
- Explore the values and principles of underlying disagreements.
- Facilitate communication between the attending physician, the patient, members of the treatment team, and the patient's family or support system (as appropriate).
- Mediate and resolve disagreements.

Integration of Patient Care and Support Services

A collaborative, interdisciplinary team approach, that considers the unique knowledge, judgment, and skills is utilized. A variety of disciplines are involved to achieve the desired

patient outcomes and serves as a foundation for integration of patient care. Continual process improvement initiatives support effective integration of hospital and health system policies, procedures, protocols, and relationships between departments. See appendix A (Page 11) for a listing of support services.

An open line of communication exists between all departments providing patient care, patient services, support services within the hospital, and as appropriate with community agencies to ensure efficient, effective, and continuous patient care. To facilitate effective interdepartmental relationships, problem solving is encouraged at the level closest to the problem. The staff is receptive to addressing one another's issues and concerns and work to achieve mutually acceptable solutions. Supervisors and managers have the responsibility and authority to mutually solve problems and seek solutions within their scope. Positive interdepartmental communications are strongly encouraged. Direct patient care services maintain open communication with each other in alignment with organizational Code of Conduct, as well as with service support departments to ensure continuity of patient care, maintenance of a safe patient environment, and positive outcomes.

Consultations and Referrals for Patient Services

The James provides services as identified in this plan to meet the needs of our community. Patients with assessed needs requiring services not offered at The James are transferred in a timely manner after stabilization; and/or transfers are arranged with another quality facility.

Safe transportation is provided by air or ground ambulance with staff and equipment appropriate to the required level of care. Physician consultation occurs prior to transfer to ensure continuity of care. Referrals for outpatient care occur based on patient need.

Information Management Plan

The overall goal for information management is to support the mission of The James. Specific information management goals related to patient care and include:

- Ensuring the integrity and security of the hospital's information resources and protect patient confidentiality.
- Developing and maintaining an integrated information, communication network linking research, academic and clinical activities.
- Developing and updating computer-based patient records with integrated clinical management and decision support.
- Supporting administrative and business functions with information

technologies that enable improved quality of services, cost effectiveness, and flexibility.

- Building an information infrastructure that supports continuous improvement of the organization.

Patient Organization Improvement Activities

All departments participate in the hospital's plan for improving organizational performance.

Plan Review

The hospital's plan for providing patient care is reviewed regularly by leadership to ensure the plan is adequate, current and compliance is maintained with the plan. Interim adjustments to the plan are made as necessary to accommodate changes in patient population, care delivery systems, processes that affect the delivery, and level of patient care required.

Appendix A: Scope of Services for Ancillary and Support Services

Other hospital services that support the comfort and safety of patients are coordinated and provided in a manner that ensures direct patient care and services are maintained in an uninterrupted, efficient, and continuous manner. These support services will be fully integrated with the patient services departments of the hospital:

Department	Service
Cancer Diagnostic Center	Offers a platform for expert evaluation and access to the appropriate diagnostic testing so that a timely and precise cancer diagnosis can be made from the beginning. The center is staffed by a team of oncology-trained advanced practice providers and nurses. Starting with initial consultation, the team will manage each patient's entire diagnostic journey. This includes identifying and prioritizing the patient's needs and concerns and coordinating the appropriate testing and evaluation. If cancer is confirmed, the team will schedule the patient with the appropriate James multidisciplinary, subspecialized cancer team based on his or her type of cancer.
Central Sterile Supply	Coordinates the comprehensive cleaning, decontamination, assembly and dispensing of surgical instruments, equipment, and supplies needed for regular surgical procedures in related departments.
Chaplaincy and Clinical Pastoral Education	Assist patients, their support system, and hospital personnel in meeting spiritual needs through professional pastoral and spiritual care and education.

Clinical Engineering	Routine equipment evaluation, maintenance, and repair of electronic equipment, evaluation of patient owned equipment.
Cell Therapy Laboratory	Responsible for the processing, cryopreservation, and storage of cells for patients undergoing bone marrow or peripheral blood stem cell transplantation or receiving CAR-T therapy.
Clinical Call Center	Nurse-run telephone triage department that receives and manages telephone calls for established James patients outside normal business hours. The call center operates 24 hours a day and seven days of the week inclusive of holidays.
Communications and Marketing	Responsible for developing strategies and programs to promote the organization's overall image, brand, reputation, and specific products and services to targeted internal and external audiences. Manages all media relations, advertising, internal communications, special events, digital and social properties, collateral materials, and publications for the hospital.
Decedent Affairs	Provide support to the support system of patients who have died and assist them with completing required disposition decisions. Ensure notification of the CMS designated Organ Procurement Agency – Lifeline of Ohio (Lifeline). Promote and facilitate organ/eye/tissue donation by serving as the OSU Hospital Lifeline Liaison. Analyze data provided by Lifeline regarding organ/tissue/eye donation.
Diagnostic Testing Areas	Provide tests based on verbal, electronic, or written consult requests. Final reports are included in the patient record.
Early Response Team (ERT)	Provide timely diagnostic and therapeutic intervention before there is a cardiac or respiratory arrest or an unplanned transfer to the Intensive Care Unit. The team is comprised of rapid response RNs trained in ACLS and Respiratory Therapist who are trained to assist patient care staff when there are signs that a patient's health is declining.
Educational Development and Resources	Provide and promote ongoing development and training experiences to all members of The James Cancer Hospital community, provide staff enrichment programs, organizational development, leadership development, orientation and training, skills training, continuing education, competency assessment and development, literacy programs and student affiliations.
Endoscopy	Provide services to patients requiring a nonsurgical review of their digestive tract.
Environmental Services (EVS)	Provide housekeeping/cleaning and disinfecting of all areas of the hospital, including ORs, patient rooms, and nursing unit environments.
Epidemiology	Enhance the quality of patient care and the work environment by minimizing the risk of acquiring infection within the hospital and ambulatory settings.
Facilities Operations	Provide oversight, maintenance and repair of the building's life safety, fire

	safety, and utility systems. Provides preventative, repair, and routine maintenance in all areas of all buildings serving patients, guests, and staff.
Financial Services	Support leaders in preparation and management of capital and operational budgets; provide comprehensive patient billing services and collaborates with patients and payers to facilitate meeting all payer requirements for payment.
Human Resources (HR)	Serve as a liaison for managers regarding all human resources information and services; assist departments with restructuring efforts; provide proactive strategies for managing planned change within the health system; assist with Employee/Labor Relations issues; assists with performance management process; develops compensation strategies; develop hiring strategies and coordinates process for placements; provide strategies to facilitate sensitivity to issues of cultural diversity; provide human resources information to employees, and established equity for payroll.
Immediate Care Center (ICC)	Patients are evaluated for symptom management related to their disease, or treatment of their disease, and any acute needs requiring evaluation by an advanced practice provider (APP), subsequent treatments, and/or supportive care infusion therapy. Patient visits may include diagnostic, interpretive analysis, and minor invasive procedures. Referrals to other physicians, home care and hospice agencies, dieticians etc. are made by our APPs in collaboration with the primary team.
Information Systems	Support departments to evaluate information technology needs, deploy and integrate reliable, state-of-the-art information systems technology solutions to manage change.
Laboratory Services	Responsible for performing testing on patient specimens to obtain information about the health of patient as pertaining to the diagnosis, treatment, and prevention of disease. Laboratory reports are included in the patient record.
Materials Management	Supply, stock, and monitor PAR levels in patient care areas.
Medical Information Management (MIM)	Maintain patient records serving the needs of the patient, provider, institution and various third parties to health care in the inpatient and ambulatory setting.
Nutrition Services	Provide nutritional care and food service to The James inpatient and ambulatory site patients, staff, and visitors. Clinical nutrition assessment and consultation services are available in both inpatient and outpatient settings.
Pathology	Pathology receives, triages, and accessions gross (macroscopic) examination of all complexity of surgical resections and biopsies. Final reports are included in the patient record.
James Patient Access Services (JPAS)	Coordinate registration/admissions.

Patient Care Resource Management (PCRM) and Social Services	Provide personalized care coordination and resource management. with patients and their support systems. Provide discharge planning, coordination of external agency contacts for patient care needs and crisis intervention and support for patients and their support system. Provide services upon phone/consult request of physician, nurse or the patient or patient support system.
Patient Education	Provide educational resources that facilitate patient learning and encourage the patient to take an active role in their care. These resources are evidence- based, comply with national standards for health literacy/plain language/accessibility and meet Joint Commission and organizational standards. Based on their assessment, clinicians use patient education resources to assist in patient and caregiver understanding and to reinforce the learning provided during their hospital stay or clinic visit.
Patient Experience	Develop programs for support of patient relations and customer service and information desk. Volunteers do wayfinding, host visitors in waiting areas, serve as patient/family advisors and advocates, and assist staff. Volunteer Services serves as a liaison for the Service Board auxiliary, which annually grants money to department-initiated projects, enhancing the patient and family experience.
Perioperative Services	Provide personalized care of the patient receiving surgical services, from pre-anesthesia through recovery, for the ambulatory and inpatient surgical patients.
Pharmacy	Patient care services are delivered via specialty practice pharmacists and clinical generalists. Each practitioner promotes optimal medication use and assists in achieving the therapeutic goals of the patients.
Operations Improvement/Process Engineers	Operations Improvement Process Engineers utilize industrial engineering knowledge and skills, as well as LEAN and Six Sigma methods to provide internal consulting, coaching, and training services for all departments across all parts of The James Cancer Hospital to develop, implement, and monitor more efficient, cost-effective business processes and strategies.
Observation Unit	Provide additional bed capacity to expand care for oncology patients needing a non-inpatient level of care.
Pulmonary Diagnostics Lab	Provide services to patients requiring an evaluation of the respiratory system including pulmonary function testing, bronchoscopy, and other diagnostic/interventional pulmonary procedures.
Quality and Patient Safety	Provide integrated quality management and facilitate continuous quality improvement efforts throughout the hospital. Focus on the culture of safety and work with teams to provide information on trends and improvement opportunities.
Radiation Oncology	Responsible for clinical care related to the application of radiation treatments and radiation safety which include, but is not limited to photon, proton, gamma knife, and brachytherapy.

Radiology Services	Provide state-of-the-art radiological diagnostic and therapeutic testing and treatment. Services offered by the Radiology Imaging Department range from general radiography and fluoroscopy to new and advanced interventional procedures, contrast imaging, which include, but not limited to CT, MRI, IVP, etc., in which contrast agents are administered by IV certified radiology technologists.
Rehabilitation Services	Physical therapists, occupational therapists, speech and language pathologists and recreational therapists, evaluate, formulate a plan of care, and provide treatment based on physician referral and along with the interdisciplinary medical team for appropriate treatment and education needed for the established discharge plan.
Respiratory Therapy (RT)	Provide respiratory therapeutic interventions and diagnostic testing, by physician order including ventilator support, bronchodilator therapy, and pulmonary hygiene.
Safety	Hospital safety personnel handle issues associated with regulations, such as EPA, OSHA, and fire safety.
Security	Provide a safe and secure environment for patients, visitors, and staff members by responding to emergencies such as workplace violence, fires, bomb threats, internal and external disasters, armed aggressors, or any other incident that requires emergency response.
Social Work Services	Social Work Services are provided to patients/families to meet their medically related social and emotional needs as they impact their medical condition, treatment, recovery, and safe transition from one care environment to another. Social workers provide psychosocial assessment and intervention, crisis intervention, financial counseling, discharge planning, health education, provision of material resources and linkage with community agencies. Members of the treatment team can request consults for patients, or their support system.
Staff Development and Education	Provide and promote ongoing employee development and training related to oncology care, provides clinical orientation, and continuing education of staff.
Transfer Center	Coordinate with inpatient units and ancillary departments to ensure patient flow efficiency and timely access for patients who seek care. Provide transparency real-time across the Medical Center on capacity and all ADT (Admission, Discharge, and Transfer) activity. Timely and accurate patient placement based on level of care and service line is expedited through a capacity management technology platform.
Transportation	Supply patients with a secure and proficient transport within the Wexner Medical Center by transferring patients between rooms/floors within the hospital, taking patients to and from test sites, and discharging patients to Dodd Rehabilitation Center, on-site hospice, and the morgue.
Wound Care	Wound care services including but are not limited to the diagnosis and

	management for skin impairments, on-going wound management, treatment, and prevention.
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**SCOPE OF CARE
THE OHIO STATE UNIVERSITY AMBULATORY SURGERY CENTER
OUTPATIENT CARE NEW ALBANY**

Synopsis: Approval of the annual review of the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the scope of care describes services related to elective outpatient procedures at The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany; and

WHEREAS ON June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the scope of care for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany.

OSU AMBULATORY SURGERY CENTER
Scope of Care – Outpatient Care New Albany
Clinical Departments

Approved By:

X *Jarrett A. Heard* 5/23/25

Dr. J. Heard, MD, MBA
Medical Director, Ambulatory Peri-Operative Services

X Sheryl Burtch 5.23.25

Sheryl Burtch, DNP, MA, RN, NEA-BC
Sr. Director, Peri-Operative Services

Department/ Patient Care Unit Name: The Ohio State University Ambulatory Surgery Center – Outpatient Care New Albany. The Center is an Ambulatory Surgery Center which provides services related to elective outpatient procedures.

Types (and age range) of patients served:

- 18 or more years of age.
- Patients aged 13 to 17 with the following requirements please follow below approval process:
 1. Treating physician has admitting privileges at an age-appropriate inpatient center
 2. Permission from Medical Director or Designee
 3. Minimum Height/ Weight requirements: 5'0" and 100 pounds. Variance shall require medical director (or designee) approval.
 4. All patients will have an anesthesia evaluation, either ComPAC or OPAC. Variance shall require medical director (or designee) approval.
 5. Pediatric BMI limit is 40.0.

Approved OSC Executive Team: May 24, 2021

Date Last Revised: 3/8/2023

Date Last Reviewed: 6/24/24

6. An accompanying responsible adult, preferably the custodial parent or legal guardian, must remain present in the building. A custodial parent or legal guardian must be available by phone during the surgery admission. For the Extended Recovery Unit, an accompanying responsible adult must remain present in the building overnight with the patient.

Physical Status:

- ASA I-II.
- ASA III without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV patients may not have straight Local without Anesthesia care; they may have MAC or General Anesthesia at the discretion of the Anesthesiologist.
- General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Procedure Length

- Procedures requiring more than 6 hours of total OR time will need prior authorization by the Medical Director or designee.
- Patients anticipated to have an extended PACU length of stay will need prior authorization by the Medical Director or designee.
- These cases will be scheduled no later than the first case in a physician's block and will be scheduled to end by 3:00pm.

DNR:

- For patient admitted to the surgery center with an active DNR order, the advance directive should be discussed with the patient and/or their family members or caregivers, the surgeon/proceduralist and anesthesia providers to determine whether the do-not-resuscitate orders are suspended or maintained for the surgery or procedure. **Ideally, this should occur before the day of surgery, after the ComPAC or OPAC visit has been completed.**
- Suspending a DNR will be in accordance with the OSUWMC policy for surgery center patients.

< <https://osumc.policytech.com/docview/?app=pt&source=unspecified&docid=118044> >

Malignant Hyperthermia:

Patients with a personal or family history of MH must be reviewed by the Medical Director or Designee.

Morbid Obesity OR's:

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Patients will be considered with identified criteria - Variance shall require medical director (or designee) approval.

- All patients must have current height & weight in IHIS before scheduled at the ASC.
- Patients with BMI > 40.0 may not be performed in the prone position if anesthetized and unable to move themselves into that position.
- Patients with BMI > 45.0 may not be performed in the lateral position if anesthetized and unable to move themselves into that position.
- Patients with a BMI 45.0-55.0 will be considered for general anesthesia, needing review and final approval from the medical director or designee. If BMI is greater than 55.0, procedure planned should require minimal sedation. Elective conversion to General Anesthesia will not be an option. If General Anesthesia conversion is an anticipated option, the surgery/procedure should not be scheduled at the ASC.
- No patient with BMI > 65.0 will be accepted at the ASC.
- No pediatric (age < 18 years) patient with BMI > 40.0 will be accepted at the ASC.
- Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Morbid Obesity Endoscopy

- Patients with BMI > 45 may not have conscious/moderate sedation
- Patients with BMI between 45-55 will need review and final approval from the medical director or designee.
- Endoscopy patient BMI limit is 55.0 regardless of positioning.
- Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Hemodialysis:

Hemodialysis patients cannot have procedure/surgery and hemodialysis scheduled on the same day. Either the date of procedure/surgery or dialysis must be changed if they are scheduled for the same day. Variance shall require medical director (or designee) approval.

Ambulation:

Patients must be able to ambulate with minimal assistance including ability to stand up and pivot to cart.

- Procedures will not be performed with patient's personal medical equipment (i.e. wheelchairs).

Anesthesia:

General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Difficult Airway:

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Date Last Reviewed: 6/24/24

Patients with a history of difficult airway / intubation must complete a ComPAC or OPAC evaluation and be approved by the Medical Director or Designee.

Pacemakers / Defibrillators:

- Patients with isolated pacemakers must have the device evaluated by their Cardiologist within twelve (12) months prior to Date of Service. Documentation of interrogation must be readily available.
- Patients with pacemakers will not be considered for ESWL procedures without OSU Pacer Clinic personnel on site throughout the surgical procedure.
- Patients with AICD's are considered for MAC Anesthesia/conscious sedation only. Patients must be evaluated by their cardiologist within six (6) months prior to Date of Service. Documentation of interrogation must be readily available and there should be no change in patient's clinical status since last cardiac evaluation. If placing a magnet would deprogram the AICD, these patients would not be candidates for the ASC.

Reference:

Crossley, George H. et al "The Heart Rhythm Society (HRS)/American Society of." *Heart Rhythm* 8.7 (2011): 1114-140. Print.

Michael, Platonov A., MD, Anne Gillis, MD, and Katherine M. Kavanagh, MD. "Pacemakers, Implantable Cardioverter/Defibrillators." *Journal of Endourology* 22.2 (2008): 243-47. Print.

Obstructive Sleep Apnea:

Anesthesiology services will evaluate the appropriateness of outpatient procedures/surgery, given the patient's OSA history, the proposed procedure and the patient's co-morbidities.

- Patients with known diagnosis of OSA that have optimized co-morbid medical conditions will be considered.
- Patients with a presumed diagnosis of OSA based on screening (STOP Bang) questionnaire, and with optimized co-morbid conditions, will be considered for the OSC if postoperative pain can be managed predominantly with non-opioid analgesia.

Approved OSC Executive Team: May 24, 2021

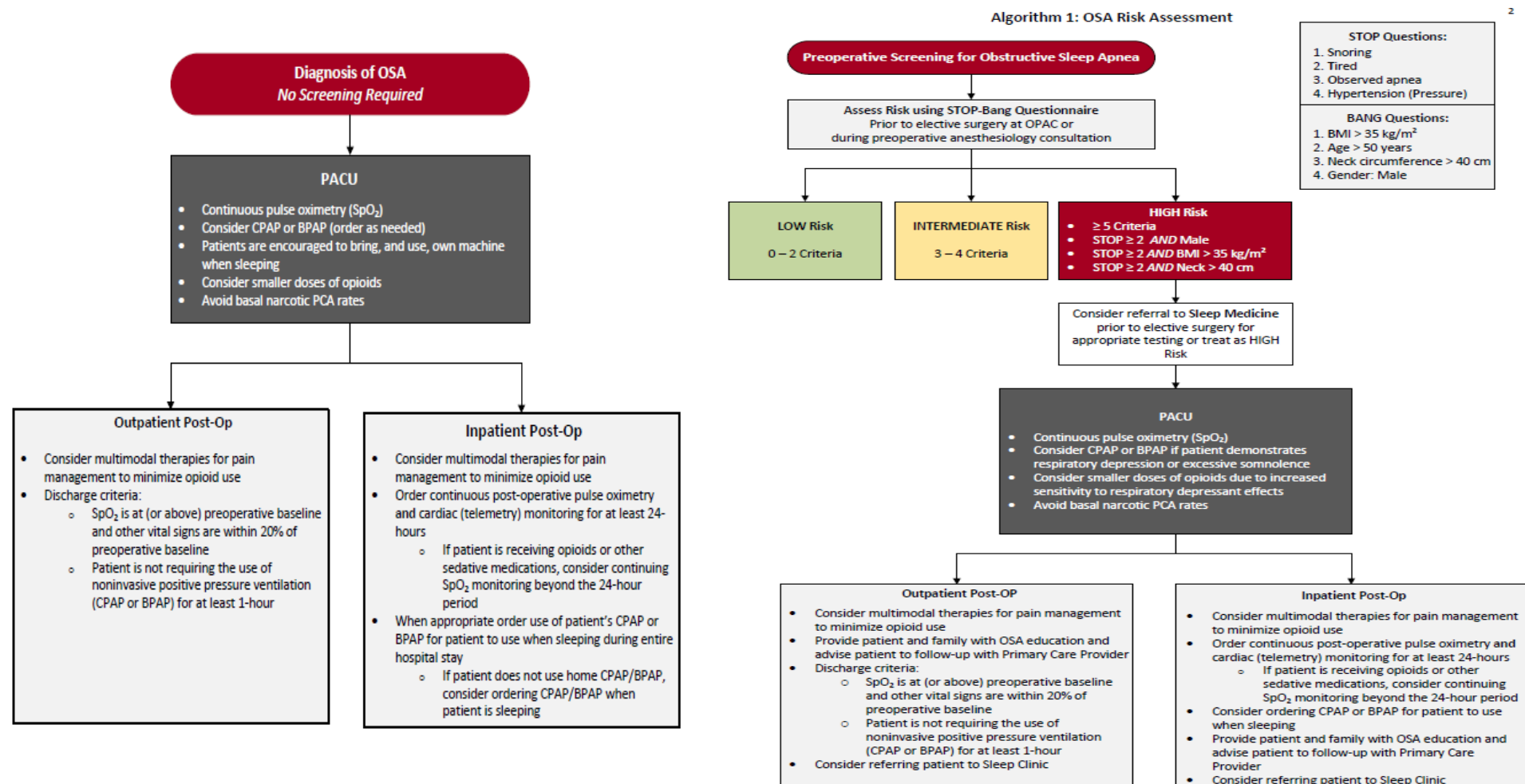
Date Last Revised: 3/8/2023

Date Last Reviewed: 6/24/24

Reference:

Stein, E., Das, A., Guertin, M., Dalton, R., Springer, A., Rogers, B., & Heavener, D. (2021). *Perioperative assessment and management of obstructive sleep apnea (OSA): OSUWMC Clinical Practice Guideline*.

<https://onesource.osumc.edu/sites/ebm/Documents/Guidelines/ObstructiveSleepApnea>



Approved OSC Executive Team: May 24, 2021

Date Last Revised: 3/8/2023

Date Last Reviewed: 6/24/24

Isolation Patients/ Infection Prevention:

Patients requiring isolation precautions (droplet, airborne) as defined by medical center guidelines will need approval by the Medical Director or Designee.

Patients requiring contact isolation precautions may be considered as defined by medical center guidelines using appropriate PPE.

Patients with wounds that are bleeding or draining will have sites contained with an occlusive dressing and treated with standard precautions.

[Management of MRSA in Ambulatory Surgical Facilities. \(n.d.\). *Management of MRSA in Ambulatory Surgical Facilities*. Retrieved from http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Jun7%282%29/Pages/61.aspx](http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Jun7%282%29/Pages/61.aspx)

[Guide to Infection Prevention In Outpatient Settings: Minimum Expectations for Safe Care. \(n.d.\). *CDC.Gov*. Retrieved from](#)

Pregnancy:

- No patient with a known pregnancy may be treated at the ASC.
- All patients of childbearing age with female reproductive organs will submit a urine pregnancy test on the day of surgery. Every attempt will be made to collect urine specimen. If the patient is unable to void, refuses to void, or the patient's legal guardian refuses the pregnancy test, a pregnancy test waiver consent form may be signed by the patient or the patient's legal guardian after a discussion of risks and signature from the anesthesiologist and attending proceduralist.

Developmental Disabilities/Special Needs:

The ASC will be provided an updated History & Physical that includes diagnosis of specific conditions/ syndromes. Along with the H&P, the "Functional Ability Assessment" will be completed. All Developmentally Disabled/ Special Needs patients require Anesthesia approval prior to scheduling.

Toxicology Screen:

All patients who appear to be intoxicated and who test positive on Date of Service for methamphetamines, amphetamines, cocaine &/or alcohol will have their procedure cancelled. Patients testing positive for other drugs will be evaluated on an individual basis.

Preoperative Evaluation:

Approved OSC Executive Team: May 24, 2021

Date Last Revised: 3/8/2023

Date Last Reviewed: 6/24/24

Patients may undergo pre-operative testing according to the current Pre-Anesthetic Testing Algorithm. Complete pre-operative services are available by a ComPAC or OPAC appointment.

Accompanying Adult:

Patients who have undergone minor, superficial procedures **without sedation** may be discharged at the discretion of their admitting physician. If the procedure performed involves the hand, eye, or foot & impairs their visual acuity, or hand/ foot dexterity to the degree that they cannot operate a motor vehicle, the patient will not be permitted to drive when discharged.

All other patients will require an accompanying adult (18 or more years of age) to provide patient transportation upon discharge. The ASC will recommend that the adult representative remain at the ASC throughout the procedure. Patients will be made aware that the absence of an accompanying adult may result in their procedure being cancelled. Patients found to be without transportation after their procedure will be discharged according to current medical center policy.

Scope and complexity of patient's care needs:

Four operating rooms located on the second floor of The Ohio State University Outpatient Care New Albany servicing the following specialties: General Surgery, Colorectal, Gynecology, Ophthalmology, Plastic Surgery and Urology. Four endoscopy procedure rooms located on the second floor of The Ohio State University Outpatient Care New Albany servicing from Gastroenterology, Hepatology and Nutrition (GHN), General Surgery and open access referrals.

The Center is staffed from 0600AM-to 1700PM Monday through Friday, primarily for adult patients requiring surgical intervention under local anesthesia, conscious sedation, monitored anesthesia care, regional anesthesia or general anesthesia.

Patients are admitted to the Center on an ambulatory basis. Patients are required to have the ability to understand and carry out their discharge instructions or have a responsible adult which will assist them in fulfilling these needs.

All procedures performed at the Ambulatory Surgery Center are part of the Core Privileges approved by Ohio State University Wexner Medical Center.

The following types of procedures are not performed at the Center:

- Are associated with the risk of extensive blood loss.
- Require major or prolonged invasion of body cavities.
- Directly involve major blood vessels.
- Are an emergency or life threatening in nature.
- Noted on the CMS Inpatient Only List. This list will be reviewed and updated annually.

Methods used to assess and meet patient's care needs:

Approved OSC Executive Team: May 24, 2021

Date Last Revised: 3/8/2023

Date Last Reviewed: 6/24/24

Care of all patients experiencing surgical intervention is based on the nursing process and standards from AORN, ASPSN, SGNA and other National Peri-operative organizations supporting the service lines of the Center. Preoperatively, the RN verifies the patient, identifies the patient's special needs, completes a patient assessment and develops a plan of care. Intra-operatively, the RN implements the patient's plan of care and documents on the appropriate medical records (e.g.: Op-Time and hospital approved documents).

Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral

The Circulating RN works collaboratively with the proceduralists, surgeons, anesthesiologists, PACU RN, and the Pre-op Holding RN in assessing, prioritizing and meeting the patient's individual needs. Based on the scheduled procedure and communication with the physician/surgeon and anesthesia, specific patient concerns regarding safety, infection control, positioning, and psychosocial needs are anticipated and met (e.g.: preparation of OR environment for latex allergy patient, isolation protocols implemented, limitation of patients range of motion, need for an interpreter or caregiver for MR/DD patients). The continued need for support is communicated to the receiving unit via the oral transfer report and IHIS documentation. A collaborative effort to improve this communication is ongoing. The success of this method is determined by the achievement of positive patient outcomes, reflected by PI monitors and retrospective chart reviews.

In the event of an identified patient need to receive services not provided at the ASC, the patient will be transferred to the Wexner Medical Center for subsequent evaluation.

Standards of practice/ practice guidelines, when available

The Ambulatory Surgery Center provides services related to elective outpatient procedures in the fields of General Surgery, GHN, Gynecology, Ophthalmology, Plastic Surgery, Urology, and Vascular at 6100 N. Hamilton Road, Westerville Ohio 43081. The OSUWMC Board of Directors, the OSUWMC Medical Staff, in conjunction with the Ambulatory Executive Director, Ambulatory Medical Director, Senior Director, Associate and Administrative Directors & Nurse Manager assess, plan, implement, and evaluate the delivery of care and services. The Ambulatory leadership team is responsible for ensuring that the delivery of care provided is consistent with the mission, standards, and policies established for patient care. The Ambulatory leadership team promotes an environment that fosters empowerment through active participation in strategic planning and development of processes that ensure adequacy of services and resources to meet the current and projected community needs, policy establishment, and professional growth.

The objective of The Ohio State University Ambulatory Surgery Center is to deliver excellent surgical, procedural, and anesthesia services to those we serve in accordance with the standards set forth by The Joint Commission, CMS Conditions of Participations for Hospitals and The Vision and Mission statements of The Ohio State University Wexner Medical Center. The Scope of Care is designed to provide appropriate care and services for all patients in a timely manner.

Approved OSC Executive Team: May 24, 2021

Date Last Revised: 3/8/2023

Date Last Reviewed: 6/24/24

Utilizing a multi-disciplinary approach in the delivery of patient care, our services promote continuous quality and performance improvement activities provided in an environment where collaboration and multi-disciplinary approaches to problem identification and resolution are the expectation. Important criteria and thresholds are measured and continuously monitored through our Quality and Performance Improvement process to optimize patient outcomes and assure the highest level of satisfaction for all our customers. Results of our Quality and Performance Improvement activities are used to improve patient outcomes enhance our services and our staff performance.

Understanding that the provision of health care services is dynamic and fluid; the Scope of Care will be *reviewed at least annually* and revised as needed to reflect the changing patient needs, community changes, and or facility needs and initiatives.

Approved OSC Executive Team: May 24, 2021

Date Last Revised: 3/8/2023

Date Last Reviewed: 6/24/24

**SCOPE OF CARE
THE OHIO STATE UNIVERSITY AMBULATORY SURGERY CENTER
OUTPATIENT CARE DUBLIN**

Synopsis: Approval of the annual review of the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the scope of care describes services related to elective outpatient procedures at The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin; and

WHEREAS ON June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the scope of care for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin.

OSU AMBULATORY SURGERY CENTER
Scope of Care – Outpatient Care Dublin
Clinical Departments

Approved By:

X *Garrett A. Heard* 5/23/25

Dr. ✓ Heard, MD, MBA
Medical Director, Ambulatory Peri-Operative Services

X *Sheryl Burtch* 5.23.25

Sheryl Burtch, DNP, MA, RN, NEA-BC
Sr. Director, Peri-Operative Services

Department/ Patient Care Unit Name: The Ohio State University Outpatient Care Dublin - Ambulatory Surgery Center. The Center is an Ambulatory Surgery Center of OSUWMC which provides services related to elective outpatient procedures.

Types (and age range) of patients served:

- 18 or more years of age.
- Patients aged 13 to 17 with the following requirements please follow below approval process:
 1. Treating physician has admitting privileges at an age-appropriate inpatient center
 2. Permission from Medical Director or Designee
 3. Minimum Height/ Weight requirements: 5'0" and 100 pounds. Variance shall require medical director (or designee) approval.
 4. All patients will have an anesthesia evaluation, either ComPAC or OPAC. Variance shall require medical director (or designee) approval.
 5. Pediatric BMI limit is 40.0.

Approved: July 2022

Date Last Revised: 3/8/2023 Date

Last Reviewed: 6/24/2024

6. An accompanying responsible adult, preferably the custodial parent or legal guardian, must remain present in the building. A custodial parent or legal guardian must be available by phone during the surgery admission. For the Extended Recovery Unit, an accompanying responsible adult must remain present in the building overnight with the patient.

Physical Status:

- ASA I-II.
- ASA III without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV patients may not have straight Local without Anesthesia care; they may have MAC or General Anesthesia at the discretion of the Anesthesiologist.
- General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Procedure Length

- Procedures requiring more than 6 hours of total OR time will need prior authorization by the Medical Director or designee.
- Patients anticipated to have an extended PACU length of stay will need prior authorization by the Medical Director or designee.
- These cases will be scheduled no later than the first case in a surgeon's block and will be scheduled to end by 3:00pm

DNR:

- For patient admitted to the surgery center with an active DNR order, the advance directive should be discussed with the patient and/or their family members or caregivers, the surgeon/proceduralist and anesthesia providers to determine whether the do-not-resuscitate orders are suspended or maintained for the surgery or procedure. **Ideally, this should occur before the day of surgery, after the CompAC or OPAC visit has been completed.**
- Suspending a DNR will be in accordance with the OSUWMC policy for surgery center patients.

< <https://osumc.policytech.com/docview/?app=pt&source=unspecified&docid=118044> >

Malignant Hyperthermia:

Patients with a personal or family history of MH must be reviewed by the Medical Director or Designee.

Morbid Obesity OR's:

Patients will be considered with identified criteria - Variance shall require medical director (or designee) approval.

- All patients must have current height & weight in IHIS before scheduled at the ASC.
- Patients with BMI > 40.0 may not be performed in the prone position if anesthetized and unable to move themselves into that position.

Date Last Revised: 3/8/2023

Date Last Reviewed:

- Patients with BMI > 45.0 may not be performed in the lateral position if anesthetized and unable to move themselves into that position.
- Shoulder patients must have a BMI ≤ 45.
- Patients with a BMI 45.0-55.0 will be considered for general anesthesia, needing review and final approval from the medical director or designee. If BMI is greater than 55.0, procedure planned should require minimal sedation. Elective conversion to General Anesthesia will not be an option. If General Anesthesia conversion is an anticipated option, the surgery/procedure should not be scheduled at the ASC.
- No patient with BMI > 65.0 will be accepted at the ASC.
- No pediatric (age < 18 years) patient with BMI > 40.0 will be accepted at the ASC.
- Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Morbid Obesity Endoscopy

- Patients with BMI > 45 may not have conscious/moderate sedation
- Patients with BMI between 45-55 will need review and final approval from the medical director or designee.
- Endoscopy patient BMI limit is 55.0 regardless of positioning.

Recorded BMI at the time of the ComPAC or OPAC appointment will be considered in evaluation of cases being cancelled on day of surgery by Attending Surgeon/Proceduralist and Anesthesia.

Hemodialysis:

Hemodialysis patients cannot have surgery and hemodialysis scheduled on the same day. Either the date of surgery or dialysis must be changed if they are scheduled for the same day. Variance shall require medical director (or designee) approval.

Ambulation:

Patients must be able to ambulate with minimal assistance including ability to stand up and pivot to cart

- Procedures will not be performed with patient's personal medical equipment (i.e. wheelchairs)
- Physical Therapy will be available for patients in Extended Recovery for total joint procedures.

Anesthesia:

General and MAC Anesthesia will be administered by providers from Department of Anesthesiology. Conscious sedation will be administered by any individual provider credentialed to do so.

Difficult Airway:

Patients with a history of difficult airway / intubation must complete a ComPAC or OPAC evaluation and approved by the Medical Director or Designee.

Date Last Revised: 3/8/2023

Date Last Reviewed:

Pacemakers / Defibrillators:

- Patients with isolated pacemakers must have the device evaluated by their Cardiologist within twelve (12) months prior to Date of Service. Documentation of interrogation must be readily available.
- Patients with pacemakers will not be considered for ESWL procedures without OSU Pacer Clinic personnel on site throughout the surgical procedure.
- Patients with AICD's are considered for MAC Anesthesia/conscious sedation only. Patients must be evaluated by their cardiologist within six (6) months prior to Date of Service. Documentation of interrogation must be readily available and there should be no change in patient's clinical status since last cardiac evaluation. If placing a magnet would deprogram the AICD, these patients would not be candidates for the ASC.

Reference:

Crossley, George H. et al "The Heart Rhythm Society (HRS)/American Society of." *Heart Rhythm* 8.7 (2011): 1114-140. Print.
Michael, Platonov A., MD, Anne Gillis, MD, and Katherine M. Kavanagh, MD. "Pacemakers, Implantable Cardioverter/Defibrillators." *Journal of Endourology* 22.2 (2008): 243-47. Print.

Obstructive Sleep Apnea:

Anesthesiology services will evaluate the appropriateness of outpatient procedures/surgery, given the patient's OSA history, the proposed procedure, and the patient's co-morbidities.

- Patients with known diagnosis of OSA that have optimized co-morbid medical conditions will be considered.
- Patients with a presumed diagnosis of OSA based on screening (STOP Bang) questionnaire, and with optimized co-morbid conditions, will be considered for the OSC if postoperative pain can be managed predominantly with non-opioid analgesia.

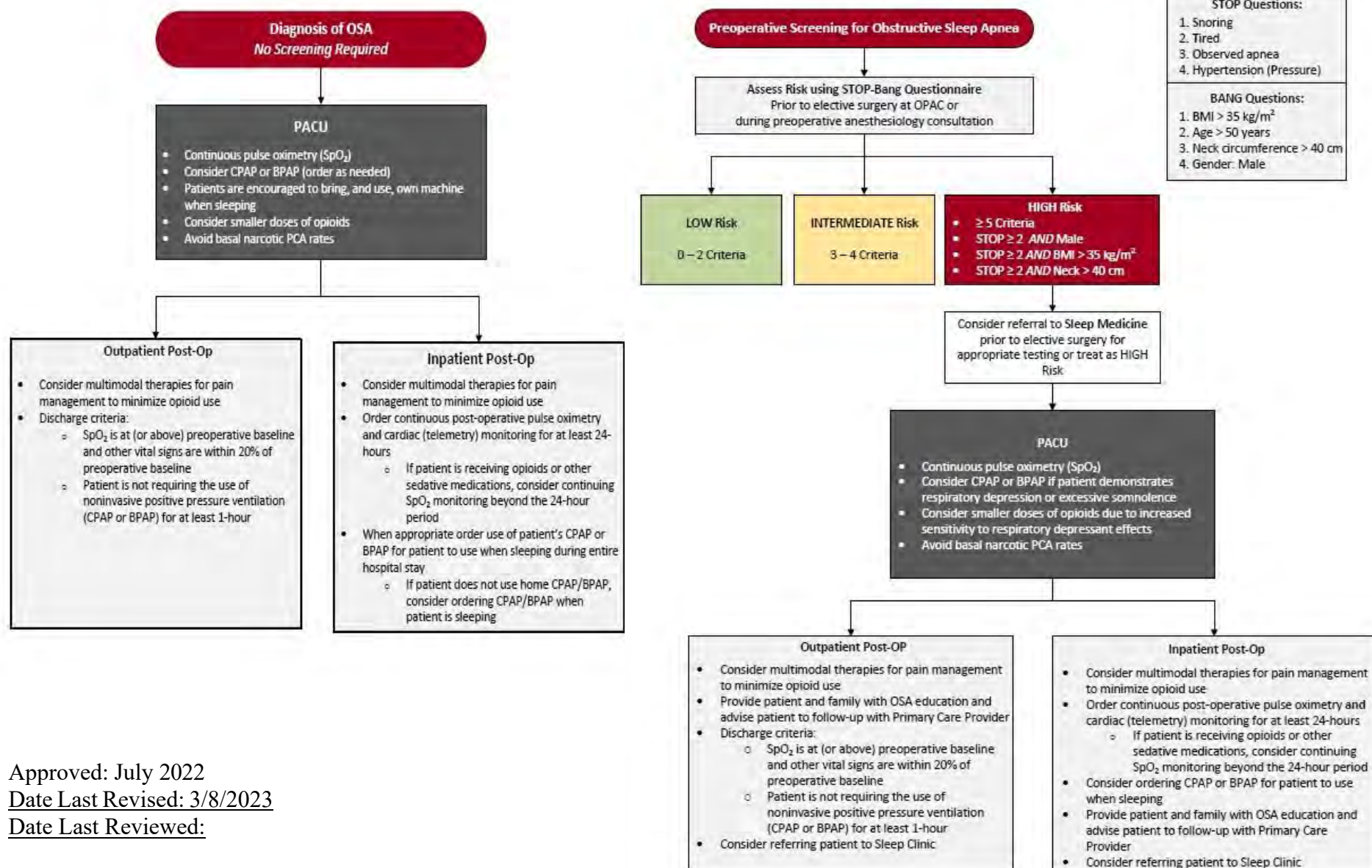
Approved: July 2022

Reference:

Stein, E., Das, A., Guertin, M., Dalton, R., Springer, A., Rogers, B., & Heavenner, D. (2021). *Perioperative assessment and management of obstructive sleep apnea (OSA): OSUWMC Clinical Practice Guideline*.

<https://onesource.osumc.edu/sites/ebm/Documents/Guidelines/ObstructiveSleepApnea>

Algorithm 1: OSA Risk Assessment



Approved: July 2022

Date Last Revised: 3/8/2023

Date Last Reviewed:

Isolation Patients/ Infection Prevention:

Patients requiring isolation precautions (droplet, airborne) as defined by medical center guidelines will need approval by the Medical Director or Designee.

Patients requiring contact isolation precautions may be considered as defined by medical center guidelines using appropriate PPE.

Patients with wounds that are bleeding or draining will have sites contained with an occlusive dressing and treated with standard precautions.

[Management of MRSA in Ambulatory Surgical Facilities. \(n.d.\). *Management of MRSA in Ambulatory Surgical Facilities*. Retrieved from http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Jun7%282%29/Pages/61.aspx](http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Jun7%282%29/Pages/61.aspx)

[Guide to Infection Prevention In Outpatient Settings: Minimum Expectations for Safe Care. \(n.d.\). *CDC.Gov*. Retrieved from](#)

Pregnancy:

- No patient with a known pregnancy may be treated at the ASC.
- All patients of childbearing age with female reproductive organs will submit a urine pregnancy test on the day of surgery. Every attempt will be made to collect urine specimen. If the patient is unable to void, refuses to void, or the patient's legal guardian refuses the pregnancy test, a pregnancy test waiver consent form may be signed by the patient or the patient's legal guardian after a discussion of risks and signature from the anesthesiologist and attending proceduralist.

Developmental Disabilities/Special Needs:

The ASC will be provided an updated History & Physical that includes diagnosis of specific conditions/ syndromes. Along with the H&P, the "Functional Ability Assessment" will be completed. All Developmentally Disabled/ Special Needs patients require Anesthesia approval prior to scheduling.

Toxicology Screen:

All patients who appear to be intoxicated and who test positive on Date of Service for methamphetamines, amphetamines, cocaine &/or alcohol will have their procedure cancelled. Patients testing positive for other drugs will be evaluated on an individual basis.

Preoperative Evaluation:

Patients may undergo pre-operative testing according to the current Pre-Anesthetic Testing Algorithm. Complete pre-operative services are available by a ComPAC or OPAC appointment.

Approved: July 2022

Date Last Revised: 3/8/2023

Date Last Reviewed:

Accompanying Adult:

Patients who have undergone minor, superficial procedures ***without sedation*** may be discharged at the discretion of their admitting physician. If the procedure performed involves the hand, eye, or foot & impairs their visual acuity, or hand/ foot dexterity to the degree that they cannot operate a motor vehicle, the patient will not be permitted to drive when discharged.

All other patients will require an accompanying adult (18 or more years of age) to provide patient transportation upon discharge. The ASC will recommend that the adult representative remain at the ASC throughout the procedure. Patients will be made aware that the absence of an accompanying adult may result in their procedure being cancelled. Patients found to be without transportation after their procedure will be discharged according to current medical center policy.

Scope and complexity of patient's care needs:

Six operating rooms located on the second floor of The Ohio State University Outpatient Care Dublin Ambulatory Surgery Center servicing the following specialties: Urology, Vascular, Otolaryngology, Hand & Upper Extremity, Orthopaedic Joints, Orthopaedic Spine, Endoscopy and Interventional Radiology, Pain Management, and Podiatry. Six endoscopy procedure rooms located on the second floor of The Ohio State University Outpatient Care New Albany servicing from Gastroenterology, Hepatology and Nutrition (GHN), and open access referrals. The Center is staffed from 0600AM-to 1700PM Monday through Friday, primarily for adult patients requiring surgical intervention under local anesthesia, conscious sedation, monitored anesthesia care, regional anesthesia or general anesthesia.

Patients are admitted to the ASC on an ambulatory basis. The patients are required to have the ability to understand and carry out their discharge instructions or have a responsible adult which will assist them in fulfilling these needs.

All procedures performed at the Ambulatory Surgery Center are part of the Core Privileges approved by Ohio State University Wexner Medical Center.

The following types of procedures are not performed at the Center:

- Are associated with the risk of extensive blood loss.
- Require major or prolonged invasion of body cavities.
- Directly involve major blood vessels.
- Are an emergency or life threatening in nature
- Noted on the CMS Inpatient Only List. This list will be reviewed and updated annually.

Approved: July 2022

Date Last Revised: 3/8/2023

Date Last Reviewed:

Methods used to assess and meet patient's care needs:

Care of all patients experiencing surgical intervention is based on the nursing process and standards from AORN, ASPSN, SGNA and other National Peri-operative organizations supporting the service lines of the Center. Preoperatively, the RN verifies the patient, identifies the patient's special needs, completes a patient assessment and develops a plan of care. Intra-operatively, the RN implements the patient's plan of care and documents on the appropriate medical records (e.g.: Op-Time and hospital approved documents).

Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral

The Circulating RN works collaboratively with the proceduralists, surgeons, anesthesiologists, PACU RN, and the Pre-op Holding RN in assessing, prioritizing and meeting the patient's individual needs. Based on the scheduled procedure and communication with the physician/surgeon and anesthesia, specific patient concerns regarding safety, infection control, positioning, and psychosocial needs are anticipated and met (e.g.: preparation of OR environment for latex allergy patient, isolation protocols implemented, limitation of patients range of motion, need for an interpreter or caregiver for MR/DD patients). The continued need for support is communicated to the receiving unit via the oral transfer report and IHIS documentation. A collaborative effort to improve this communication is ongoing. The success of this method is determined by the achievement of positive patient outcomes, reflected by PI monitors and retrospective chart reviews.

In the event of an identified patient need to receive services not provided at the ASC, the patient will be transferred to the Wexner Medical Center for subsequent evaluation.

Standards of practice/ practice guidelines, when available

The Ambulatory Surgery Center provides services related to elective outpatient procedures in the fields of Urology, Vascular, Otolaryngology, Hand & Upper Extremity, Orthopaedic Joints, Orthopaedic Spine, Endoscopy and Interventional Radiology, Pain Management, and Podiatry in Outpatient Care at Dublin Ambulatory Surgery Center - 6700 University Blvd, Dublin, Ohio 43016. The OSUWMC Board of Directors, the OSUWMC Medical Staff, in conjunction with the Ambulatory Executive Director, Ambulatory Medical Director, Senior Director, Associate and Administrative Directors, & Nurse Manager assess, plan, implement, and evaluate the delivery of care and services. The Ambulatory leadership team is responsible for ensuring that the delivery of care provided is consistent with the mission, standards, and policies established for patient care. The Ambulatory leadership team promotes an environment that fosters empowerment through active participation in strategic planning and development of processes that ensure adequacy of services and resources to meet the current and projected community needs, policy establishment, and professional growth.

The objective of the Outpatient Care Dublin Ambulatory Surgery Center is to deliver excellent surgical, procedural, and anesthesia services to those we serve in accordance with the standards set forth by The Joint Commission, CMS Conditions of Participations for Hospitals and The

Approved: July 2022

Date Last Revised: 3/8/2023

Date Last Reviewed:

Vision and Mission statements of The Ohio State University Wexner Medical Center. The Scope of Care is designed to provide appropriate care and services for all patients in a timely manner.

Utilizing a multi-disciplinary approach in the delivery of patient care, our services promote continuous quality and performance improvement activities provided in an environment where collaboration and multi-disciplinary approaches to problem identification and resolution are the expectation. Important criteria and thresholds are measured and continuously monitored through our Quality and Performance Improvement process to optimize patient outcomes and assure the highest level of satisfaction for all our customers. Results of our Quality and Performance Improvement activities are used to improve patient outcomes enhance our services and our staff performance.

Understanding that the provision of health care services is dynamic and fluid; the Scope of Care will be ***reviewed at least annually*** and revised as needed to reflect the changing patient needs, community changes, and or facility needs and initiatives.

PATIENT COMPLAINT AND GRIEVANCE MANAGEMENT

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the review of the Patient Complaint and Grievance Management policy for FY26 for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS in order to promote patient satisfaction, the Wexner Medical Center is committed to resolving any patient complaints and grievances that may arise in a timely and effective manner, and as set forth in the attached Patient Complaint and Grievance Management policy; and

WHEREAS the review of the Patient Complaint and Grievance Management policy was approved by the Ohio State University Hospitals Medical Staff Administrative Committee on June 11, 2025; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the Patient Complaint and Grievance Management policy, including the delegation of the responsibility for reviewing and resolving grievances to the Ohio State University Hospitals Grievance Committee:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approves the Patient Complaint and Grievance Management policy for the OSU Wexner Medical Center, including delegation of the responsibility for reviewing and resolving grievances to the Ohio State University Hospitals Grievance Committee.

**Policy Name: Patient Complaint and Grievance
Management 03-28**

Applies to:

<input checked="" type="checkbox"/> OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services]	<input checked="" type="checkbox"/> Ambulatory Surgery Centers [New Albany, Dublin]	<input checked="" type="checkbox"/> Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites
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Policy Objective

The Ohio State University Wexner Medical Center (OSUWMC) and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) is committed to promptly resolving complaints at the first level of contact whenever possible.

The purpose of this policy is to provide guidelines for staff to respond and manage complaints and grievances; and to define the process for responding to grievances according to The Joint Commission and CMS Hospital Conditions of Participation.

The Ohio State University Wexner Medical Center Board has delegated the responsibility for review and resolution of all grievances received from patients of University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital (Ross Hospital), Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services and Ambulatory Surgery Centers to the OSU Wexner Medical Center Grievance Committee and Arthur G. James and Richard J. Solove Research Institute (The James) Grievance Committee for grievances received from patients of the James Cancer Hospital and Outreach Sites.

The Patient Experience Department is responsible for supporting the complaint management process and assuring patients are adequately educated regarding their rights to register complaints and concerns.

In order to achieve the highest level of satisfaction possible, and to provide protection of their rights, patients will be encouraged to report concerns.

Concerns from patients, families, visitors, or other members of the community will be received courteously, treated seriously, and dealt with promptly. The act of voicing concern will not jeopardize the care a patient is currently receiving, nor any future access to appropriate care.

It is expected that the OSUWMC and The James staff will respond to patient concerns promptly and offer reasonable and appropriate solutions.

Definitions

Term	Definition
Staff Present	1. Includes any hospital staff present at the time of the complaint or who can quickly be at the patients location (i.e. nursing, administration, nursing supervisors, patient advocate, etc.) to resolve the patient's complaint.
Complaint	<ol style="list-style-type: none"> 1. A clinical care issue that is verbally conveyed by a patient or the patient's representative to staff and generally resolved within forty eight (48)<u>twenty-four (24)</u> hours. 2. A complaint regarding discrimination on the basis of <u>race, color, national origin, age, disability or sex (including gender identity, pregnancy or related conditions, sexual orientation, sex stereotypes, or sex characteristics, including intersex traits)</u>age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, veteran status or ability to pay, unless unable to resolve within forty-eight (48) hours. 3. A complaint such as not having a qualified interpreter available for a patient, patients spouse, family, and/or partner, even if the patient does not require an interpreter.

	4. Minor service complaints such as housekeeping, bedding, billing issues and food. 5. Complaints regarding property loss. 6. Privacy and HIPAA complaints, unless unable to be resolved within forty-eight (48) hours
Grievance	1. Any written complaint received from a patient or the patient's representative regarding clinical care, whether from an inpatient, outpatient or released/discharged patient. An e-mail or facsimile (fax) will be considered to be "written". 2. Verbal complaints about clinical care that are not resolved by staff at the time of the complaint, generally within forty-eight (48), and made by a patient or the patient's representative. 3. All verbal or written complaints regarding: <ul style="list-style-type: none"> Abuse, neglect, patient harm; Hospital compliance with CMS Hospital Conditions of Participation (CoP); and Medicare Beneficiary Billing complaints related to rights and limitations provided by 42CFR§489. 4. Any complaint that the patient, or their representative, requests be handled as a formal grievance. 5. Any complaint where a written response from the hospital is requested by the patient or their representative. 6. Post-discharge complaints, made by a patient or their representative, related to clinical care or services during a stay shall be considered grievances, unless the complaint would have routinely been handled by staff generally within forty-eight (48) hours had the communication occurred during the stay or visit. In this instance, the communication will be considered a complaint.

Policy Details

- Staff Reporting Complaints via the Hospital's Intranet Site (MyTools)
 - Staff members are encouraged to enter non-clinical complaints directly into the Complaint Management Database on the hospital's intranet site, MyTools.
 - The Complaint Management Database provides a mechanism for tracking and reporting complaint data, as well as coordinating timely follow-up.
 - All verbal or written complaints regarding quality of care issues, abuse, neglect or patient harm shall be entered into the Patient Safety Reporting System for appropriate investigation and follow-up.
- Patients or Visitors Reporting Complaints via Telephone
 - Complaints about care delivered at University Hospital, Ross Hospital, Dodd Rehabilitation and Brain and Spain Hospital, or Ambulatory or the Specialty Primary Care Network may be directed to the Patient Experience Department at 1-614-293-8944.
 - Complaints about care delivered at The James may be directed to James Patient Experience at 1-614- 293-8609.
 - Complaints about care delivered at East Hospital and Outpatient Care East may be directed to East Patient Experience at 1-614- 257-2310.
 - Complaints about care delivered at Harding Hospital may be directed to Harding Patient Experience at 1-614-688-8941.
 - After regular business hours, complaints may be escalated to the Hospital Administrative Manager or Nursing Supervisor for each location.
- Procedures for Complaints
 - All clinical care complaints handled within forty-eight (48)24 hours should be referred to the attending physician or manager for appropriate follow-up and entered in the Complaint Management Database.
 - All non-clinical complaints should be referred to the appropriate department manager for follow-up.
 - Patient Experience will forward all issues regarding property loss to the Property Loss Committee and enter the issue into the Complaint Management Database.
 - Privacy and HIPAA complaints will be forwarded to the HIPAA Privacy Officer.
 - When complaints cannot be immediately resolved by the staff member to whom they were reported, the complaint should be reported to the supervisor or manager for resolution and entered into the Complaint Management Database.
 - Patient Experience staff will act as a liaison for the patient by representing their interests and facilitating communication with appropriate individuals within the Medical Center.
 - Any complaints under the protected classes (race, color, national origin, age, disability or sex (including gender identity, pregnancy or related conditions, sexual orientation, sex stereotypes, or sex characteristics, including intersex traits) age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, or veteran status) will be sent over to the Ohio State University Civil Rights Compliance Office of Institutional Equity (OIE) for further collaborative review in accordance with the university Affirmative Action and Equal Employment Opportunity & Non-Discrimination, Harassment and Sexual Misconduct policies.

[CRCCOIE](#) will serve as the primary contact for any further investigation outside of the OSUWMC/The James complaint process.

4. Procedures for Grievances

1. When notified, Patient Experience or the appropriate manager will respond and investigate grievances regarding patients who are currently located within the hospital setting.
2. Situations that endanger (e.g. neglect or abuse) the patient should be addressed immediately by the appropriate staff member.
3. When appropriate, Risk Management may initiate a review of a grievance.
4. Patient Experience will serve as the primary liaison to the patient, and may consult Risk Management as needed.
5. If the grievance is from a written source, or reported after the patient has left the facility, Patient Experience will initiate contact with the complainant.
6. Clinical Care Grievances
 - a. Clinical care grievances should be entered in the Patient Safety Reporting System, in accordance with the [Patient Safety & Event Reporting 04-05](#).
 - b. Following initial contact with the complainant, Patient Experience will address the grievance between the patient, or their representative, and the appropriate hospital representatives based on the nature of the grievance (e.g. attending physician, nurse manager, clinic manager) to assure that the patient's concerns have been addressed.
7. Non-Clinical Care Grievances
 - a. Non-clinical grievances should be entered into the Complaint Management Database.
 - b. Following initial contact with the complainant, Patient Experience will facilitate communication and dialogue between the patient, or their representative, and the appropriate hospital representatives based on the nature of the non-clinical care grievance (e.g. attending physician, nurse manager, clinic manager) to assure that the patient's concerns have been addressed.
8. Typically, a grievance will be considered resolved when the patient is satisfied with the actions taken on their behalf.
 - a. However, there may be situations where the Hospital has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with the Hospital's actions. In these situations, the Hospital may consider the grievance to be closed.
 - b. Patient Experience must maintain documentation of its efforts and demonstrate compliance with this policy.
9. A written response to all grievances shall be submitted to the patient, or their representative, by the Patient Experience representative or other appropriate individual within seven (7) business days regarding the disposition of the grievance.
 - a. Included in the written response will be:
 - i. The name of the hospital;
 - ii. The steps taken on behalf of the patient to investigate and resolve the grievance;
 - iii. The results of the grievance process; and
 - iv. The date of completion.
 - b. All grievance response letters will be mailed to the patient's or patient's representative's home address unless otherwise indicated.
 - c. If the grievance is received via email, the response may be sent via email.
10. There may be complications or circumstances, which will not allow every grievance to be resolved during the seven (7) day timeframe.
 - a. If a response will take longer than seven (7) business days, the patient should be contacted by Patient Experience and advised that the hospital is still working to resolve the grievance.
 - b. The patient or the patient's representative should be contacted a minimum of every fourteen (14) business days by Patient Experience until the grievance is responded to in writing.
 - c. If the grievance is not resolved within 30 days, it must be reviewed by the OSU Wexner Medical Center Grievance Committee or The James Grievance Committee.
11. A copy of the written response shall be retained by Patient Experience.
12. Any grievances under the protected classes ([age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, race, color, national origin, age, disability or sex \(including gender identity, pregnancy or related conditions, sexual orientation, sex stereotypes, or sex characteristics, including intersex traits\)](#) [gender, sexual orientation, pregnancy, or veteran status](#)) will be sent over to the [Office of Institutional Equity Ohio State University Civil Rights Compliance Office](#) for further collaborative review in accordance with the university

Affirmative Action and Equal Employment Opportunity & Non-Discrimination, Harassment and Sexual Misconduct policies. [OGRCOIE](#) will serve as the primary contact for any further investigation outside of the OSUWMC/The James grievance process.

5. Reporting Complaints via Patient Satisfaction Surveys

1. Information obtained from patient satisfaction surveys will not be considered a grievance, except:
 - a. If an identified patient writes or attaches a written complaint on the survey and requests resolution (i.e. requests an act or response), then the complaint shall be considered a grievance.
 - b. If an identified patient writes or attaches a written complaint on the survey and does not request resolution, then the hospital shall treat this as a grievance if the hospital would usually treat such a complaint a grievance.
2. Patient Experience will work collaboratively with the patient, or their representative, and the appropriate business unit to resolve the grievance when resolution has been requested by the patient.

6. Grievance Committees

1. The Ohio State University Wexner Medical Center Board has delegated oversight of the grievance management process to the Grievance Committees of the OSU Wexner Medical Center and the James Cancer Hospital to review and resolve the grievances of the hospital where the patient is receiving care.
2. The OSU Wexner Medical Center Grievance Committee is comprised of the Wexner Medical Center Chief Quality Officer, Chief Clinical Officer and the hospital Chief Executive Officer or their respective designees to review and resolve the grievances the hospital receives.
3. The James Grievance Committee is comprised of the James Executive Director of Patient Services, James Chief Medical Officer, Chief Nursing Officer, Director of James Quality and Patient Safety, Director of Patient Experience, or their respective designees to review and resolve grievances the hospital receives.
4. The OSU Wexner Medical Center and The James Hospital Grievance Committees functions to:
 - a. Facilitate grievance resolution when necessary;
 - b. Review grievances quarterly to evaluate effectiveness of the resolution process;
 - c. Complete an OSU Wexner Medical Center and James Cancer Hospital annual summary report for presentation to the Ohio State University Wexner Medical Center Board;
 - d. Submit patterns and trends to the Quality and Patient Safety Department for possible incorporation into a hospital performance improvement plan; and
 - e. Recommend operational modifications to senior hospital leadership in the event an immediate correction is necessary as a result of a patient grievance.
7. Complaints and grievances entered in the OSUWMC/The James Patient Advocacy Reporting System (PARS) may be analyzed for patterns related to professionals' behavior and performance. Refer to the [Patient Advocacy Reporting System](#) policy.

Resources

Related Policies

[Affirmative Action and Equal Employment Opportunity
Non-Discrimination, Harassment, and Sexual Misconduct
Patient Advocacy Reporting System
Patient Rights and Responsibilities 03-23
Patient Safety & Event Reporting 04-05](#)

Related References

CFR §482.13 (a)(2)

Staff Reporting Resources on [MyToolsOneSource](#)

[Complaint Management Database Patient
Safety Reporting System](#)

Patient Reporting Resources

Patients may choose to go directly to one of the reporting agencies listed below:

The Ohio Department of Health (ODH)

<http://www.odh.ohio.gov/contactus.aspx>

Complaints – Healthcare Facilities and Nursing Homes 246 North High Street

Columbus, Ohio 43215

Toll Free: 1-800-342-0553

E-Mail: HCComplaints@odh.ohio.gov

The Ohio Department of Health

Complaints – Health Care Facility Complaint Hotline Toll

Free: 1-800-669-3534

KePRO Inc.

<http://www.ohiokepro.com/aboutus/contacts.aspx> Ohio

KePRO Rock Run Center, Suite 100

5700 Lombardo Center

Seven Hills, Ohio 44131 Phone: 1-216-447-9604 E-

Mail: webmaster@ohiokepro.com

The Joint Commission

<http://www.jointcommission.org> Office

of Quality Monitoring

1 Renaissance Boulevard Oakbrook

Terrace, Illinois 60181

Office of Quality Monitoring Toll Free: 1-800-444-6610

To File a Complaint: <https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/> <http://www.jointcommission.org/report-a-complaint.aspx>

U.S. Department of Health and Human Services- Office for Civil Rights Region V- Ohio

<http://www.hhs.gov/ocr> Office

for Civil Rights

233 N. Michigan Avenue, Suite 240

Chicago, Illinois 60601

Phone: (800) 368-1019/312-886-2359

To File a Complaint: <http://www.hhs.gov/ocr/civilrights/complaints/index.html>

Ohio Department of Mental Health & Addiction Services

<http://mha.ohio.gov/>

Ohio Department of Mental Health 30 E. Broad Street, ~~368~~th Floor Columbus,

Ohio 43215

Phone: 1-614-466-2596

E-Mail: questions@mha.ohio.gov Contact Us

For Information about Client Rights and Resources: <http://mha.ohio.gov/Default.aspx?tabid=157>

Disability Rights Ohio

<http://www.disabilityrightsOhio.org> 50—

~~W. Broad Street, Suite 1400~~200 Civic

Center Drive, Suite 300

Columbus, Ohio 43215-5923

Phone: 1-614-466-7264

For Assistance: <http://www.disabilityrightsOhio.org/get-help-now> Get Help Now

Patient Experience

For further questions regarding the hospital's policy on Patient Complaint Management, please contact either:

James Cancer Hospital Patient Experience

Phone: 1-614-293-8609 Toll Free: 1-866-993-8609
E-Mail: James.PatientExperience@osumc.edu

University Hospital and Ambulatory Surgery Center Patient Experience Phone:
1-614-293-8944

East Hospital Patient Experience Phone:

1-614-257-2310

Harding Hospital Patient Experience
Phone: 1-614-688-8941

Contacts

Office	Telephone
Patient Experience: University Hospital	614-293-8944
Patient Experience: East Hospital	614-257-2310
Patient Experience: The James	614-293-8609

History

<i>The Ohio State University Wexner Medical Center</i>		
<i>Approved By (List All Committees):</i> 1. Policy Oversight Committee 2. Health System Operations Committee 3. UH Medical Staff Administrative Committee 4. Quality Professional Affairs Committee	<i>Approval Date:</i> 1. 3/29/2022 4/24/2025 2. 4/7/2022 3. 4/13/2022 4. 5/26/2022 6/24/2025	<i>Issue Date:</i> 10/14/1991 <i>Effective Date:</i> 5/27/2022
<i>Review Cycle:</i> <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<i>Prior Approval Date(s):</i> 9/10/2014; 10/5/2017; 5/29/2019; 8/26/2021, 3/29/2022	

<i>Arthur G. James Cancer Hospital and Richard J. Solove Research Institute</i>		
<i>Approved By (List All Committees):</i> 1. Policy Oversight Committee 2. Health System Operations Committee 3. The James Medical Staff Administrative Committee 4. Quality Professional Affairs Committee	<i>Approval Date:</i> 1. 3/29/2022 4/24/2025 5 2. 4/7/2022 3. 4/15/2022 4. 5/26/2022 6/24/2025 5	<i>Issue Date:</i> 10/14/1991 <i>Effective Date:</i> 5/27/2022
<i>Review Cycle:</i> <input type="checkbox"/> 2 years <input checked="" type="checkbox"/> 3 years	<i>Prior Approval Date(s):</i> 9/10/2014; 10/5/2017; 5/29/2019; 8/21/2021, 3/29/2022	

PATIENT COMPLAINT AND GRIEVANCE MANAGEMENT

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
THE ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: Approval of the review of Patient Complaint and Grievance Management policy for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; and

WHEREAS in order to promote patient satisfaction, The James is committed to resolving any patient complaints and grievances that may arise in a timely and effective manner; and as set forth in the attached Patient Complaint and Grievance Management policy; and

WHEREAS the review of the Patient Complaint and Grievance Management policy was approved by The James Medical Staff Administrative Committee on June 20, 2025:

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the Patient Complaint and Grievance Management policy, including delegation of the responsibility for reviewing and resolving grievances to The James Grievance Committee:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the Patient Complaint and Grievance Management policy, including delegation of the responsibility for reviewing and resolving grievances to The James Grievance Committee.

**Policy Name: Patient Complaint and Grievance
Management 03-28**

Applies to:

<input checked="" type="checkbox"/> OSU Wexner Medical Center [University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services]	<input checked="" type="checkbox"/> Ambulatory Surgery Centers [New Albany, Dublin]	<input checked="" type="checkbox"/> Arthur G. James Cancer Hospital and Richard J. Solove Research Institute and Outreach Sites
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Policy Objective

The Ohio State University Wexner Medical Center (OSUWMC) and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) is committed to promptly resolving complaints at the first level of contact whenever possible.

The purpose of this policy is to provide guidelines for staff to respond and manage complaints and grievances; and to define the process for responding to grievances according to The Joint Commission and CMS Hospital Conditions of Participation.

The Ohio State University Wexner Medical Center Board has delegated the responsibility for review and resolution of all grievances received from patients of University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital (Ross Hospital), Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services and Ambulatory Surgery Centers to the OSU Wexner Medical Center Grievance Committee and Arthur G. James and Richard J. Solove Research Institute (The James) Grievance Committee for grievances received from patients of the James Cancer Hospital and Outreach Sites.

The Patient Experience Department is responsible for supporting the complaint management process and assuring patients are adequately educated regarding their rights to register complaints and concerns.

In order to achieve the highest level of satisfaction possible, and to provide protection of their rights, patients will be encouraged to report concerns.

Concerns from patients, families, visitors, or other members of the community will be received courteously, treated seriously, and dealt with promptly. The act of voicing concern will not jeopardize the care a patient is currently receiving, nor any future access to appropriate care.

It is expected that the OSUWMC and The James staff will respond to patient concerns promptly and offer reasonable and appropriate solutions.

Definitions

Term	Definition
Staff Present	1. Includes any hospital staff present at the time of the complaint or who can quickly be at the patients location (i.e. nursing, administration, nursing supervisors, patient advocate, etc.) to resolve the patient's complaint.
Complaint	<ol style="list-style-type: none"> 1. A clinical care issue that is verbally conveyed by a patient or the patient's representative to staff and generally resolved within forty eight (48)<u>twenty-four (24)</u> hours. 2. A complaint regarding discrimination on the basis of <u>race, color, national origin, age, disability or sex (including gender identity, pregnancy or related conditions, sexual orientation, sex stereotypes, or sex characteristics, including intersex traits)</u>age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, veteran status or ability to pay, unless unable to resolve within forty-eight (48) hours. 3. A complaint such as not having a qualified interpreter available for a patient, patients spouse, family, and/or partner, even if the patient does not require an interpreter.

	4. Minor service complaints such as housekeeping, bedding, billing issues and food. 5. Complaints regarding property loss. 6. Privacy and HIPAA complaints, unless unable to be resolved within forty-eight (48) hours
Grievance	1. Any written complaint received from a patient or the patient's representative regarding clinical care, whether from an inpatient, outpatient or released/discharged patient. An e-mail or facsimile (fax) will be considered to be "written". 2. Verbal complaints about clinical care that are not resolved by staff at the time of the complaint, generally within forty-eight (48), and made by a patient or the patient's representative. 3. All verbal or written complaints regarding: <ul style="list-style-type: none"> Abuse, neglect, patient harm; Hospital compliance with CMS Hospital Conditions of Participation (CoP); and Medicare Beneficiary Billing complaints related to rights and limitations provided by 42CFR§489. 4. Any complaint that the patient, or their representative, requests be handled as a formal grievance. 5. Any complaint where a written response from the hospital is requested by the patient or their representative. 6. Post-discharge complaints, made by a patient or their representative, related to clinical care or services during a stay shall be considered grievances, unless the complaint would have routinely been handled by staff generally within forty-eight (48) hours had the communication occurred during the stay or visit. In this instance, the communication will be considered a complaint.

Policy Details

- Staff Reporting Complaints via the Hospital's Intranet Site (MyTools)
 - Staff members are encouraged to enter non-clinical complaints directly into the Complaint Management Database on the hospital's intranet site, MyTools.
 - The Complaint Management Database provides a mechanism for tracking and reporting complaint data, as well as coordinating timely follow-up.
 - All verbal or written complaints regarding quality of care issues, abuse, neglect or patient harm shall be entered into the Patient Safety Reporting System for appropriate investigation and follow-up.
- Patients or Visitors Reporting Complaints via Telephone
 - Complaints about care delivered at University Hospital, Ross Hospital, Dodd Rehabilitation and Brain and Spain Hospital, or Ambulatory or the Specialty Primary Care Network may be directed to the Patient Experience Department at 1-614-293-8944.
 - Complaints about care delivered at The James may be directed to James Patient Experience at 1-614- 293-8609.
 - Complaints about care delivered at East Hospital and Outpatient Care East may be directed to East Patient Experience at 1-614- 257-2310.
 - Complaints about care delivered at Harding Hospital may be directed to Harding Patient Experience at 1-614-688-8941.
 - After regular business hours, complaints may be escalated to the Hospital Administrative Manager or Nursing Supervisor for each location.
- Procedures for Complaints
 - All clinical care complaints handled within forty-eight (48)24 hours should be referred to the attending physician or manager for appropriate follow-up and entered in the Complaint Management Database.
 - All non-clinical complaints should be referred to the appropriate department manager for follow-up.
 - Patient Experience will forward all issues regarding property loss to the Property Loss Committee and enter the issue into the Complaint Management Database.
 - Privacy and HIPAA complaints will be forwarded to the HIPAA Privacy Officer.
 - When complaints cannot be immediately resolved by the staff member to whom they were reported, the complaint should be reported to the supervisor or manager for resolution and entered into the Complaint Management Database.
 - Patient Experience staff will act as a liaison for the patient by representing their interests and facilitating communication with appropriate individuals within the Medical Center.
 - Any complaints under the protected classes (race, color, national origin, age, disability or sex (including gender identity, pregnancy or related conditions, sexual orientation, sex stereotypes, or sex characteristics, including intersex traits) age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, or veteran status) will be sent over to the Ohio State University Civil Rights Compliance Office of Institutional Equity (OIE) for further collaborative review in accordance with the university Affirmative Action and Equal Employment Opportunity & Non-Discrimination, Harassment and Sexual Misconduct policies.

[CRCCOIE](#) will serve as the primary contact for any further investigation outside of the OSUWMC/The James complaint process.

4. Procedures for Grievances

1. When notified, Patient Experience or the appropriate manager will respond and investigate grievances regarding patients who are currently located within the hospital setting.
2. Situations that endanger (e.g. neglect or abuse) the patient should be addressed immediately by the appropriate staff member.
3. When appropriate, Risk Management may initiate a review of a grievance.
4. Patient Experience will serve as the primary liaison to the patient, and may consult Risk Management as needed.
5. If the grievance is from a written source, or reported after the patient has left the facility, Patient Experience will initiate contact with the complainant.
6. Clinical Care Grievances
 - a. Clinical care grievances should be entered in the Patient Safety Reporting System, in accordance with the [Patient Safety & Event Reporting 04-05](#).
 - b. Following initial contact with the complainant, Patient Experience will address the grievance between the patient, or their representative, and the appropriate hospital representatives based on the nature of the grievance (e.g. attending physician, nurse manager, clinic manager) to assure that the patient's concerns have been addressed.
7. Non-Clinical Care Grievances
 - a. Non-clinical grievances should be entered into the Complaint Management Database.
 - b. Following initial contact with the complainant, Patient Experience will facilitate communication and dialogue between the patient, or their representative, and the appropriate hospital representatives based on the nature of the non-clinical care grievance (e.g. attending physician, nurse manager, clinic manager) to assure that the patient's concerns have been addressed.
8. Typically, a grievance will be considered resolved when the patient is satisfied with the actions taken on their behalf.
 - a. However, there may be situations where the Hospital has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with the Hospital's actions. In these situations, the Hospital may consider the grievance to be closed.
 - b. Patient Experience must maintain documentation of its efforts and demonstrate compliance with this policy.
9. A written response to all grievances shall be submitted to the patient, or their representative, by the Patient Experience representative or other appropriate individual within seven (7) business days regarding the disposition of the grievance.
 - a. Included in the written response will be:
 - i. The name of the hospital;
 - ii. The steps taken on behalf of the patient to investigate and resolve the grievance;
 - iii. The results of the grievance process; and
 - iv. The date of completion.
 - b. All grievance response letters will be mailed to the patient's or patient's representative's home address unless otherwise indicated.
 - c. If the grievance is received via email, the response may be sent via email.
10. There may be complications or circumstances, which will not allow every grievance to be resolved during the seven (7) day timeframe.
 - a. If a response will take longer than seven (7) business days, the patient should be contacted by Patient Experience and advised that the hospital is still working to resolve the grievance.
 - b. The patient or the patient's representative should be contacted a minimum of every fourteen (14) business days by Patient Experience until the grievance is responded to in writing.
 - c. If the grievance is not resolved within 30 days, it must be reviewed by the OSU Wexner Medical Center Grievance Committee or The James Grievance Committee.
11. A copy of the written response shall be retained by Patient Experience.
12. Any grievances under the protected classes ([age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, race, color, national origin, age, disability or sex \(including gender identity, pregnancy or related conditions, sexual orientation, sex stereotypes, or sex characteristics, including intersex traits\)](#) [gender, sexual orientation, pregnancy, or veteran status](#)) will be sent over to the [Office of Institutional Equity Ohio State University Civil Rights Compliance Office](#) for further collaborative review in accordance with the university

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2. The OSU Wexner Medical Center Grievance Committee is comprised of the Wexner Medical Center Chief Quality Officer, Chief Clinical Officer and the hospital Chief Executive Officer or their respective designees to review and resolve the grievances the hospital receives.
3. The James Grievance Committee is comprised of the James Executive Director of Patient Services, James Chief Medical Officer, Chief Nursing Officer, Director of James Quality and Patient Safety, Director of Patient Experience, or their respective designees to review and resolve grievances the hospital receives.
4. The OSU Wexner Medical Center and The James Hospital Grievance Committees functions to:
 - a. Facilitate grievance resolution when necessary;
 - b. Review grievances quarterly to evaluate effectiveness of the resolution process;
 - c. Complete an OSU Wexner Medical Center and James Cancer Hospital annual summary report for presentation to the Ohio State University Wexner Medical Center Board;
 - d. Submit patterns and trends to the Quality and Patient Safety Department for possible incorporation into a hospital performance improvement plan; and
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7. Complaints and grievances entered in the OSUWMC/The James Patient Advocacy Reporting System (PARS) may be analyzed for patterns related to professionals' behavior and performance. Refer to the [Patient Advocacy Reporting System](#) policy.

Resources

Related Policies

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Non-Discrimination, Harassment, and Sexual Misconduct
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Patient Safety & Event Reporting 04-05](#)

Related References

CFR §482.13 (a)(2)

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[Complaint Management Database Patient
Safety Reporting System](#)

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E-Mail: HCComplaints@odh.ohio.gov

The Ohio Department of Health

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<http://www.ohiokepro.com/aboutus/contacts.aspx> Ohio

KePRO Rock Run Center, Suite 100

5700 Lombardo Center

Seven Hills, Ohio 44131 Phone: 1-216-447-9604 E-

Mail: webmaster@ohiokepro.com

The Joint Commission

<http://www.jointcommission.org> Office

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Terrace, Illinois 60181

Office of Quality Monitoring Toll Free: 1-800-444-6610

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U.S. Department of Health and Human Services- Office for Civil Rights Region V- Ohio

<http://www.hhs.gov/ocr> Office

for Civil Rights

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Chicago, Illinois 60601

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To File a Complaint: <http://www.hhs.gov/ocr/civilrights/complaints/index.html>

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Phone: 1-614-466-2596

E-Mail: questions@mha.ohio.gov Contact Us

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Disability Rights Ohio

<http://www.disabilityrightsOhio.org> 50—

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Columbus, Ohio 43215-5923

Phone: 1-614-466-7264

For Assistance: <http://www.disabilityrightsOhio.org/get-help-now> Get Help Now

Patient Experience

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E-Mail: James.PatientExperience@osumc.edu

University Hospital and Ambulatory Surgery Center Patient Experience Phone:
1-614-293-8944

East Hospital Patient Experience Phone:

1-614-257-2310

Harding Hospital Patient Experience
Phone: 1-614-688-8941

Contacts

Office	Telephone
Patient Experience: University Hospital	614-293-8944
Patient Experience: East Hospital	614-257-2310
Patient Experience: The James	614-293-8609

History

<i>The Ohio State University Wexner Medical Center</i>		
<i>Approved By (List All Committees):</i> 1. Policy Oversight Committee 2. Health System Operations Committee 3. UH Medical Staff Administrative Committee 4. Quality Professional Affairs Committee	<i>Approval Date:</i> 1. 3/29/2022 <u>4/24/2025</u> 2. 4/7/2022 3. 4/13/2022 4. 5/26/2022 <u>6/24/2025</u>	<i>Issue Date:</i> 10/14/1991 <i>Effective Date:</i> 5/27/2022
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<i>Arthur G. James Cancer Hospital and Richard J. Solove Research Institute</i>		
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**DIRECT PATIENT CARE SERVICES CONTRACTS AND
PATIENT IMPACT SERVICE CONTRACTS EVALUATION**

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the annual review of the direct patient care service contracts and patient impact service contracts for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the Ohio State University Hospitals direct patient care services contracts and patient impact service contracts are evaluated annually to review the scope, nature, and quality of services provided to clinical departments and personnel who provide care and services for inpatient and outpatient care at University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital; and

WHEREAS the annual review of these contracts was approved by the Ohio State University Hospital Medical Staff Administrative Committee on June 11, 2025; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the direct patient care service contracts and patient impact service contracts for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the annual review of the direct patient care service contracts and patient impact service contracts for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital as outlined in the attached University Hospitals Contracted Services Annual Evaluation Report.



CONTRACTED SERVICES EVALUATION
COMPLETED: CALENDAR YEAR 2024

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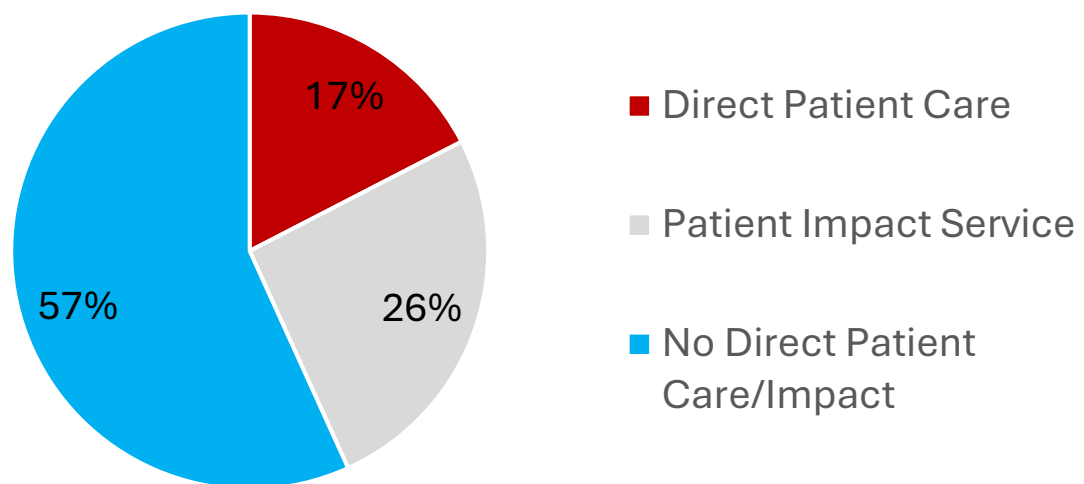
OVERVIEW

Annually, The Ohio State University Wexner Medical Center (OSUWMC) and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) complete an evaluation for contracted services. Evaluations are completed for compliance with The Joint Commission's (TJC) Leadership standard – LD.04.03.09 – which states 'Care, treatment, and services provided through contractual agreement are provided safely and effectively' and the Centers for Medicaid and Medicare Services' (CMS) Condition of Participation - 482.12(e) – which states 'The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.

Evaluations are completed for contracts that fall into direct patient care or patient impact service. Direct Patient Care Service is defined as 'Health care that involves the examination of patients, treatment of patients, and/or preparation for diagnostic tests and procedures, including services used in the clinical management/diagnosis of the patient'. Patient Impact Service is defined as 'Suppliers of services that effect a patient's environment, typically in the hospital room'. Evaluations are not completed for contracts falling into the supply (suppliers of goods) or no direct patient care impact (suppliers of business services that the hospital and/or clinic use to help manage a specific part of their business but do not have a direct impact on the patient) as these are monitored through normal supply chain processes per policy: [Contract Evaluation Policy](#).

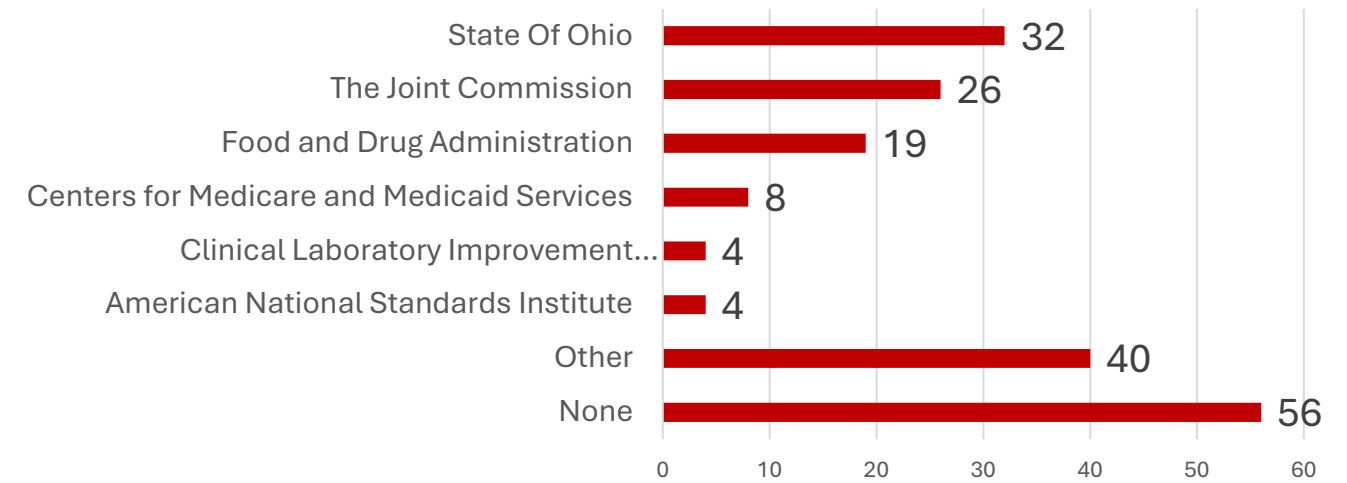
Operational owners were identified and asked to complete a Qualtrics survey for each contract under their oversight. Questions on the survey included overall satisfaction, accrediting bodies, metrics being collected, and if follow up was needed by Supply Chain or Legal Services.

CONTRACTS BY CATEGORY



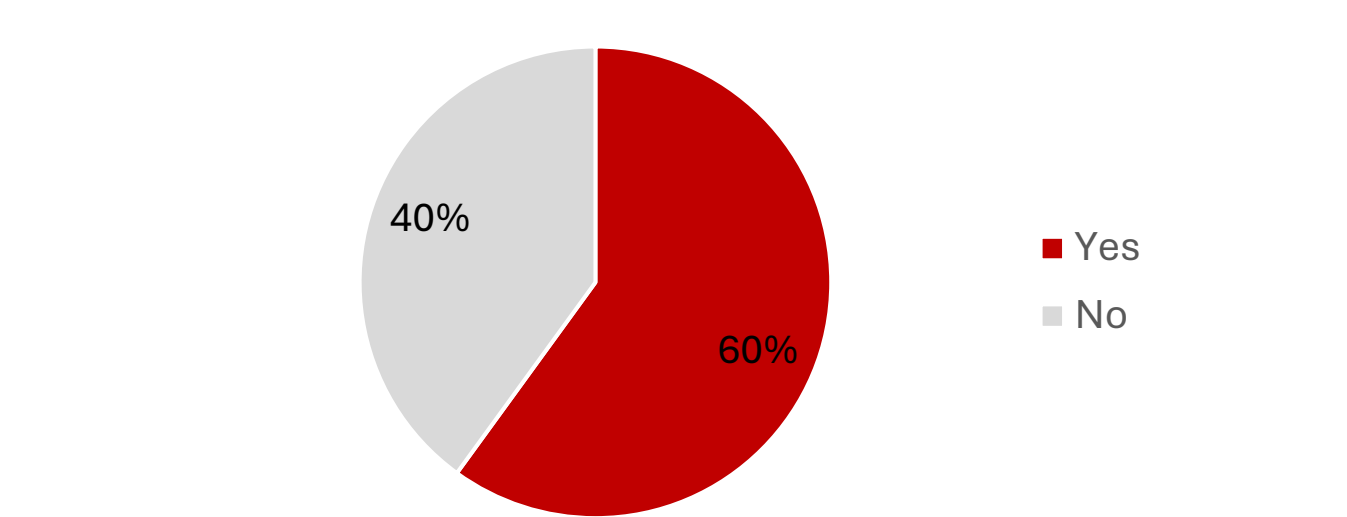
For calendar year 2024, completed evaluations totaled 155. The overall evaluation completion rate (56%) is a 22% increase from 2023 (46%). The remaining incomplete evaluations have been escalated to leadership for follow-up.

REGULATION OF CONTRACTED SERVICES



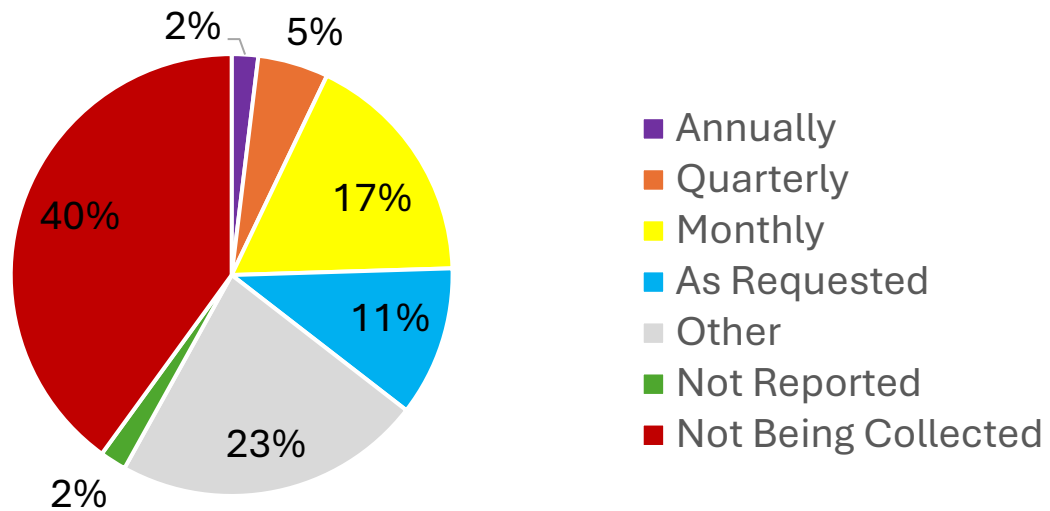
Other regulatory bodies included the Art Therapy Credentials Board, Board of Embalmers and Funeral Directors, Ohio Board of Pharmacy, and local health departments.

COMPLIANCE ACTIVITIES



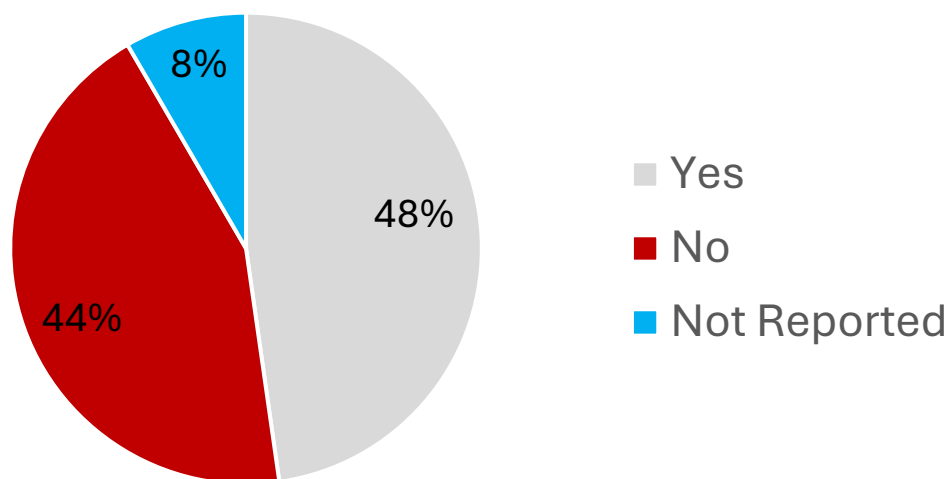
Per the Contract Evaluation policy, operational owners of direct patient care services contracts shall provide and attest to maintain position descriptions, assure licensure, registration, or certification requirements, provide orientation, provide competency assessments, provide and certify on-going education, conduct performance appraisals, and conduct competency evaluations. A secondary review is underway for questions in this section with a “No” response to determine if that answer is appropriate based on the type of service provided (e.g. Otis Elevator).

DATA COLLECTION



Due to the number and variety of contracts, data collection methods and time periods vary across the enterprise. Operational owners are tasked with determining the best method and time period to optimize evaluation of each contract. As shown in the above chart, data collection is largely monthly or another method determined by the operational owner and vendor. Follow up with contract owners will include emphasis on The Joint Commission LD. 04.03.09, element of performance 6 requirement that "Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations."

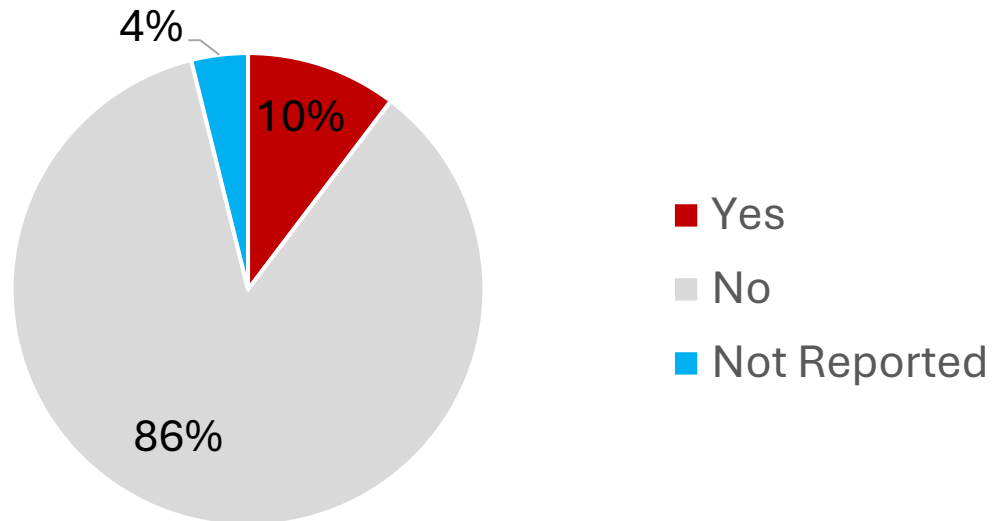
IMPROVEMENTS MADE WITHIN THE PAST YEAR



Overall, 44% of respondents reported improvements within the past year, which is an increase of 6 percentage points from 2023. Improvements included online training modules, forced feedback

technology, increased staffing, improved traffic lane devices, reduced computer crashes, increased coverage rates, and inclusion into a work order database.

FOLLOW UP NEEDED



The most requested follow-up was assistance with receiving quality data and improving performance of the vendor. A list of the departments that requested follow-up is listed in Appendix A.

BETWEEN PROVIDER NUMBERS

OSUWMC purchases and evaluated twenty (20) services from The James. Those services include but are not limited to Chaplaincy, High Level Disinfection and Ambulatory Sterilization, and Laboratory Services.

The James purchases and evaluated fifteen (15) services from OSUWMC. Those services include but are not limited to Clinical Engineering, Credentialing, and Medical Information Management.

Follow-up was not requested for any of the services provided between provider numbers.

CONCLUSION

Compliance activities and data collection is taking place for most contracts with oversight from a regulatory body. Efforts continue to standardize the reporting cadence and type of data being collected.

Almost half of the respondents reported improvements within the past year which represented a significant increase from last year's evaluation.

Follow up has been requested for a small portion of the contracts evaluated.

APPENDIX A – DEPARTMENTS REQUESTING FOLLOW UP

Department	Vendor/Contractor	Reason for Request
Environmental Services	Vernon, Inc	Would like quality data from the vendor
Environmental Services	Stericycle, Inc	Would like quality data from the vendor
Ross Admin	Johnson & Johnson Healthcare Systems	Not specified—have reached out for further clarification
Central Processing Area	ARUP	Not specified—have reached out for further clarification
Central Processing Area	GeneDX, Inc	Not specified—have reached out for further clarification
Central Processing Area	Fred Hutch Cancer Center	Not specified—have reached out for further clarification
Central Processing Area	Eurofins Viracor	Not specified—have reached out for further clarification
Central Processing Area	Emory University	Not specified—have reached out for further clarification
Facilities Operation & Development	Geiger Brothers	Multiple equipment issues due to poor maintenance
Women & Infants	Nationwide Children's Hospital	Need to renegotiate contract to a lower price
Comprehensive Transplant Center	Acelis Connected Health Supplies	Inaccuracies in the documentation of the VAD equipment that has been disseminated to patients. Turnaround time for improvements has been poor and unclear workflow process despite regular requests from OSU. Which has not been clarified despite multiple requests.
Respiratory Therapy	Linde Gas North America	Contract clarification needed: the contract is for Linde, but OSU liquid gas is Messer. Unaware of their regulatory responsibilities and any QA they do.
Laboratory Compliance	Quest Diagnostics Care360 Data Exchange Technology Software	Not sure what service this contract is providing and if still needed (over 10 years old)
Space and Facilities Planning MC	Rezod, LLC	Not specified—have reached out for further clarification
Patient Experience	Soloinsight	Product has not lived up to what was described at the time of purchase despite improvements. “World class visitor management system” has not been realized.

APPENDIX B – VENDOR IMPROVEMENTS FROM 2023 EVALUATIONS

Vendor/Contractor	Improvement(s) made.
3M / Solventum / KCI	Better tracking of equipment and savings for the Medical Center
Agiliti Health, Inc.	Workflow changes with pick up of discontinued rental beds from the hallways. Less beds being left in the hallways and brought to storage. Bed rental workflow has been improved with less beds being left in the hallways. They are helping to bring beds in the storage location.
Aidin	Enhanced reporting and access
ASIST Translations Inc.	We have received no complaints about interpreters from this agency so far, this fiscal year which is an improvement over last year and a demonstration that they take our feedback into account about their interpreters and performance.
Aya	Established governance model, contractual metrics and reporting cadence during FY25 based on work in FY24.
Barclay Water Management, Inc	Addition of point of use filter sales to service
Cap City Hotels	The hotel team implemented a new strategy to support the ease of ordering meals for the guests. The increase in communication has helped guests' awareness and enjoyment of the meals.
Carl Zeiss Meditec, Inc	Vendor provided a server upgrade. Lead to increased speed of the product.
Catholic Diocese of Columbus	We've been working on the priest documentation practices and they have shown tremendous improvement.
CBORD (Platform for all IT interfaces and data for Nutrition Services)	As an enabling project for the new hospital, we are upgrading our systems to cloud based and upgraded capabilities. All retail cash registers and kiosks upgraded in February 2025 and new patient modules will upgrade in fall of '25.
Chapter	Increased Medicare in network enrollment
Chem Aqua, Inc	Created onsite operator services as part of service package
Cisco	We are migrating to new version that will allow some additional automation in our phone space
Collective Medical Technologies, Inc.	We are still in the 6-month pilot phase and are working the vendor on enhancements to the dashboard data (e.g., view data by month of the year, ensure we can view all patients, ensure metrics are updating for the patient subset).
College of American Pathologists	Yearly updates to templates as needed.
Commercial Parts & Services of Ohio, Inc	Increased staffing and participate in asset spec collection procedures for work order system
Connexall USA, Inc	Significant upgrade and ability to work with Rauland Enterprise nurse call
Consensus Medical Systems, Inc	Application Upgrade
Day Funeral Service	Day Funeral Service and OSUWMC Morgue/Autopsy Services have agreed to improve communication regarding infant disposition and catalog any infant remains being placed in our crypt at Silent Home Cemetery. We agreed on parameters for when infant remains will be encrypted. We also clarified the process of opening and closing the crypt for mothers claiming the remains after being encrypted.
Deaf Services Center	DSC has significantly improved on rate of coverage, in the previous year they were able to cover only about 50% of our requests, this year they are now at

	75-80%. this is specifically crucial when it comes to CART services which we do not have a secondary service for.
Donald Asa Mason	He has effectively aligned himself with the responsibilities of the contract chaplain and has taken on additional shifts, which support the team's needs.
EC2 Software Solutions, LLC	Upgrade to version of software they provide (NMIS)
EDM Xpress Cleaning Solutions, LLC	Increased staffing
Epic	Numerous upgrades and updates
FB Olentangy Suite, LLC	Team has employed additional security and is continuing to explore opportunities to improve guest safety and satisfaction.
Fresco Food Group, LLC	Menu changes for guest satisfaction
GE Healthcare IITS USA Corp	Application Upgrade
Indus Riverside Hotel, LLC	The vendor has brought in additional refrigeration units, and is willing to update their in-house dining menu to best accommodate our mutual guests. Hotel team purchased additional refrigeration units to support guests that have outstanding hardships and have been willing to update their menu for the guests of the program. They continue to be an asset to the patient population.
Intuitive Surgical INC	Intuitive released their next generation robot, DV5 system. This system has forced feedback technology to give surgeon haptics while operating, better imaging, better ergonomics, more integrated technology in the vision tower, and additional case level data on instrument usage.
J&J Coatings	Assisted in difficult repairs, improved service. Saved us hundreds of thousands of dollars in restoring doors instead of replacing
Jennifer Gebhart	Initiated and facilitated new program Everyday Practices for Resiliency Series
Johnson Controls, Inc	Johnson Controls has provided access to one of their private documentation platforms to obtain random test reports and documentation not required by TJC but needed for setting up testing that is required. Added more team members to my monthly meeting group to provided quick answers and more enhanced communication. Changed some formats of documentation processes at my direct request to ensure easier recognition/review by TJC.
Lane Champa	Helped expand musician performances to James Outpatient Care
Language Line Solutions	We have expanded our usage and utilization of language line services to include translation services as well as on site interpreting services and they have been very responsive to any negative encounter feedback we have sent.
Laurel Health Care Company (direct bill agreement)	The Laurel Health Care Company has made a number of investments in enhancing the care provided at their SNFs. In May 2025, the Laurels invested in hiring their own phlebotomists and switching lab services to Ohio State University. This has allowed for more reliable and quicker lab results (same day) for the SNF. The Laurels has also introduced new remote monitoring technology at the bedside to identify changes in patient vital signs.
Leica Microsystems	Bug fixes

Amergis	<p>We've seen excellent progress in partnership with our coding vendor, focusing on improvements in quality, risk adjustment capture, and overall alignment with our organizational goals, particularly around Vizient and US News & World Report rankings.</p> <p><u>Quality Improvements and Accuracy Gains</u></p> <p>The vendor has demonstrated steady improvement in coding accuracy, compliance, and alignment with documentation standards. Through targeted audits, coder feedback loops, and educational efforts, there has been a consistent improvement in coding accuracy and query compliance. The vendor has shown a strong commitment to ensuring queries are clinically supported, guideline-compliant, and effectively address documentation gaps. These efforts have contributed to a reduction in denials related to DRG downgrades and an overall improvement in coding integrity.</p> <p><u>Risk Adjustment Capture Progress</u></p> <p>The vendor has actively supported our initiatives to enhance risk adjustment capture by ensuring accurate documentation and coding of high-impact chronic conditions and comorbidities, including sepsis, respiratory failure, chronic kidney disease (CKD), malnutrition, and heart failure. They've provided strong support in aligning documentation practices with risk-adjusted models, including Vizient and Elixhauser frameworks, and have contributed to better risk-adjusted mortality and reliability scores.</p> <p><u>Impact on Organizational Goals</u></p> <p>These combined efforts have positively impacted our quality metrics and supported improvements in our Vizient Quality Scores and US News rankings. The vendor has shown responsiveness in addressing feedback, identifying opportunities for improvement, and aligning their work with our strategic priorities.</p> <p><u>Next Steps</u></p> <p>While the progress has been positive, we will continue to work with the vendor to refine documentation practices further, address emerging coding challenges, and maintain momentum in reducing query volumes and denials. We'll also focus on expanding targeted education on high-impact DRGs.</p> <p>In summary, the vendor has been a valuable partner in supporting our goals for documentation and coding integrity. Their work has contributed to measurable improvements in our quality outcomes, and I look forward to building on this foundation in the months ahead.</p>
MCG	Annual upgrades
Medline	Medline has partnered with OSUWMC to make improvements to their kits which includes size/type of dressing and a change to the type of gloves in the standard kit.
MGC Diagnostic	Improved and installed Ascent software. Provided clinical education for staff and have been available for additional improvements and clinical questions
Michael Lester	Helped expand musician performances to James Outpatient Care
Midwest Elevators	Improved communication and perform PMs on time.
Nexspan	This vendor was brought onboard for the Tower project and was able to provide the products needed for a large and complicated project.

Ohio Medical Transportation, Inc.	Labor Efficiency and improved revenue cycle collections.
ONCO, Inc	EHR Integration
One Lambda, Inc.	Timely response for any queries.
Pharmacy	Qlik Dashboard
Plunkett's Pest Control	Send service reports at each call
Pro-Flow Plumbing and Drain Cleaning	Inclusion into the work order database for metric recording
Provation	Documentation of advanced procedures; documentation of research procedures; Maintenance of ICD-10 & CPT codes relevant to CMS
Riverview Hotel LLC	Has redefined hotel shuttle operations to increase availability.
Scioto Services	Summary of Our Wins (2023 vs. 2024): Safety Checkpoint Completion increased by 108% (double the target), Near-Miss Reporting increased by 92%, TRIR improved by 21%
Scottcare	Scottcare was purchased by 91 Life and remote adjudication has improved.
SDG Partners, LLC	New flavors for guest satisfaction
Soloinsight	Reduced computer crashes, improved search capability, improved visitor badge picture quality, and decreased CPU spikes
STRYKER SALES CORPORATION	The vendor has adjusted the testing schedule and communicates any issues identified to their research lab. They provide recommendations for repairs, replacements, and upcoming changes as needed.
Teladoc (formerly InTouch)	New devices for use, upgrades to current cart models.
Teleflex	Provide online training modules now for competencies in addition to in person training.
Thai Palace, Inc	Menu upgrades
Towne Park Holdings	Improved lane traffic devices, Podiums at location and key rooms in multiple garages. Staffing increases, along with management level increases.
Us Together	Increased the amount of coverage they can provide. Even though they have the same percentage overall, since our requests have increased by 15%, they have been able to provide more coverage for appointments then they have in previous years in overall numbers. They have also added new languages such as Haitian creole to keep up with our changing patient population and needs.
Veris Health, Inc.	Resolved software bug in thermometer during pilot phase, also improved patient information input fields on web-based portal
Vernon Inc	We have reinvested in the company getting some new vans and we purchased new washers and new buggies. The greatest improvement has been our infrastructure, like the performance installer KPI's mentioned above. We are in the process of transitioning to a new HRIS internal system with onboarding, training and performance tracking programs
Versiti Blood Center	Request to review the standing order and make adjustment to the amount of products received weekly was made. Versiti presented historical ad hoc orders and pitch an increase for each product type for review. Adjustments made 9/1/24.
VIDATAK, LLC	Adding Language Line availability to allow translation services through the app
VIZ AI, Inc	Added modalities

**DIRECT PATIENT CARE SERVICES CONTRACTS AND
PATIENT IMPACT SERVICE CONTRACTS EVALUATION**

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: Approval of the annual review of the direct patient care services contracts and patient impact service contracts for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; and

WHEREAS The James direct patient care services contracts and patient impact service contracts are evaluated annually to review the scope, nature and quality of services provided to clinical departments and personnel who provide care and services for inpatient and outpatient care at The James; and

WHEREAS the annual review of these contracts was approved by The James Medical Staff Administrative Committee on June 20, 2025; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the direct patient care service contracts and patient impact service contracts for The James:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the annual review of the direct patient care service contracts and patient impact service contracts for The James as outlined in the attached The James Contracted Services Annual Evaluation Report.



CONTRACTED SERVICES EVALUATION
COMPLETED: CALENDAR YEAR 2024

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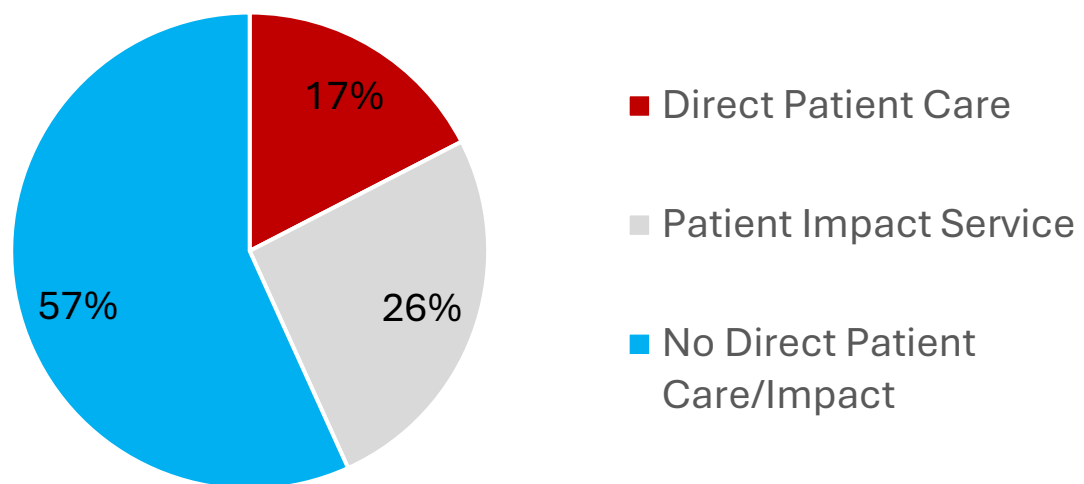
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Annually, The Ohio State University Wexner Medical Center (OSUWMC) and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James) complete an evaluation for contracted services. Evaluations are completed for compliance with The Joint Commission's (TJC) Leadership standard – LD.04.03.09 – which states 'Care, treatment, and services provided through contractual agreement are provided safely and effectively' and the Centers for Medicaid and Medicare Services' (CMS) Condition of Participation - 482.12(e) – which states 'The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.

Evaluations are completed for contracts that fall into direct patient care or patient impact service. Direct Patient Care Service is defined as 'Health care that involves the examination of patients, treatment of patients, and/or preparation for diagnostic tests and procedures, including services used in the clinical management/diagnosis of the patient'. Patient Impact Service is defined as 'Suppliers of services that effect a patient's environment, typically in the hospital room'. Evaluations are not completed for contracts falling into the supply (suppliers of goods) or no direct patient care impact (suppliers of business services that the hospital and/or clinic use to help manage a specific part of their business but do not have a direct impact on the patient) as these are monitored through normal supply chain processes per policy: [Contract Evaluation Policy](#).

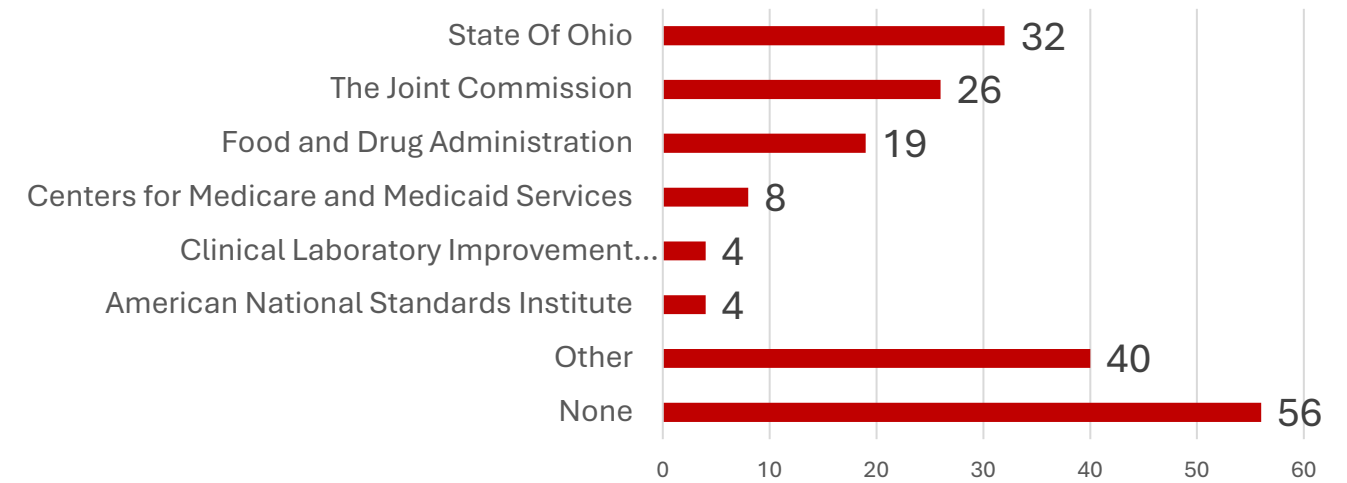
Operational owners were identified and asked to complete a Qualtrics survey for each contract under their oversight. Questions on the survey included overall satisfaction, accrediting bodies, metrics being collected, and if follow up was needed by Supply Chain or Legal Services.

CONTRACTS BY CATEGORY



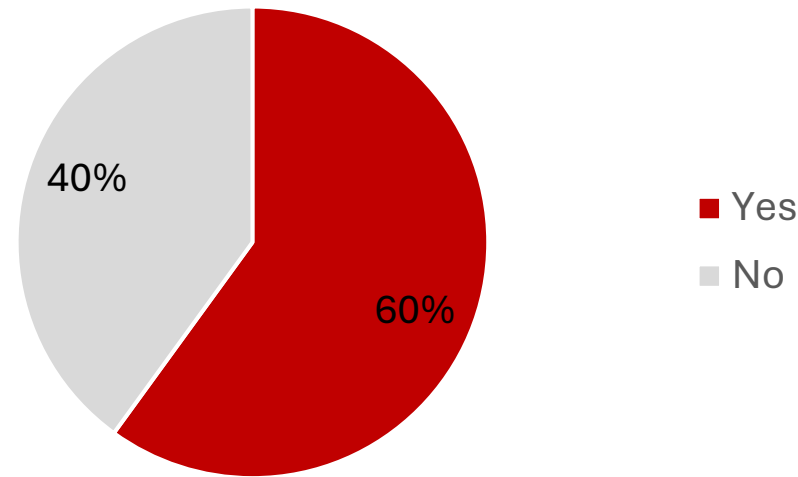
For calendar year 2024, completed evaluations totaled 155. The overall evaluation completion rate (56%) is a 22% increase from 2023 (46%). The remaining incomplete evaluations have been escalated to leadership for follow-up.

REGULATION OF CONTRACTED SERVICES



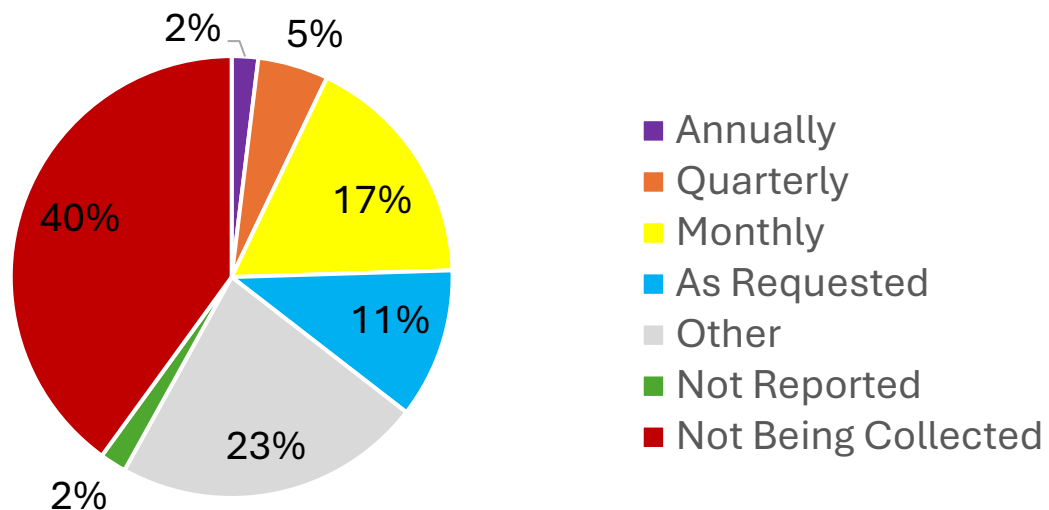
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COMPLIANCE ACTIVITIES



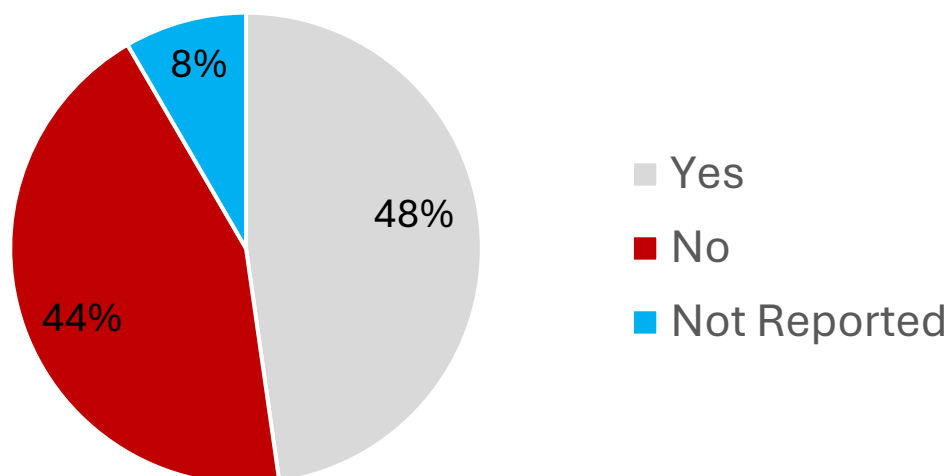
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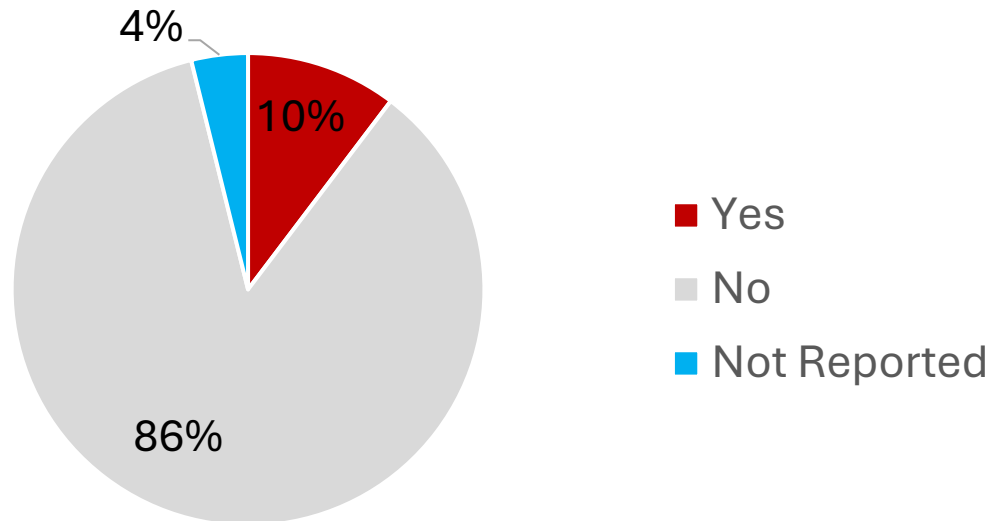
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FOLLOW UP NEEDED



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Connexall USA, Inc	Significant upgrade and ability to work with Rauland Enterprise nurse call
Consensus Medical Systems, Inc	Application Upgrade
Day Funeral Service	Day Funeral Service and OSUWMC Morgue/Autopsy Services have agreed to improve communication regarding infant disposition and catalog any infant remains being placed in our crypt at Silent Home Cemetery. We agreed on parameters for when infant remains will be encrypted. We also clarified the process of opening and closing the crypt for mothers claiming the remains after being encrypted.
Deaf Services Center	DSC has significantly improved on rate of coverage, in the previous year they were able to cover only about 50% of our requests, this year they are now at

	75-80%. this is specifically crucial when it comes to CART services which we do not have a secondary service for.
Donald Asa Mason	He has effectively aligned himself with the responsibilities of the contract chaplain and has taken on additional shifts, which support the team's needs.
EC2 Software Solutions, LLC	Upgrade to version of software they provide (NMIS)
EDM Xpress Cleaning Solutions, LLC	Increased staffing
Epic	Numerous upgrades and updates
FB Olentangy Suite, LLC	Team has employed additional security and is continuing to explore opportunities to improve guest safety and satisfaction.
Fresco Food Group, LLC	Menu changes for guest satisfaction
GE Healthcare IITS USA Corp	Application Upgrade
Indus Riverside Hotel, LLC	The vendor has brought in additional refrigeration units, and is willing to update their in-house dining menu to best accommodate our mutual guests. Hotel team purchased additional refrigeration units to support guests that have outstanding hardships and have been willing to update their menu for the guests of the program. They continue to be an asset to the patient population.
Intuitive Surgical INC	Intuitive released their next generation robot, DV5 system. This system has forced feedback technology to give surgeon haptics while operating, better imaging, better ergonomics, more integrated technology in the vision tower, and additional case level data on instrument usage.
J&J Coatings	Assisted in difficult repairs, improved service. Saved us hundreds of thousands of dollars in restoring doors instead of replacing
Jennifer Gebhart	Initiated and facilitated new program Everyday Practices for Resiliency Series
Johnson Controls, Inc	Johnson Controls has provided access to one of their private documentation platforms to obtain random test reports and documentation not required by TJC but needed for setting up testing that is required. Added more team members to my monthly meeting group to provided quick answers and more enhanced communication. Changed some formats of documentation processes at my direct request to ensure easier recognition/review by TJC.
Lane Champa	Helped expand musician performances to James Outpatient Care
Language Line Solutions	We have expanded our usage and utilization of language line services to include translation services as well as on site interpreting services and they have been very responsive to any negative encounter feedback we have sent.
Laurel Health Care Company (direct bill agreement)	The Laurel Health Care Company has made a number of investments in enhancing the care provided at their SNFs. In May 2025, the Laurels invested in hiring their own phlebotomists and switching lab services to Ohio State University. This has allowed for more reliable and quicker lab results (same day) for the SNF. The Laurels has also introduced new remote monitoring technology at the bedside to identify changes in patient vital signs.
Leica Microsystems	Bug fixes

Amergis	<p>We've seen excellent progress in partnership with our coding vendor, focusing on improvements in quality, risk adjustment capture, and overall alignment with our organizational goals, particularly around Vizient and US News & World Report rankings.</p> <p><u>Quality Improvements and Accuracy Gains</u></p> <p>The vendor has demonstrated steady improvement in coding accuracy, compliance, and alignment with documentation standards. Through targeted audits, coder feedback loops, and educational efforts, there has been a consistent improvement in coding accuracy and query compliance. The vendor has shown a strong commitment to ensuring queries are clinically supported, guideline-compliant, and effectively address documentation gaps. These efforts have contributed to a reduction in denials related to DRG downgrades and an overall improvement in coding integrity.</p> <p><u>Risk Adjustment Capture Progress</u></p> <p>The vendor has actively supported our initiatives to enhance risk adjustment capture by ensuring accurate documentation and coding of high-impact chronic conditions and comorbidities, including sepsis, respiratory failure, chronic kidney disease (CKD), malnutrition, and heart failure. They've provided strong support in aligning documentation practices with risk-adjusted models, including Vizient and Elixhauser frameworks, and have contributed to better risk-adjusted mortality and reliability scores.</p> <p><u>Impact on Organizational Goals</u></p> <p>These combined efforts have positively impacted our quality metrics and supported improvements in our Vizient Quality Scores and US News rankings. The vendor has shown responsiveness in addressing feedback, identifying opportunities for improvement, and aligning their work with our strategic priorities.</p> <p><u>Next Steps</u></p> <p>While the progress has been positive, we will continue to work with the vendor to refine documentation practices further, address emerging coding challenges, and maintain momentum in reducing query volumes and denials. We'll also focus on expanding targeted education on high-impact DRGs.</p> <p>In summary, the vendor has been a valuable partner in supporting our goals for documentation and coding integrity. Their work has contributed to measurable improvements in our quality outcomes, and I look forward to building on this foundation in the months ahead.</p>
MCG	Annual upgrades
Medline	Medline has partnered with OSUWMC to make improvements to their kits which includes size/type of dressing and a change to the type of gloves in the standard kit.
MGC Diagnostic	Improved and installed Ascent software. Provided clinical education for staff and have been available for additional improvements and clinical questions
Michael Lester	Helped expand musician performances to James Outpatient Care
Midwest Elevators	Improved communication and perform PMs on time.
Nexspan	This vendor was brought onboard for the Tower project and was able to provide the products needed for a large and complicated project.

Ohio Medical Transportation, Inc.	Labor Efficiency and improved revenue cycle collections.
ONCO, Inc	EHR Integration
One Lambda, Inc.	Timely response for any queries.
Pharmacy	Qlik Dashboard
Plunkett's Pest Control	Send service reports at each call
Pro-Flow Plumbing and Drain Cleaning	Inclusion into the work order database for metric recording
Provation	Documentation of advanced procedures; documentation of research procedures; Maintenance of ICD-10 & CPT codes relevant to CMS
Riverview Hotel LLC	Has redefined hotel shuttle operations to increase availability.
Scioto Services	Summary of Our Wins (2023 vs. 2024): Safety Checkpoint Completion increased by 108% (double the target), Near-Miss Reporting increased by 92%, TRIR improved by 21%
Scottcare	Scottcare was purchased by 91 Life and remote adjudication has improved.
SDG Partners, LLC	New flavors for guest satisfaction
Soloinsight	Reduced computer crashes, improved search capability, improved visitor badge picture quality, and decreased CPU spikes
STRYKER SALES CORPORATION	The vendor has adjusted the testing schedule and communicates any issues identified to their research lab. They provide recommendations for repairs, replacements, and upcoming changes as needed.
Teladoc (formerly InTouch)	New devices for use, upgrades to current cart models.
Teleflex	Provide online training modules now for competencies in addition to in person training.
Thai Palace, Inc	Menu upgrades
Towne Park Holdings	Improved lane traffic devices, Podiums at location and key rooms in multiple garages. Staffing increases, along with management level increases.
Us Together	Increased the amount of coverage they can provide. Even though they have the same percentage overall, since our requests have increased by 15%, they have been able to provide more coverage for appointments then they have in previous years in overall numbers. They have also added new languages such as Haitian creole to keep up with our changing patient population and needs.
Veris Health, Inc.	Resolved software bug in thermometer during pilot phase, also improved patient information input fields on web-based portal
Vernon Inc	We have reinvested in the company getting some new vans and we purchased new washers and new buggies. The greatest improvement has been our infrastructure, like the performance installer KPI's mentioned above. We are in the process of transitioning to a new HRIS internal system with onboarding, training and performance tracking programs
Versiti Blood Center	Request to review the standing order and make adjustment to the amount of products received weekly was made. Versiti presented historical ad hoc orders and pitch an increase for each product type for review. Adjustments made 9/1/24.
VIDATAK, LLC	Adding Language Line availability to allow translation services through the app
VIZ AI, Inc	Added modalities

**CONTRACTED SERVICES
THE OHIO STATE UNIVERSITY AMBULATORY SURGERY CENTER OUTPATIENT CARE
NEW ALBANY**

Synopsis: Approval of the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the contracted services are evaluated annually to review the scope, nature, and quality of services provided to clinical departments and personnel who provide care and services for the mission of The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany.



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Hospital Administration

Accreditation

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**CONTRACTED SERVICES EVALUATION
NEW ALBANY AND DUBLIN SURGERY CENTERS
COMPLETED: CALENDAR YEAR 2023**

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OVERVIEW

Annually, The Ohio State University Wexner Medical Center (OSUWMC) Dublin Ambulatory Surgery Center (DASC) and New Albany Ambulatory Surgery Center (NAASC) complete an evaluation for contracted services between the provider numbers. Evaluations are completed for compliance with The Joint Commission's (TJC) Leadership standard – LD.04.03.09 – which states 'Care, treatment, and services provided through contractual agreement are provided safely and effectively' and the Centers for Medicaid and Medicare Services' (CMS) Condition of Participation - 482.12(e) – which states 'The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.

Evaluations are completed for contracts that fall into direct patient care or patient impact service. Direct Patient Care Service is defined as 'Health care that involves the examination of patients, treatment of patients, and/or preparation for diagnostic tests and procedures, including services used in the clinical management/diagnosis of the patient'. Patient Impact Service is defined as 'Suppliers of services that effect a patient's environment, typically in the hospital room'. Evaluations are not completed for contracts falling into the supply (suppliers of goods) or no direct patient care impact (suppliers of business services that the hospital and/or clinic use to help manage a specific part of their business but do not have a direct impact on the patient) as these are monitored through normal supply chain processes per policy: [Contract Evaluation Policy](#).

Operational owners were identified and asked to complete a Qualtrics survey for each contract under their oversight. Questions on the survey included overall satisfaction, accrediting bodies, metrics being collected, and if follow up was needed by Supply Chain or Legal Services.

CONTRACT OVERVIEW

For calendar year 2024, there were 13 services contracted between each surgery center and (DASC and NAASC) and OSUWMC.

Contracted Services
Management
Laboratory
Radiologic
Central Sterile Processing
Medical Information Management
Nutrition
Registration and Scheduling
Clinical Engineering
Legal
Pharmacy
Epidemiology
Patient Experience
Environmental Management

An evaluation of each services was completed for both DASC and NAASC. All services were reported as improving over the past year and follow up from Supply Chain or Legal services was not requested.

CONCLUSION

Overall, operational owners are monitoring the contracts within their scope.

An area of improvement would be to have performance/efficiency/quality data submitted on a more defined basis rather than as needed.

Efforts will continue to monitor, streamline, and maximize contracts across the enterprise.

**CONTRACTED SERVICES
THE OHIO STATE UNIVERSITY AMBULATORY SURGERY CENTER
OUTPATIENT CARE DUBLIN**

Synopsis: Approval of the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the contracted services are evaluated annually to review the scope, nature, and quality of services provided to clinical departments and personnel who provide care and services for the mission of The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin.



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