

NOTE: The Degrees and Certificates that were approved at the May 16, 2024 meeting of the Board of Trustees are reflected here in the attached summer commencement bulletin for the ceremony that took place on August 4, 2024.

(See Appendix I background information, page 42)

FULL-BOARD EXECUTIVE SESSION

Board Chair John W. Zeiger called the meeting of the Board of Trustees to order on Tuesday, August 20, 2024, at 8:55 a.m.

Members Present: John W. Zeiger, Alan A. Stockmeister, Gary R. Heminger, Elizabeth P. Kessler, Lewis Von Thaeer, 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 and Joshua H.B. Kerner.

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. Von Thaeer, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos and Mr. Kerner.

The meeting entered executive session at 8:57 a.m. and adjourned at 12:01 p.m.

WEXNER MEDICAL CENTER BOARD MEETING

Board Secretary Jessica Eveland called the meeting of the Wexner Medical Center Board to order on Tuesday, August 20, 2024, at 1:00 p.m.

Members Present: Leslie H. Wexner, Alan A. Stockmeister, Gary R. Heminger, Tomislav B. Mitevski, Juan Jose Perez, George A. Skestos, Joshua H.B. Kerner, Robert H. Schottenstein - arrived at 1:56 p.m., Stephen D. Steinour, Cindy Hilsheimer, Amy Chronis,

Hiroyuki Fujita, John W. Zeiger (ex officio) Walter E. Carter Jr. (ex officio), Karla Zadnik (ex officio), Michael Papadakis (ex officio) and John J. Warner (ex officio).

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Stockmeister and seconded by Mr. Wexner that the Wexner Medical Center Board recess into executive session to discuss the sale or disposition of property; to consider business-sensitive trade secrets and quality matters required to be kept confidential by federal and state statutes; to consult with legal counsel regarding pending or imminent litigation; 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, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Zadnik, Mr. Papadakis and Dr. Warner. Mr. Steinour and Mr. Schottenstein were not present during the vote.

The Wexner Medical Center Board entered into executive session at 1:42 p.m. The meeting adjourned at 4:59 p.m.

(See Appendix II for Summary of Actions Taken, page 79)

TALENT, COMPENSATION & GOVERNANCE COMMITTEE

Committee Chair Jeff Kaplan called the meeting of the Talent, Compensation & Governance Committee of the Board of Trustees to order on Wednesday, August 21, 2024, at 8:00 a.m.

Members Present: Jeff M.S. Kaplan, Elizabeth P. Kessler, Alan A. Stockmeister, Gary R. Heminger, Lewis Von Thaeer, Reginald A. Wilkinson, Tomislav B. Mitevski, Juan Jose Perez and John W. Zeiger (ex officio).

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Kaplan and seconded by Mr. Von Thaeer that the committee recess into executive session to discuss business-sensitive trade secrets required to be kept confidential by federal and state statutes; to discuss personnel matters regarding the appointment, employment and compensation of public employees; and to consult with legal counsel regarding pending or imminent litigation.

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, Mr. Heminger, Mr. Von Thaeer, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger.

The committee entered executive session at 8:01 a.m. and reconvened in public session at 9:51 a.m. The committee adjourned at 9:57 a.m.

(See Appendix III for Summary of Actions Taken, page 382)

LEGAL, AUDIT, RISK & COMPLIANCE COMMITTEE MEETING

Committee Chair Elizabeth Kessler called the meeting of the Legal, Audit, Risk & Compliance Committee of the Board of Trustees to order on Wednesday, August 21, 2024, at 10:29 a.m.

Members Present: Elizabeth P. Kessler, Bradley R. Kastan, Alan A. Stockmeister, Elizabeth A. Harsh, Michael F. Kiggin, Juan Jose Perez, Amy Chronis and John W. Zeiger (ex officio).

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Ms. Kessler and seconded by Mrs. Harsh that the committee 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 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: Ms. Kessler, Mr. Kastan, Mr. Stockmeister, Mrs. Harsh, Mr. Kiggin, Mr. Perez, Ms. Chronis and Mr. Zeiger.

The committee entered executive session at 11:04 a.m. The meeting adjourned at 12:11 p.m.

(See Appendix IV for Summary of Actions Taken, page 386)

ATHLETICS COMMITTEE MEETING

Committee Chair Gary Heminger called the meeting of the Athletics Committee of the Board of Trustees to order on Wednesday, August 21, 2024, at 12:59 p.m.

Members Present: Gary R. Heminger, Michael F. Kiggin, Alan A. Stockmeister, Jeff M.S. Kaplan, Pierre Bigby, Bradley R. Kastan and George A. Skestos. Elizabeth P. Kessler and John W. Zeiger arrived late.

Members Present via Zoom: N/A

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 required to be kept confidential by federal and state statutes; to discuss personnel matters regarding the appointment, employment and compensation of public employees; 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. Heminger, Mr. Kiggin, Mr. Stockmeister, Mr. Kaplan, Mr. Bigby, Mr. Kastan, Mr. Skestos and Mr. Zeiger. Ms. Kessler was not available during vote.

The committee entered into executive session at 1:20 p.m. The meeting adjourned at 2:42 p.m.

(See Appendix V for Summary of Actions Taken, page 406)

ACADEMIC AFFAIRS & STUDENT LIFE COMMITTEE MEETING

Committee Chair Reginald Wilkinson called the meeting of the Academic Affairs & Student Life Committee of the Board of Trustees to order on Wednesday, August 21, 2024, at 2:59 p.m.

Members Present: Reginald A. Wilkinson, Elizabeth A. Harsh, Elizabeth P. Kessler, Jeff M.S. Kaplan, Michael F. Kiggin, Bradley R. Kastan, Eric Bielefeld and John W. Zeiger (ex officio).

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Dr. Wilkinson and seconded by Mr. Kaplan that the committee recess into executive session to discuss 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.

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

The committee entered executive session at 3:44 p.m. The meeting adjourned at 4:54 p.m.

(See Appendix VI for Summary of Actions Taken, page 412)

MASTER PLANNING & FACILITIES COMMITTEE MEETING

Committee Chair John Perez called the meeting of the Master Planning & Facilities Committee of the Board of Trustees to order on Thursday, August 22, 2024, at 7:59 a.m.

Members Present: Juan Jose Perez, George A. Skestos, Alan A. Stockmeister, Elizabeth A. Harsh, Reginald A. Wilkinson, Pierre Bigby, Robert H. Schottenstein and John W. Zeiger (ex officio).

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Perez and seconded by Mr. Stockmeister that the committee recess into executive session to discuss the purchase of property, 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. Perez, Mr. Skestos, Mr. Stockmeister, Mrs. Harsh, Dr. Wilkinson, Mr. Bigby, Mr. Schottenstein and Mr. Zeiger.

The committee entered executive session at 8:15 a.m. The committee adjourned at 9:33 a.m.

(See Appendix VII for Summary of Actions Taken, page 439)

FINANCE & INVESTMENT COMMITTEE MEETING

Committee Chair Tomislav Mitevski called the meeting of the Finance & Investment Committee of the Board of Trustees to order on Thursday, August 22, 2024, at 9:58 a.m.

Members Present: Tomislav B. Mitevski, Pierre Bigby, Gary R. Heminger, Lewis Von Thayer, Michael Kiggin, George A. Skestos, Joshua H.B. Kerner, Amy Chronis, Kent M. Stahl and John W. Zeiger (ex officio).

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Mitevski and seconded by Mr. Heminger that the committee recess into executive session to discuss 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. Von Thayer, Mr. Kiggin, Mr. Skestos, Mr. Kerner, Ms. Chronis, Mr. Stahl and Mr. Zeiger.

The committee entered executive session at 10:36 a.m. The committee adjourned at 12:00 p.m.

(See Appendix VIII for Summary of Actions Taken, page 458)

**RESEARCH, INNOVATION & STRATEGIC PARTNERSHIPS
COMMITTEE MEETING**

Committee Chair Lewis Von Thayer called the meeting of the Research, Innovation & Strategic Partnerships Committee of the Board of Trustees to order on Thursday, August 22, 2024, at 12:58 p.m.

Members Present: Lewis Von Thayer, Reginald A. Wilkinson, Juan Jose Perez, Bradley R. Kastan, Joshua H.B. Kerner, Phillip Popovich and John W. Zeiger (ex officio).

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Von Thayer and seconded by Mr. Perez 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. Von Thae, Dr. Wilkinson, Mr. Perez, Mr. Kastan, Mr. Kerner, Dr. Popovich and Mr. Zeiger.

The committee entered executive session at 1:12 p.m. The meeting adjourned at 2:22 p.m.

(See Appendix IX for Summary of Actions Taken, page 556)

FULL-BOARD PUBLIC SESSION

Board Chairman John Zeiger reconvened The Ohio State University Board of Trustees on Thursday, August 22, 2024, at 2:59 p.m.

Members Present: John W. Zeiger, Alan A. Stockmeister, Elizabeth P. Kessler, Lewis Von Thae, 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 and Joshua H.B. Kerner.

Members Present via Zoom: N/A

Members Absent: Gary R. Heminger

Ms. Eveland:

A quorum is present.

Mr. Zeiger:

Thank you. I would like to start this meeting of the Board of Trustees with a reminder to everyone that this meeting is being recorded and livestreamed for the public by WOSU.

APPROVAL OF MINUTES

Mr. Zeiger:

Our first order of business is the approval of our May and July Board meeting minutes, which were distributed to all trustees. If there are no additions or corrections, the minutes are approved as distributed. (*Minutes were approved.*)

RECOGNITION OF DISTINGUISHED UNIVERSITY PROFESSOR

Mr. Zeiger:

One of the highlights of every year for the Board of Trustees is hearing from our impressive faculty and particularly those who are selected as Distinguished University Professors. It is their presence on the faculty that elevates the reputation of our institution to its high standing, and we could not be more proud than to recognize one of these outstanding scholars today.

Provost Zadnik, will you please introduce our honoree, whose accomplishments are truly amazing.

Dr. Zadnik:

Mr. Chairman and members of the Board, it is my distinct honor to introduce you to The Ohio State University Distinguished University Professor for 2024.

Before I make that introduction, however, let me explain what the title of Distinguished University Professor means — and what a significant recognition it represents.

It is our highest honor since its creation more than 35 years ago, the Distinguished University Professor title has been awarded to no more than three exceptional faculty members per year. They hold the title in perpetuity.

Nominations are put forward by our colleges and following an extremely rigorous review process of candidates' records in teaching, research, scholarly or creative work, and service, final recommendations are made by the members of the President's and Provost's Advisory Committee.

Distinguished University Professors are awarded a \$30,000 one-time grant to support their academic work.

They automatically become members of the President's and Provost's Advisory Committee.

That means Ohio State can call on their expertise to advise us about how best to promote excellence of the university.

This year's Distinguished University Professor is Dr. Judit E. Puskas, College of Food, Agricultural, and Environmental Sciences. She is a Distinguished Professor in the Department of Food, Agricultural and Biological Engineering at our CFAES Wooster Campus.

Dr. Puskas joined Ohio State in 2019, continuing a prolific industry and academic career in rubber technology, developing polymers with multiple applications. A world-renowned polymer expert, Dr. Puskas' impact on her field and her students is broadly recognized.

She is perhaps best known as the co-inventor of the polymer used to coat the Taxus coronary stent licensed by Boston Scientific. Implanted in more than 10 million patients since the early 2000s, her work significantly improved outcomes for cardiovascular disease patients by preventing arteries from blocking again after implantation.

Her recent work includes equally innovative projects such as the development of polymers using enzyme catalysis for cancer diagnostics and therapies, the development of a flexible nanofiber-based surgical mask, and natural rubber synthesis to provide a domestically sourced product that uses marginal U.S. farmland and reduces the environmental footprint of rubber production.

Dr. Puskas' significant contributions to her field and society have been recognized with numerous prestigious awards. She was the first woman to win the Charles Goodyear Medal, the highest honor conferred by the American Chemical Society's Rubber Division. In recognition of sustained excellence in innovation, research and education, she has been elected as a Fellow of several prestigious institutes and academies, including:

- American Institute for Medical and Biological Engineering;
- International Union of Pure and Applied Chemistry;

- o National Academy of Inventors; and,
- o National Academy of Engineering.

Dr. Puskas' extensive research on polymers has resulted in more than 430 publications and 33 patents, showcasing the significant applied impact of her research in both biomedical engineering and sustainability. Her service to her field through chairing international conferences, roles with top journals and review of National Science Foundation, National Institutes of Health and global research proposals is exemplary and continues to expand her reputation.

Dr. Puskas is also a dedicated mentor to her research team, students and visiting scholars who spend time in her lab. She has mentored several dozen doctoral and master's students and more than 30 postdocs, many of whom have gone on to roles at top institutions in medicine, industry and research.

Also, hot off the press, we just announced that Ohio State has been awarded \$26 million in federal funding to support the creation of the Transformation of American Rubber through Domestic Innovation for Supply Security (TARDISS) Engineering Research Center. Dr. Puskas will serve as principal investigator on that grant which through collaboration with academic partners and the support of industry stakeholders will lead to, in her words, a Silicon Valley of domestic natural rubber production.

[VIDEO PRESENTATION]

Dr. Puskas:

Thank you. OH-IO. I learned that when I came to "The" Ohio State University.

You can hear from my accent I am an immigrant. I was born in Hungary, raised in Hungary and I cannot lose my accent. So, forgive me if sometimes I say funny things. Let me put it this way, there is a Hungarian saying that if you want to speak the truth you have to say three things. So, I am going to say three things. The first is that I wouldn't be here without the support of my husband. We have been together for 52 years now. He always jokes that a life sentence is only 25 years. The second thing is the American dream. When we first came here, I could barely speak English. Coming from that spot and ending up here – this is the American dream. I think the American dream is still alive. Thank you for the acknowledgments and for the United States of America. Then the third thing is Ohio State. Before coming to Ohio State, I was working at a University in Canada and then the University of Akron, then I came to The Ohio State University. It really is the opportunities I have had at Ohio State. They are unmatched though I could not have achieved this without the support of the people of The Ohio State University. Department Chair Scott Shearer, the deans and everyone is so supportive, and this is how you get big things.

I would again like to thank everybody for this great acknowledgement.

Dr. Zadnik:

Trustees, any questions for Dr. Puskas?

Dr. Wilkinson:

You were at the University of Akron which is famous for its polymers thanks to Firestone and Goodyear and whomever else. How did you come to Ohio State? Did we recruit you? Did you make a decision to come here? How did that happen?

Dr. Puskas:

I was at a point that I was ready to retire or find something else. My dear friend, Katrina Cornish, notified me of an opportunity at Ohio State, so I applied, and I got it.

[MEDALLION PRESENTATION]

Mr. Zeiger:

Professor, please know how much we admire your accomplishments and appreciate your dedication to Ohio State. I changed my notes, they now say, "The" Ohio State University is incredibly fortunate to have you here as a faculty member and we really do appreciate all you do.

Again, perhaps we can give the professor a round of applause for this great accomplishment.

(See Appendix X for Summary of Actions Taken, page 565)

PRESIDENT'S REPORT

Mr. Zeiger:

At this point we will turn to President Carter for his report.

Mr. Carter:

Thank you, Mr. Chairman, and good afternoon to everyone with us today.

Before I begin my formal report, I'd like to take a minute to honor one of the shining lights in our community who recently passed away.

As many of you know, Rita Wolfe lost her battle with cancer earlier this month.

A daughter of Ann Wolfe and the late John Wolfe, Rita exemplified the compassion, dedication to service and understated leadership that has defined her family for so long. All of us can learn something from her in terms of what it means to be a Buckeye and a member of this central Ohio community.

Rita had a special passion for our College of Veterinary Medicine, and to cement that commitment permanently, her family has decided to endow the dean position there with an incredible \$10 million gift.

I cannot thank them enough for their generosity — even during a challenging time like this. We all wish Rita was still with us, but it is also this university's great privilege to carry forward her legacy and do right by it throughout the years to come.

Support like this, combined with the talents of our faculty, staff and partners, is a big part of why this university is so exceptional.

It also reminds us of our responsibility to do right by all those who helped us reach this point, to keep getting better.

When we met in May, I shared with you that we were getting close to completing many of our open leadership searches. I'm pleased to report today that a number of new

academic leaders have joined our campuses over the past few months.

These include Lee Strang, executive director of the Salmon P. Chase Center for Civics, Culture, and Society, and Kent Barnett, dean of the Moritz College of Law. We've also put in place new leaders at three of our four regional campuses. We named Dr. Meggie Young, dean and director of Ohio State Lima. We welcomed Dr. Jason Opal to Ohio State Mansfield and Dr. Matt Smith to Ohio State Newark.

I'm excited to work with this group to strengthen our presence around the state and make sure we deliver on our promise to be a university for all Ohioans. I'm grateful to everyone involved in these searches for helping us recruit some outstanding leaders.

I also want to thank everyone who's contributing to our leadership searches that continue, including for our provost. These are priorities for us, and we're determined to get the right people in these really critical positions.

I'm sorry to say that one important position we'll have to fill is that of Ohio State Police Chief Kimberly Spears-McNatt. Chief Spears-McNatt is retiring later this month after a 30-year law-enforcement career at the university, a career she started after graduating from Ohio State. I think we can all agree she's done an exceptional job, and we wish her well as she heads back home, to Clemson University, for the next phase of her career.

We're committed to making this transition seamless. Mark Conselyea and Monica Moll have been focused on this already — and on ensuring the ongoing safety of all Buckeyes. Director Moll will also serve as interim chief while we conduct the search to fill this role. I know this board has worked with her extensively in the past and is familiar with her strong focus on safety and security in our community.

Significant progress on filling out our leadership team was just one part of a wonderful summer for Ohio State.

Twenty-four Buckeyes competed in the Paris Olympics this summer, and we have one Paralympian who will be competing soon. Collectively, this group has earned one gold, two silver and two bronze medals so far, and we congratulate every one of these amazing athletes.

Two of Ohio State's student-led motorsports teams won national championships. The Formula Buckeyes and the EcoCAR Electric Vehicle teams work across disciplines at the edge of science and engineering. Their success speaks volumes to the talent of our students.

Researchers in our College of Food, Agricultural, and Environmental Sciences were awarded two significant grants from the U.S. Department of Agriculture, totaling \$12.5 million. With that funding, they're going to pioneer new ways to reduce food waste and help accelerate climate-smart farming solutions.

And while we're talking about funding, I want to thank the Ohio General Assembly and Governor DeWine for the state's \$76.5 million investment through the capital budget. These funds are an important part of our plan to stay on top of deferred maintenance and maximize our impact across Ohio.

On a personal note, Lynda and I were thrilled to be able to see more of our great state over the summer.

Last month, we joined a busload of students, faculty and staff members, along with Brutus Buckeye, on a trip through northeast Ohio. We spent two days connecting with our partners, seeing Ohio State research in action and welcoming some of the newest members of the Buckeye family.

Now I want to talk about the TARDISS ERC announcement because, just yesterday, the National Science Foundation announced a five-year, \$26 million award to create a new Engineering Research Center at Ohio State.

It's called Transformation of American Rubber through Domestic Innovation for Supply Security Engineering Research Center — or TARDISS for short — and it's going to make its home in Wooster at our campus of CFAES.

The researchers in this new center are going to harness the power of nature and combine it with expertise in engineering, biology and agriculture to revolutionize rubber production in the United States. This is a big deal in terms of new jobs and making sure we have a robust supply of this critical material. It's currently only sourced from southeast Asia.

This is also an example of how Ohio State's size, scale and scope can be a game-changer in tackling some of the world's most complex challenges.

And, of course, as we just celebrated, how about giving another round of applause to our now — Distinguished University Professor Dr. Judit Puskas for her leadership in this space — and for the hard work she and her team are putting into this.

This community built incredible momentum over the summer, and thanks to the hard work of our faculty, staff and students during that period, we're seeing that carry through into the fall.

I've had a lot of fun welcoming the newest Buckeyes to campus. I took part in my first Ohio State convocation this week and joined Buckeye Kickoff — which I did a year ago, on the anniversary of when you announced me in this room as the 17th president of The Ohio State University. It's amazing it's come around, already a year.

We took a record 80,000 applications this past year for admission. And though we won't have final numbers for a few more weeks, we believe this will be one of the largest classes in our university's 154-year history, with more than 60 percent of the incoming class coming from communities across the state of Ohio. And across our entire undergraduate class, we will still be over 70 percent Ohioans. We feel really good about the strength of this class, too.

Strong enrollment like this shows that something special is happening here at Ohio State. It shows that people believe in the value of an Ohio State degree, that they believe in the quality experience we offer on all of our campuses, that they believe in the future of this institution.

Now, as we come together on our campuses this fall, the health and safety of the Ohio State community will continue to be our No. 1 priority. It's something we should all keep top of mind as we start the semester.

This university — particularly our Columbus campus — is located in one of the largest cities in our country. Crime does happen. But Ohio State offers many great safety resources, and we work continually to make them even better. We're sharing this message in our communications with our students, faculty and staff this fall, and we're encouraging everyone on our campuses to learn about the tools and information we make available.

We also recognize that there is a lot going on in the world right now. It's an election year. We continue to feel the weight of wars that, while fought thousands of miles away, affect us deeply.

The wide range of backgrounds, experiences and viewpoints Buckeyes bring to our campuses is a strength of our university. It's also an important part of our mission as an academic institution. Meeting and learning from people with perspectives different than ours only deepens and expands our understanding of the world.

To further enhance our ability to engage in this type of dialogue, we're excited to launch a new initiative this fall called [Listen. Learn. Discuss.](#)

This effort offers a centralized set of tools to help us develop skills to engage in respectful dialogue and to give us opportunities to practice those skills. I'm proud to note this was developed with input from our students, faculty and staff.

Our goal is to make sure we have an environment of trust on our campuses — one that fosters productive discussions on challenging topics.

Something that's critical to this approach is that every member of our university community understands and honors the laws as well as the university rules and standards that protect each and every one of us. They ensure that we can continue to teach, learn, research and provide excellent patient care.

Over the summer, we've worked to make sure our university protocols and standards are clear and easy to find. We've shared them with every member of our university community this fall. And we're looking forward to having everyone's help following them so we can have a great semester and do the important work we came here to do.

All of these pieces — fostering safe and supportive campuses, treating each other with respect and compassion — they all connect to our university's motto: "Education for Citizenship."

That principle has guided our university's work for quite some time, and I believe it will be the driving force behind our progress in the future.

As all of you know, I've been listening to and learning from members of the Ohio State community since before my first day on the job.

I've held dozens of listening sessions with our students, faculty, staff as well as partners over the past eight months.

I've had many more conversations with members of our community, with our supporters and alumni, and with our elected leaders.

We distributed a listening survey to university faculty and staff to help get a broad picture of how these groups feel about where Ohio State is and where we're headed. We will be sharing the top-line results with our community soon now that everyone is back together on campus.

Now, as we head into autumn, we're moving from "listen and learn" mode into "action" mode.

Through all the conversations I've been having and through all the feedback my team and I have collected, where this university ought to be headed — at a high level — is starting to come into focus.

Over the next few months, we're working to schedule a series of workshops with members of the Ohio State community to get additional input.

I'm grateful for the collaboration we've received from so many Buckeyes, including from this Board of Trustees. I'll be excited to share more about everything we're learning and a strategic vision for the next ten years at Ohio State during my formal investiture later this fall.

As this Board has no doubt heard throughout your meetings this week, The Ohio State University is on firm footing and has an exciting future ahead. I know we're all looking forward to fall athletics gearing up — the famous Archie Griffin is going to "dot the i" in Script Ohio at the first football game two Saturdays from now.

I can't wait to experience more of our incredible traditions: Skull Session, the rest of Welcome Week and Homecoming, just to name a few.

We should all be proud of this university, of our quality, of all we do for Ohioans and the world. We're doing great work at this university, but we cannot ever rest on our laurels. I'm excited to be a part of how we take our university to the next level.

I wish everyone at Ohio State a great semester. And, as always and forever, Go Bucks!

Mr. Zeiger:

Thank you, Ted, for your report. At the beginning of your comments you mentioned Rita Wolfe and her family's remarkable commitment and generosity to this university. I had the privilege of being Rita's father's lawyer, so I had known Rita for over 30 years. She had an exuberant passion for life and the courage and the strength to always smile even when she was confronted with the gravest of illnesses. Rita loved animals and always had a remarkable numbers of house pets. The gift in Rita's honor in support of our College of Veterinary Medicine is a most appropriate memorial to a truly remarkable lady.

CONSENT AGENDA

Mr. Zeiger:

Our next order of business is the Consent Agenda, which includes hand-carried resolutions relating to the presidential review for fiscal year 2024 and the presidential goals for fiscal year 2025.

I'd like to make a few points before we vote on those resolutions.

When this Board convened one year ago to announce Ted as the 17th president of Ohio State, we shared how enthusiastic we approached his future and our university's future under his leadership.

Our excitement was of course based upon high expectations that we developed during the search process.

Since joining us officially in January, our Board has seen those expectations fulfilled. We have been impressed and pleased by Ted's strong start.

His leadership on campus, his engagement with the university's many stakeholders, and his commitment to freedom of expression and campus safety have all been exemplary.

Ted has quickly built a strong working partnership with the Board that holds great promise for enhancing the academic and operational excellence of this already-great university.

Ted, we are truly glad you are here!

I would be remiss if I failed to acknowledge the thoughtful and thorough work of my colleagues on the Board of Trustees. Our quarterly meetings, each of which lasts three days, constitutes a major commitment of time by each. But the public should be aware that is only a small part of their contribution because they are involved in numerous conversations, a great deal of study and analysis, and regular engagement with the university leadership team between meetings as well.

Our trustees take our responsibility very seriously, recognizing the enormous importance of this university to both our students and the people of the state of Ohio.

It is a privilege to serve as chairman of this Board and to work with a group of trustees and university leaders who care about and are deeply committed to Ohio State. I'm incredibly excited about the bright prospects that our work together will bring for our university.

We now move to our Consent Agenda. There are fifteen resolutions on the Consent Agenda today for the Board's decision and approval. This includes three hand-carried resolutions from the Talent, Compensation and Governance Committee: personnel actions, presidential review and compensation, and presidential goals.

Copies of these hand-carried resolutions are available from our media relations team.

All of these items, with one exception, have been reviewed and recommended for approval by one or more of our Board committees during the committee meetings held the last three days.

That one exception is an item for action placed directly on today's Consent Agenda relating to Resolutions in Memoriam, which recognize the passing of emeritus faculty members.

RESOLUTIONS IN MEMORIAM

Resolution No. 2025-18

JAMES L. BATTERSBY, JR

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the May 12, 2024, death of James L. (Jim) Battersby, Professor Emeritus in the Department of English. He was 87.

Following service in the U.S. Army Security Agency from 1954-1957, Dr Battersby received a B.S. degree in Education from the University of Vermont. Supported by a Woodrow Wilson Fellowship, he then received his PhD in English from Cornell University in 1965. He taught at the University of California-Berkeley from 1965-1970 and joined the faculty of the Department of English at Ohio State in 1970 as an associate professor. He was promoted to professor in 1982 and retired as professor emeritus in 1995.

Dr. Battersby's research focused on Restoration and eighteenth-century British literature, history of criticism, and critical theory. Among the books he published while at Ohio State are *Typical Folly: Evaluating Student Performance in Higher Education* (1973); *Rational Praise and Natural Lamentation: Johnson, Lycidas, and Principles of Criticism* (1980); and *Paradigms Regained: Pluralism and the Practice of Criticism* (1991). After his retirement, he remained active as a scholar, publishing *Reason and the Nature of Texts* (1996) and *Unorthodox Views: Reflections on Reality, Truth, and Meaning in Current Social, Cultural, and Critical Discourse* (2002). In 2005, he collaborated with printmaker Sidney Chafetz on

a book of portraits entitled *7 Poets*. He also served as a contributing editor to *The Lives of the Poets*, Volumes 21-23 of the Yale Edition of *The Works of Samuel Johnson* (2010). He focused specifically on the poet Joseph Addison, and a quotation from Johnson about that poet describes Dr. Battersby as well: "he had read with critical eyes the important volume of human life."

As a teacher, Dr. Battersby is particularly remembered for his teaching of undergraduate courses and graduate seminars in critical theory and in eighteenth-century studies. He also coordinated a well-attended and lively critical theory reading group. He helped create a welcoming environment for generations of new faculty, who remember him for his generosity, kindness, and gentleness. They also remember him for the care and rigor with which he approached everything he read. A magnanimous and meticulous scholar, his trenchant and witty comments inspired others to be meticulous as well. His bountiful words provided memorable moments and insights wherever he went, whether in a formal presentation, a lecture, a professional meeting, or in conversations at the dinner table. He had, as one colleague remembers, a "kind of underlying wildness...that allowed him to be open to fresh ways of thinking and being in the world." He was a formidable and valuable presence in the department, the university, and in the profession at large.

An active participant in departmental governance, Dr. Battersby had the ability to steer discussions toward essential principles and policies. Outside of his formal faculty duties, he helped build community within the department as an active member of the English Department's softball team, called the Woolf Pack, in the late 1970s and early 1980s. In later years, he, along with his wife, emerita professor Lisa Kiser, was a regular and stalwart participant in the annual faculty-student softball game at the department's spring picnic.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor James Battersby 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.

BARBARA Z. KIEFER

Synopsis: The Board of Trustees of The Ohio State University expresses its sympathy regarding the May 27, 2023, death of Professor Emerita Barbara Z. Kiefer, at the age of 78. Kiefer served as the Charlotte S. Huck Endowed Professor of Children's Literature in the Department of Teaching and Learning, College of Education and Human Ecology.

Professor Emerita Kiefer received her Bachelor of Arts in Art Education and Master of Education in Reading from Westminster College. Advised by the late Professor Charlotte S. Huck at The Ohio State University, Kiefer's doctorate in Language, Literature and Reading explored the ways in which children respond to the visual elements of picturebooks. Her scholarship and research focused on literary and aesthetic response, visual literacy, early literacy and integrated language arts programs.

Across the course of her academic career, Kiefer held faculty positions at the University of Houston, the University of Oregon and Teacher's College at Columbia University before returning to The Ohio State University in 2003, where she assumed the Huck Professorship. In her role as a faculty member, Kiefer shared her love of literature, her expertise in picturebooks and her belief that education and literacy experiences should be centered around children.

Her wide array of publications includes *The Potential of Picturebooks: From Visual Literacy to Aesthetic Understanding* and the last five editions of *Children's Literature in Elementary Schools*, a seminal text in the field of children's literature. In 2009, she adapted that text

into *Charlotte Huck's Children's Literature: A Brief Guide*, the most recent edition of which forms the backbone of children's literature classes at Ohio State today. She was co-editor of *Language Arts*, a journal published by the National Council of Teachers of English (NCTE). She published many chapters and articles on the topic of picturebooks and their use in classrooms.

Professor Emerita Kiefer served on many prestigious committees, such as the panel to select books for *The New York Times* "Best Illustrated Books" column and the committees that decide the Boston Globe/Horn Book Awards. She chaired the prestigious Caldecott Award Committee. Additionally, she established and chaired the Charlotte Huck Award for Outstanding Fiction for Children with NCTE to recognize the potential that fiction holds for transforming children's lives.

She contributed to many notable organizations, such as the National Council of Teachers of English and the American Library Association. In particular, she was very active in the Children's Literature Assembly, which advocates for the centrality of literature in children's academic and personal lives. She shared her academic expertise with the United States Board on Books for Young People and the International Board on Books for Young People. As part of her service, she read avidly. Typically, she read three to four children's picturebooks or one young adult novel per night in her search for books to recommend to readers.

Her professional accomplishments inspired many students and colleagues and earned her the Pi Lambda Theta Award in Recognition of Exceptional Contributions to Children and Teachers in the Field of Literacy and Recognition for Exceptional Teaching at Teachers College. In addition to her scholarship, Kiefer's watercolors reflected her love of art, often receiving local recognition.

On behalf of the entire university community, the Board of Trustees expresses to the friends, family, colleagues and students of Professor Emerita Barbara Z. Kiefer its deepest condolences 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.

SURINDER K. SEHGAL

Synopsis: The Board of Trustees of the Ohio State University expresses its sorrow regarding the February 26, 2024, death of Surinder K. Sehgal, Professor Emeritus in the Department of Mathematics in the College of Mathematical and Physical Sciences, at the age of 83.

Professor Sehgal received his MS from Punjab University in 1959 and his PhD from Notre Dame University in 1966, the latter under the supervision of Professor Hans Zassenhaus, one of the leading algebraists of the mid 20th century. Zassenhaus joined the mathematics faculty of the Ohio State University in 1963, and Surinder came with him in 1966, joining the OSU math faculty as well where he remained until his retirement at the rank of full professor on June 30, 2004.

Professor Sehgal was the author or co-author of over 30 research papers in the areas of finite groups, difference sets, and group characters, as well as one paper on integral group rings written jointly with Professor Zassenhaus and Surinder's brother, Professor Sudarshan Sehgal. Professor Sehgal co-supervised with Professor Zassenhaus the PhD research of Ann Scrandis (OSU PhD, 1975), and was the sole supervisor of Michael Woltermann (OSU PhD, 1979). He had a soft-spoken and friendly personality that was endearing to his colleagues.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Surinder K. Sehgal 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 and an expression of the board's heartfelt sympathy and appreciation.

GEORGE L. SMITH

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the February 12, 2024, death of George L. Smith, Professor Emeritus in the Department of Integrated Systems Engineering. He was 88.

George Smith received his BS from Pennsylvania State University in industrial engineering, dual MS industrial engineering and experimental psychology from Lehigh University, and his PhD (1969) in human factors (industrial engineering) from Oklahoma State University. In 1968, he joined the Department of Industrial and Systems Engineering (ISE, now called Integrated Systems Engineering) at Ohio State University as an assistant professor and moved up the ranks to serve as department chair from 1982 to 1994 and concurrently as interim Associate Dean for Academic Affairs, 1991-1993, until his retirement as a professor emeritus in 1995.

During his tenure as the ISE Department Chair, Professor Smith worked with the College of Engineering Office of Minority Affairs, and increased female and minority enrollment in ISE. In 2000, he established "The George L. Smith Scholarship Fund in Industrial and Systems Engineering" for students active in both professional and honorary organizations with preference for women, Native Americans, Hispanic-Americans, and African-Americans.

Professor Smith served as the faculty advisor to the IISE student chapter and played an active role at the IISE leadership level, contributing to the ISE Department's elevated national standing. His multifaceted roles included serving as vice president, treasurer, and president of both the Society for Engineering and Management Systems and president of the Council of Industrial Engineering Academic Department Heads.

Professor Smith was named a fellow in three separate professional organizations: Institute of Industrial and Systems Engineering, Human Factors Society and World Confederation of Productivity Science.

Professor Smith co-chaired the faculty-staff division of the first major comprehensive fundraising campaign at Ohio State in the late 1980s. The five-year campaign from 1985 to 1990 had a goal of \$350 million, and closed with gifts and pledges of over \$460 million.

After his retirement from Ohio State, Professor Smith continued to give back to the ISE department for many years as an active member of the External Advisory Board.

He received numerous awards throughout his life, including a Distinguished Teaching Award from the College of Engineering in 1982, the Everett D. Reese Medal from Ohio State in recognition of exceptional service in private philanthropy in 1992 and the IISE Fred C. Crane Distinguished Service Award in 2008. In 2014, IISE established the George L. Smith International Award for Excellence in Promotion of Industrial Engineering. Although he served on the IISE Board of Trustees for many years, this award recognizes his international promotion of the industrial engineering profession to be his greatest legacy to the global IE community. He was active in the international productivity movement for more than 20 years.

George was a compassionate leader and mentor, always finding time to support students and faculty at Ohio State. He will be greatly missed and long remembered as part of the ISE family.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor George Smith 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.

PERSONNEL ACTIONS

Resolution No. 2025-19

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 May 16, 2024 meeting of the Board, including the following appointments and contract amendments:

Appointment

Name: Kent Barnett
Title: Dean, Moritz College of Law
Unit: Office of Academic Affairs
Term: June 30, 2029

Name: Trevor Brown
Title: Interim Dean, Fisher College of Business
Unit: Office of Academic Affairs
Term: June 30, 2025

Name: Ginger Breon
Title: Interim Vice President and Chief Information Officer
Unit: Office of Academic Affairs
Term: August 19, 2024

Appointment/Contract Extension

Name: Gregory Rose
Title: Dean and Director, Marion Campus
Unit: Office of Academic Affairs
Term: December 31, 2024

Name: Damon Jaggars
Title: Vice Provost and Dean of University Libraries
Unit: Office of Academic Affairs
Term: June 30, 2027

Name: Kevin McGuff
Title: Head Coach, Women's Basketball
Unit: Department of Athletics and Business Advancement
Term: June 30, 2028

Appointment Extension with Compensation Adjustment

Name: Rustin Moore
Title: Dean, College of Veterinary Medicine
Unit: Office of Academic Affairs
Term: June 30, 2027

Compensation Adjustment

Name: Ayanna Howard
Title: Dean, College of Engineering
Unit: Office of Academic Affairs
Term: June 30, 2026

Name: Cathann Kress
Title: Vice President of Agricultural Administration and Dean,
College of Food, Agricultural and Environmental Sciences
Unit: Office of Academic Affairs
Term: June 30, 2027

Name: Carol Ann Trotman
Title: Dean, College of Dentistry
Unit: Office of Academic Affairs
Term: June 30, 2026

Contract Amendment

Name: Ryan Day
Title: Head Coach, Football
Unit: Department of Athletics and Business Advancement
Term: January 31, 2029

**AMENDMENT TO THE BYLAWS OF
THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES**

Resolution No. 2025-20

Synopsis: Approval of the attached amendment to the *Bylaws of The Ohio State University Board of Trustees*, is proposed.

WHEREAS pursuant to 3335-1-09 (C) of the Administrative Code, the rules and regulations for the university may be adopted, amended or repealed by a majority vote of the University Board of Trustees at any regular meeting of the board; and

WHEREAS a periodic review of the board's bylaws is a governance best practice; and

WHEREAS the last revisions to the *Bylaws of the Ohio State University Board of Trustees* took place on February 21, 2024:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached amendment to the *Bylaws of the Ohio State University Board of Trustees*.

(See Appendix XI for Summary of Actions Taken, page 567)

PRESIDENTIAL REVIEW AND COMPENSATION

Resolution No. 2025-21

Synopsis: Approval of changes to the president's base compensation and the issuance of a performance award to the president, is proposed.

WHEREAS it is best practice across higher education for a governing board to conduct an annual performance review of the university president; and

WHEREAS the Procedure for Setting and Reviewing Compensation for University Executives authorizes the chair of the Talent, Compensation & Governance Committee to review and approve the total compensation of the president, subject to ratification by the committee and the Board of Trustees; and

WHEREAS under the terms of President Carter's letter of offer, the president shall be entitled to annual increases in his base salary as determined by the Board of Trustees; and

WHEREAS under the terms of President Carter's letter of offer, the president shall be eligible for an annual performance award for achieving mutually agreed-upon performance measures; and

WHEREAS pursuant to its charter, the Talent, Compensation & Governance Committee has reviewed the performance of the president for fiscal year 2024 and believes that President Carter has demonstrated strong leadership and progress with regard to the performance goals set forth by the president and the Board of Trustees last year; and

WHEREAS the Talent, Compensation & Governance Committee has reviewed and recommends for approval the compensation changes set forth below:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves a base salary increase for the president of \$38,500, which amounts to 3.5% of his base salary; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves a performance award for the president of \$164,368 for Fiscal Year 2024, which has been pro-rated based on his start date.

APPROVAL OF FISCAL YEAR 2025 PRESIDENTIAL GOALS

Resolution No. 2025-22

Synopsis: Approval of the attached presidential goals for fiscal year 2025, is proposed.

WHEREAS under the terms of President Walter "Ted" Carter's letter of offer, each fiscal year, the president and the Board of Trustees will set forth the president's goals; and

WHEREAS in order to establish these goals, the president is submitting the attached for review and approval by the Board of Trustees; and

WHEREAS once approved by the Board of Trustees, the attached goals will serve as the basis to evaluate the president during his review period:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached goals, which focus on 1) Academic Excellence, 2) Research and Innovation, 3) Financial and Operational Stewardship, 4) the Health System for Ohio, and 5) Ohio State as a workplace of choice.

(See Appendix XII for Summary of Actions Taken, page 574)

FACULTY PERSONNEL ACTIONS

Resolution No. 2025-23

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 15, 2024, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name: KENT BARNETT*
Title: Dean and Professor (J. Gilbert Reese Chair in Contract Law)
College: Law
Term: August 15, 2024, through June 30, 2029

Name: STEPHEN BELL*
Title: Professor (Ohio Eminent Scholar in Industrial Microbiology)
College: Arts and Sciences
Term: August 15, 2024, through June 30, 2029

Name: TREVOR BROWN
Title: Interim Dean
College: Max M. Fisher College of Business
Term: July 1, 2024, through June 30, 2025

Name: LISA BURRIS
Title: Associate Professor (College of Engineering Innovation Scholar)
College: Engineering
Term: August 15, 2024, through June 30, 2029

Name: BRYAN CARSTENS
Title: Professor and Chair (Robert W. and Estelle S. Bingham Designated Professorship)
College: Arts and Sciences
Term: August 15, 2024, through August 14, 2029

Name: EDWARD COOPER
Title: Professor-Clinical (Wolfe Associates Inc. Endowed Professorship in Canine Clinical and Comparative Medicine)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Title: MARYAM GHAZISAEIDI
College: Professor (Distinguished Professor of Engineering)
Term: Engineering
Term: August 15, 2024, through June 30, 2029

August 20-22, 2024, Board of Trustees Meetings

Name: PHILIP HART
Title: Professor-Clinical (Endowed Professorship in Gastroenterology Research)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: MAUREEN KELLEHER
Title: Associate Professor-Clinical (Trueman Chair in Equine Medicine and Surgery)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: RYAN KENNEDY*
Title: Professor (Andrei Baronov and Ratmir Timashev Endowed Chair in Data Analytics)
College: Arts and Sciences
Term: August 15, 2024, through June 30, 2029

Name: RUSSELL LONER
Title: Professor and Chair (Sanford and Rife Family Chair in Neuro-Oncology)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: JASON NEWLAND
Title: Professor (Henry G. Cramblett Chair in Medicine)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: JASON OPAL*
Title: Dean and Professor
College: The Ohio State University at Mansfield
Term: August 15, 2024, through August 14, 2029

Name: CHRISTINE PETERSEN*
Title: Professor (Robert H. Rainier Endowed Chair in Industrial Veterinary Medicine and Research)
College: Veterinary Medicine
Term: June 15, 2024, through June 14, 2028

Name: SUNNIE RUCKER-CHANG
Title: Associate Professor (Kenneth E. Naylor Professorship)
College: Arts and Sciences
Term: July 1, 2024, through June 30, 2029

Name: MATTHEW SMITH*
Title: Dean and Professor
College: The Ohio State University at Newark
Term: August 1, 2024, through July 31, 2029

Name: BRYAN WARNICK
Title: Professor and Interim Chair (Daniel Tanner Foundation Endowed Professor in Curriculum Studies on Adolescence and Democracy)
College: Education and Human Ecology
Term: August 15, 2024, through August 14, 2029

Name: MARGARET YOUNG
Title: Dean
College: The Ohio State University at Lima
Term: July 1, 2024, through June 30, 2029

Reappointments

Name: GREG ALLENBY
Title: Professor (Helen C. Kurtz Chair in Marketing)
College: Fisher College of Business
Term: October 1, 2024, through August 14, 2029

Name: SHARYN BAKER
Title: Professor (Gertrude Parker Heer Chair in Cancer Research)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: PROSPER BOYAKA
Title: Professor and Chair (Stanton Youngberg Professorship of Veterinary Medicine)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: TERESA BURNS
Title: Associate Professor (Bud and Marilyn Jenne Designated Professorship in Equine Clinical Sciences and Research)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: OSVALDO CAMPANELLA
Title: Professor (Carl E. Haas Chair in Food Industries)
College: Food, Agricultural, and Environmental Sciences
Term: June 1, 2024, through June 30, 2029

Name: RALPH AUGOSTINI
Title: Professor-Clinical (Bob Frick Chair in Cardiac Electrophysiology)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: DANIEL CLINCHOT
Title: Professor and Chair (Harry C. and Mary Elizabeth Powelson Professorship in Medicine)
College: Medicine
Term: July 1, 2024, through February 28, 2025

Name: ROGER FINGLAND
Title: Professor (Frank Stanton Chair in Veterinary General Practice and Canine Health and Wellness)
College: Veterinary Medicine
Term: June 1, 2024, through May 30, 2029

Name: CHRISTOPHER HOCH
Title: Associate Professor (Endowed Chair for Director of The Ohio State University Marching Band)
College: Arts and Sciences
Term: July 1, 2024, through June 30, 2028

Name: MARK LANDON
Title: Professor and Chair (Richard L. Meiling Chair of Obstetrics and Gynecology)
College: Medicine
Term: July 1, 2024, through June 30, 2027

Name: CHERYL LEE
Title: Professor and Chair (Dorothy M. Davis Chair in Cancer Research)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: PETER MANSOOR
Title: Professor (Major General Raymond E. Mason, Jr. Chair of Military History)
College: Arts and Sciences
Term: July 1, 2024, through June 30, 2029

Name: SAYOKO MOROI
Title: Professor and Chair (William H. Havener, M.D. Chair in Ophthalmology Research)
College: Medicine
Term: January 5, 2024, through June 30, 2028

Name: ANDREW NIEHAUS
Title: Professor-Clinical (The Vernon L. Tharp Professorship in Food Animal Medicine)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: TIMOTHY PAWLIK
Title: Professor and Chair (Urban Meyer III and Shelley Meyer Chair for Cancer Research)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: LAURA SELMIC
Title: Professor (Teckie and Don Shackelford Chair in Canine Medicine)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: ORI YEHUNDAI
Title: Associate Professor (Saul and Sonia Schottenstein Chair in Israel Studies)
College: Arts and Sciences
Term: August 15, 2024, through June 30, 2029

Name: ERIC ANDERMAN
Title: Interim Dean and Director
College: The Ohio State University at Mansfield
Term: July 1, 2024, through August 14, 2024

Name: WILLIAM MACDONALD
Title: Dean and Director
College: The Ohio State University at Newark
Term: July 1, 2024, through July 31, 2024

Name: GREG ROSE
Title: Dean and Director
College: The Ohio State University at Marion
Term: July 1, 2024, through December 31, 2024

*New Hire

University Faculty Awards

Name: JULIA APPLGATE
Title: Senior Lecturer (2024 Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: ERIC BIELEFELD
Title: Professor and Chair (2024 President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences

Name: ANGELA COLLENE
Title: Senior Lecturer (2024 Provost's Award for Distinguished Teaching by a Lecturer)
College: Education and Human Ecology

Name: ELIZABETH HEWITT
Title: Professor and Chair (2024 President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences

Name: CHRISTOPHER JARONIEC
Title: Professor (2024 President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences

Name: KATRINA LEE
Title: Professor-Clinical (2024 Alumni Award for Distinguished Teaching)
College: Law

Name: JUDIT PUSKAS
Title: Professor (Distinguished University Professor)
College: Food, Agricultural, and Environmental Sciences

Name: JOE RACZKOWSKI
Title: Associate Professor-Clinical (2024 Alumni Award for Distinguished Teaching)
College: Food, Agricultural, and Environmental Sciences

Name: FRANCES SIVAKOFF
Title: Assistant Professor (2024 Alumni Award for Distinguished Teaching)
College: Arts and Sciences

Name: DAWN STARR
Title: Senior Lecturer (2024 Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: MARY STERENBERG
Title: Assistant Professor-Clinical (2024 Alumni Award for Distinguished Teaching)
College: Arts and Sciences

Name: AMY TIBBALS
Title: Senior Lecturer (2024 Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: ZACH WOODS
Title: Assistant Professor-Practice (2024 Alumni Award for Distinguished Teaching)
College: Pharmacy

(See Appendix XIII for background information, page 575)

APPROVAL OF FISCAL YEAR 2025 CAPITAL INVESTMENT PLAN

Resolution No. 2025-24

Synopsis: Authorization and acceptance of the capital investment plan for the fiscal year ending June 30, 2025, as proposed.

WHEREAS the university has presented the recommended capital expenditures for the fiscal year ending June 30, 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;

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that Capital Investment Plan for the fiscal year ending June 30, 2025, 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.

(See Appendix XIV for Summary of Actions Taken, page 582)

**APPROVAL OF OHIO STATE ENERGY PARTNERS
UTILITY SYSTEM CAPITAL IMPROVEMENTS
PLAN FOR FISCAL YEAR 2025**

Resolution No. 2025-25

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 2025; 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 2025 OSEP CIP in May 2024, prior to the university's finalization of its capital investment plan for fiscal year 2025; and

WHEREAS the university has now finalized its capital investment plan for fiscal year 2025; and

WHEREAS the fiscal year 2025 OSEP CIP includes the requests for approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2024; 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 2025 OSEP CIP; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2025 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix XV for Summary of Actions Taken, page 584)

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

Resolution No. 2025-26

**APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
DHLRI – FIRE AND HVAC SYSTEM RENEWAL**

**APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
AIRPORT CAPITAL IMPROVEMENTS
COLLEGE ROAD REBUILD
RHODES 3RD FLOOR LAB EXPANSION RIFFE 2ND FLOOR CLASSROOMS
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 professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
DHLRI – Fire and HVAC System Renewal	\$1.8M	\$1.8M	University 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	
Airport Capital Improvements	\$0.3M	\$7.6M	\$7.9M	University debt Partner funds
College Road Rebuild	\$0.8M	\$4.7M	\$5.5M	University debt
Rhodes 3 rd Floor Lab Expansion	\$0.6M	\$4.1M	\$4.7M	Auxiliary funds
Riffe 2 nd Floor Classrooms	\$0.3M	\$2.7M	\$3.0M	University funds
Tunnel Rehabilitation Phase 1	\$0.7M	\$30.5M	\$31.2M	University funds University debt 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.

(See Appendix XVI for Summary of Actions Taken, page 587)

APPROVAL FOR ACQUISITION OF REAL PROPERTY

Resolution No. 2025-27

4.16 +/- ACRES AT 1165 KINNEAR ROAD,
FRANKLIN COUNTY, COLUMBUS, OHIO

Synopsis: Authorization to purchase real property located at 1165 Kinnear Road, Franklin County, Columbus, Ohio, is proposed.

WHEREAS The Ohio State University seeks to purchase approximately 4.16 acres of improved real property located at 1165 Kinnear Road, Franklin County, Columbus, Ohio, identified as Franklin County parcel number 130-011588-00 and which is bordered to the east and west by property owned by The Ohio State University; and

WHEREAS the university has been leasing the property for office, storage, shop and technical services, supporting the university since 2006; and

WHEREAS the University has identified this site as needed for long term strategic purposes consistent with the Framework Plan:

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

(See Appendix XVII for Summary of Actions Taken, page 593)

AMENDMENT TO THE UNIVERSITY'S INVESTMENT POLICY

Resolution No. 2025-28

Synopsis: Ratification of certain amendments to the university's investment policy to memorialize the calculation of the administrative charge and to clarify that certain gifts may be added to the economic development fund.

WHEREAS the Board of Trustees previously adopted a revised Investment Policy #5.90 (Resolution No. 2021-144 in May 2021), as amended (Resolution No. 2022-138 in July 2022), to govern the management of the university's investment portfolios;

WHEREAS the Senior Vice President for Business and Finance reviewed the calculation of the administrative charge and recommended that the calculation of the administrative charge be memorialized in the university's investment policy;

WHEREAS the Senior Vice President for Business and Finance reviewed the composition of the economic development fund and recommended that it include certain gifts designated by the President as made for the purpose of furthering the goal of the economic development fund;

WHEREAS the Senior Vice President for Business and Finance determined that such amendments to the administrative charge calculation and composition of the economic development fund are appropriate and in the best interest of the university, and has recommended the ratification and approval of such amendments to the Finance and Investment Committee; and

WHEREAS the Finance and Investment Committee has approved ratifying and approving the amendments to the university's investment policy to memorialize the calculation of the administrative charge and the composition of the economic development fund; and

WHEREAS the Finance and Investment Committee hereby recommends ratifying and approving the amendments to the university's investment policy to memorialize the administrative charge calculation and composition of the economic development fund to the Board of Trustees;

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees has determined that the amendments to memorialize the administrative charge calculation and composition of the economic development fund are appropriate and in the best interest of the university;

BE IT FURTHER RESOLVED, That the Board of Trustees hereby ratifies and approves the attached investment policy effective from July 1, 2024;

BE IT FURTHER RESOLVED, That all actions previously taken by the President or Senior Vice President for Business and Finance ("Authorized Officers") or employee of the university, by or on behalf of the university, in connection with the calculation of the administrative charge, 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 of Trustees concerning and relating to the adoption of this resolution were adopted in an open meeting of this Board of Trustees, and that all deliberations of this Board of Trustees 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 XVIII for Summary of Actions Taken, page 595)

UNIVERSITY FOUNDATION REPORT

Resolution No. 2025-29

Synopsis: Approval of the University Foundation Report as of June 30, 2024, 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 pre-approval of one (1) endowed deanship: The Rita Jean Wolfe Deanship in the College of Veterinary Medicine; (ii) the establishment of one (1) designated professorship: The NetJets Designated Professor of Aviation; one (1) endowed fellowship: the William G. and Ernestine R. Lowrie Endowed Chemical Engineering Fellowship; thirteen (13) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and fourteen (14) additional named endowed funds; (iii) the revision of sixteen (16) 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, 2024.

(See Appendix XIX for background information, page 608)

**NAMING OF THE DR. DONALD E. AND RUTH L. MCGINNIS
MUSIC COLLABORATORY**

Resolution No. 2025-30

IN THE TIMASHEV FAMILY MUSIC BUILDING

Synopsis: Approval for the naming of the classroom studio (Room N300) in the Timashev Family Music Building, located at 1900 College Road, is proposed.

WHEREAS The new Arts District facilities, including the Timashev Family Music Building as the new home for the School of Music, will reinforce the university's commitment to creative inquiry and performance; and

WHEREAS the music building includes world-class spaces for teaching, learning and performance – all for the benefit of students, faculty and the Columbus community; and

WHEREAS friends, family, colleagues and students of Dr. Donald E. McGinnis have provided significant contributions to the Timashev Family Music Building and the School of Music; 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 aforementioned space be named the Dr. Donald E. and Ruth L. McGinnis Music Collaboratory Room.

NAMING OF INTERNAL SPACES

Resolution No. 2025-31

IN THE INTERDISCIPLINARY HEALTH SCIENCES CENTER

Synopsis: Approval for the naming of internal spaces in the Interdisciplinary Health Sciences Center, located at 1645 Neil Avenue, is proposed.

WHEREAS the Interdisciplinary Health Sciences Center provides upgraded and flexible facilities to create a collaborative campus for interprofessional education throughout the College of Medicine and the Health Science colleges; and

WHEREAS through immersive interdisciplinary opportunities and next-generation educational technologies, future physicians and health science professionals will enrich their knowledge, experience and professional connections, so they may effectively lead wherever they establish their practice; and

WHEREAS the donors listed below have provided significant contributions to the College of Medicine and the Interdisciplinary Health Sciences Center; and:

- Dr. Steven Balaloski and Mrs. Konstantia Balaloski
- Dr. Steven Suh and Ms. Daphne Yu Suh

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming 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:

- Generous gift from The Balaloski Family (Room 435)
- Generous gift from Steven Suh MD '94 & Daphne Yu Suh '95 honoring Dr. Sang & Jung Suh and Drs. Edward & Imelda Yu (Room 025F)

NAMING OF INTERNAL SPACES

Resolution No. 2025-32

IN THE ENGINEERING EDUCATION AND MANUFACTURING CENTER

Synopsis: Approval for the naming of internal spaces in the Engineering Education and Manufacturing Center (EEMC) at The Ohio State University at Lima, located at 1155 Bible Road in Lima, Ohio, is proposed.

WHEREAS The Ohio State University at Lima serves to build the future of western Ohio by developing leaders and providing access to the resources and strength of The Ohio State University; and

WHEREAS the EEMC furthers the Lima campus mission in housing the Bachelor of Science in Engineering Technology program for OSU Lima; and

WHEREAS the donors listed below have provided significant contributions to support engineering technology programming at OSU Lima; and

- Cenovus Energy Inc
- American Honda Motor Company
- Rudolph Foods Company

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:

- Cenovus Energy Lima Refinery Rotunda
- Honda Robotics Lab (108)
- Rudolph Foods Company Conference Room (202)

Mr. Zeiger:

We will now hold two roll-call votes. First, we will vote on items No. 7 and 12 — Capital Investment Plan for Fiscal Year 2025 and the University Foundation Report. Mr. Kaplan will be abstaining.

Will the secretary please call the role?

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

Ms. Eveland:

Motion carries.

Mr. Zeiger:

Thank you. We will now vote on the remainder of the items listed on the consent agenda.

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

Ms. Eveland:

Motion carries.

Mr. Zeiger:

Thank you. Having completed the agenda for today's meeting, at this point our meeting is adjourned. Thanks to everyone who has contributed the last three days.

The meeting adjourned at 3:35 p.m.

Attest:

John W. Zeiger
Chairman

Jessica A. Eveland
Secretary

APPENDIX I



Board of Trustees

University Square South
15 East 15th Avenue
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

DEGREES AND CERTIFICATES

Resolution No. 2024-116

Synopsis: Approval of Degrees and Certificates for summer term 2024 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 August 4, 2024, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

CERTIFIED

This is to certify that the foregoing is a true and accurate excerpt from the minutes of the Board of Trustees meeting held May 16, 2024.

A handwritten signature in black ink that reads 'Jessica A. Eveland'.

Jessica A. Eveland
Secretary



Summer Commencement

THE OHIO STATE UNIVERSITY
AUGUST 4, 2024



Pomp, circumstance, and other songs of a lifetime

—by Professor David Citino, 1947–2005, Late University Poet Laureate
(Originally presented as the 2000 Winter Commencement address)

If you're like me, you've got a big head,
not to mention a funny robe, full of music—
poems and melodies, the tunes
we move to, shower and shave by,
study, write to. Not just the incidental,

but the momentous music keeping time.
Our histories are measures of song.
Listen to your heart: drums of Africa,
sea-spume of blind, far-sighted Homer,
Sappho's honeyed love lyrics. Often,

music speaks for us, one note saying
a thousand words. Like Rodolpho
in Puccini's *La Boheme*, *Sono un poeta*.
I am a poet. *Che cosa faccio?* What
do I do? *Scrivo*. I write. This ceremony

is loud music—pomp and circumstance
of the life you began freshman year
or that first day of graduate school.
In my head I press Play, and the CD
of *Big Days* kicks on. I leap and linger

over moments too sweet, nearly, for words.
I'll never escape rhymes from the nursery.
Up above the world so high, like a diamond
in the sky. We knew from the start
our universe was aglow with wonder.

Italian, Latin, English songs in nasal accents
of Cleveland. *Gaudeamus igitur*, *Juvenes
dum sumus*. So, let us rejoice, while
we are young. Youth is that gift we can't
comprehend while we're young. This ceremony

means you all are less young than you were.
Don't let the heavy knowledge gained
from your studies deprive you of the gifts
of youth, to be able to rejoice at the drop
of a hat, to care for, be moved by others.

Now I hear golden hits of five decades.
Big Mama Thornton, and that so-called King
(King of what, fried butter sandwiches?)
who stole away her hound dog. You ain't
never killed a rabbit, you ain't no friend

of mine. As with those profs and TAs,
course after course, you had to produce—
kill some rabbits—to earn respect.
And at times OSU may have seemed
like Heartbreak Hotel, down at the end

of Lonely Street, so difficult was it
to do your best. Tennessee Ernie Ford,
"Sixteen Tons": St. Peter don't you
call me 'Cause I can't go. I owe
my soul to the company store.

You have been digging deep in mines
of knowledge. We all owe our souls
to Ohio State, company store of learning,
shared experience—precious ore
we have in common forever.

Now I hear Domenico Modugno's
fervent urging to wish, sing, fly,
Volare, *Wo-oo*. *Cantare*, *Wo-o-o-o-o*.
My grandfather was a peasant farmer,
a *contadino* in Calabria in the toe

of Italy. He knew it's the human lot
to dream of flying. Lucky, lucky,
lucky me, I'm a lucky son-of-a-gun.
I work eight hours, I sleep eight hours,
That leaves eight hours for fun.

Hey! He sailed in steerage across
the Atlantic, came to Cleveland, where
he stayed long enough to work 52 years
for the B&O Railroad, before lying down
to rest in good Ohio soil. So many of us

here today came from elsewhere,
or ancestors did. From Tennessee, Italy,
Africa, Asia, Appalachia—even,
President Kirwan, the wilds of Kentucky
and Maryland. Women and men with backs

supple as birch trunks. The courage
it took to pick up stakes and begin again
in a new world! Think of the work
those older ones did. For you. You all
are facing a change right now.

This sheepskin is your passport.
You're bound for emigration to
the next song of your life. Ohio State
is the ark on which you've been sailing.
You've been the precious cargo.

But, as Noah once said, I can see
clearly now the rain is gone. The ark,
our university, was filled to overflowing
with the diversity of us. Diversity.
Networks and talk shows devalue the word.

(continued on inside back cover)

The Ohio State University 437th Commencement

Summer 2024 • August 4, 2024 • 2:00 P.M. • Jerome Schottenstein Center

Presiding Officer

Walter E. Carter Jr.
President

Prelude—1:30 p.m. to 2 p.m.

Faculty Brass Quintet

Welcome

Melissa S. Shivers
Senior Vice President for Student Life

Processional

National Anthem

Graduates and guests led by
Dana Carlson-Kottke
Class of 2024

Invocation

Meg McGuire
Chaplain
Department of Chaplaincy and
Clinical Pastoral Education
Wexner Medical Center

Commencement Address

Angus Fletcher
Professor of Story Science
Ohio State's Project Narrative

Conferring of Honorary Degree

Recipients presented by
John W. Zeiger, Chair
Board of Trustees

Elizabeth Ruth Lwanga King
Doctor of Public Service

Conferring of Distinguished Service Awards

Recipients presented by
John W. Zeiger

Michael A. Bumgarner and
Leslie G. Bumgarner

Stephen G. Mehallis

Conferring of Degrees in Course

Karla Zadnik
Interim Executive Vice President
and Provost
Interim Dean
College of Public Health

Awarding of Diplomas

Welcome to New Alumni

Molly Ranz Calhoun
Senior Vice President of Alumni
Relations
President and CEO
The Ohio State University Alumni
Association

Alma Mater—Carmen Ohio

Graduates and guests led by
Anabella Petroni
Class of 2024

Oh! Come let's sing Ohio's praise,
And songs to Alma Mater raise;
While our hearts rebounding thrill,
With joy which death alone can still.
Summer's heat or winter's cold,
The seasons pass, the years will roll;
Time and change will surely show
How firm thy friendship—O-hi-o!

Recessional



Excerpts from the commencement ceremony will be broadcast on WOSU-TV, Channel 34, on Tuesday, August 6, at 7 p.m.

Livestream coverage and a replay of the ceremony in its entirety can be viewed at commencement.osu.edu.

Commencement Address

Angus Fletcher

Dr. Angus Fletcher is a professor in The Ohio State University Department of English. He began his education in neuroscience, obtaining a Bachelor of Science degree while working in a neurophysiology lab. To better understand how story-driven creativity and emotion worked in the brain, Dr. Fletcher earned his PhD in literature at Yale University, where he studied Shakespeare.

At Ohio State, Dr. Fletcher studies literature's usefulness, treating it as a practical tool for alleviating poverty, hunger, heartbreak and other physical concerns by employing a range of empirical methods, from ancient rhetoric to modern science. His research has been called "mind-blowing" by Malcolm Gladwell and "life-changing" by Brené Brown. He emphasizes neural diversity, cultural difference, evolutionary variety, narrative flexibility, the infiniteness

of stories, behavioral adaptability, practical problem-solving, personal growth, democratic pluralism and the biological benefits of curiosity, inclusion and tolerance. His research has been supported by grants from the National Science Foundation, the National Endowment for the Humanities, the Mellon Foundation, the Academy of Motion Picture Arts and Sciences, the New York Academy of Medicine and others.

In 2023, Dr. Fletcher was awarded the U.S. Army's Public Service Commendation Medal for training special operations personnel in leadership and decision-making skills to sharpen their creative problem-solving during military operations. The medal is awarded for distinguished contributions to the accomplishment of an Army mission and is the fourth-highest public service decoration the Army

can bestow upon a civilian. He also provides creativity and leadership training to students at the Max M. Fisher College of Business and other business schools around the country.

Based on his interest in narrative innovation, Dr. Fletcher has worked for more than a decade as a consultant for film and television producers at Disney, Sony, the BBC, Amazon and PBS, and is the author-presenter of the Audible/ Great Courses guide *The Art of Story*. He has published articles in *Critical Inquiry*, *Poetics Today*, *New Literary History* and dozens of other academic journals, and he has published two books: *Comic Democracies: From Ancient Athens to the American Republic* (Johns Hopkins, 2016); and *Wonderworks: The 25 Most Powerful Inventions in the History of Literature* (Simon & Schuster, 2021).

Recipients of Honors

Elizabeth Ruth Lwanga King

Doctor of Public Service

A diplomat, economic development professional and human rights activist, Elizabeth Ruth Lwanga King embodies the highest ideals of public service. She has made contributing to the greater good her lifelong vocation and, in so doing, changed lives and entire nations for the better.

Born in Uganda, Ms. Lwanga King earned her bachelor's degree in linguistics from The Ohio State University in 1968. She then returned home to work as a journalist and broadcaster for Uganda Television until she was forced to flee in 1972 following a coup d'état. She continued her career in Kenya, becoming communications director for the All Africa Conference of Churches and Africa director for Oxfam America.

Ms. Lwanga King accepted her first appointment with the United Nations in 1990 and dedicated

the following 24 years of her life to the organization — promoting democracy, peaceful elections, gender equity and economic development. As UN resident and humanitarian coordinator in Sierra Leone, she helped initiate a peace process to end the country's civil war, coordinated the UN's humanitarian response and helped facilitate the country's transition from military to democratic governance.

Several other prominent assignments with the United Nations followed. In 1999, she led the UN Development Programme's support for democratic governance in the Kingdom of Swaziland, now Eswatini. Her work led to the drafting and adoption of the nation's first constitution in more than three decades. Ms. Lwanga King also led the UN response to the unrest following the 2007 elections

in Kenya; served in Ethiopia, Zimbabwe and Zambia; and as the regional programme director of UN Women for East and Horn of Africa. Throughout these postings, she prioritized empowering women, supporting civil society organizations and catalyzing sustainable economic development.

Today, Ms. Lwanga King works as a development advisor, leadership consultant and executive coach. She is a board member and technical advisor to the Nnabagereka Development Foundation, a charitable organization founded by the queen of the Buganda Kingdom in Uganda, and a team leader of the Women's Situation Room Uganda, a regional mechanism that promotes political dialogue and peaceful elections in African countries. She is the author of two books.

Recipients of Honors

Michael A. Bumgarner and Leslie G. Bumgarner

Distinguished Service Award

Michael A. and Leslie G. Bumgarner are both proud graduates of The Ohio State University. Mr. Bumgarner earned a bachelor's degree in agriculture from Ohio State and a master's degree in agriculture from the University of Connecticut. Mrs. Bumgarner earned a Bachelor of Science in Business Administration from Ohio State.

With more than 35 years of executive-level experience in the financial industry, Leslie Bumgarner currently serves as the CEO emeritus of Telhio Credit Union, a \$1.3 billion financial cooperative. She has served on the Board of Trustees for the Ronald McDonald House Charities of Central Ohio for 15 years and is currently the board president. Mrs. Bumgarner has been recognized locally and nationally for her leadership and philanthropy, including being named *Columbus CEO's Executive Women*

“Five Who Made it to the Top,” *Business First's* “25 Most Influential Women in Business,” and *Columbus Business First's* corporate caring award winner.

Michael Bumgarner is the president and CEO for United Producers, Inc., where he has served in various management positions for more than 25 years. He also served as vice president for the Ohio Farm Bureau Federation, where he established their Center for Food and Animal Issues. As a leader in the agricultural sector in Ohio and nationally, Mr. Bumgarner has provided leadership and guidance for many state and national agricultural organizations including the National Council of Farmer Cooperatives, the Ohio Agricultural Council and the Ohio Livestock Coalition.

Throughout their careers, Mr. and Mrs. Bumgarner have been active supporters of the Buckeye

community and together have made an indelible positive impact for others. Mrs. Bumgarner's leadership and collaboration have been essential for the success of the Dean's Charity Steer Show, an annual event hosted by The Ohio State University College of Food, Agricultural, and Environmental Sciences which has raised more than \$550,000 in support of Ronald McDonald House Charities of Central Ohio. For his dedicated service, support, and expert guidance, including more than 20 years of volunteering as a 4-H club advisor, Mr. Bumgarner received the Distinguished Alumni Award from The Ohio State University College of Food, Agricultural, and Environmental Sciences Alumni Society in 2003.

Mr. and Mrs. Bumgarner have been married for more than 40 years and have two adult children and seven grandchildren.

Stephen G. Mehallis

Distinguished Service Award

Stephen G. Mehallis graduated from St. Clairsville High School in east central Ohio and served in the U.S. Navy from 1954-1957 before earning a Bachelor of Science in Business Administration from The Ohio State University in 1961. At Ohio State, he was a member of the national accounting honorary, Beta Alpha Psi, and the Phi Kappa Sigma social fraternity.

After graduating from Ohio State, Mr. Mehallis joined the accounting firm Price Waterhouse & Co. and worked in the Pittsburgh and Washington, D.C., offices until accepting the chief financial officer position with Drexel Investments, Inc., a Fort Lauderdale-based residential construction and development firm. He went on to serve as the chief financial officer for teams in professional basketball (the Buffalo Braves and Boston Celtics of the NBA), professional

soccer (Memphis Rogues of the NASL), and thoroughbred racing and breeding (Mockingbird Farm, Ocala, Florida).

Mr. Mehallis currently serves as president of The Harry T. Mangurian, Jr. Foundation, based in Fort Lauderdale, Florida, a private foundation supporting medical, educational and environmental causes nationally and internationally. Through Mr. Mehallis' leadership and guidance, the Mangurian Foundation has provided significant funding in support of the work happening at Ohio State advancing these causes. He was recently appointed to the South Florida Leadership Council of the Leukemia and Lymphoma Society and is a member of the Cancer Center Advocacy Committee at Holy Cross Hospital in Fort Lauderdale.

Throughout his life, Mr. Mehallis has been a generous supporter of the Buckeye community and is currently serving his third and final term on The Ohio State Foundation Board of Directors. He previously served as president of The Ohio State University Alumni Club of Broward County, Florida, and has conducted sports management seminars at Ohio State as a part of the Executive Luncheon Series at Fisher College. In 2010, Mr. Mehallis was awarded the Max M. Fisher College of Business Distinguished Alumni Leadership Award for effecting positive change and advancing the common good as a leader in his profession.

He and his wife, Martie, have two daughters, Michelle and Meagan, and five grandsons.

A Message from President Carter



Dear Graduates,

Congratulations on earning your degree from The Ohio State University. It is an honor to join you and your loved ones in celebrating this momentous occasion.

Throughout your time with us as students, you have proven repeatedly that you possess the grit and determination to achieve success and reach your goals. Now that you count yourself among the hundreds of thousands of Buckeye alumni around the globe, I am certain you will continue to strive for excellence in all that you do as leaders in your fields and in your communities.

As you start the next chapter of your life, remember to lead with purpose and build upon the knowledge you have gained at Ohio State. Together, we can make great progress toward addressing the challenges the world faces today.

Congratulations, again — and Go Buckeyes!

Sincerely,

Handwritten signature of Walter E. Carter, Jr.

Walter "Ted" Carter Jr.
President

Congratulations and Welcome to the Alumni Association

Dear Graduates,

The moment has arrived! I am thrilled to congratulate you on this significant milestone in your lives, and to be the first to welcome you to our Ohio State alumni family.

Your time at Ohio State has been filled with countless memories, relationships and learning experiences that have shaped you into the remarkable individuals you are today. From late-night study sessions to cheering on the Buckeyes at sporting events, each moment has contributed to your growth and development.

As you embark on this new adventure, remember that your connection to Ohio State doesn't end with graduation. In fact, it's just the beginning of a lifelong relationship with your alma mater and our incredible network of over 600,000 alumni around the globe.

Your Alumni Association offers a multitude of resources, networking opportunities and events designed to support you long after you leave campus. Whether you're looking for career guidance, professional development opportunities or simply want to stay connected with fellow Buckeyes, the Alumni Association is here for you.

Your alma mater will always be a part of who you are, and by staying connected, you will continue to benefit from the Ohio State community – and have the opportunity to pay forward to support future generations of Buckeyes.

As you move forward, remember the lessons you've learned, the firm friendships you've forged and the values instilled in you by Ohio State. Carry these with you as you pursue your dreams and make your mark on the world.

We will be ready to celebrate your next momentous occasion, as you reach another big milestone and make new memories. Your Ohio State story never ends. This is just the next chapter in your epic journey as Buckeyes for Life!

Congratulations, Class of 2024. The world awaits your unique talents and contributions, and the Ohio State community is incredibly proud of all that you've accomplished. We can't wait to see the audacious things you'll achieve in the years to come.

In firm friendship,



Molly Ranz Calhoun '86
President and CEO, The Ohio State University Alumni Association
Senior Vice President, Engagement

P.S. Follow me @BuckeyeMolly on Twitter and Instagram, and discover what's available to you as graduates of this great university:
osu.edu/alumni/resources/recent-grads








THE OHIO STATE UNIVERSITY
ALUMNI ASSOCIATION



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go.osu.edu/recent-grad-resources

Learn about the advantages of being an alum

You automatically become an Ohio State alum when you graduate — there's so much to explore!

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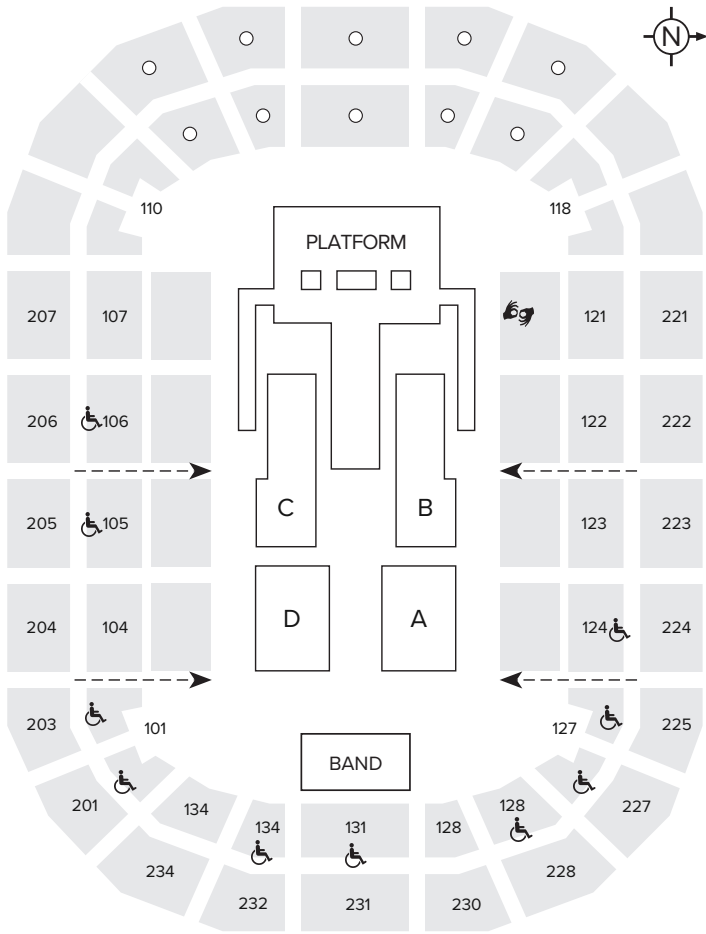


@OhioStateAlumni



@BuckeyeMolly

Arena Seating



○ – These sections closed

- _____ A – Public Health; Social Work; Public Affairs; Nursing; Education and Human Ecology; Business
- _____ B – Master's
- _____ C – PhD; Pharmacy; Dentistry; Medicine; Food, Agricultural, and Environmental Sciences; Engineering
- _____ D – Arts and Sciences

ASL interpreter	
Wheelchair seating	

- - - - - ➔ Please keep these aisles clear for the Processional and Recessional ← - - - - -

This program is not an official graduation list.

This printed program lists students who were eligible to graduate for Summer Term 2024, as of 5:00 p.m., July 24, 2024, pending the outcome of final examinations and final grades. Therefore, it should not be used to determine a student's academic or degree status. The University's official registry for conferral of degrees is the student's permanent academic record, kept by the Office of the University Registrar, Student Academic Services Building, 281 West Lane Avenue, Columbus, OH 43210-1132.

Kubra B. Akkaya
B.S. (Fatih University)
M.S. (Yildiz Technical University)
Molecular, Cellular, and Developmental Biology
Dr. Maria Mihaylova

Jordan Alves-Foss
B.A., B.S.Educ. (University of Idaho)
Education
Dr. Caroline Clark

Pranav Nirnanjan Ambardekar
B.A. (University of Pune)
Philosophy
Dr. Declan Smithies

Miranda Gervase Amej
B.S., B.A. (University of Evansville)
Greek and Latin
Dr. Fritz Graf

Hyoin An
B.S., M.S. (Ewha Womans University)
Statistics
Dr. Steven MacEachern

Martin Armstrong
B.A. (Saint Mary's College of Maryland)
M.A. (Miami University)
M.A. (University of Chicago)
M.A. (The Ohio State University)
Political Science
Dr. Maria Tappata
Dr. Benjamin McKean

Zoe Ashton
B.A., B.S. (Florida Institute of Technology)
M.A. (Simon Fraser University)
Philosophy
Dr. Stewart Shapiro

Ryan C. Bailey-Crandell
B.S. (Oregon State University)
M.S. (The Ohio State University)
Physics
Dr. Roland Kawakami

Julian Marcel Baldemira
B.A. (University of Las Tunas)
M.A. (The Ohio State University)
Spanish and Portuguese
Dr. Ulises Zevallos-Aguilar

Sarah Anne Beam
B.S.H.W.I.H. (The Ohio State University)
Anatomy
Dr. James Croy
Dr. Claudia Foulk Masley

Shreeya Behera
B.S., M.S. (Indian Institute of Science Education & Research)
M.S. (The Ohio State University)
Mathematics
Dr. Matthew Kahle

Mikel Bermello Isuri
Licenciado (University of Santiago de Compostela)
M.A. (The Ohio State University)
Spanish and Portuguese
Dr. Eugenia Romero
Dr. Laura Podalsky

Menuka Bhandari
Bachelor's (Tribhuvan University)
M.S. (West Virginia State University)
Animal Sciences
Dr. Gireesh Rajashekara

Marie Katherine Bissell
B.A. (Washington University in Saint Louis)
M.A. (North Carolina State University)
Linguistics
Dr. Kathryn Campbell-Kibler
Dr. Cynthia Clapper

Ian Michael Blackstone
B.S. (Boise State University)
Physics
Dr. Todd Thompson

Kiersten Boley
B.S. (Georgia Institute of Technology)
M.S. (The Ohio State University)
Astronomy
Dr. Ji Wang

Audrey Elizabeth Bollas
B.S. (The Ohio State University)
Integrated Biomedical Science Graduate Program
Dr. Elaine Mardis
Dr. Peter White

Anne Kilborn Buck
B.S. (Saint Lawrence University)
Chemistry
Dr. Christopher Hadad

Jules Jacques Antoine Butchacas
Master's (Universite Montpellier II)
M.S. (The Ohio State University)
Plant Pathology
Dr. Jonathan Jacobs

Mary Byrne
B.A. (Amherst College)
M.A. (The Ohio State University)
Women's, Gender, and Sexuality Studies
Dr. Mary Thomas

Samantha Carter
B.S. (Marshall University)
M.S. (The Ohio State University)
Chemistry
Dr. Shiyu Zhang

Kai Chen
B.S. (Shandong Agricultural University)
M.S. (University of Alabama-Birmingham)
Integrated Biomedical Science Graduate Program
Dr. Xiaoguang Liu

Kun Chen
B.A. (PLA University of Foreign Languages)
M.A. (Shandong Normal University)
Education
Dr. Youngjoo Yi

Junmei Cheng
Bachelor's (Shanxi University of Finance and Economics)
M.S. (Shanghai Jiao Tong University)
City and Regional Planning
Dr. Zhenhua Chen

Talita Zahin Choudhury
B.S., M.S. (University of Dhaka)
M.S. (The Ohio State University)
Molecular, Cellular, and Developmental Biology
Dr. Vidu Garg

Mariah Kristyn Clay
B.S. (Texas A&M University - Corpus Christi)
M.S. (University of Texas at San Antonio)
Human Sciences
Dr. Samuel Hodge

William Clay
B.S. (University of Mount Union)
Chemistry
Dr. Christopher Hadad

Emma Carey Cobb
B.A. (Harvard University)
M.A. (The Ohio State University)
Comparative Studies
Dr. Katherine Borland

Zachary Travis Condon
B.S. (University of Delaware)
M.S. (Air Force Institute of Technology)
Nuclear Engineering
Dr. Richard Vasques
Dr. Vaibhav Sinha

Shawn Michael Conroy
B.A. (University of Delaware)
M.A. (Rutgers University)
History
Dr. Samuel Gustin Breytogle
Dr. David Hoffmann

Brandon S. Cox
B.S. (The Ohio State University)
Integrated Biomedical Science Graduate Program
Dr. Maria Ariza

Khan Logan Cox
B.S. (University of Illinois at Urbana-Champaign)
M.S. (The Ohio State University)
Physics
Dr. Michael Poirier

James Patrick Crick, Jr.
B.S. (University of Louisville)
D.P.T. (Bellarmine University)
Health and Rehabilitation Sciences
Dr. Catherine Quatman-Yates

Elena Cruz-Lopez
B.A. (Valparaiso University)
Music
Dr. Danielle Foster-Lussier

Emilie Nicole Curtis
B.A., M.Educ. (Ohio University)
Education
Dr. Patricia Enciso

Evan Paul DeCarlo
B.F.A. (School of Visual Arts)
M.A. (Southern Connecticut State University)
English
Dr. Merrill Kaplan

Milad Dehghani Filabadi
Bachelor's (University of Tehran)
Master's (University of Waterloo)
Industrial and Systems Engineering
Dr. Chen Chen

Courtney Leigh DeRoche
B.A., M.A. (The Ohio State University)
Sociology
Dr. Rachel Dwyer
Dr. Reanne Frank

Sushovan Dhara
B.S. (West Bengal State University)
M.S., M.Tech. (Indian Institute of Technology Bombay)
Electrical and Computer Engineering
Dr. Siddharth Rajan

Caleb Dilsavor
B.A. (The Ohio State University)
Mathematics
Dr. Daniel Thompson

Natese Rena Dockery
B.S. (Xavier University of Louisiana)
M.S. (Lynn University)
Education
Dr. Kaprea Johnson

Courtney E. Dresden
B.S. (Ferris State University)
M.S. (The Ohio State University)
Molecular, Cellular, and Developmental Biology
Dr. Aman Husbands
Dr. David Bisaro

Ademola Seun Duduyemi
B.Engr. (Federal University of Agriculture)
M.S. (University of Ibadan)
Animal Sciences
Dr. Thaddeus Ezeji

Courtney Nicole Dye
B.A. (Miami University)
M.S. (Saint Joseph's University)
M.S. (The Ohio State University)
Neuroscience Graduate Studies Program
Dr. Kathryn Lenz
Dr. Benedetta Leuner

The Graduate School

Dean: **Mary E. Stromberger**

Doctor of Musical Arts

Dana Carlson-Kottke
B.Music (University of Wisconsin)
M.Mus. (University of South Dakota)
Music
Dr. Cyril Blosser

Anabella Belen Petronsi
Bachelor's (Universidad Nacional de Las Artes)
M.A. (The Ohio State University)
Music
Dr. Cyril Blosser

Doctor of Philosophy

Tryanti R. Abdulrahman
Sarjana (Gorontalo State University)
M.A. (The Ohio State University)
Education
Dr. Adrian Rodgers

Md Mohsinur Rahman Adnan
B.S.Elec.Eng. (Bangladesh University of Engineering and Technology)
M.S. (Shahjalal University of Science & Technology)
M.S. (The Ohio State University)
Electrical and Computer Engineering
Dr. Enam Ahmed Chowdhury
Dr. Roberto Myers

Ali Kaveh Aenezhodaee
B.A. (Southern Methodist University)
M.A. (Northern Illinois University)
Philosophy
Dr. Stewart Shapiro

Paola Daniela Enriquez Duque
Bachelor's (Pontificia Universidad Católica del Ecuador)
M.A. (University of Illinois at Urbana-Champaign)
M.A. (The Ohio State University)
Spanish and Portuguese
Dr. Anna Babel

Kathleen Marie Fast
B.S. (Hope College)
Food, Agricultural and Biological Engineering
Dr. Ryan Winston

Shi Feng
Bachelor's (Xi'an Jiaotong University)
Physics
Dr. Nandini Trivedi

Danielle Ferguson
B.S. (University of Cincinnati)
Integrated Biomedical Science Graduate Program
Dr. Daniel Wozniak

Harrison S. Fried
B.S. Env.Nat.Res., M.S. (The Ohio State University)
Environment and Natural Resources
Dr. Alfredo Berardo
Dr. Matthew L Hamilton

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M.S. (Clemson University)
Chemical Engineering
Dr. Rachel Getman

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Dr. Gaith Hlary

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Dr. Bo Guan

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Industrial and Systems Engineering
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Dr. Federica Accornero
Dr. Christoph Lepper

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M.S. (The Ohio State University)
Physics
Dr. Jay Gupta

Caleb Gonzalez
B.A. (University of Colorado at Colorado Springs)
M.F.A. (Colorado State University)
English
Dr. Beverly Moss

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B.S. Biomed.Eng., M.S. (The Ohio State University)
Biomedical Engineering
Dr. Stephanie Roewer

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B.A. (University of Maryland)
M.A. (The Ohio State University)
Sociology
Dr. Cynthia Colen

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B.A. (Ohio Wesleyan University)
M.S. (East Carolina University)
Diploma (American Institute of Alternative Medicine)
Anatomy
Dr. James Cray
Dr. Claudia Faulk Mosley

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B.S. (University of Arizona)
Master's (Arizona State University)
M.S.W. (The Ohio State University)
Social Work
Dr. Arati Maleku

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M.S. (The Ohio State University)
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M.S. (The Ohio State University)
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Dr. Aihua Luo

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M.A. (University of Texas at Austin)
Education
Dr. Matthew Brock

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Dr. Christa Teston

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Dr. David Sivakoff

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Dr. Zhaoqing Lin

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Dr. Wuyang Hu

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Mechanical Engineering
Dr. Jung Hyun Kim

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B.S. (Dalian University of Technology)
Master's (Rice University)
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Dr. Haijun Su

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Dr. Liang-Shih Fan

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Electrical and Computer Engineering
Dr. Atilla Eryilmaz
Dr. Ness Shroff

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B.S. (University of California, Los Angeles)
M.S. (The Ohio State University)
Statistics
Dr. Peter Craigmile
Dr. Christopher Hans

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B.S. (California State Polytechnic University)
Physics
Dr. Mohit Randeria

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B.S. Cptr.Sci.Eng., M.S. (The Ohio State University)
Computer Science and Engineering
Dr. Wei-Lun Chao

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B.S. (University of Wisconsin)
Master's (Carnegie Mellon University)
Arts Administration, Education and Policy
Dr. Shoshanah Goldberg-Miller

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B.S. Ind.Sys.Eng. (Hanyang University ERICA Campus)
M.S. (The Ohio State University)
Industrial and Systems Engineering
Dr. Chen Chen

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B.S., M.S. (University of Guelph)
Food Science and Technology
Dr. Christopher Simons

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Master's (Hankuk University of Foreign Studies)
Education
Dr. Peter Sayer

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M.A. (The Ohio State University)
East Asian Languages and Literatures
Dr. Xiao-Bin Jian

Eun Jung Ko
B.S. Nurs. (Chung-Ang University)
M.S. (New York University)
Nursing
Dr. Karen Rose

Simon Kolbeck
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M.A. (The Ohio State University)
Sociology
Dr. Paul Bellair
Dr. Steven Lopez

Pouya Kousha
B.S. (Isfahan University of Technology)
M.S. (The Ohio State University)
Computer Science and Engineering
Dr. Dhableswar Panda
Dr. Hari Subramoni

Marjana Krajac
B.A. (Academy of Perf Arts)
Dance
Dr. Harmony Bench

William James Kuehnle III
B.A. (University of Chicago)
M.Educ. (University of Notre Dame)
Education
Dr. Bryan Warnick

Ho Kwon
B.S. Mat.Sci.Eng. (Hanyang University)
M.S. (Seoul National University)
Welding Engineering
Dr. Xun Liu

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Mathematics
Dr. Daniel Thompson

Devin Taylor LaPolt
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Food Science and Technology
Dr. Barbara Kowalczyk
Dr. Jiyoung Lee

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M.A. (The Ohio State University)
Psychology
Dr. Kentaro Fujita
Dr. Lisa Kuhns

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B.A. (Soongsil University)
M.A. (Konkuk University)
M.Educ. (University of Central Oklahoma)
Education
Dr. Ian Wilkinson

Min-Sang Lee
B.S., M.S. (Inha University)
Chemistry
Dr. Sherwin Singer

Ray Alan Lee

B.S. (Duke University)
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Mathematics
Dr. King Yeung Lam

Seel Bee Lee

B.Bus.Adm. (Sogang University)
 M.A. (Yonsei University)
 M.A. (The Ohio State University)
Psychology
Dr. Kentaro Fujita
Dr. Lisa Kuhns

Young In Lee

B.S. (University of Birmingham)
 B.A., M.A. (Sungkyunkwan University)
 M.A. (The Ohio State University)
Economics
Dr. Aubhik Khan

Jim Li

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 M.A. (The Ohio State University)
Psychology
Dr. Zeynep Saygin

Lun Li

B.S., M.S. (University of Washington)
Statistics
Dr. Yoonykyung Lee

Qin Li

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 M.A. (Washington State University)
Communication
Dr. Robert Bond
Dr. Robert Garrett

Yifan Li

B.A. (Nanjing University)
 M.A. (Hong Kong Un Sci & Tech)
 M.A. (University of Alberta)
History of Art
Dr. Julia Andrews

Yufei Li

Bachelor's (University of Science and Technology of China)
Physics
Dr. Rolando Valdes Aguilar

Yun Li

B.S. (Beijing Forestry University)
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Agricultural, Environmental, and Development Economics
Dr. Mark Partridge

Beiyuan Liang

B.S. (Sun Yat-sen University)
Integrated Biomedical Science Graduate Program
Dr. Jing Wang

Yu-Fu Lin

B.S. (National Chiayi University)
 M.S. (Texas A&M University-Commerce)
Chemistry
Dr. Vicki Wysocki

Jian Liu

B.Engr. (Xi'an Jiaotong University)
 M.S. (The Ohio State University)
Mechanical Engineering
Dr. Han Na Cho
Dr. Jung Hyun Kim

Tzu Li Liu

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 M.S. (Northwestern University)
Materials Science and Engineering
Dr. Jinghua Li

Yin Liu

Bachelor's (Harbin Institute of Technology)
 M.S. (University of Chinese Academy of Sciences)
Industrial and Systems Engineering
Dr. Sam Davanloo Tajbaksh

Zhuqing Liu

Bachelor's (Beihang University)
 Master's (New York University)
Electrical and Computer Engineering
Dr. Jia Liu

Heather Marie Lochotzki

B.S. (Ohio Northern University)
Environmental Science
Dr. Darryl Hood

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Dr. Christopher Hirata

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Political Science
Dr. Christopher Gelpi

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Biophysics
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Dr. Marcos Sotomayor

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Animal Sciences
Dr. Kimberly Cole

Kartik Lovekar

B.Tech. (Vellore Institute of Technology)
 M.Appl.Stat. (The Ohio State University)
Statistics
Dr. Subhadeep Paul

George Shizhou Lu

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Accounting and Management Information Systems
Dr. Annette Beatty

Wei-En Lu

B.S. (Grove City College)
 M.S. (The Ohio State University)
Biostatistics
Dr. Ai Ni

Annelise Alissa Madison

B.A. (Washington and Lee University)
 M.A. (The Ohio State University)
Psychology
Dr. Janice Kiecolt-Glaser

Saikat Majumdar

B.Engr. (Bengal Engineering and Science University)
 M.S. (The Ohio State University)
Computer Science and Engineering
Dr. Mircea-Radu Teodorescu

Jeremy C. Manus

B.S. (Union College)
 M.S. (The Ohio State University)
Mechanical Engineering
Dr. Jeffrey Sutton

Bethany Martens Thangarajah

B.S. (Indiana Wesleyan University)
 M.Ed. (MidAmerica Nazarene University)
Education
Dr. Peter Sayer

Kelsey Paige Mason

B.A., B.S.Educ. (University of Tennessee at Martin)
 M.A. (Auburn University)
English
Dr. Amanpal Garcha

Matthew Dale Maynard

B.A. (University of Tulsa)
Greek and Latin
Dr. Sarah Johnston

Tamryn Lara McDermott

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Arts Administration, Education and Policy
Dr. Jennifer Richardson

Michael John Menart

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 M.S. (The Ohio State University)
Computer Science and Engineering
Dr. Rael Bassily

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Molecular, Cellular, and Developmental Biology
Dr. Iris Meier

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B.S., M.S. (The Ohio State University)
Agricultural, Environmental, and Development Economics
Dr. Daniela Miteva

David Christopher Monseur

B.Mus.Educ. (The Ohio State University)
 M.Mus. (Westminster Choir College of Rider University)
Music
Dr. David Hedgcock

Michael Paul Moodispaw

B.S.Mat.Sci.Eng., M.S. (The Ohio State University)
Materials Science and Engineering
Dr. Aihua Luo

Jeyoung Moon

B.A., Master's (Korea University)
 M.A. (The Ohio State University)
Economics
Dr. Gabriel Mihalache

Katherine Emily Wood Mooney

B.A. (University of Pittsburgh)
 M.A. (The Ohio State University)
History
Dr. Raymond Parrott

Eric Scott Moore

B.S. (Wright State University)
Physics
Dr. Louis DiMauro

Rachel Amanda Gilfarb Moscoe

B.A. (Vanderbilt University)
 M.S. (The Ohio State University)
Neuroscience Graduate Studies Program
Dr. Benedetta Leuner

Debasmita Mukherjee

B.Tech. (Maulana Abul Kalam Azad University of Technology)
 M.Tech. (Indian Institute of Technology)
 M.S. (The Ohio State University)
Molecular, Cellular, and Developmental Biology
Dr. Thomas Mace

Daniel Timothy Naftel

B.A. (University of Colorado)
 M.A. (The Ohio State University)
Political Science
Dr. Vladimir Kogan

Indranil Nayak

B.Tech. (Indian Institute of Technology Kharagpur)
 M.S. (The Ohio State University)
Electrical and Computer Engineering
Dr. Mrinal Kumar
Dr. Fernando Teixeira

Rexhina Ndoci

B.A. (University of Athens)
Linguistics
Dr. Brian Joseph

Jack Madison Marshall Neustadt

B.A. (Dartmouth College)
Astronomy
Dr. Christopher Kochanek
Dr. Krzysztof Zbignien Stanek

Kenny Quoc Nguyen

B.S. (Aquinas College)
Chemistry
Dr. Christopher Hadad

Cara Mae Nix

B.S. (University of Minnesota)
 M.A. (The Ohio State University)
Political Science
Dr. William Minozzi
Dr. Skyler Cranmer

Oluwakayode Odumboni

B.A. (University of Lagos)
 M.A. (The Ohio State University)
English
Dr. Adeleke Adeeko

Ryota Ogaki

B.A. (Kyoto University)
 M.A. (University of Tokyo)
 M.A. (The Ohio State University)
Economics
Dr. Aubhik Khan

Byung-Doh Oh

B.A., M.A. (Seoul National University)
Linguistics
Dr. William Schuler

Leigh Anne Oldershaw

B.A. (College of William and Mary)
 M.A. (New York University)
Anthropology
Dr. Debra Guatelli-Steinberg
Dr. Clark Larsen

Eric Olsen

B.S. (United States Air Force Academy)
 Master's (Harvard University)
Human Sciences
Dr. Caecilia Loibl

Keegan Orr

B.S. (Otterbein University)
Mechanical Engineering
Dr. Igor Adamovich

Maria Michela Orsini

B.A., M.A. (Marshall University)
Sociology
Dr. Michael Vuolo

Juan Pablo Ospina Arboleda

B.S. (Florida State University)
M.S. (The Ohio State University)
Psychology
Dr. Steven Spencer

Dhwani Parikh

B.A. (Ramarain Ruia College)
M.A. (University of Mumbai)
M.S. (University of Missouri-Columbia)
Education
Dr. Moira Konrad

Hyekyung Park

B.A., M.A. (Sogang University)
M.A. (The Ohio State University)
Psychology
Dr. John Opfer

Hannah Callahan Parker

B.S. (New Mexico State University)
M.S. (University of Arizona)
Agricultural Communication, Education, and Leadership
Dr. Amanda Bowling

Joselyn Lynnette Parker

B.A. (Westminster College)
M.S. (Youngstown State University)
Education
Dr. Mollie Blackburn

Ananya Patnaik

B.S. (University of Delhi)
M.S. (Indian Institute of Technology)
Chemistry
Dr. Lawrence Baker

Rachel Arielle Patton

B.S., M.S. (The Ohio State University)
Astronomy
Dr. Marc Pinsonneault

Taylor Dawn Payne

B.S. (University of Tennessee-Knoxville)
Chemistry
Dr. Zachary Schultz

Matthew Todd Pesavento

B.S. (University of Michigan)
M.A. (Miami University)
Public Policy and Management
Dr. Stephanie Moulton

Kenneth James Peterman

B.S., M.S. (The Ohio State University)
Earth Sciences
Dr. Michael Barton

Yootapichai Phosi

Bachelor's, Master's (Mahidol University)
Nursing
Dr. Ethan Morgan

Kenneth Brice Poland

B.S. (Muskingum University)
M.P.A., M.S. (The Ohio State University)
Public Policy and Management
Dr. Edward Hill

Tejas Prasanna

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M.S. (The Ohio State University)
Physics
Dr. Todd Thompson
Dr. Christopher Hirata

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Dr. Jasmeet Hayes

Rui Qiang

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Dr. Oxana Chkrebtil

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M.S. (South Dakota State University)
M.S. (The Ohio State University)
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Dr. Siddharth Rajan

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M.B.A. (Liberty University)
M.S. (Air Force Institute of Technology)
Civil Engineering
Dr. Jordan D. Clark
Dr. Daniel B. Gingerich

Pranav S J B Rana

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Dr. Daniel Wozniak

Shraavya Rao

B.Engr. (Institute of Chemical Technology)
Chemical Engineering
Dr. W.S. Winston Ho

Imran Razik

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Evolution, Ecology and Organismal Biology
Dr. Gerald Carter

Bryan Christian Remyaly

B.S.Pharm.Sci., M.S. (The Ohio State University)
Pharmaceutical Sciences
Dr. Christopher Charles Coss
Dr. A. Phelps

Peter Renz

Master's (Technical University of Dresden)
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B.S. (Bowling Green State University)
Clinical Research

Laura K. Flora

B.A. (Wright State University)
Clinical Research

Rebecca L. Fouts

B.S. (Ohio University)
Clinical Research

Amy Ann Fulmer

B.S. (The Ohio State University)
Clinical Research

Emma Grusenmeyer

B.A. (Miami University)
Clinical Research

Harrison Lee

B.S. (The Ohio State University)
Clinical Research

Jessica Amber McCoy

B.A. (Miami University)
Clinical Research

Akanksha Nigam

B.S., M.S. (Chhatrapati Shahu Ji Maharaj University)
Clinical Research

Garmai Kpedebah Nyuanger

B.S.Nurs., M.Env.Nat.Res. (Cuttington University)
Clinical Research

Reema Obideen

M.D. (University of Tishreen)
Clinical Research

Emmanuel Nkwachukwu Oyoh

B.Engr. (University of Greenwich)
B.S.Nurs. (University of Maine - Fort Kent)
Clinical Research

Kendra Mitchell Petrick

B.S. (University of Maryland Baltimore County)
B.S.Nurs. (University of Maryland, Baltimore)
Clinical Research

Bethany Lauren LaRue

Rusincovitch
B.A. (Cleveland State University)
Clinical Research

Kristen Ashleigh Simpson

B.A. (College of Charleston)
Clinical Research

Alexis Steinmetz

Clinical Research

Sara Marie Tallmadge

B.S.Hlth.Reh.Sci. (The Ohio State University)
Clinical Research

Benjamin Matthew Veneman

B.S., B.A. (The Ohio State University)
Clinical Research

Keira A. Wharton

B.S. (The Ohio State University)
Clinical Research

Master of Dietetics and Nutrition

Elena Cerri

B.S.Nutrition (The Ohio State University)
Dietetics and Nutrition

Master of Education

Jennifer Lynne Coty-McAuley

B.S.Educ. (Ohio University)
Education

Jennifer N. Dulaney

B.A. (Capital University)
Education

Haylee Alise Holt

B.S. (Kent State University)
Education

Lyle Bowman Yost

B.A. (The Ohio State University)
Education

Master of Engineering Management

Brandon Bryant

B.S.Civ.Eng. (University of Toledo)
Engineering Management

Daniel Joseph Heydinger

B.S. (University of Toledo)
Engineering Management

Camden Jeffrey Jackson

B.S. (Iowa State University)
Engineering Management

Jeffrey John Trgovich

B.S.Elec.Cptr.Eng. (Purdue University Calumet)
Engineering Management

Master of Fine Arts

Isaiah Yonah Back-Gaal

B.A. (University of Washington)
English

Thomas Sterling Ellsworth

B.S., M.S. (Brigham Young University)
Design

Sara Elizabeth Hess

B.F.A. (University of Georgia)
Art

Chai Zhen Jennifer Lim

B.A. (National University of Singapore)
Design

Min Liu

Bachelor's (Wuhan University of Technology)
Design

Mahkameh Mallah Zadeh

Bachelor's (University of Tehran)
Design

Hannah McCasland

B.F.A. (State University of New York at Plattsburgh)
Art

Gabriella Elizabeth Moreno

B.F.A. (School of Visual Arts)
Art

Marcus Lamont Morris

B.F.A. (Columbus College of Art and Design)
Art

Matthew Pevear

B.F.A. (Syracuse University)
Art

Tracy Abbott Szatan

B.A. (Brown University)
Art

Juan Diego Torres Brenes

LaRoche
B.F.A. (Savannah College of Art and Design)
Design

Natasha Woods

B.F.A. (University of Wisconsin)
Art

Master of Health Administration

Rohit Lingamneni

B.S.Bus.Adm. (The Ohio State University)
Health Services Management and Policy

Master of Landscape Architecture

Zixin Zeng

B.Engr. (Yangzhou University)
Landscape Architecture

Master of Learning Technologies

Suzanna Lee Hammond

B.S.Educ. (The Ohio State University)
Education

Henry William Levenberg

B.S.Educ. (The Ohio State University)
Education

Master of Music

Rosa Fernanda Balderrama Flores

B.Music (Drake University)
Music

Emily Christine Foster

B.Music (University of Cincinnati)
Music

Darren Keith Templeton

B.Music (The Ohio State University)
M.A. (Webster University)
Music

Master of Plant Health Management

Joshua John Amrhein

B.S. (Kent State University)
Plant Health Management

Andrew Brian Michalek

B.S. (Western Michigan University)
Plant Health Management

Master of Public Administration

Olivia May Armstrong

B.S.Soc.Work (The Ohio State University)
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Cynthia Garcia

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Public Policy and Management

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B.Bus.Adm. (Tiffin University)
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Master of Public Health

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Public Health

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B.S.Agr. (The Ohio State University)
Public Health

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Public Health

Soluman Bo Culver
B.A. (Saint Leo University)
B.S. (Georgia Southern University)
M.S., M.D. (The Ohio State University)
Public Health

Megan Lindsey Fulton
B.S. (The Ohio State University)
Public Health

Mengyun Gu
B.S.Pub.Hlth. (The Ohio State University)
Public Health

Madison Hairston
B.Med. (University of Cincinnati)
Public Health

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Bachelor's (University of Dhaka)
M.A. (Texas Tech University)
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Jacob C. Kamholz
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Public Health

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Public Health

Jonathan Edward Leopold
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Public Health

Ashley Ann Lipps
B.S. (State University of New York at Geneseo)
M.D. (The Ohio State University)
Public Health

Allison Chunwen Lure
B.A. (Dartmouth College)
M.D. (University of Virginia)
Public Health

Sarah M. MacDowell
B.A. (Knox College)
M.D. (George Washington University)
Public Health

Gretchen Anne McNally
B.S. (Capital University)
M.S., Ph.D. (The Ohio State University)
Public Health

Julie Grace Meyer
B.S.Hlth.Reh.Sci. (The Ohio State University)
Public Health

Taylor M. Murphy
B.S. (Drake University)
B.S. (Rush University)
Public Health

Jamie L.D. O'Leary
B.A. (Messiah College)
Master PA (Princeton University)
Public Health

Brittany Panches
B.S., Ph.D. (University of Cincinnati)
Public Health

Preethi Niveditha Rani Ravindran
B.Dent.Surg. (Ramachandra Institute of Higher Education)
Public Health

Abigail Grace Reckard
B.A. (University of Mount Union)
Public Health

Alysa Irene Royak
B.S. (The Ohio State University)
Public Health

Miriam Elizabeth Shaw Ojeda
B.S., Pharm.D. (Cedarville University)
Public Health

Charlotte Ann Sjulín
B.S. (University of Nebraska-Lincoln)
D.D.S. (University of Nebraska Medical Center)
Public Health

Frank David Steyn
B.S.Pub.Hlth. (The Ohio State University)
Public Health

Madison Elice Theodore
B.A. (Miami University)
Public Health

Nicole Alexis Thomas
B.S.Hlth.Reh.Sci. (The Ohio State University)
Public Health

Austin Jeffery Underwood
B.S. (The Ohio State University)
Public Health

Sara Marie Vasko-Bennett
B.A. (The Ohio State University)
Public Health

Lauren Cristina Vesprani
B.S. (University of Michigan)
D.V.M. (The Ohio State University)
Public Health

Alexandra M. Williams
B.A. (Guilford College)
Public Health

Master of Science

Amna Raad Abdalbaqi
B.S. (The Ohio State University)
Chemical Engineering

Muna Ibrahim Abdalla
B.S.Nurs. (The Ohio State University)
Nursing

Abdelrahman Ahmed
B.S. (American University of Sharjah)
Chemistry

Shreyansh Anil
B.Tech. (Manipal University)
Mechanical Engineering

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B.S. (University of Wisconsin)
D.Osteopath. (Lake Erie College of Osteopathic Medicine & Pharmacy)
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Emily Anne Armstrong
B.A. (The Ohio State University)
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D.D.S. (Universidad Santa Maria)
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B.S.Elec.Eng. (University of Engineering and Technology, Lahore)
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B.A., B.S. (Florida Institute of Technology)
M.A. (Simon Fraser University)
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Hazal Sena Aydogdu
B.S. (Middle East Technical University)
Mathematics

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Kristie Baker
B.S. (Florida Institute of Technology)
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B.S. (University for Development Studies, Ghana)
M.S. (Institut supérieur d'agriculture et d'agroalimentaire Rhône-Alpes, Lyon)
Food Science and Technology

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B.Engr. (Anna University)
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B.A. (Carleton College)
Chemistry

Megan Ceceal Balla
B.S.Nurs. (The Ohio State University)
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Cayla Marie Barnes
B.A. (Boston College)
Human Sciences

Calli Bellingier
B.A. (University of Virginia)
Neuroscience Graduate Studies Program

Devon Bernsley
B.A. (Barnard College - Columbia University)
Translational Pharmacology

Hannah Marie Bilka
B.A. (Boston College)
Human Sciences

Sayak Biswas
B.S., M.S. (Indian Institute of Science Education & Research)
Physics

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B.S.Elec.Cptr.Eng. (The Ohio State University)
Electrical and Computer Engineering

August 20-22, 2024, Board of Trustees Meetings

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Human Sciences

Zackary Keith Boothe

B.A. (Berea College)
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Electrical and Computer Engineering

Tai Madison Bowling-Charles

B.S. (Xavier University of Louisiana)
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Jennifer Marie Brees

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Translational Pharmacology

Riley Marie Brengman

B.S.Educ. (The Ohio State University)
Human Sciences

Dustin Robert Broderick

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B.S.Mech.Eng. (The Ohio State University)
Mechanical Engineering

Akhil Canumalla

B.Tech. (Sri Ramaswamy Memorial University)
Electrical and Computer Engineering

Maria Victoria Castro Aguilar

B.S.Elec.Cptr.Eng. (The Ohio State University)
Electrical and Computer Engineering

Shivam Chaubey

B.S. (University of Delhi)
M.S. (Indian Institute of Technology, Banaras Hindu University)
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Haolin Chen

B.S. (Carnegie Mellon University)
Physics

JinHong Chen

B.S.Elec.Cptr.Eng. (The Ohio State University)
Electrical and Computer Engineering

Xiuting Chen

Bachelor's (Shaanxi University of Science and Technology)
M.S. (State University of New York at Buffalo)
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B.S. (Michigan State University)
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Ivy Ciaburri

B.A. (Williams College)
Environment and Natural Resources

Luke Henry Ciccone

B.S.Mat.Sci.Eng. (The Ohio State University)
Materials Science and Engineering

Arin Dillon Cox

B.S., D.V.M. (Mississippi State University)
Comparative Biomedical Science

Keathun Charles Cunningham

B.A. (The Ohio State University)
Psychology

Lana Dahman

B.S.Nurs. (Hiram College)
Nursing

Dominic Paul Dallago

B.S.Mech.Eng. (Colorado State University)
Mechanical Engineering

Purva Shripad Damale

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Hunter Vladimir Danford

B.S.Civ.Eng. (The Ohio State University)
Civil Engineering

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B.S.Nurs. (Mass College of Pharmacy)
Nursing

Dipankar Das

B.S., M.S. (Indian Institute of Science Education & Research)
Chemistry

Subhajit Das

B.S.Honors (University of Calcutta)
M.S. (Jawaharlal Nehru Centre for Advanced Scientific Research)
Chemistry

Jay Davidson

B.S.Mech.Eng. (The Ohio State University)
Mechanical Engineering

Diego de Moura Souza

Mech.Eng. (Universidade Federal Rural de Pernambuco)
Mechanical Engineering

Drew Donovan Decker

B.S.Educ. (The Ohio State University)
Human Sciences

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B.S. (University of Vermont)
Chemistry

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B.S. (Pacific Union College)
D.D.S. (Loma Linda University)
Dentistry

Jasmine Denofsky

B.A. (Miami University)
Human Sciences

Blaine Matthew Derbigny

B.S. (Xavier University of Louisiana)
Chemistry

Hrishikesh Rajesh Deshmukh

B.Tech. (Sri Ramaswamy Memorial University)
Computer Science and Engineering

Eric Patrick Devney

B.S.Chem.Eng. (The Ohio State University)
Food, Agricultural and Biological Engineering

Sandeep Dhakal

B.Engr. (Tribhuvan University)
Food, Agricultural and Biological Engineering

Ashok Vedantum Dheenan

B.S.Elec.Cptr.Eng. (The Ohio State University)
Electrical and Computer Engineering

Stephen Charles Dignan

B.A. (Elon University)
M.D. (St. George's University)
Statistics

Balaji Ravindra Dontha

B.Engr. (University of Mumbai)
Electrical and Computer Engineering

Liam O'Brien Dubay

B.A. (Whitman College)
Astronomy

Josephine Beverly Duffy

B.S.Env.Nat.Res. (University of Illinois at Urbana-Champaign)
Environment and Natural Resources

Trevor William Eide

B.S. (Utah Valley University)
D.D.S. (University of Louisville)
Dentistry

Jocelyn Frances Elgin

B.S. (Purdue University)
Chemistry

Vidharshani Priyanvada Ellepola

B.S. (Uva Wellassa University)
M.S. (University of Peradeniya)
Food Science and Technology

Mohamed Elsayed Mohamed Elsayed

B.S. (Zewail City of Science and Technology)
Chemistry

Luyuan Fan

B.Engr. (Beijing Normal University, Zhuhai)
Electrical and Computer Engineering

Zijie Feng

B.Engr. (Jilin University)
Food Science and Technology

Julia Garcia Feresin

B.S. (Clemson University)
Chemistry

Riley Ferguson

B.A., B.S. (University of Alabama)
Chemistry

Cierra Josephine Foster

Bachelor's (Oklahoma City University)
Chemistry

Garry Alisha Francis Morel

M.D. (Universidad Nacional Autonoma Nicaragua)
Translational Pharmacology

Thomas Richard Fredriksen

B.S. (State University of New York at Albany)
Chemistry

Laura Ann Friedmann

B.S.Mech.Eng. (North Dakota State University)
Mechanical Engineering

Aidan Selig Fullriede

B.S. (Illinois State University)
Earth Sciences

Naga Alekhya Ganti

B.Tech. (Gandhi Institute of Technology and Management)
Mechanical Engineering

Gustavo Andres Garay Rodriguez, Sr.

Bachelor's (University of Puerto Rico)
Plant Pathology

Jennifer Anne Gardiner

B.S.Educ. (The Ohio State University)
Human Sciences

Jacob James Anton Garwood

B.S. (La Salle University)
Chemistry

Gwendolyn Faith Gattermeir

B.S. (Christopher Newport University)
Chemistry

Maryam Ali Mohammed Ridha Ghazali

B.A. (Oberlin College)
Chemistry

Kimberly Michelle Paresa Gibbs

B.S. (Oregon State University)
D.D.S. (Oregon Health & Science University)
Dentistry

Richard Stefano Gonzalez Aquino

B.S.Agr.Eng. (Universidad Nacional del Este)
Plant Pathology

Daniel Gonzalez, Jr.

B.A. (Williams College)
Mathematics

Anusheel Goswami

B.Tech. (National Institutes of Technology, India)
Electrical and Computer Engineering

Kaylee Grabarkewitz

B.A. (Simpson College)
Chemistry

Aidan Flannery Greene

B.S. (University of Louisville)
Chemistry

Kathryn Taylor Gross

B.A. (Mount Vernon Nazarene University)
Translational Pharmacology

Kathryn Anne Grunewald

B.S. (University of Notre Dame)
Doctorate (University of Illinois at Chicago)
Dentistry

Chiran Thejana Gunathilake

B.S. (University of Peradeniya)
Postgrad.Dipl. (University of
Colombo)
Chemistry

Yang Guo

B.S. (University of Pittsburgh)
B.Engr. (Sichuan University)
Materials Science and Engineering

Piyush Gupta

B.S. (University of Delhi)
M.S. (Indian Institute of Technology)
Chemistry

Gurkirat Singh

B.S.Agr. (Punjab Agricultural
University)
Horticulture and Crop Science

Jared William Hagerty

B.S. (University of Michigan)
Aerospace Engineering

Mingzhe Han

B.S.Cptr.Sci.Eng. (The Ohio State
University)
Computer Science and Engineering

Kathleen Hanchett

B.S. (Gannon University)
Chemistry

Jeremy Scott Hardman

B.S. (Fairmont State University)
Welding Engineering

Reham Reda Abdelraouf Hassan

B.S. (Zewail City of Science and
Technology)
Chemistry

Joseph Michael Hazel

B.S. (University of North Carolina
at Charlotte)
Chemistry

Rachel Marie Hemmerlin

B.S. (Slippery Rock University)
Chemistry

Allison Higgins

B.S. (Morehead State University)
D.D.S. (University of Kentucky)
Dentistry

Jalin Holloway

Bachelor's (Ohio University)
Human Sciences

Cullen Thomas Irvine

B.A. (Carleton College)
Chemistry

Kaniza Islam

B.S. (Bangladesh U of Professionals)
Mechanical Engineering

Nehemiah Devon Jackson

B.A. (California University of
Pennsylvania)
Human Sciences

Shannon Michelle Jacoby

B.A.Honors (California State
University)
M.A. (University of Denver)
Psychology

Priya Jana

B.Tech. (Maulana Abul Kalam
Azad University of Technology)
Chemical Engineering

Peter Alexander Jansen

B.A., B.S. (Michigan State University)
Biomedical Engineering

Luoyuan Jiang

B.Engr. (Auburn University)
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Leyre Jimenez Garcia

B.A., B.S. (Ohio Northern University)
*Molecular, Cellular, and
Developmental Biology*

Yeram Kang

B.S., D.D.S. (The Ohio State
University)
Dentistry

Sarandeep Kaur

B.S. (Wayne State University)
Translational Pharmacology

Robert Malcolm Kent

B.S. (University of Richmond)
Physics

Carson David Kephart

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*Evolution, Ecology and Organismal
Biology*

Barbara Jill Kerr

B.S.Hlth.Reh.Sci. (The Ohio State
University)
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M.S. (Kobe University)
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B.A. (Rutgers University-New
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Pitichumani**

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M.G.R. Medical University)
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Nursing

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*Molecular, Cellular, and
Developmental Biology*

Zoe Olivia Korpi

B.S. (Pennsylvania State University)
Environment and Natural Resources

Mohamed Kheirredine Kourdaoui

B.S. (Fairfield University)
Chemistry

Andreas Stylianos Koutsogiannis

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D.D.S. (The Ohio State University)
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B.S. (Fu Jen Catholic University)
Food Science and Technology

Michael Henry Lander

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B.S. (Cornell University)
Bachelor's (Zhejiang University)
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Julia Lauren Linder

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Miles Thomas Lindquist

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B.S. (The College of New Jersey)
Chemistry

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University)
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Youwei Liu

B.S.Honors (University of
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Bachelor's (Culinary Institute of
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B.S. (University of Pittsburgh)
Chemistry

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B.S.Chem.Eng. (The Ohio State
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Chemical Engineering

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B.S. (Pennsylvania Western
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Human Sciences

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B.S. (University of Dayton)
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B.S. (Jadavpur University)
M.S. (Indian Institute of
Technology Bombay)
Chemistry

Saikat Mandal

B.S., M.S. (Indian Institute of
Science Education & Research)
Chemistry

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B.Tech. (Jawaharlar Nehru
Technological University)
Computer Science and Engineering

Celeste Aurora Matos Gonzalez

Titulo.Bach. (Escuela Agrícola
Panamericana el Zamorano)
Food Science and Technology

Alexis Nicole McCarthy

B.S.Honors (Virginia Polytechnic
Institute and State University)
Chemistry

Andrew James McDonald

B.S.Elec.Eng. (West Virginia
University)
Electrical and Computer Engineering

Nathan Henry McFarland

B.S. (The Ohio State University)
Translational Pharmacology

Kirollos Nader Nassif Mikhaeel

B.A. (Kenyon College)
Chemistry

Dominic Mikrut

B.S.Elec.Cptr.Eng. (The Ohio State
University)
Electrical and Computer Engineering

Alexander Milder

B.S. (Haverford College)
Chemistry

Justin David Miller

B.S. (Baldwin Wallace University)
Chemistry

Todd Joseph Miller

B.S.Aero.Eng. (The Ohio State
University)
Aerospace Engineering

Navid Mohammadian Tabrizi
B.S., M.S. (University of Tehran)
Chemistry

Swathi Mohan
B.S. (Osmania University)
M.S. (University of Madras)
M.S. (Wichita State University)
Ph.D. (Purdue University)
Translational Pharmacology

Saikat Mondal
B.S. (University of Calcutta)
M.S. (Indian Institute of
Technology Bombay)
Chemistry

Gabriella Carolina Montiel
B.S.Mat.Sci.Eng. (University of
Florida)
Materials Science and Engineering

**Nishadi Nadeeshani Moragoda
Liyanage**
B.S. (University of Ruhuna)
Chemistry

Monika Moreu-Vicente
B.S. (University of Puerto Rico)
Environment and Natural Resources

Jacob Morin
B.S. (Tennessee Technological
University)
Human Sciences

Adam John Moyer
B.A., B.S. (Eastern Washington
University)
Translational Pharmacology

Swapnil Mukherjee
B.S., M.S. (Indian Institute of
Science Education & Research)
Chemistry

John Clifford Mulh
B.S.Aero.Eng. (The Ohio State
University)
Aerospace Engineering

Jacob Matthew Murray
B.S.F.A.B.E. (The Ohio State
University)
*Food, Agricultural and Biological
Engineering*

Jennifer Nicole Nadeau
B.S. (University of Nevada, Reno)
Environment and Natural Resources

Srijith Srinivasan Nair
B.Tech. (National Institute of
Technology Tiruchirappalli)
Electrical and Computer Engineering

Eric Ryan Naumann
B.S.Pharm.Sci. (The Ohio State
University)
Translational Pharmacology

Ryan David Neal
B.S.Weld.Eng. (The Ohio State
University)
Welding Engineering

Paul Neff
B.S.Chem.Eng. (State University
of New York at Buffalo)
Chemical Engineering

Ryan Alan Nelson
B.S. (Southern Adventist University)
Chemistry

**Shashini Neththasinghe
Appuhamilage**
B.S. (University of Peradeniya)
Horticulture and Crop Science

**Jack Madison Marshall
Neustadt**
B.A. (Dartmouth College)
Astronomy

Lillian Grace Nichols
B.S. (Otterbein University)
Chemistry

Tasnin Akter Nila
B.S., M.S. (University of Dhaka)
Chemistry

Nitesh Kumar
B.S., M.S. (Indian Institute of
Technology Kharagpur)
Chemistry

Cara Mae Nix
B.S. (University of Minnesota)
M.A. (The Ohio State University)
Computer Science and Engineering

Allison Nicole Noe
B.S. (University of Dayton)
Vision Science

Yetunde Teresa Odeyemi
B.Tech. (Ladoke Akintola
University of Technology)
M.S. (Obafemi Awolowo University)
Chemistry

Atinuke Oduloye
B.S. (University of Minnesota)
Psychology

Jooho Oh
B.A. (The Ohio State University)
Anatomy

Immaculata Onyine Onuigbo
B.S. (American University of Nigeria)
Chemistry

Madison Palardy
B.S. (University of Maryland)
Chemistry

Mrityunjay Pandey
B.S.Honors (University of Delhi)
M.S. (Visvesvaraya National
Institute of Technology, Nagpur)
Chemistry

Smrutimedha Parida
B.S., M.S. (Homi Bhabha
National Institute)
Chemistry

Yeaeun Park
B.A. (University of Michigan)
Environmental Science

Diana Parks
B.Educ., B.S.Agr. (University of
Kentucky)
Human Sciences

Taiyier Parks
Bachelor's (Michigan State
University)
Human Sciences

Theresa Grace Parr
B.S. (Notre Dame College)
Food Science and Technology

Allen Ray Partin III
B.S. (University of Illinois at
Urbana-Champaign)
Chemistry

Shivam Kishor Patel
B.S. (University of Texas at San
Antonio)
D.D.S. (University of Texas
Health Science Center)
Dentistry

Radu Pavel
B.S.Mech.Eng. (The Ohio State
University)
Mechanical Engineering

Can Devrim Pekmezci
B.S. (Middle East Technical
University)
Mathematics

Cody Joseph Pestino
B.S.Educ. (The Ohio State University)
Human Sciences

Michelle Phuong Lan Pham
B.S. (The Ohio State University)
Translational Pharmacology

Stephen Piatkowski
B.S.Biomed.Eng. (The Ohio State
University)
Biomedical Engineering

Emma Pollock
B.S. (Westminster College)
Chemistry

Carlos Alfredo Porras Guardado
B.S.Food.Sci. (Zamorano Pan-
American Agricultural School)
Food Science and Technology

Julia Elizabeth Powers
B.S. (University of Maine)
Translational Pharmacology

Shamma Jabeen Proma
B.S. (University of Dhaka)
Chemistry

Zihao Qi
B.S. (Liaoning Normal University)
Chemistry

Yehong Qiu
B.S. (The Ohio State University)
Chemistry

Alyzah Usman Quereshey
D.D.S. (Case Western Reserve
University)
Dentistry

Joseph Thomas Race
B.S. (Rochester Institute of
Technology)
Chemistry

Erin Elizabeth Ramey
B.S. (Hope College)
Chemistry

Grant Stuart Ravary
B.S.Env.Nat.Res. (The Ohio State
University)
Environment and Natural Resources

Lillian Reisenfeld
Human Sciences

Vishnu Renganathan
B.Tech. (Sri Ramaswamy Memorial
University)
Electrical and Computer Engineering

Andrew David Rockovick III
B.A. (Washington & Jefferson
College)
Physics

Julie Gaby Danyelle Rodijk
B.S. (State University of New York
at Albany)
Human Sciences

Elizabeth Rogers
B.S. (Bowling Green State
University)
Food Science and Technology

Renee Elizabeth Romano
B.S. (Kent State University)
B.S. (Metropolitan State College
of Denver)
Chemistry

Patricia Sarchet
B.A. (The Ohio State University)
Translational Pharmacology

Troye Isaiiah Sas-Wright
B.S.Civ.Eng. (The Ohio State
University)
Civil Engineering

Rose Josephine Schaffer
Bachelor's (University of Dayton)
Biomedical Engineering

Jean Charisse Schuerman
B.A. (Loyola Marymount University)
Nursing

Ragul Senthil
Bachelor's (National Institute of
Fashion Technology)
Human Sciences

Morgan Shaw
B.S. (The Ohio State University)
*Evolution, Ecology and Organismal
Biology*

Hannah Ruth Sheats
Master's (University of Saint
Andrews)
Mathematics

Jingyi Shen
Bachelor's (Sun Yat-sen University)
Computer Science and Engineering

Leslie Haru Shimizu
B.A. (The Ohio State University)
Nursing

Adwitiya Singh
B.S. (Banaras Hindu University)
M.S. (Central University of
Rajasthan)
Chemistry

Sunit Singh
B.Eng., M.S. (Birla Institute of
Technology and Science)
Computer Science and Engineering

Charlotte Ann Sjulín
B.S. (University of Nebraska-Lincoln)
D.D.S. (University of Nebraska
Medical Center)
Dentistry

Abigail Elizabeth Smith
B.S. (Martin Methodist College)
Chemistry

Patrick Douglas Smith
B.S. (Georgia Institute of
Technology)
M.S. (Virginia Polytechnic Institute
and State University)
Geodetic Science and Surveying

August 20-22, 2024, Board of Trustees Meetings

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Chemistry

Ruth Marie Speidel
B.S. (Eastern Kentucky University)
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Chemistry

Hunter Floyd Starbuck
B.S. (University of Cincinnati)
Chemistry

Grant Steelman
B.A. (Vanderbilt University)
Chemistry

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B.S.Nurs. (Mercy College of Ohio)
B.S. (University of Toledo)
Nursing

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B.A., B.S. (Baldwin Wallace University)
Chemistry

Raksha Suresh
Bachelor's (Karnataka Veterinary, Animal and Fisheries Sciences University)
Master's (Guru Angad Dev Veterinary and Animal Sciences University)
Animal Sciences

Logan Szajnecki
B.S.Aero.Eng. (Pennsylvania State University)
Aerospace Engineering

Amirreza Talebijamalabad
B.S. (University of Tehran)
M.S. (Universite De Grenoble)
Industrial and Systems Engineering

Shengzhe Tan
B.Engr. (Tiangong University)
Electrical and Computer Engineering

Sagarika Taneja
B.S. (University of Delhi)
M.S. (Indian Institute of Technology)
Chemistry

Regan Kathleen Tell
B.S. (North Carolina Agricultural and Technical State University)
Agricultural Communication, Education, and Leadership

Anusree Thenissery
B.S. (Kerala Veterinary and Animal Sciences University)
Animal Sciences

Scott Christopher Thomas
B.A.Journal. (Ohio University)
Human Sciences

Tess Anna Thompson
B.S.Educ., B.S.H.D.F.S. (The Ohio State University)
Human Sciences

Kaylee Ann Travis
B.S. (The Ohio State University)
Anatomy

Yamei Tu
B.Engr. (East China Normal University)
Computer Science and Engineering

Wynne Maryfield Turner
B.S. (University of California, Los Angeles)
Astronomy

Kaitlin Elizabeth Ulin
B.S. (The Ohio State University)
Evolution, Ecology and Organismal Biology

Prashanth Umapathy
B.Tech. (Sri Ramaswamy Memorial University)
Computer Science and Engineering

Bryna Vargo
B.S. (University of Kentucky)
Translational Pharmacology

Samuel Ricardo Vasquez III
B.S. (University of Texas at El Paso)
Welding Engineering

Naomi Leanne Waldon
B.S. (Tuskegee University)
Animal Sciences

Chengcheng Wang
B.A., Bachelor's (Williams College)
Psychology

Huanqing Wang
B.S. (Beijing Normal University)
Psychology

Wenzhuo Wang
B.S.Cptr.Sci.Eng., B.S. (The Ohio State University)
Computer Science and Engineering

Carson Eric Ward
B.S. (Ohio University)
Chemistry

Miqaela Weller
B.S. (The Ohio State University)
Astronomy

Connor Thomas Weyrick
B.S.Chem.Eng. (The Ohio State University)
Chemistry

Evan Nathaniel Whitford
B.S. (Xavier University)
Chemistry

Archibald James Williams
B.A. (Grinnell College)
Chemistry

Spencer Allen Witte
B.S. (University of Nebraska at Omaha)
Chemistry

David Wood
B.S. (The Ohio State University)
Chemistry

Yu Chang Wu
D.D.S. (China Medical College)
Dentistry

Haotian Xie
B.S. (The Ohio State University)
Statistics

Zhixin Xu
B.S. (The Ohio State University)
Chemistry

Zehao Yan
B.S. (Tianjin University)
Statistics

Chence Yang
B.Engr. (Chang'an University)
Electrical and Computer Engineering

Yuqing Yang
B.Engr. (Nanjing University)
Computer Science and Engineering

Hongzhi Yao
B.S. (The Ohio State University)
Geodetic Science and Surveying

Brianna Jenae Young
B.S. (Hampton University)
Biochemistry

Ci Zhang
B.Engr. (China Three Gorges University)
Electrical and Computer Engineering

Yujia Zhang
B.S. (Beijing Normal University)
Psychology

Zichen Zhang
Bachelor's (Wuhan University)
Computer Science and Engineering

Zhenlin Zhao
B.Engr. (Shandong University)
Electrical and Computer Engineering

Yuhan Zheng
Bachelor's (University of Electronic Science and Technology of China)
Electrical and Computer Engineering

Russell Zhu
B.S.Cptr.Sci.Eng. (The Ohio State University)
Computer Science and Engineering

Master of Social Work

Crystal Adams
B.S.Soc.Work (Youngstown State University)
Social Work

Brooklyn Cole Affolter
B.A. (Otterbein University)
Social Work

Sigfredo Melvin Amaya
B.A. (Gwynedd Mercy University)
Social Work

Olivia May Armstrong
B.S.Soc.Work (The Ohio State University)
Social Work

Yasmine Hamdallah Awal
B.S.Soc.Work (The Ohio State University)
Social Work

Carsen L Bach
B.S.Soc.Work (Heritage College)
Social Work

Tyler Christian Baker
B.S.Soc.Work (The Ohio State University)
Social Work

Christopher John Battaglia
B.A. (Waynesburg University)
Social Work

Mahisha Biddings
B.S.Soc.Work (The Ohio State University)
Social Work

Taylor Lynn Binger
B.A. (University of South Florida)
Social Work

Angela Marie Bolin
B.S.Soc.Work (Ohio University)
Social Work

Kelsey Breisch
B.A. (Gwynedd Mercy University)
Social Work

Leah Earleen Bronaugh
B.S.Soc.Work (The Ohio State University)
Social Work

Courtney Ann Brown
Diploma (Daymar College)
B.S. (Ohio University)
Social Work

Lauryn Mechille Buena
B.S.Soc.Work (University of Kentucky)
Social Work

Emily Elizabeth Burley
B.S.Soc.Work (Mount Vernon Nazarene University)
Social Work

Elayna Faith Cantrell
B.S.Soc.Work (Cedarville University)
Social Work

Alexa Nicole Carper
B.S.Soc.Work (The Ohio State University)
Social Work

Haley Jean Caudill
B.S.Soc.Work (Cedarville University)
Social Work

Emma Elizabeth Conrad
B.S. (Muskingum University)
Social Work

Liliane Costa Szwanke
B.A. (Bay Path University)
Social Work

Veronica Covarrubias
B.S. (Fashion Institute of Design and Merchandising)
M.B.A. (Claremont Graduate University)
Social Work

Jessica Lindsey Denman

B.S. (Ohio University)
Social Work

Jasmin Diaz

B.S.Soc.Work (The Ohio State University)
Social Work

Jennifer Doan

B.S.Soc.Work (The Ohio State University)
Social Work

Elyssa Rose Dorman

B.S.Soc.Work (The Ohio State University)
Social Work

I'yuana Edwards

B.S.Soc.Work (Bowling Green State University)
Social Work

Rachel Marie Fallara

B.S.Soc.Work (The Ohio State University)
Social Work

Peter Anthony Ferraro

B.A. (University of Massachusetts Boston)
Social Work

Kayley Marie Fox

B.S.H.D.F.S. (The Ohio State University)
Social Work

Alexandria Leigh Gaeta

B.S.Soc.Work (The Ohio State University)
Social Work

Olivia Mary Kathryn Gamble

B.S.Soc.Work (The Ohio State University)
Social Work

Jack Michael Gareau

B.S.Soc.Work (The Ohio State University)
Social Work

Kacie Marie George

B.S.Soc.Work (The Ohio State University)
Social Work

Brittany Marie Glenn

B.Appl.Sci. (Northwest Florida State College)
Social Work

Coryn Elise Gonzales

B.A. (The Ohio State University)
Social Work

Cameron John Green

B.A. (The University of Findlay)
Social Work

Liubov Gritsunov

Bachelor's (Novosibirsk State Technical University)
Social Work

Skyler Cory Gupta

B.A. (University of Michigan)
Social Work

Ashlee Hagedorn

B.S. (Heidelberg University)
Social Work

Avery Herman

B.S.Soc.Work (The Ohio State University)
Social Work

Nora Schumacher Hickey

B.A. (Kalamazoo College)
M.F.A. (University of New Mexico)
Social Work

Alyssa Ann Higle

B.S.Soc.Work (The Ohio State University)
Social Work

Nicole Paige Hoover

B.S.Soc.Work (The Ohio State University)
Social Work

Ashley Grace Huizinga

B.S.Soc.Work (Capital University)
Social Work

Christopher David Jones

B.A. (Taylor University)
M.A. (Yale University)
M.Philos. (University of Oxford)
Ph.D. (Boston College)
Social Work

Tyler Elizabeth Joseph

B.A. (The Ohio State University)
M.S. (Tiffin University)
Social Work

Alyssa Marie Jozefowicz

B.S.Soc.Work (The Ohio State University)
Social Work

Momina Khatri

B.A. (The Ohio State University)
Social Work

Jordan Kidwell

B.S.Soc.Work (The Ohio State University)
Social Work

Michelle Kincaid

B.S.Soc.Work (Youngstown State University)
Social Work

Jennifer Lynn King

B.S. (University of Cincinnati)
Social Work

Mary Beth King

B.S. (Towson University)
Social Work

Molly Lynn Klutts

B.A. (University of Iowa)
Social Work

Clara Eileen Lawson

B.S.Soc.Work (The Ohio State University)
Social Work

Holly Ann Lyon

B.S.Soc.Work (The Ohio State University)
Social Work

Emily Matheney

Bachelor's (Ohio University)
Social Work

RaNajha LaSha Maye

B.S.Soc.Work (The Ohio State University)
Social Work

Rebekah Elizabeth McClelland

B.S.H.D.F.S. (Kansas State University of Agriculture and Applied Science)
Social Work

Ellen Jane McDaniel

B.A. (The Ohio State University)
Social Work

Melanie McDonald

B.S., M.A. (University of Alabama-Birmingham)
Social Work

Margaret Gain McKenzie

B.Bus.Ad., Bachelor's (Ohio University)
Social Work

Hailey Marie Miller

B.S.Soc.Work (Indiana Wesleyan University)
Social Work

Holly Lynn Mills

B.A. (University of Oklahoma)
Social Work

Kaylee Mohler

B.S.Soc.Work (The Ohio State University)
Social Work

Renee D. Mohler

B.S. (University of Phoenix)
Social Work

Emily Anna Munn

B.A. (University of South Carolina)
M.B.A. (University of Washington - Tacoma)
Social Work

Sophia Rose Mustric

B.A. (The Ohio State University)
Social Work

Jasper Miguel Orozco-Trowbridge

B.S.Soc.Work (The Ohio State University)
Social Work

Nicole Ann Orsini

B.S.Soc.Work (The Ohio State University)
Social Work

Emily Grace Pewe

B.Music (Baldwin Wallace University)
Social Work

Alisha Lynn Pratt

B.S.Soc.Work (The Ohio State University)
Social Work

Robert L. Pursley, Jr.

B.S. (University of Cincinnati)
M.P.A., Doctoraal (Walden University)
Social Work

Shambika Raut

B.A. (Kathmandu University)
M.A. (Central Michigan University)
Social Work

Princess Evelyn Reed

B.S.Soc.Work (Western Kentucky University)
Social Work

Tamara Jean Reid

Bachelor's (Capital University)
Social Work

Alicia Anne Rivera-Monaghan

B.S.Soc.Work (The Ohio State University)
Social Work

Faith Marie Sager

B.S.Soc.Work (The Ohio State University)
Social Work

Gabrielle Marie Sanchez

B.S. (Colorado State University - Global Campus)
Social Work

Mariah Roxanne Shaffer

Bachelor's (Ohio University)
Social Work

Krista Smith

B.A., B.S. (University of Florida)
M.A.Teach. (Relay Graduate School of Education)
Social Work

Tristan Marie Stump

B.S.Soc.Work (The Ohio State University)
Social Work

Olivia Summerfield

B.S.Soc.Work (The Ohio State University)
Social Work

Anais Rose Thompson

B.S.Soc.Work (The Ohio State University)
Social Work

Gabrielle Tobe

B.S.Soc.Work (The Ohio State University)
Social Work

Courtney Christine Turner

B.A. (The Ohio State University)
Social Work

Walker G. Vanadore

Bachelor's (Indiana University)
Social Work

Adriana Marie Voyiatt

B.A. (The Ohio State University)
Social Work

Jessica Susan Wallingford

B.S.Soc.Work (Ohio University)
Social Work

Anastasia Walls

B.S.Soc.Work (Bowling Green State University)
Social Work

Melissa Ward

B.S.Soc.Work (The Ohio State University)
Social Work

Jennifer Danielle Wilson

B.A. (The Ohio State University)
Social Work

Kaylee Lynn Wilson
B.S.Soc.Work (The Ohio State University)
Social Work

Emma Louise Wood
B.S.Soc.Work (Taylor University)
Social Work

Laura Woodward
B.S.Soc.Work (University of Kentucky)
Social Work

Jill Deneen Wynn
B.A. (Eastern Michigan University)
Social Work

Cari Jenelle Yoder
B.A. (Ohio University)
Social Work

Mackenzie Taylor Young
B.A. (Ohio Christian University)
Social Work

Master of Sports Coaching

Jamison Battle
B.S. (University of Minnesota)
Human Sciences

Luz Alejandra Cangrejo
B.A. (Duke University)
Human Sciences

Jingyu Chen
B.Educ. (Soochow University, China)
Human Sciences

Tegan Lindsey Cortelletti
B.A. (The Ohio State University)
Human Sciences

Samantha Patricia Hackenbracht
B.S.H.D.F.S. (The Ohio State University)
Human Sciences

Carson Sergei Kharchla
B.S.Educ. (The Ohio State University)
Human Sciences

Emma Grace Leavens
B.S. (University of Central Florida)
Human Sciences

Jordan Kai Mathews
B.S. (Louisiana State University, Baton Rouge)
Human Sciences

Joseph Mershon
B.Bus.Adm. (College of Charleston)
Human Sciences

Gregory Wayne Oden
B.S.Educ. (The Ohio State University)
Human Sciences

Master of Supply Chain Management

Christopher M. Drake
B.S. (DeVry Institute of Technology)
Supply Chain Management

Specialized Master in Business

Deborah A. Adams
B.S., M.S. (Southern Illinois University Carbondale)
Business Administration: Analytics

Bronson T. Bagwell
B.Bus.Adm. (Kennesaw State University)
Business Administration: Analytics

Lance Bickett
B.S. (Miami University)
M.B.A. (Rice University)
Business Administration: Analytics

Ethan J. Bickle
B.S. (Southern New Hampshire University)
Business Administration: Analytics

Leanne Marie Bough
B.S.Bus.Adm. (The Ohio State University)
Business Administration: Analytics

Latdavane Nina Bouenemany
B.S.Hlth.Reh.Sci. (The Ohio State University)
Business Administration: Analytics

Nichole Michelle Brandenburg
B.S. (Illinois State University)
M.B.A. (Franklin University)
Business Administration: Analytics

Angelo Michael Buccì
B.S. (University of Cincinnati)
Business Administration: Analytics

Matthew Joseph Cassidy
B.S.Bus.Adm. (The Ohio State University)
Business Administration: Analytics

Chi Kwong Chan
B.S. (Chinese University of Hong Kong)
M.B.A., M.A. (Hong Kong Polytechnic University)
Business Administration: Analytics

Joshua Cole
B.A., Bachelor's (Buena Vista University)
Business Administration: Analytics

Panagiotis D. Davayios
Bachelor's (Miami University)
Business Administration: Analytics

Marissa Camacho DeJesus
B.S.Nurs., M.S., D.N.P. (The Ohio State University)
Business Administration: Analytics

Carol J. Deniston
B.S. (University of Toledo)
Business Administration: Analytics

Christian Peter Emlich
B.S. (The Ohio State University)
Business Administration: Analytics

Christina L. Feldbauer
B.S. (National University, San Diego)
Business Administration: Analytics

Nicole Marie Fry
B.S.Bus.Adm. (The Ohio State University)
Business Administration: Analytics

Susan Anne Funk
B.S.Hum.Ecol. (The Ohio State University)
Business Administration: Analytics

Christopher Garcia
B.A. (Capital University)
M.A. (Ohio University)
Business Administration: Analytics

Kyleah G. Gaydos
B.S.Bus.Adm. (John Carroll University)
Business Administration: Analytics

Safia Ali Hersi
B.A. (The Ohio State University)
Business Administration: Analytics

Matthew B. Huhn
B.A. (Michigan Technological University)
Business Administration: Analytics

Margo M. Klemm
Bachelor's (Middle Tennessee State University)
Business Administration: Analytics

Joseph Ikenberry Kliene
B.S.Bus.Adm. (The Ohio State University)
Business Administration: Analytics

Vincent Joseph Xavier Larente
B.A. (Ohio Wesleyan University)
Business Administration: Analytics

Christian Nakotey Lartey
Business Administration: Analytics

Tiffany Makupson
B.S. (Columbia College Columbia)
M.B.A. (Auburn University)
Business Administration: Analytics

Vanessa Mattsson-Boze
B.A., B.S. (University of Wisconsin)
Business Administration: Analytics

Killian J. May
B.S. (University of Mount Union)
Business Administration: Analytics

Matt McGauvrán
B.S. (North Carolina State University)
Business Administration: Analytics

Reid Lawrence McKinley
Diploma (Word of Life Bible Institute)
B.S. (Weber State University)
M.Globl.Eng.Ldrshp. (The Ohio State University)
Business Administration: Analytics

Ethan McNemar
B.S. (University of Dayton)
Business Administration: Analytics

Jessica A. Mercer
B.A. (University of Cincinnati)
Business Administration: Analytics

Ashley Taylor Monnecka
B.S. (Johnson & Wales University)
Business Administration: Analytics

Nicholas Ondrejko
B.S.Ind.Sys.Eng. (The Ohio State University)
Business Administration: Analytics

Tejal Patel
B.S. (Bhavnagar University)
Business Administration: Analytics

Rebeca Alvarez Patton
B.S. (St Andrews Presby College)
M.S., M.B.A. (The Ohio State University)
Business Administration: Analytics

Dheeraaj Rawal
B.Bus.Adm. (University of Cincinnati)
Business Administration: Analytics

Jenna M. Rhodes
B.S. (Rutgers University-New Brunswick)
Business Administration: Analytics

Lisa-Marie Schwingshandl
B.A. (The Ohio State University)
Business Administration: Analytics

Nicholas G. Selner
B.S. (Eastern Illinois University)
Ph.D. (The Ohio State University)
Business Administration: Analytics

Tejas Sinha
B.S. (University of Southern California)
Business Administration: Analytics

Jesse Sloane
Business Administration: Analytics

Janaki Sreenivasa Rao
B.Engr. (Osmania University)
M.S. (University of Alaska Fairbanks)
Business Administration: Analytics

Andrew J. Stanonis
B.S. (Miami University)
Business Administration: Analytics

Katrina Lynn Tabor
B.S.Allid.Hlth.Prof. (The Ohio State University)
Business Administration: Analytics

Aroon Tcholakov
B.S. (The Ohio State University)
Business Administration: Analytics

Megan Marie Vallo
B.Bus.Adm. (Kent State University)
Business Administration: Analytics

Suharshith Veluvolu
B.S.Bus.Adm. (The Ohio State University)
Business Administration: Analytics

This program is not an official graduation list.

This printed program lists students who were eligible to graduate for Summer Term 2024, as of 5:00 p.m., July 24, 2024, pending the outcome of final examinations and final grades. Therefore, it should not be used to determine a student's academic or degree status. The University's official registry for conferral of degrees is the student's permanent academic record, kept by the Office of the University Registrar, Student Academic Services Building, 281 West Lane Avenue, Columbus, OH 43210-1132.

Skylar Bozarth
Isabella Marie Braat
Marideth Bridges
Emily Brown
Jaylen Michael Brown
Myia Denise Brown
Shanae Brown
Sogbe Camara
Keaton W. Campbell
Michael Joseph Carcioppolo
Arielle Carroll
Magna Cum Laude
Madison Chapman
Summa Cum Laude
with Research Distinction in History
Almasi Chava
Han Chen
Magna Cum Laude
Ying Chen
Magna Cum Laude
Zhao Cheng
Ella Shea Clark
Summa Cum Laude
Emily Marie Clousing
Maia Elisabeth Creager
Magna Cum Laude
Daniel Alan Dabulis, Jr.
Eden Elizabeth Davis
Cum Laude
Chloe Elise Dean
Amanda Claire DeMichele
Hadiaratou Djigo
Kylee Brynn Donahue
Magna Cum Laude
Cole Austin Donnellon
Anna Christina Drewes
Joseph Dunlap
Hannah Patricia Durr
Cum Laude
Ashley Claire Earls
Erin Marie Eby
Leah Michelle Elbert
Julia Marie Elia
Alexis Ann Evans
Kathryn L. Evers
Derek Fabian
Aimma Asim Farooqui
Cum Laude
Justin Drake Feasel
Mark Feldmann
Trinity Feliciano
David Michael Foley
Lydia Eileen Marie Fritter
Magna Cum Laude
Luke Anthony Gardner
Sophie Ann George
Morgan Sarah Gibbons
Summa Cum Laude
Samiaktha Giri
Sophia Rachel Gundrum
Magna Cum Laude
Patrick Kole Guzzo
Emily Sue Hagerty
Samuel Fletcher Haines
Ashley Hamilton
Cum Laude
Samantha Nicole Hanson
Moseley Quinn Hatcher
Kyra Amiera Heijnen
Austin Hendel

Alexandria Faye Herbert
Ian Avery Higgins
Matthew Hunt Hilliard
Maxwell Thomas Holcomb
Wen Mara Holmes
Summa Cum Laude
Garrett Louis Hruby
Cum Laude
Ashley Dawn Huff
Cheri Maranne Hulbert
Cum Laude
Christopher A. Illes
Grady Thomas Isaly
Cum Laude
Maurissa Marlene Jackson
Nusrat Jahan
Brady Micheal Jenkins
Noah Brian Jenkins
Zhichuan Jing
Cum Laude
Ilyana Johnson
Mason Joseph Joly
Renee Elizabeth Jones
Summa Cum Laude
with Distinction in Theatre
Connor Dale Kamphaus
Tomohiro David Francis Kawada
Alec William Keller
Cum Laude
Adrienne Grace Kelley
Magna Cum Laude
Sana Khalid
Leila Khan
Allison Elizabeth Kiss
Amanda Kodhelay
Cum Laude
Lenny Kogan
Kyle Gene Koontz
David Kramer
Swea Matilda Kumlien
Magna Cum Laude
Peyton Graham Lather
Anna Marie Lavin
Magna Cum Laude
De'Kari Lawrence
Hieu Christopher Le
Mijae Mina Lewis
Yuejia Li
Summa Cum Laude
Christopher Sebastian Liotta, Jr.
Qingyang Liu
Magna Cum Laude
Yunfan Liu
Kelsey Paige Lowman
Magna Cum Laude
Kaylee Lynch
Cum Laude
Elias Sayil Marquez
Danielle Eileen Marshal
Olivia Martin
Maya Clare Maurer
Summa Cum Laude
Hannah Lynne McCoy
Magna Cum Laude
Grace Elizabeth McIlroy
Summa Cum Laude
Samuel Michael McKee
Sean Christopher McTigue
Cum Laude
Jacob Llewellyn Meterer
Sulyan A. Mohamad

Gabriel John Molnar
Hunter Joseph Moore
Emma Alexandra Morgenstern
Magna Cum Laude
Zion Ethen Cartier Moss
Abdirahman Ibrahim Muktar
Rachel Elizabeth Murray
Kirsten Elizabeth Myers
Abigail Grace Newsome
William Spencer O'Connell
Emily Ann O'Shaughnessy
Samuel William Oliver
Ngozi Onimoe
Deja Aalee Oryedumekwu
Hunter Presley Osborne
Prisca Karen Osmens
Alexandria Paige
Cum Laude
Gabrielle Catherine Paige
Emma Pancake
Magna Cum Laude
Ryder-Jack Mather Paris
Magna Cum Laude
Prathna Sandip Patel
Saniya Perry
Marko Paul Petrac
Marlena Pitts
Abby H. Place
Meghan Kate Posey
Corianna Queen
Maigen Kristine Rainey
Zongheng Ren
Jordan Elijah Rhodes
Ruby Baker Richardson
Meghan Elizabeth Rieser
Magna Cum Laude
Yovanna Yanet Rios
Kyle Scott Rittichier
Zoie Reese Robinson
Cum Laude
William Roby
Alyssia Rodriguez
Christian Jordan Ross
Ezri Rosa Ross
Jason Allen Rowe
Summa Cum Laude
Mona Said
Katie Seewer
Magna Cum Laude
Marcia Sey
Shannon Lee Seymour
Ashutosh Shahi
Susan Rose Sharp Hurst
Chad Shepherd
Samantha Marie Shiner
Sahra Shirdon
Everett Shorey
Benjamin Noah Shuts
George James Sicaras
Jay Siegel
Amanda Silvestri
Marisa Nicole Silvestro
Grace Singleton
Devin M. Smith
Rachael LeeAnn Smith-Yates
Sophia Ann Soeder
Joshua Daniel Sommers
Brandon William Souser
Zackary Patrick Stablein
Santana Steele

Emily Anne Steelman
Kathryn Marie Stephan
Emelie Elizabeth Stewart
Thomas Ian Stoner
Nicholas Christopher Storm
Zhenhe Sun
Sharaf Mohammad Suroor
Cheikh Tidiane Sy
Summa Cum Laude
Hawa Harouna Sy
Hengyi Tang
Brooklyn Avery Taylor
Noah Chandler Thomas
Jeffrey Mark Thompson
Zachary Chad Thompson
Nia Tená Tilford
Jonathan Tin
Is'shan Dean Trowsdell
Ricky George Turner
Aaron Martin Tyler
Lucy Omayya Valion
Cum Laude
Olivia Varney
Emani Nicole Walls
Mingji Wang
Shupeng Wang
Cum Laude
Zixuan Wang
Julia Marie Weber
Jada Lynn Wehr
Noah Thomas Weidner
Chaltu Gemechis Wejega
Gabrielle Erin Wheeler
Ashley J. Whitmire
Madeline Elizabeth Wilkinson
Cum Laude
Taya Marie Woerner
Cum Laude
Catherine Ellen Wolfe
Summa Cum Laude
Huahui Wu
Yanghai Wu
Dingchen Yan
Cum Laude
Vincent C. Yoby
Kristen Abigail Young
Joseph Patterson Yuzwa
Jingqi Zhao

College of Arts and Sciences

Dean: David G. Horn

Dana Renga, Divisional Dean
Arts and Humanities

Susan V. Olesik, Divisional Dean
Natural and Mathematical
Sciences

Ryan D. King, Divisional Dean
Social and Behavioral Sciences

Bachelor of Arts

Susma Adhikari
Leslie Achiaa Agyapong
Badriya Mohamed Ahmed
Zamzam Mussa Ahmed
Yu Jin Ahn
Anuoluwapo Akinyede
Samay Alag
Magna Cum Laude
Noah Ray Alexander
Fatima Mahdi Ali
Corey Tyler Robert Allen
Mazen Yaser Alwadeya
Zhenhui An
Ellyona Grace Anderson
Summa Cum Laude
Rahma Sadaf Anjum
Magna Cum Laude
Sadia Subah Ansar
Mary Julianne Arnold
Magna Cum Laude
Isabella Francesca Barnett
David Kent Barwick
Andrew Hayes Bealer
Molly Ann Bingham
Andrew Bodnar
Mayank Bongani
Sara Rosa Boeshaghi
Steven Louis Botos III

Bachelor of Arts in Journalism

Logan Nowlin

Bachelor of Fine Arts

Juan Andres Camargo Londono
Magna Cum Laude
Ua Alan Chamberlain
Cum Laude
Dev Mitesh Patel

Bachelor of Music

Benjamin Thomas Michael Kerger
Summa Cum Laude
Rachel Marie McGuire

Bachelor of Science in Atmospheric Sciences

Connor B. Michael

Bachelor of Science in Geographic Information Sciences

Charles David Britt
Parvoneh Jennifer Kashani
Motlagh
John Wesley Youmans III

Bachelor of Science

Fadumo Abdulqadir Ali
Eric Michael Anderson
Cum Laude

Joseph A. Antonios
Anyia Lee Arciaga
Bradford Steele Ashmus II
Cum Laude

Albin Andrew Barone
Daniel Patrick Belyea
Alyssa Marie Blackwell
Weiyan Cai
Scott Jeffrey Caley
Magna Cum Laude

Sogbe Camara
Alec Bernon Chitwood
Alex Choi
Ella Shea Clark
Summa Cum Laude

Skylar Hope Clawson
Cum Laude

Alexander Harrison Clement
Adam Paul Comko
Zhijun Cui
Lael Anita Dabney
Magna Cum Laude

William Alexander Dalagiannis
Paulina Djan
Curtis Jacob Dyer
Riley Lynn Feighner
Maxwell Keith Fidler
Magna Cum Laudee

Destinee Jordan Fry
Benjamin Edward Gavie
Kamiah Faith Gibson
Sowbhagya Gosangi
Steven Grabski
Maya Elizabeth Green
Jesse Hardy
Bailee Kay Harrington
Taylor Kristin Hedges
Janet Susan Bennett Hoover
Zigao Huang
Sebastian Michael John
Cum Laude

Austen Ron Jones
Summa Cum Laude

Ran Ju
Summa Cum Laude

Daeyong Jung
Magna Cum Laude

Brendan Nazir Khan

Michael Dennis Knick
Summa Cum Laude

Nina Nicole Knight
Keyton Cole Kowalski
Sarah Earlene Kozik
Rylee Jo Kreinbrink
Summa Cum Laude

Christopher Lee
Jonathon Andrew Lee, Jr.
Cum Laude

Luoxin Li
Cum Laude

Mary Ludwick
Bailey Corrine Luneke
Yee Hang Ethan Ma
Summa Cum Laude

Shruthi Madhu
Huy Duc Mai
Magna Cum Laude

Saffron Cecelia Martin
with Research Distinction in Earth Sciences

Daniel James McDermott
Chase Alexander Miller
Samuel Thomas Miller
Fatima Mohammed
Summa Cum Laude
with Research Distinction in Biology

Gray William David Moody
Gillian Elizabeth Mulcahy
Cum Laude
with Research Distinction

Kristen Mullins
Mayank Naik
Ethan Nestingen
Geeta Neupane
Natalie Elizabeth Nichols
Cum Laude

Lillian Miranda O'Leary
Cum Laude

Maria Del Carmen Pacheco Robles
Hailey Elizabeth Papay-Foisy
Patrick Gun Park
Khushali Patel
Nisarg Patel
Cum Laude
with Research Distinction in Physics

Abigail Louise Patterson
Kylie Hongshun Perry
Magna Cum Laude

Selina Marie Reyes Flowers
Trenton Stewart Rich
Joshua Chad Riffell
Angel Gabriel Rivera
John Patrick Rodriguez
Magna Cum Laude

Ruwayda Alihakim Salaat
Mitchell Joseph Samuel
Cum Laude

Maria Alejandra Sanchez Boedo
Summa Cum Laude
with Honors in the Arts and Sciences
with Honors Research Distinction

Steven Alden Savon
Francesca Rose Scarpetti
Jonathan Cooper Schreiber
Katrina Marie Seaver
Kaitlin Elizabeth Shank
Cum Laude

Calvin'Nae Aundrey'ka Simmons

Shabrya Clarissa Smith
Cum Laude

Nathan Smole
Cum Laude
Shaikh Karim Sow
Christopher Chad Spencer
Maxwell Robert Stillman
Robert Charles Sunderhaft
Summa Cum Laude
with Honors in the Arts and Sciences
with Honors Research Distinction in Data Analytics

Megana Sree Talluru
Marissa Terraza-Cobo
Benjamin Gabriel Thayer
Amanda Kathleen Varian
Xiaotian Wang
Cum Laude

Katherine Ann Weiss
Zexi Xin
Cum Laude

Shangyue Xu
Magna Cum Laude

Gangzheng Yang
Magna Cum Laude

Jimin Yang
Magna Cum Laude

Jasmine Young
Guoqian Zeng
Magna Cum Laude

Associate of Arts

Brooklyn Simone Aaron
Asha Omar Abdulqadir
Connor Allomong
Godswill J. Amusan
Cum Laude

Dina Bahani
Chandilar Najah Bates
Ashley Marie Birkemeier
Fatima Bokhari
Magna Cum Laude

Sarah Marie Bradford
Lileeya Evelyn Campbell
Suyeon Chae
Elijah Thomas Collier
Megan Rene Crain
Autumn Rain Daniels
Teagan Elise Davies
Natalie Christine Davis
Kiersten Lynn Denney
Mary Kathryn Deshon
Mariam Doumbouya
Jacob Louis Duke
Meron Gebray
Sadie Kaimipono Madrona Grill
Kobe Scott Gostreu
Margaret Kathryn Graham
Nathan Shawn Grim
Magna Cum Laude

Zachary Adam Hollingshead
Summa Cum Laude

Geneva T. Howard
Magna Cum Laude

Madalyn Taylor Kemp
Mahmoud Hussien Khalil
Lindsey Kay Kielemeyer
Magna Cum Laude

Omar Khattab Kittaneh
Avery Jaden Longacre
Kacie Leanne Mill
Alexis Sue Myers
Phuong Nguyen
Krista Alayne O'Shelski
Nathaniel Edward Osborne
Rebecca Emily Paul
Grace Morgan Potter
Joseph Thomas Robinson
Drew Allen Salinas
Alondra Anahi Sandoval Gutierrez
Angela Joy Sax
Samuel Andrew Schumacher
Shavonna Simpson
Alexa Jo Stoll
Brooke Nicole Stone
Caleb Michael Tobias
Joshua Marcus Henry Underhill
Cum Laude

Michael Walsh
Sando Ware
Cum Laude

Abigail Claire Williams
Si Ya Zang
Emily Grace Zeger

Matthew Steven Finegold
Cum Laude

Logan Anthony Forbes
Aaliyah Elizabeth Franklin
Luis Arturo Fuentes
Thalia Fuentes
Cum Laude

Lucas Alexander Gerken
Evan Scott Goldenstein
Cum Laude

Bradley R. Gribble
Cum Laude

Kenneth Marion Hall
Drew Thomas Harder
Sophia Rose Hathaway
Cameron Matthew Havens
Marina Kirsten Hess
Ann Elizabeth Hickman
Cum Laude

Sydney Marilena Hippolite
Patrick Joseph Holmes IV
Cum Laude

Barbara Jean Indest
Magna Cum Laude

Christian Brent Kaffenbarger
Manase Karanth
Cum Laude

Nayun Kim
Magna Cum Laude

Rohit Danny Kishinchand
Elise Katherine Kleinoeder
Cum Laude

Nathan Richard Kohler
Joseph Michael Kordupel
Cum Laude

Anna Marie Lavin
Magna Cum Laude

Eric Taylor Leech
Shuo Li
Magna Cum Laude

Wenyu Liang
Jason Andrew Luth
Cum Laude

Jared McCorkle
Logan Kim McGlynn
Kasey Elizabeth Metzger
Magna Cum Laude

Christian Raymond Mueller
Ryan Richard Pasqualetti
Cum Laude

Harshil Patel
Anthony Rocco Pecora, Jr.
Samir Rahman
Brianna Naiomie Raymond
Seth Hyman Rosky
Owen James Rothlisberger
Patrick Knight Rubinic
Cum Laude

Nicholas Salvatore Russo
Noi Sandlers
Gabriel Thomas Schaeffer
Olivia Anne Scheper
Josiah Kevin Seymour
Andrew Nicholas Shamma
Victor Thomas Shott
Maxwell Harvey Simms
Aaron Matthew Stover
Alexander Turner
Jordan Javier Vela
Nicholas Patrick Verlotti

The Max M. Fisher College of Business

Interim Dean: Trevor L. Brown

Bachelor of Science in Business Administration

Lul Abdi
Ghazi Nidal Abu-Obaid
Peyton Sheng Archinal
Ryan Scott Bernstein
Kaylee Elizabeth Blackstone
Skylar Bozarth
Ethan Brown
Jamario Burtin
Joshua William Burton
Magna Cum Laude

Kenneth Henry Campbell
Magna Cum Laude
with Honors in Business Administration

Briana Cavendish
Adam Jacob Charnas
Shenghui Chen
Cum Laude

Maya Rose Cohen
Blake Robert Collins
Mark Kyle Dean
Logan Jasper DeChristopher
Jacqueline K. Dennis
Charles Andrew Devine
Cum Laude

Adam Christopher Dietrich
Cum Laude

Tyler John Dodson
Ben Dushnitsky
Cum Laude

Katelyn Marie Ernst
Jordan Andres Esperon
Meichen Fan
Faridah Morenike Fasirno

Caroline Michele Walsh
Cum Laude
Christy Wasson
Graham Oliver Weidenhamer
Magna Cum Laude
Jackson Weyler
Nora Grace Whitfield
Jiahe Yan
Summa Cum Laude
Grace Yeh
Peixuan Yu
Zhiqiang Zhang
Tanzin Hossain Zim

College of Dentistry

Dean: Carroll Ann Trotman

Doctor of Dental Surgery

Allen Anthony Mayon
B.S. (Louisiana State University,
Baton Rouge)

Bachelor of Science

Maite D'Angeles Montesino
Rachel Quevedo

College of Education and Human Ecology

Dean: Donald B. Pope-Davis

Bachelor of Science in Health Promotion, Nutrition, and Exercise Science

Kerry Marie Karpinsky
Meghna P. Mehta

Bachelor of Science in Human Development and Family Science

Seereen Abdelqader
Abdullahi Abdullahi
Reghan Lynn Beerman
Samantha Linn Coleman
Hateana Gross
Julius Jofferion
Cum Laude
Sarah Ann Leneghan
Chloe Elizabeth McKinney
Summa Cum Laude
Mackenzie Sharon McLean
Jaylynn Marchelle Mitchell
Rania Phanthavong
Momodou Sarr
Jaysa Saylor
Jeannie D. Shafer
Amaya Christina Ugarte
Erika Woodard

Bachelor of Science in Human Ecology

Timothy Byrd
Cole Anthony Crager
Natalie Norice Daumeyer
William Kelly Wyatt Gunn
Manegeritha Jean-Baptiste
Menzel

Bachelor of Science in Nutrition

Ava Luisa Ransom
Summa Cum Laude
Patrick Sellers

Bachelor of Science in Education

Brianne Kathryn Ballenger
Arden Brooke Berg
Jada Andrea Bucy
McKayla Cook
Thomas James Marvin Crosten
Cum Laude

Daniel Kimlai-Maine Frank
Rebekah Gabrielle Gilbert
Noah R. Gossett
Macy Alexandria Hoppgood
Logan Jones
Alexandra Mikayla Kapustin
Christopher John Laska
Cum Laude

Nada Marzouk
Gannon Matthews
Alexander Ronald Mills
Sarah Suzanne Morbitzer
Cum Laude

Colin Lewis Purcell
Rashon Redding
Lauren Grace Reicosky
Zyrell Revels
Andrew Philip Rudolph
Caitlin Susanne Shively
Noah Stevenson
Taylor Thiery
Summa Cum Laude
Kiara Diane Zanon

College of Engineering

Dean: Ayanna Howard

Bachelor of Science in Aviation

Abhinav Danam
Cum Laude
Saïd Abdi Osman
Joshua Michael Wells
Magna Cum Laude

Bachelor of Science in Biomedical Engineering

Anoushka Dasi
Summa Cum Laude
with Honors in Engineering
Trinity Aliya Dort
Nathaniel Pa-da Heuman

Bachelor of Science in Chemical Engineering

Mihir Adluri
Celia Margaret Kennedy
Victoria Lynn Ostrow
Magna Cum Laude
with Honors in Integrated Business and Engineering

Bachelor of Science in City and Regional Planning (Austin E. Knowlton School of Architecture)

Aissatou Dabo
Cum Laude
Harold Jose Deanda Ramirez
Lauren Claire Sauter
Cum Laude
with Honors in City and Regional Planning

Bachelor of Science in Civil Engineering

Matthew Thomas Cieslewicz
Bailey Ann Laux
Michael Jay Letson
Magna Cum Laude
John Aidan Reinhardt

Bachelor of Science in Computer Science and Engineering

Jonathan Samuel Adams
Ke Ai
Magna Cum Laude
Hamdan Khaled Ghaith Khalfan
Almehairbi
Saeed Khaleel Saeed Alhuamid
Alneyadi
Lucas Joseph Alzapiedi
Caleb Arendse
Nathaniel Robert Askew
Shauna Ewynn Burkes
Cum Laude
Jack Richard Covey
Connor Joseph Damron
Trevor Thomas Paul Deppermann
Noah Andrew Feingold
Meng Gao
Magna Cum Laude
Mingxuan Gong

Joshua Edward Herron
Thomas Jefferson Huddleston V
Cum Laude

Omer Hyajneh
Raymond Joseph Kueterman
Eric Metzger Middlekamp
Magna Cum Laude
Seung hyun Nam
Rishil Hireen Patel
Summa Cum Laude

Shoumili Paul
Anoushka Pullakhandam
Jay Ramesh
Matthew Michael Ryan
Adam M. Saleh
Summa Cum Laude

Jie Shi
Jagteshwar Singh
Magna Cum Laude
Addison Tracy Smith
Xizhe Sun
Magna Cum Laude
Harriet Vumliya
Yankun Xia
Cum Laude
Kelly Kay Yan
Magna Cum Laude

Bachelor of Science in Electrical and Computer Engineering

Julian Nsiah Gyimah
Michael Anthony Jordan
Kyler Naime King-Rice
Jacob Dylan Miller

Bachelor of Science in Engineering Physics

Thomas Nathan Cacurak

Bachelor of Science in Environmental Engineering

Sofia Autumn Samangy
Cum Laude

Bachelor of Science in Food, Agricultural, and Biological Engineering

Henry Aidan Schuellerman
with Research Distinction in Food, Agricultural, and Biological Engineering

Bachelor of Science in Industrial and Systems Engineering

Michael Joseph Boothman

Bachelor of Science in Landscape Architecture (Austin E. Knowlton School of Architecture)

Xiaocai Way
Cum Laude

Bachelor of Science in Materials Science and Engineering

Hanna Elizabeth Everding
Summa Cum Laude
Yuxuan Shui
Cum Laude

College of Food, Agricultural, and Environmental Sciences

Dean: Cathann A. Kress

Bachelor of Science in Agriculture

Raegan Mackenzie Isabella Alsept
Mario Andres Alvarez
Sutton Grace Corzatt
Natalie Lynn DeVine
Caleb Trevor Erlenbach
Lexa Christine Johnson
Brett Mae Kinzel
Heidi Nelly Omlin
Olivia Brooke Prolago
Harmony Lynn Rose
Jesse Ryan Smith
Madeline Nicole Stites
Adam L. Wagner
Hailey Selena Lavone Waibel

Bachelor of Science in Environment and Natural Resources (School of Environment and Natural Resources)

Alexus Rose Daniels
Jacob Mordecai Dunn
Alexis Rose Galiardi
Cum Laude
Kayla Nicole Gilmore
Cum Laude
Jacie Lyn Howler
Alexis Anne Hyder
Matthew Ramon Jacobsen
Cum Laude
Carolyn Frances Jakubczak
Delaney Morgan Kelch
Cum Laude
with Honors Research Distinction in Environmental Science

Yue Liang
Cum Laude
Rebecca Danielle Lockman
Snigdha Paidikondala
Kari Melissa Pulskamp
Abigail Eleanor Reitz
Eric Joseph Tyk
Olivia Alexandra White

Associate in Applied Science
(Agricultural Technical Institute - Wooster)

Jesse Lewis Bailey
Elizabeth Grace Cauley
Cole Graham
Tessa Grohne

Associate of Science
(Agricultural Technical Institute - Wooster)

Clay Gunkelman

College of Medicine

Dean: Carol R. Bradford

Doctor of Medicine

Janine Lokelani Bennett

School of Health and Rehabilitation Sciences

Bachelor of Science in Athletic Training

K'La Renee Shelton

Bachelor of Science in Health and Rehabilitation Sciences

Hashi Aden
Boluwatife Emmanuel Aina
Magna Cum Laude

Megan Lynn Brehse
Cum Laude

Brock James Buckler
Amanda Cini
Dominga Latosha Davis
Joshua Evan Doudna
Taylor Marie Gallant
Shalanece Sincere Gooden
Rebecca Loveleen Hay
Sydney McKenna Hord
Cum Laude

Mia Camille Iacampo
Cum Laude

Ruth Love Kolleh
Victoria L. Kramer
Ellica Lok Bing Leong
Cameron Diare Locke
Magna Cum Laude

Mya Geralyn Mainzer
Chloe R. McCormick
Cum Laude

Zavier Heath McGue
Isabelle Rose Michell
Summa Cum Laude

Jessica Ellen Miller
Luke Joshua Miller
Magna Cum Laude

Joseph Lee Phillips
Bridget Clare Popelka
Magna Cum Laude

Sebastian Reich-Nielsen
Cum Laude

Zavian Darius Ricks
Andrea Marie Risher
Sierra Jade Saldana
Sophia Scheatzle
Magna Cum Laude

Amanda K. Shrigley
Abigail Faith Spencer
Shannon Marie Utz
Reece Noah Wilson
Isabella Rose Zeigler

College of Nursing

Dean: Karen M. Rose

Bachelor of Science in Nursing

Phillip Angelo Aliberti
Cum Laude

Ingrid M. Anderson
Magna Cum Laude

Abena Serwaa Atwimah
Hailey Nicole Bullock
Morgan Colflesh
Aubrey Nicole Ferrando-Snoda

Zachary Feustel
Danay Esayas Gebreal
Christina Marie Giovanetti

Patricia Lee Goff
Salojan M. Hudson
Sijoon Jeon
Dian Annette Kang

Meghan Marie Kasarda
Sara L. Kelly

Brianna Lauryn Martin
Danielle McCoy
Jamie Marie Metivier
Nadira Mohamed
Cum Laude

Melissa Morrow
Andrea Oropeza
Kiersten Renee Osborne
Nilam Patel
Andrew Marion Reynolds
Rachel A. Rhinehart
Robin Kay Ribbans
Micaela Ruse
Cencia Mariko Short

Angel Pauline Clacio Sigler
Janvi Singh
Adam Robert Smith
Titus Tice
Jennifer Lynn Wallace
Mary E. McCoy Weiss
Gracie Wheeler
Demi Wyman
Aleigha C. Zajd

College of Pharmacy

Dean: Deanna L. Kroetz

Doctor of Pharmacy

Joanna Teresa Cha
B.S.Pharm.Sci. (The Ohio State University)

John Glenn College of Public Affairs

Dean: Trevor L. Brown

Bachelor of Arts

Morgan Ireland Adams
Asha Ahmed
Maxwell Jayden Falk
Keenan Maxim Fisher
Madelynne Marie Harwood

Magna Cum Laude
with Honors in Public Affairs

James Alan Janosik
Cum Laude

Francis Xavier Lally III
Jordyne Ashlye Little
Claire Elizabeth Palmer
William George Pecho
Elizabeth Mary Raynard
Magna Cum Laude

Bachelor of Science

Mark DeNeut
Corinne Ilsa Miller
Peter Fangdi Zhang
Magna Cum Laude

College of Public Health

Interim Dean: Karla Zadnik

Bachelor of Science in Public Health

Aisha Hassan Abtdon
Savannah Keaton Gonzalez
Isaac Jordan Guy

Sho John Kirihara
Magna Cum Laude
Maryam Mohamed Noor
Madeline Shaw Pomrink

College of Social Work

Dean: David A. Jenkins

Bachelor of Science in Social Work

Chloe Helen Adkins
Skye Y. Avdar
Magna Cum Laude

Zion Ashanti Bridges
Anita Coleman
Cum Laude

Rachelle Lynn Courtright
Magna Cum Laude

Jillian Frances Elman
Cum Laude

Makenzie Kay Fields
Saraswati Ghaley
Magna Cum Laude

Autumn Gillis
Ja'Wann David Gillis

Taylor Alexis Golden
Michael Lionel Groves
Cum Laude

Jessica Leigh Herwald
Meghan Jane Kowalski
Amanda Kathleen Long
Magna Cum Laude

Tessa Marie Merkle
Catherine Montes Cervantez
Cum Laude

Jessica Marisol Perez
Imari Nataka Richardson
Hailey Marie Rose
Nicholas Doane Ruyack

College of Veterinary Medicine

Dean: Rustin M. Moore

Doctor of Veterinary Medicine

Carlie Michelle Buergel
B.S.Agr. (The Ohio State University)

Candidates to be Commissioned in the Armed Forces

United States Army

Second Lieutenant
United States Army National Guard

Cyber Corps
Connor Damron

Graduates with Honors

Criteria for graduating with honors are listed below. Grade-point averages (GPA) are based on the student's penultimate semester.

Summa Cum Laude designates those who earned a 3.9 GPA or better.

Magna Cum Laude designates those who earned a 3.7 GPA or better.

Cum Laude designates those who earned a 3.5 GPA or better.

With Honors in the Arts and Sciences

requires successful completion of the Arts and Sciences Honors Contract and graduation with a 3.4 GPA or better.

With Honors in Business/Accounting

requires successful completion of a prescribed honors program of study and graduation with a 3.5 GPA or better.

With Honors in Education and Human Ecology

requires successful completion of a prescribed honors program of study and graduation with a 3.4 GPA or better.

With Honors in Engineering

requires successful completion of an honors experience contract and graduation with a 3.4 GPA or better.

With Honors in Food, Agricultural, and Environmental Sciences

requires successful completion of an honors experience contract and graduation with a 3.4 GPA or better.

With Honors in Medicine

denotes successful fulfillment of the College of Medicine Honors Program tenets and a 3.4 cumulative GPA or better.

With Honors in Nursing

requires the successful completion of a prescribed honors program of study, completion of research culminating in a thesis and presentation of findings, and graduation with a 3.4 GPA or better.

With Honors in Pharmaceutical Sciences

requires successful completion of the BSPS Honors Contract and graduation with a 3.5 GPA or better.

With Honors in Public Affairs

requires successful completion of an honors experience contract and graduation with a 3.4 GPA or better.

With Honors in Public Health

requires successful completion of a prescribed honors program of study and graduation with a 3.4 GPA or better.

With Honors in Social Work

requires successful completion of a prescribed honors program of study and graduation with a 3.4 GPA or better.

With Distinction

requires successful completion of an undergraduate thesis and a 3.4 GPA or better.

Summary of Degrees and Certificates

Summer Semester Commencement — 2024

College	Degree/Certificate	Degree/Cert.	Summer Semester
		Total	2024 College Total
Graduate School	D.M.A.	2	
	Ph.D.	259	261
	Ed.D.	2	Doctoral
	D.N.P.	5	
	O.T.D.	1	
	D.P.T.	2	
	M.Anml.Sci.	1	
	M.Stdy.Law.	3	
	M.Appl.Neurosci.	6	
	M.Appl.Stat.	1	10
	M.A.	91	Professional
	M.B.A.	37	
	M.C.R.P.	2	
	M.Clin.Res.	22	
	M.Diet.Ntrn.	1	
	M.Educ.	4	
	M.Eng.Mgt.	4	
	M.F.A.	13	
	M.H.A.	1	
	M.Land.Arch.	1	695
	M.Learn.Tech.	2	Masters
	M.Mus.	3	
	M.P.H.M.	2	
	M.P.A.	5	
	M.P.A.L.	15	
	M.Public.Hlth.	32	
	M.S.	290	
	M.S.W.	99	
	M.Sprt.Coach	10	
	M.Supp.Chain.Mgt.	1	
	Spec.M.Bus.	49	
	Cert.Asst.Rehab.Tech.	1	14
	Cert.Clin.Resrch.Mgt.	1	Certificates
	Cert.Env.Assmt.	2	
Cert.Hlthcr.Ldrshp.Innov.	1		
Cert.IT.Strategy	4		
Cert.Nat.Hist.Mus.Cur.	1		
Cert.Publ.Mgt.	2		
Cert.Usabil.User.Exp.Hlth.	2	980	
Arts and Sciences, College of	B.A.	233	
	B.A. Journal.	1	
	B.F.A.	3	
	B.Music	2	
	B.S. Atmos.Sci.	1	
	B.S. Geog.Info.Sci.	3	
	B.S.	106	
	A.A.	54	405
	Cert.Div.Eq.Incl.	2	
Business, Fisher College of	B.S. Bus. Adm.	89	89
Dentistry	D.D.S.	1	
	B.S.	2	3
Education and Human Ecology	B.S.H.P.N.E.S.	2	
	B.S.H.D.F.S.	16	
	B.S. Humn.Ecol.	5	
	B.S. Nutrition	2	
	B.S.Educ.	25	50
Engineering	B.S. Aviation	3	
	B.S. Biomed.Eng.	3	
	B.S. Chem.Eng.	3	
	B.S.C.R.P.	3	
	B.S. Civ.Eng.	4	
	B.S. Cptr.Sci.Eng.	33	
	B.S. Elec. Cptr.Eng.	4	
	B.S.E.P.	1	
	B.S. Env.Eng.	1	
	B.S.F.A.B.E.	1	
B.S.I.S.E.	1		
B.S. Land.Arch.	1		
B.S. Mat.Sci.Eng.	2	60	
Food, Agricultural, and Environmental Sciences	B.S. Agr.	14	
	B.S. Env.Nat.Res.	16	
Environment and Natural Resources, School of Agricultural Technical Institute	A.A.S.	4	
	A.Science	1	35
Medicine Health and Rehabilitation Sciences, School of	M.D.	1	
	B.S. Athl.Trng.	1	
	B.S. Hlth. Reh.Sci.	35	
	Cert.Asst.Rehab.Tech.	1	38
Nursing	B.S. Nurs.	37	37
Pharmacy	Pharm.D.	1	1
Public Affairs, John Glenn College of	B.A.	11	
	B.S.	3	14
Public Health	B.S. Pub.Hlth.	6	6
Social Work	B.S. Soc.Work	21	21
Veterinary Medicine	D.V.M.	1	1
Total Degrees and Certificates		1,740	1,740
Total Degrees this Semester		(not including certificates)	1,723
Total Degrees since 1878		(not including certificates)	881,482
Total Degrees during Last Decade		(not including certificates)	169,485

The Academic Costume

The colorful ceremonies of The Ohio State University commencements derive from practices originating in the Middle Ages. When European universities were taking form in the 12th and 13th centuries, the scholars were usually clerics, and consequently they adopted costumes similar to those of their monastic orders. Cold halls and drafty buildings called for caps and floor-length capes with attached hoods, and the sobering influence of the church probably resulted in the staid character of the caps and gowns.

As the control of the universities gradually passed from the church,

some aspects of the costumes took on brighter hues. Old prints and engravings, however, reveal a strong similarity between the regalia worn in early universities and that of the present day.

In light of our nation's English heritage, academic costume has been in use in the United States since colonial times. To establish a standard of uniformity in regard to the practice, an intercollegiate commission was formed to prepare a code for caps, gowns and hoods that has since been adopted by all academic institutions.

Originally round, the shape of the cap is now the familiar mortarboard

square — a shape that, according to ballad folklore, resembles a scholar's book. Legend also has it that the privilege of wearing a cap was the initial right of a freed Roman slave; the academic cap, therefore, has become a sign of the freedom of scholarship. The flowing gown has become symbolic of the democracy of scholarship, for it covers any dress that might indicate rank or social status. The hood, reserved at The Ohio State University for those receiving doctoral and master's degrees, not only indicates the type of degree, but also is lined with the official colors of the university.

The Gown

Bachelor: The bachelor gown is black, full-cut with long pointed sleeves.

Master: The master gown is black, long or short sleeves, with an arc-shaped panel extended for each sleeve.

Doctor: The Ohio State University Doctor of Philosophy, Doctor of Education, and Doctor of Nursing Practice gown is scarlet with gray velvet panels on the front and three velvet bars on each sleeve. Other doctor gowns are black with velvet panels and bars, the color of which is distinctive of the field of study.

Honors Emblem

The Ohio State University honors emblem is a scarlet and gray tasseled braid (honor cord) worn over the gown. Students eligible for this curricular honor are those graduating *summa cum laude*, *magna cum laude*, and *cum laude*. At the discretion of their college, students graduating with distinction or with honors may also be eligible.

The Hood

Bachelor: Three feet long with a two-inch-wide velvet edging.*

Master: Three and one-half feet long with a three-inch-wide velvet edging.

Doctor: Four feet in length with a five-inch-wide velvet edging and panel at the sides.

The lining of all hoods, which is folded out, bears the official colors of the institution granting the degree. The color of the velvet indicates the field of study.

* Not usually worn by candidates for a degree.

Cap and Tassel

Candidates for degrees at The Ohio State University wear the black mortarboard with a tassel whose color is distinctive of the degree being received. The tassel colors are as follows:

Graduate School (PhD)	Gray
(Others).....	Black
College of Arts and Sciences	
BA	White
BA Journalism	Crimson
BAE, BFA.....	Brown
BM, BME	Pink
BS, BS Design, BS Atmos.Sci., BS Geog.Info.Sci.	White
Fisher College of Business.....	Drab
College of Dentistry	Lilac
College of Education and Human Ecology	
Education	Light Blue
Human Ecology	Maroon
College of Engineering	Orange
Knowlton School of Architecture.....	Blue-Violet
College of Food, Agricultural, and	
Environmental Sciences	Maize
School of Environment and	
Natural Resources.....	Blue-Green
Moritz College of Law	Purple
College of Medicine.....	Green
School of Health and Rehabilitation Sciences.....	Green
College of Nursing	Apricot
College of Optometry	Seafoam Green
College of Pharmacy.....	Olive Green
John Glenn College of Public Affairs	Peacock Blue
College of Public Health	Salmon
College of Social Work.....	Citron
College of Veterinary Medicine	Gray

The gold tassel is worn frequently by those holding the doctoral degree and by college and university administrative officers.



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(The expiration date of each trustee's term is given in parentheses.)

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Photography

Photographs may be taken from the stands at any time during the ceremony. However, only press photographers are permitted on the arena floor. Guests are asked to be courteous and respectful of all those wishing to take photographs.

Complimentary Programs

A limited number of programs are available on a first-come, first-served basis. Requests should be sent to the Office of Commencement and Special Events, 1060 Blankenship Hall, 901 Woody Hayes Drive, Columbus, OH 43210-4016.

The President's Cabinet

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Margaret M. Young
Dean and Director, Ohio State Lima

Karla Zadnik
Interim Executive Vice President
and Provost
Interim Dean, College of Public Health



Pomp, circumstance, and other songs of a lifetime

(continued from inside front cover)

I say, rather, the richness of us,
precious difference, the grand multiplicity
of selves that balance this globe
and enable it to spin true. Grandson
of peasant immigrants, I was given

the opportunity to earn a doctorate
in English literature from Ohio State—
because my family labored long nights
around the kitchen table trying to learn
this arduous English. I sat where

you're sitting twenty-six years ago.
Bob Dylan and Smokey Robinson got me
through. Yes, it took a prophet and Miracles!
My son earned an OSU Ph.D. in history.
Now you, graduates, are being honored—

by degrees. We've all come together
around the kitchen table of Ohio State.
Ohio, Round on the ends and high
in the middle. For the years to come
we'll sing together, Beautiful Ohio,

in dreams again I see, Visions of what
used to be. These psalms, sacred thoughts
of our tribes, 78's and 33's, tapes,
CD's—they take up space in shelves
of our skulls, our hearts. They remind us

we want a song beyond the run-
of-the-mill thrill, the moment throbbing
with pleasure or bathed in the blues.
We ache for something grander than
pure selfishness. Songs sung for one

alone are not true music. Arias shared
are music of the spheres, ways of saying
to another something from the soul.
Of course the Buckeye Battle Cry
is there. Drive, drive on down the field,

Men (and women!) of the Scarlet
and Gray. Well, you drove on down
the field, and you drove up and down
the streets, around and around
crowded lots, looking for a place to park,

and you searched our dark, ancient library
for a decent place to study. My wife,
Mary's, father marched in the first
"Script Ohio," in 1936. He's here today
with us, blowing his horn, I can't help

but feel, as is the sweet mother
I lost last year, the one who gave me
the stars. Today's music makes us think
of the debts we owe, and never can repay.
So many of us would not be here

were it not for the lullabies and songs
of dear parents, their parents, theirs.
Some are here today in the flesh.
Many are not. We mourn them with cadences
of our hearts. Think how many people

sang before us, gave us a name, a voice,
taught us the right words. We must
cherish them by remembering every song.
When we sing to others, we honor
our fathers and mothers, thank them

for this day of profound scarlet and gray
pomp and circumstance. O, come
let's sing Ohio's praise, And songs
to Alma Mater raise. Alma mater.
Ohio State is our sweet, nurturing mother.

We came of age here, with her help.
Well, Mother, we love you, but, like,
it's time we moved out, got a place
of our own. You're standing there,
Mom, gray hair, eyes scarlet

from crying. We won't forget you.
Now, even though this ceremony
means we're being weaned, taken off
the nipple, let's take care to cherish her
all our days. Let's remember

the words to the songs she taught us,
and pass them on. We'll remember
always, Graduation Day. Summer's heat,
and winter's cold, The seasons pass,
the years will roll, Time and change

will surely show How firm thy friendship,
O-hi-O. We call that little number
Carmen Ohio. Carmen means song
in Latin. You've worked hard; she
is your reward; today is your reward.

You're filled to overflowing with
the notes, the poems we've written
together. You know the score.
Continue to work hard for yourselves,
and one another. Find the ones who need

you to sing to, for them, in the world.
Graduates, this joyful litany, this hymn
our ancestors collaborated on with us,
the calling of your name today is music
to our ears. Sing that name proudly

all your days, as if your life depended
on it. It does, you know. It has been
an honor for me to speak—and sing—
to you today. Thank you, graduates,
and, again, Congratulations.



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APPENDIX II



THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

August 20, 2024 – Wexner Medical Center Board Meeting

Members Present:

Leslie H. Wexner	Joshua H.B. Kerner	John W. Zeiger (ex officio)
Alan A. Stockmeister	Robert H. Schottenstein (arr. 1:56 p.m.)	Walter E. Carter Jr. (ex officio)
Gary R. Heminger	Stephen D. Steinour	Karla Zadnik (ex officio)
Tomislav B. Mitevski	Cindy Hilsheimer	Michael Papadakis (ex officio)
Juan Jose Perez	Amy Chronis	John J. Warner (ex officio)
George A. Skestos	Hiroyuki Fujita	

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Wexner Medical Center Board convened for its 51st meeting on Tuesday, August 20, 2024, in person at Longaberger Alumni House on Ohio State's Columbus campus. Board Secretary Jessica A. Eveland called the meeting to order at 1:00 p.m.

Item for Action:

1. **Approval of Minutes:** No changes were requested to the May 14, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Items for Discussion:

2. **Chief Executive Officer's Report:** Dr. John Warner, chief executive officer, Wexner Medical Center, kicked off the meeting with his report by recognizing Rita Wolfe – the middle daughter of the late John F. Wolfe and Ann Wolfe – who lost her battle with cancer earlier this month.

He welcomed back Buckeye learners to the College of Medicine and across campus noting the 224 new medical students to the College of Medicine. Those learners will begin their academic year in the long-anticipated, newly renovated Interdisciplinary Health Sciences Center at Hamilton Hall – the new home of the College of Medicine. Also, Dr. Warner shared that the College of Medicine has been recognized by *U.S. News & World Report* as one of the best medical schools in the country again this year. The Wexner Medical Center earned the top spot as the number one ranked adult hospital in Columbus, while also being recognized in eight of 15 nationally ranked adult specialties and being rated as high performing in 13 out of 20 common procedures and conditions.

Dr. Warner shared community engagement highlights celebrating the following events: Faces of Resilience event to support the Center for Psychiatry and Resilience honoring Nina and Ryan Day as the recipients of the 2024 Stress, Trauma and Resilience Award for their support and advocacy for mental health efforts on campus; Team Ohio State participated in the American Heart Association Central Ohio Heart Walk, the WMC has been a supporter and sponsor of the event for many years in an effort to support research and advancement in treating and preventing heart



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disease and stroke; and Team Buckeye participated in Pelotonia to support cancer research with 7,000 Pelotonia riders and 3000+ volunteers, Dee and Jimmy Haslam along with Haslam 3 Foundation made a \$2 million contribution to Pelotonia in support of the Leukemia and Hematologic Malignancies Research Program at The James.

Dr. Warner also recognized and congratulated Vinny Tammaro on his departure and return to New York; and Frank Aucremanne on his accomplishments and retirement from the university.

(See Attachment I for background information, page 89)

3. **James Cancer Hospital Report:** Dr. David Cohn, interim chief executive officer, James Cancer Hospital and Solove Research Institute, began his remarks with sharing personnel updates, awards, and recognition at national conferences spotlighting our researchers work. The connector that allows for the recruitment and recognitions mentioned is being a National Cancer Institute designated comprehensive cancer center. The James is the only such center in central Ohio and one of two in the state of Ohio. The James is preparing to submit a five-year renewal application for funding in January 2025 with a site visit from the NCI in April or May 2025. Dr. Cohn highlighted Pelotonia’s Ride Weekend as a success while raising the 16-year total to almost \$300M. He thanked donors, volunteers, riders and the community for their support of cancer research.

(See Attachment II for background information, page 103)

4. **Wexner Medical Center Financial Report:** Mr. Vincent Tammaro, chief financial officer, Wexner Medical Center, provided a high-level report out of the medical center’s year-end financial performance for FY24.

(See Attachment III for background information, page 111)

Items for Action:

5. **Resolution No. 2025-03, Recommend Approval to Increase Professional Services and Enter Into Construction Contracts:**

**APPROVAL TO INCREASE PROFESSIONAL SERVICES AND ENTER INTO CONSTRUCTION CONTRACTS
RHODES 3RD FLOOR LAB EXPANSION**

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

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

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Rhodes 3rd Floor Lab Expansion	\$0.6M	\$4.1M	\$4.7M	Auxiliary funds

NOW THEREFORE BE IT RESOLVED that the Wexner Medical Center Board hereby approves and proposes that the professional services and construction contracts for the project listed above be recommended to the University Board of Trustees for approval.

BE IT FURTHER RESOLVED, that the President and/or Senior Vice President for Business and Finance be authorized to increase professional services and enter into construction contracts for



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the project listed above in accordance with established University and State of Ohio procedures, with all actions to be reported to the Board at the appropriate time.

(See Attachment IV for background information, page 117)

6. Resolution No. 2025-04, Ratification of Committee Appointments FY2024-25:

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for FY2024-25 are as follows:

Quality and Professional Affairs Committee

Alan A. Stockmeister, Chair
Juan Jose Perez
George A. Skestos
Joshua H.B. Kerner
Michael Papadakis
John J. Warner
Karla Zadnik
Eric Adkins
Doreen Agnese
Jay M. Anderson
Carol Bradford
Stacy Brethauer
David E. Cohn
Scott A. Holliday
Elizabeth Seely
Deana Sievert
Corrin Steinhauer
Andrew M. Thomas

7. Resolution No. 2025-05, Approval of the UH Trauma Program:

Synopsis: Approval of the annual review of the Trauma Program 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 innovation in research, education and patient care; and

WHEREAS, the Ohio State University Hospitals continue to provide emergency, specialty and subspecialty clinical trauma services, as well as professional and public education, injury prevention, research, and performance improvement programs (collectively, the "Trauma Program"); and WHEREAS the Ohio State University Hospitals intend to continue to meet all requirements and criteria to maintain Level I trauma center verification and support its trauma program:

WHEREAS on July 23, 2024, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board commit to maintain the high standards needed to provide optimal care of all trauma patients and supports the application for a Level 1 trauma verification by the American College of Surgeons, Committee on Trauma.

NOW THEREFORE



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BE IT RESOLVED, That the Wexner Medical Center Board hereby commits to maintain the high standards needed to provide optimal care of all trauma patients and supports the application for a Level 1 trauma verification by the American College of Surgeons, Committee on Trauma.

(See Attachment V for background information, page 118)

8. Resolution No. 2025-06, Approval of The Ohio State University Wexner Medical Center Clinical Quality Management, Patient Safety, and Patient Experience Plan:

Synopsis: Approval of the annual review of The Ohio State University Wexner Medical Center Clinical Quality Management, Patient Safety, and Patient Experience Plan for FY25 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 Wexner Medical Center Clinical Quality Management, Patient Safety, and Patient Experience Plan for FY25 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 Ohio State University Wexner Medical Center Clinical Quality Management, Patient Safety, and Patient Experience Plan for FY25 was approved by the University Hospitals Medical Staff Administrative Committee on July 10, 2024:

WHEREAS on July 23, 2024, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the Clinical Quality Management, Patient Safety, and Patient Experience Plan for FY25:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the Clinical Quality Management, Patient Safety, and Patient Experience Plan for FY25 for the Ohio State University Hospitals, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

(See Attachment VI for background information, page 124)

9. Resolution No. 2025-07, Approval of The James Quality, Safety, and Experience Council Plan:

Synopsis: Approval of the annual review of The James Quality, Safety, and Experience Council Plan for FY25 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 FY25 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



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WHEREAS the annual review of The James Quality, Safety, and Experience Council Plan for FY25 was approved by James Quality, Safety and Experience Council on April 24, 2024; and WHEREAS the annual review of The James Quality, Safety, and Experience Council Plan for FY25 was approved by The James Medical Staff Administration Committee on May 17, 2024:

WHEREAS on July 23, 2024, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve The James Quality, Safety, and Experience Council Plan for FY25:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves The James Quality, Safety, and Experience Council Plan for FY25 for The James.

(See Attachment VII for background information, page 152)

10. Resolution No. 2025-08, Approval of the Plan for Patient Care Services – 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 June 12, 2024; and

WHEREAS on July 23, 2024, 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 hereby approves 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.

(See Attachment VIII for background information, page 171)

11. Resolution No. 2025-09, Approval of the Plan for Patient Care Services – James Cancer Hospital:

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



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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 May 17, 2024; and

WHEREAS on July 23, 2024, 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 hereby approves the plan for patient care services for The James as outlined in the attached Plan for Patient Care Services.

(See Attachment IX for background information, page 183)

12. Resolution No. 2025-10, Approval of Scope of Care – New Albany Ambulatory Surgery Center:

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 July 23, 2024, 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 hereby approves the scope of care for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany.

(See Attachment X for background information, page 199)

13. Resolution No. 2025-11, Approval of Scope of Care – Dublin Ambulatory Surgery Center:

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 July 23, 2024, 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



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BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the scope of care for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin.

(See Attachment XI for background information, page 208)

14. Resolution No. 2025-12, Approval of the Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation – 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 12, 2024; and

WHEREAS on July 23, 2024, 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 hereby approves 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. (See Attachment XII for background information, page 217)

15. Resolution No. 2025-13, Approval of the Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation – James Cancer Hospital:

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



THE OHIO STATE UNIVERSITY

WHEREAS the annual review of these contracts was approved by The James Medical Staff Administrative Committee on June 21, 2024; and

WHEREAS on July 23, 2024, 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 hereby approves 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.

(See Attachment XIII for background information, page 235)

16. Resolution No. 2025-14, Approval of the Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation – New Albany Ambulatory Surgery Center:

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 July 23, 2024, 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 hereby approves the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany.

(See Attachment XIV for background information, page 253)

17. Resolution No. 2025-15, Approval of the Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation – Dublin Ambulatory Surgery Center:

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



THE OHIO STATE UNIVERSITY

WHEREAS on July 23, 2024, 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 hereby approves the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin.

(See Attachment XV for background information, page 254)

18. Resolution No. 2025-16, Approval of Amendments to the *Bylaws of the Medical Staff of The Ohio State University Hospitals*:

Synopsis: The amendments to the Bylaws of the Medical Staff of The Ohio State University Hospitals are recommended for approval.

WHEREAS a summary of the proposed amendments to the Bylaws of the Medical Staff of The Ohio State University Hospitals is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the Bylaws of the Medical Staff of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Bylaws Committee on May 29, 2024; and

WHEREAS the proposed amendments to the Bylaws of the Medical Staff of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Administrative Committee on June 12, 2024:

WHEREAS on July 23, 2024, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the Bylaws of the Medical Staff of The Ohio State University Hospitals plan for patient care services:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the amendments to the Bylaws of the Medical Staff for the Ohio State University Hospitals, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

(See Attachment XVI for background information, page 255)

19. Resolution No. 2025-17, Approval of Amendment to the *Bylaws of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute*:

Synopsis: The amendments to the Bylaws of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS a summary of the proposed amendments to the Bylaws of the Medical Staff of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and



THE OHIO STATE UNIVERSITY

WHEREAS the proposed amendments to the Bylaws of the Medical Staff of the James Cancer Hospital were approved by the James Medical Staff Bylaws Committee on July 8, 2024; and

WHEREAS the proposed amendments to the Bylaws of the Medical Staff of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on June 21, 2024:

WHEREAS on July 23, 2024, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the Bylaws of the Medical Staff of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the amendments to the Bylaws of the Medical Staff of the James Cancer Hospital for The James.

(See Attachment XVII for background information, page 318)

Action: Upon the motion of Mr. Heminger, seconded by Mr. Stockmeister, the Wexner Medical Center Board recommended agenda item No. 5 — Recommend Approval to Increase Professional Services and Enter Into Construction Contracts —, to the university Board of Trustees for final approval by majority voice vote with the following members present and voting: Mr. Wexner, Mr. Stockmeister, Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Mr. Kerner, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Zadnik, Mr. Papadakis and Dr. Warner. Mr. Schottenstein and Mr. Steinour were not present for this vote.

Action: Upon the motion of Mr. Stockmeister, seconded by Mr. Perez, the Wexner Medical Center Board approved item No. 6 — Quality and Professional Affairs Committee Items — by majority roll-call vote with the following members present and voting: Mr. Wexner, Mr. Stockmeister, Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Mr. Kerner, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Zadnik, Mr. Papadakis and Dr. Warner. Mr. Schottenstein and Mr. Steinour were not present for this vote.

EXECUTIVE SESSION

It was moved by Mr. Stockmeister, seconded by Mr. Wexner, that the Wexner Medical Center Board recess into executive session to discuss the sale or disposition of property; to consider business-sensitive trade secrets and quality matters required to be kept confidential by federal and state statutes; to consult with legal counsel regarding pending or imminent litigation; 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, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Zadnik, Mr. Papadakis and Dr. Warner. Mr. Schottenstein and Mr. Steinour were not present for this vote.

The Wexner Medical Center Board entered executive session at 1:42 p.m. and adjourned at 4:59 p.m.

The Ohio State University Wexner Medical Center CEO Report

Presented By:
John J. Warner, MD

August 20, 2024

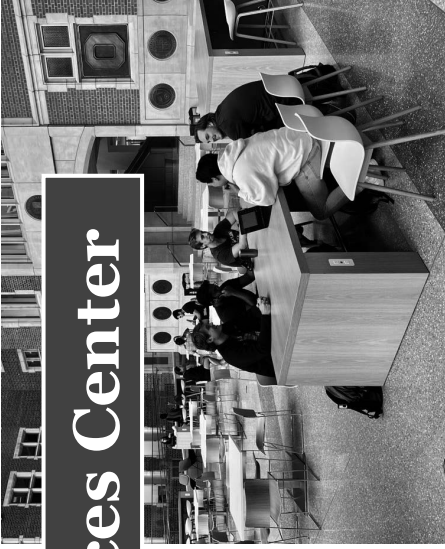


THE OHIO STATE
UNIVERSITY
WEXNER MEDICAL CENTER

Welcome Back College of Medicine Learners



Interdisciplinary Health Sciences Center





Doximity Residency Navigator

Top 20 programs include:

- **Otolaryngology (No. 5)**
- **Combined Internal Medicine and Pediatrics** in partnership with Nationwide Children’s Hospital (No. 7)
- **General Surgery (No. 8)**
- **Child Neurology** – Nationwide Children’s Hospital program in the Ohio State College of Medicine Department of Pediatrics (No. 8)
- **Pediatrics** – Nationwide Children’s Hospital program in the Ohio State College of Medicine Department of Pediatrics (No. 9)
- **Plastic Surgery (No. 12)**
- **Obstetrics and Gynecology (No. 16)**
- **Radiation Oncology (No. 18; new to list)**

U.S. News & World Report Best Graduate Schools

August 20-22, 2024, Board of Trustees Meetings



Tier 1

Research

Top 16 Schools

Tier 2

Primary Care

Top 50 Schools

FY2024 a record year for research

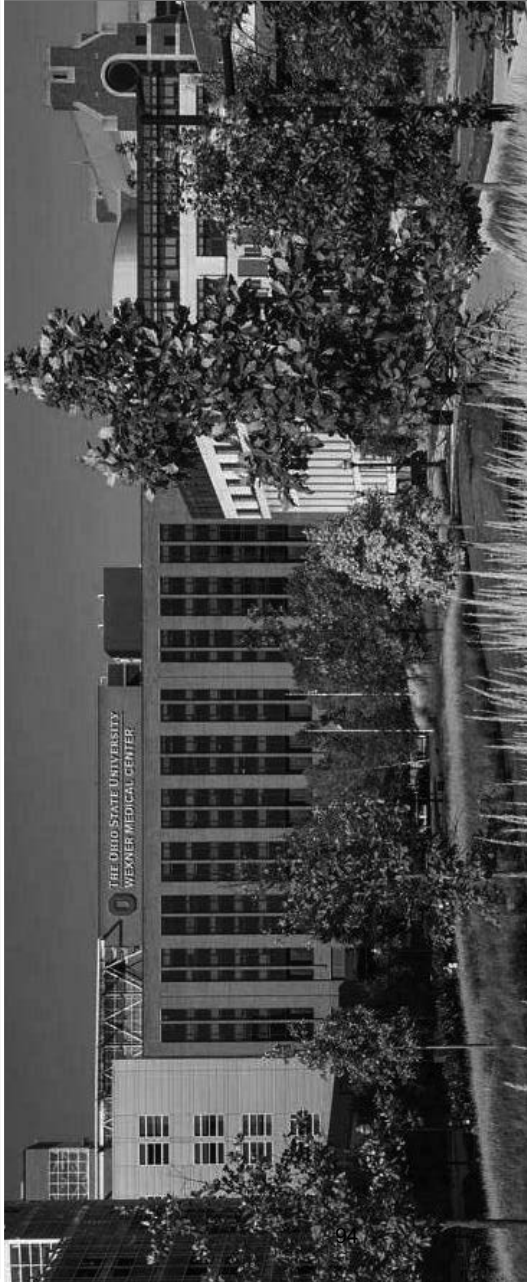
\$477.3M

↑ to **\$243.2M**

Total Research Awards

Research Awards from NIH and HHS

U.S. News & World Report Best Hospitals



Eight Nationally Ranked Adult Specialties:

- Urology (No. 24)
- Pulmonology and Lung Surgery (No. 27)
- Obstetrics and Gynecology (No. 28)
- Cancer (No. 32)
- Ear, Nose and Throat (No. 33)
- Neurology and Neurosurgery (No. 36)
- Rehabilitation (No. 37)
- Cardiology, Heart and Vascular Surgery (No. 43)

The Ohio State University Wexner Medical Center

Columbus, OH



Nationally Ranked
In 8 Adult Specialties



Regionally Ranked

#2 in Ohio
Recognized in Central Ohio
#1 in Columbus



High Performing
in 4 Adult Specialties
in 14 Procedures/Conditions
(including Maternity)



Precision Health Partnership



Community Engagement

Want to find out about Nutrition Services? Or Access to our food bank?



Your Food at

HEALTHY COMMUNITY LIFE
SPORTS PHYSICALS INSIDE BUILDING
Must be registered by 11:30 a.m.
Please wear a mask





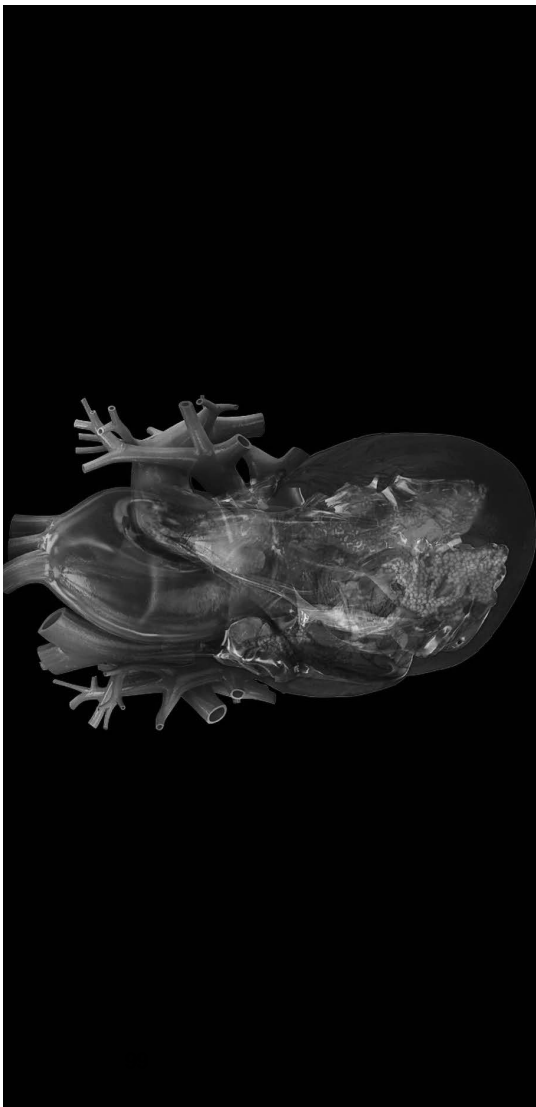
Faces of Resilience

Central Ohio Heart Walk 2024



\$2.475 Million American Heart Association Grant

August 20-22, 2024, Board of Trustees Meetings

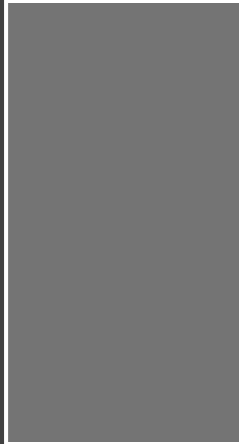
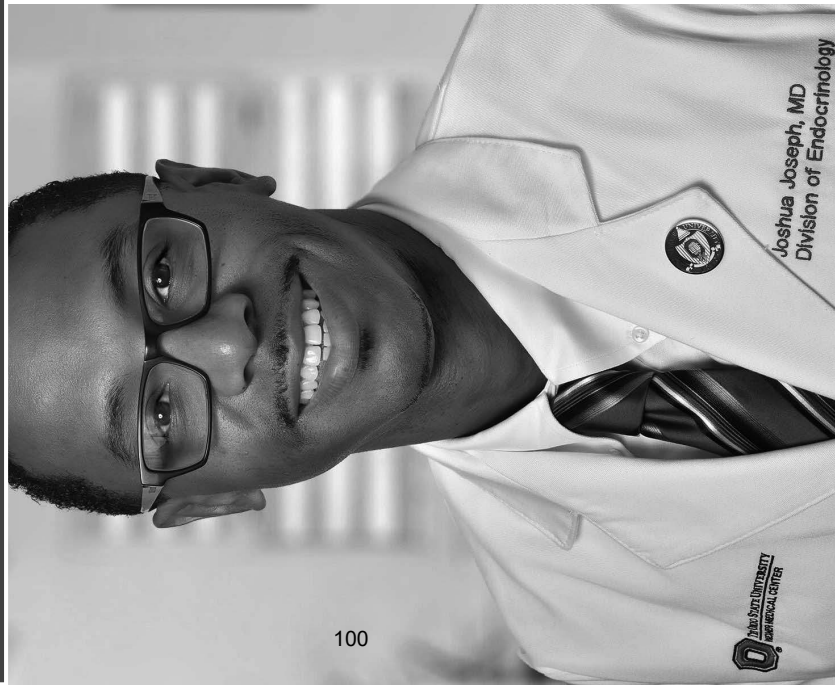


copyright American Heart Association



Inflation Reduction Act Anniversary at White House

August 20-22, 2024, Board of Trustees Meetings



Pelotonia Ride Weekend 2024

ENDING CANCER  STARTS WITH YOU



Our People



OSUCCC – James Wexner Medical Center Board Presentation

August 20, 2024

David Cohn, MD, MBA

Interim Chief Executive Officer

James Cancer Hospital and Solove Research Institute



The James



New Cancer Leadership Positions



Christian Rolfo, MD PhD
Director, Division of
Medical Oncology



Glen Barber, PhD
Director, Center for
Innate Immunity and
Inflammation
PIIO



Anil Parwani, MD, PhD, MBA
Chair, Department of
Pathology

Cancer Awards



Emily Rush, RN, MHA, OCN
Director, Magnet Program
Oncology Nursing Society
Emerging Leader Award 2024

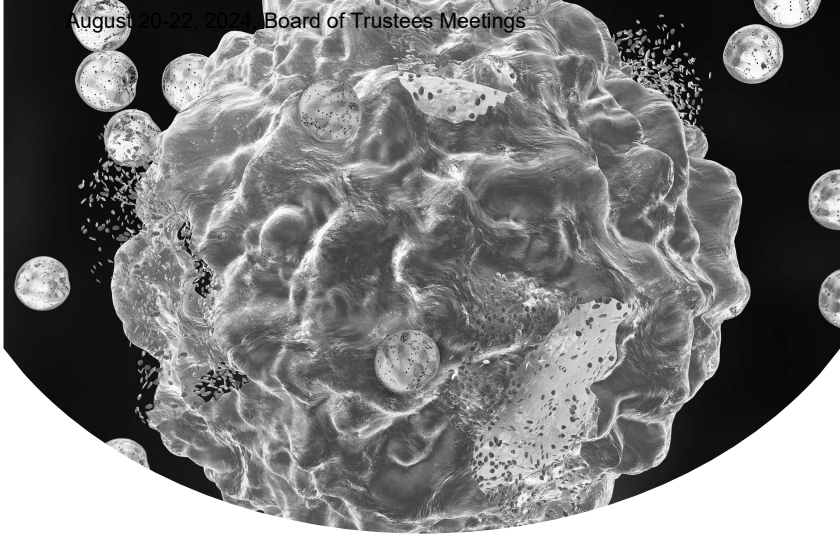


Ashley Cetnar, PhD
Clinical Assistant Professor
Radiation Oncology

Ohio State Comprehensive Cancer Center - Cancer Center Support Grant (CCSG)

- Hosted a successful external advisory board in May to review the first draft of the CCSG
- The board is made up of cancer center administrators and directors of other NCI-CCC's
- The team will host additional reviews in the fall
- The full grant will be submitted in January 2025
- Site visit expected April or May 2025

The James



ASCO 2024 - Getting Ahead of Cancer



- AI Tool helps predict colon cancer aggressiveness to guide clinical care decisions
- Vidya Arole, MBBS Pathology & Eric D Miller, MD, PhD Radiation Oncology
- Understanding how microbiome impacts early-stage cancer risk
- Ning Jin, MD Medical Oncology

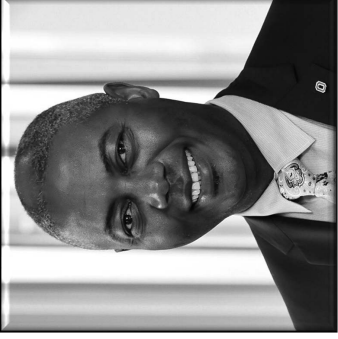
ASCO 2024 - Getting Ahead of Cancer



- Predicting risk of melanoma spread to the brain in early-stage disease.
- Merve Hassanov, MD Medical Oncology



- Health equity challenges to using multicancer detection tests.
- Norah Crossnohere, PhD Internal Medicine & Chyke Doubeni, MBBBS, MPH Family Medicine

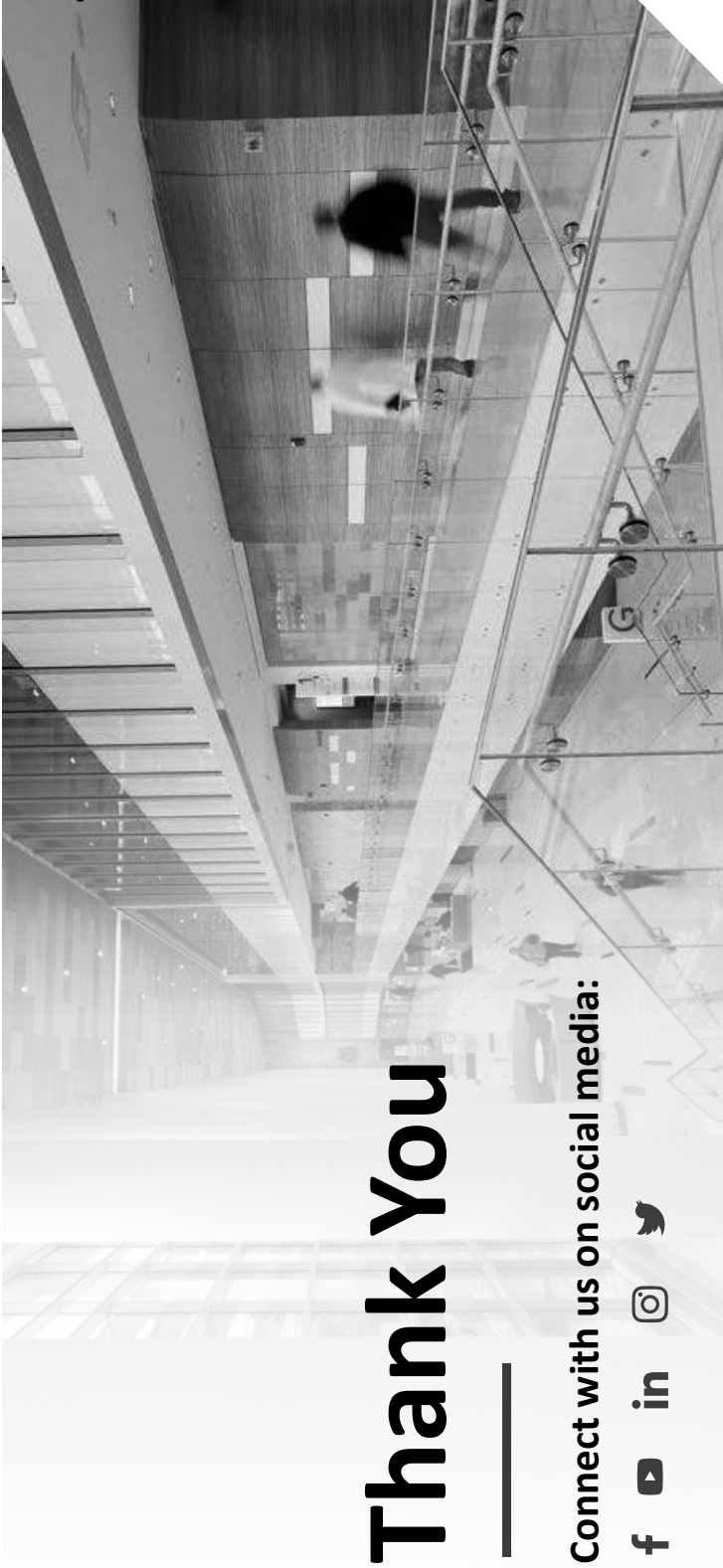


→ PELOTONIA[®]

**OPENING
CEREMONY**
AUGUST 2

**RIDE
WEEKEND**
AUGUST 3-4

**GRAVEL
DAY**
SEPTEMBER 21



Thank You

Connect with us on social media:



The James



cancer.osu.edu



Wexner Medical Center Board Financial Report Public Session

August 20, 2024



FY2024 Year in Review

The Ohio State University Health System

Consolidated Statement of Operations
 For the YTD ended: June 30, 2024
 (in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	4,433,175	4,331,151	102,024	2.4%	3,973,861	11.6%
Operating Expenses						
Salaries and Benefits	1,849,290	1,842,709	(6,581)	-0.4%	1,704,031	-8.5%
Resident/Purchased Physician Services	224,229	218,474	(5,755)	-2.6%	196,010	-14.4%
Supplies/Pharmaceuticals/Other	1,712,527	1,651,096	(61,431)	-3.7%	1,504,124	-13.9%
Depreciation	231,473	242,307	10,834	4.5%	208,930	-10.8%
Interest	41,362	41,879	517	1.2%	44,443	6.9%
Total Expense	4,058,881	3,996,465	(62,416)	-1.6%	3,657,538	-11.0%
Gain (Loss) from Operations (pre MCI)	374,294	334,686	39,608	11.8%	316,323	18.3%
Medical Center Investments	(235,433)	(240,361)	4,928	2.1%	(229,502)	-2.6%
Income from Investments	92,051	26,943	65,108	241.7%	42,241	117.9%
Other Gains (Losses)	28,294	30,223	(1,929)	-6.4%	24,161	17.1%
Excess of Revenue over Expense	\$ 259,206	\$ 151,491	\$ 107,715	71.1%	\$ 153,223	69.2%
Non-Budgeted One-Time Recognitions	\$ 26,089	\$ -	\$ 26,089	0.0%	\$ 148,573	-82.4%
Margin with Non-Budgeted One-Time Recognitions	\$ 285,295	\$ 151,491	\$ 133,804	88.3%	\$ 301,796	-5.5%
Margin Percentage	6.4%	3.5%	2.9%	84.0%	7.6%	-1.2%
EBIDA	\$ 558,130	\$ 435,677	\$ 122,453	28.1%	\$ 555,169	0.5%
EBIDA Margin Percentage	12.6%	10.1%	2.5%	25.2%	14.0%	-1.4%



The Ohio State University Wexner Medical Center

*Combined Statement of Operations
For the YTD ended: June 30, 2024
(in thousands)*

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	5,991,961	5,838,254	153,707	2.6%	5,382,302	11.3%
Operating Expenses						
Salaries and Benefits	3,262,574	3,246,301	(16,273)	-0.5%	2,990,232	-9.1%
Resident/Purchased Physician Services	224,229	218,474	(5,755)	-2.6%	196,010	-14.4%
Supplies/Pharmaceuticals/Other	2,087,623	1,989,953	(97,670)	-4.9%	1,852,086	-12.7%
Depreciation	245,750	263,573	17,824	6.8%	227,549	-8.0%
Interest	41,585	42,064	479	1.1%	44,692	7.0%
Total Expense	5,861,761	5,760,366	(101,396)	-1.8%	5,310,570	-10.4%
Gain (Loss) from Operations	130,200	77,889	52,311	67.2%	71,732	81.5%
Income from Investments	101,997	36,581	65,416	178.8%	50,785	100.8%
Other Gains (Losses)	20,351	28,148	(7,797)	-27.7%	17,546	16.0%
Excess of Revenue over Expense	\$ 252,548	\$ 142,618	\$ 109,931	77.1%	\$ 140,063	80.3%
Non-Budgeted One-Time Recognitions	\$ 26,089	\$ -	\$ 26,089	0.0%	\$ 148,573	-82.4%
Margin with Non-Budgeted One-Time Recognitions	\$ 278,637	\$ 142,618	\$ 136,020	95.4%	\$ 288,636	-3.5%
Margin Percentage	4.7%	2.4%	2.2%	90.4%	5.4%	-0.7%
EBIDA	\$ 565,972	\$ 448,255	\$ 117,716	26.3%	\$ 560,877	0.9%
EBIDA Margin Percentage	9.4%	7.7%	1.7%	23.0%	10.4%	-1.0%

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



The Ohio State University Wexner Medical Center

Combined Balance Sheet

As of: June 30, 2024

(in thousands)

	June 2024	June 2023	FY24-FY23 Change
Cash	\$ 1,476,652	\$ 1,392,047	\$ 84,605
Net Patient Receivables	693,628	624,951	68,677
Other Current Assets	221,896	206,304	15,591
Assets Limited as to Use	958,622	988,171	(29,549)
Property, Plant & Equipment - Net	3,753,216	3,306,934	446,282
Other Assets	608,517	611,151	(2,634)
Total Assets	\$ 7,712,532	\$ 7,129,558	\$ 582,973
Current Liabilities	\$ 529,262	\$ 449,016	\$ 80,246
Other Liabilities	370,577	364,681	5,896
Total Debt	1,438,011	1,219,817	218,194
Net Assets	5,374,681	5,096,045	278,637
Liabilities and Net Assets	\$ 7,712,532	\$ 7,129,558	\$ 582,973
Days Cash on Hand	151.7	163.2	(11.5)
Net Days in Accounts Receivable	52.3	51.9	(0.3)
Debt to Capital	21.1%	19.3%	-1.8%

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



Thank You

Wexnermedical.osu.edu

ATTACHMENT IV

Project Data Sheet for Board of Trustees Approval

Rhodes - 3rd FI Lab Expansion

OSU-221149 (REQ ID# LAB220004)

Project Location: Rhodes Hall (0354)

- **Approval Requested and Amount**

Professional services	\$0.6M
Construction w/contingency	\$4.1M
<hr/>	
Total requested	\$4.7M

- **Project Budget**

Professional services	\$0.6M
Construction w/contingency	\$4.1M
<hr/>	
Total project budget	\$4.7M

- **Project Funding**
 - Auxiliary funds

- **Project Schedule**

Design	12/22 – 03/24
BoT professional services approval	08/24
BoT construction approval	08/24
Construction	08/24 – 02/26
Facility opening	07/26

- **Project Delivery Method**
 - Construction Manager at Risk

- **Planning Framework**
 - This project is included in the FY23 and FY24 Capital Investment Plans.
 - The project supports the expansion of the current Rhodes 3rd floor lab to support all patient lab testing including the spaces in the new inpatient tower.

- **Project Scope**
 - The project consists of multiple phases to allow the lab to remain operational and includes several enabling projects, such as relocating a pyxis room, crash cart storage room, EVS room, and renovations of two ADA restrooms.
 - Early phases will be completed prior to the opening of the new inpatient tower to allow for full lab functionality.

- **Approval Requested**
 - Approval is requested to increase professional services contracts and enter into construction contracts.



-
- **project team**
 - University project manager: Radabaugh, Alexandra
 - AE/design architect: IKM Architects
 - CM at Risk or Design Builder: Marker Construction

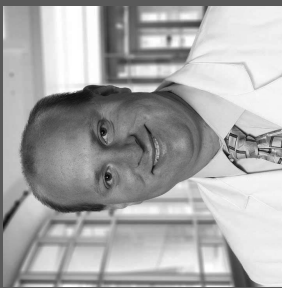
OSUWMC Level 1 Adult Trauma Center



THE OHIO STATE
UNIVERSITY

WEXNER MEDICAL CENTER

OSUWMC Trauma Team: Faculty

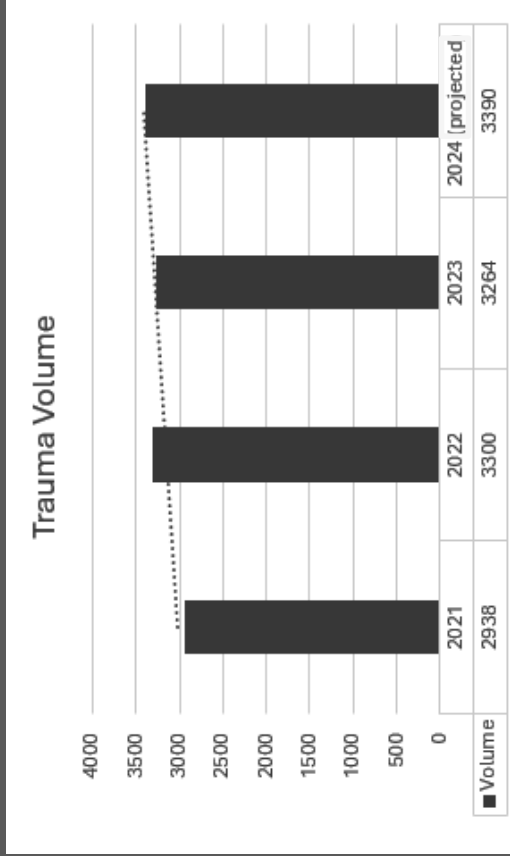


Trauma Medical Director



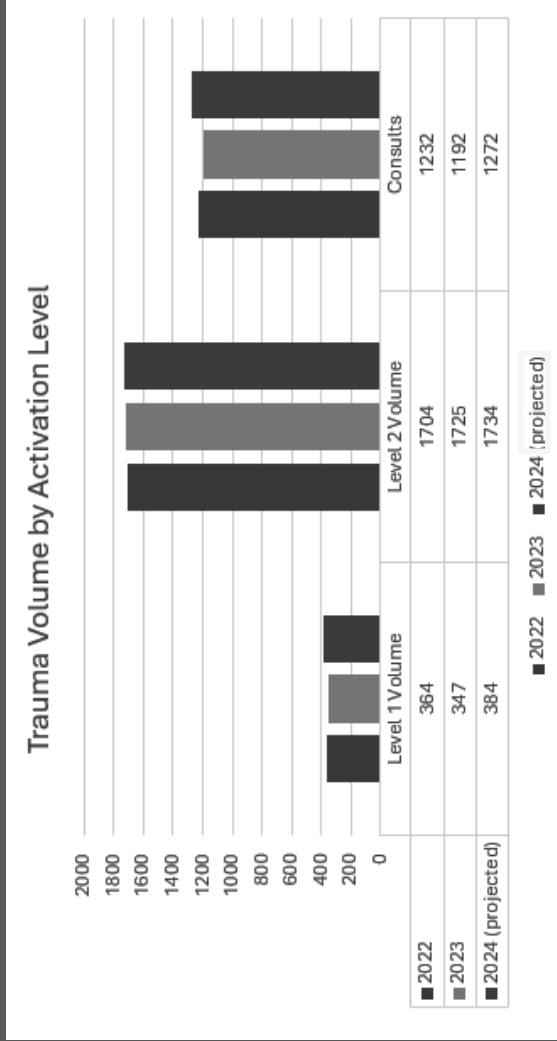
Faculty not pictured: Dr. Tracie Terrana & Dr. Larry Martin
ACS Fellows not pictured: Dr. Jacob Holzemer & Dr. Jinwei Hu

OSUWMC Annual Trauma Volume



Source: Trauma Registry

OSUWMC Annual Trauma Volume



Source: Trauma Registry

Standard 1.1 Administrative Commitment

- **Definition:** “...must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.”

1.1 Administrative Commitment—TYPE I

Applicable Levels

I, II, III, PTCL, PTCI

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

- Documentation that demonstrates compliance, including:
- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
 - Commitment to adherence to the standards required for the level of verification
 - Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

Standard 1.1 Administrative Commitment, continued

- Documented compliance:
 1. “Hospital Board of Directors approval of the establishment of the trauma center at the level specified and of the application for verification”
 2. “Commitment to adherence to the standards required for level of verification”
 3. “Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards”

1.1 Administrative Commitment—TYPE I

Applicable Levels

I, II, III, PTCL, PTCI

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards



QUALITY LEADERSHIP COUNCIL

**The Ohio State University Wexner Medical Center
Clinical Quality Management, Patient Safety, &
Patient Experience Plan**

**FY 2025
July 1, 2024 - June 30, 2025**



Clinical Quality Management, Patient Safety, & Patient Experience Plan

Table of Contents

- I. Ambition, Mission, Vision & Values
- II. Definition
- III. Consistent Level of Care
- IV. Performance Transparency
- V. Confidentiality
- VI. Scope/Purpose
- VII. Objectives
- VIII. Structure for Quality Oversight
- IX. Committees
- X. Roles & Responsibilities
- XI. Approach to Clinical Quality, Patient Safety and Patient Experience Management
- XII. Determining Priorities
- XIII. Data Measurement and Assessment
- XIV. Communication of Data/Performance
- XV. Performance Based Physician Quality & Credentialing
- XVI. Conflict of Interest
- XVII. Annual Approval and Continuous Evaluation

The Ohio State University Wexner Medical Center

Clinical Quality Management, Patient Safety, and Patient Experience Plan

Ambition, Mission, Vision and Values

Ambition: To be a top 20 (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 of 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 like 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.

On-line 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.

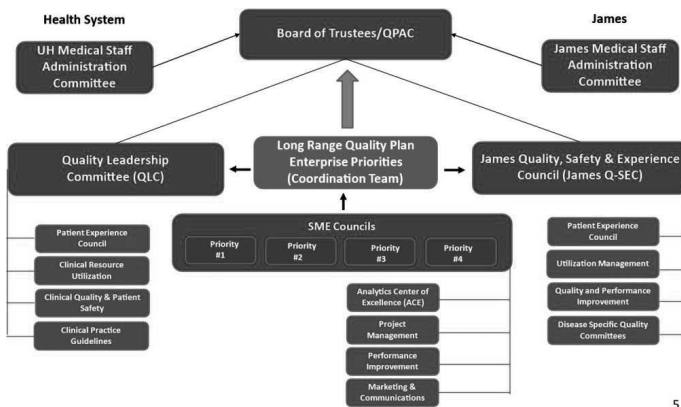
As part of the Quality Assurance and Performance Improvement (QAPI program), the organization provides oversight for contracted services. The contracts are reviewed annually by the Medical Staff Administrative Committee (MSAC) and then forwarded to the Quality and Professional Affairs Committee of the 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



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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 activity in all facilities that are a part of the university Wexner medical center, including, but not limited to, the hospitals, clinics, ambulatory care facilities, and physicians' office facilities;
- 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 staffs for amendments to any rule, regulation or policy presented by the chief of staff on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to the university hospitals medical staff administrative committee and the James medical staff administrative committee for further dissemination to the medical staffs; and
- 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 the 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.

Subject Matter Expert Councils (SME)

The SME councils serve as the functional arm of Quality and Patient Safety to implement specific quality improvement initiatives within the Health System. The councils leverage the triad/dyad teams and selected 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 council 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. SME Council members are responsible for the successful implementation and maintenance of these QI efforts within their areas of responsibility.

Composition: An SME council is co-chaired by the Chief Quality and Patient Safety Officer and the Senior Director of Quality and Patient Safety. The council consists of existing and future triad and dyad leaders across the system and selected business unit, nursing, pavilion, as well educational and administrative leaders.

Function:

- System-wide implementation of quality improvement efforts for specific quality opportunities impacting a broad patient population.
- SME councils 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.
- SME councils are tasked with creating a system-wide QI plan to improve performance to include a standardized toolkit for implementation.
- The council 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.
- SME councils report priorities, progress, and results to the QLC as appropriate.

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 recertification 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.

Process Improvement Teams

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

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

Roles and Responsibilities

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 supports 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 director 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 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 – , Patient Safety, Quality Outcomes Management, Provider Engagement and Peer Review. **Appendix F** shows the current organizational structure.

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

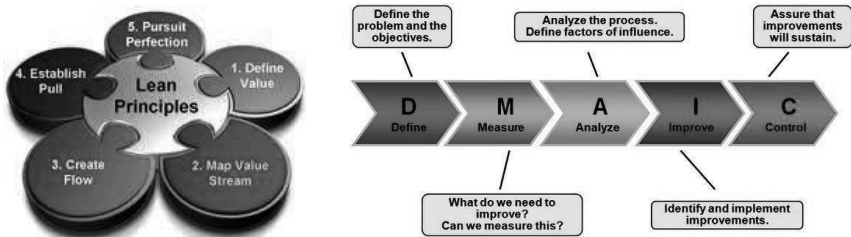
Systematic Approach/Model to Process Improvement

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.

DMAIC Roadmap



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.

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 to identify quality indicators specific to their area of service. The quality management committee of each area is responsible for monitoring and assessment of the data collected.

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)

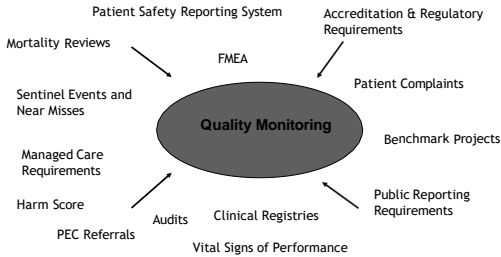
Assessment

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.

Methods for Monitoring



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.

Communication of Data/Performance

Metric Headquarters (Metric HQ)

Metric HQ is a newly launched set of dashboards designed to consolidate quality and safety data across the OSUWMC. The intent of Metric HQ is to become the single source of truth for quality and safety performance across the organization. Specific data within Metric HQ is available at the system, business unit, and unit level. Additional plans are underway to provide process measure data as leading indicators for established outcomes or priorities. Examples of data available within Metric HQ is the following:

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.

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

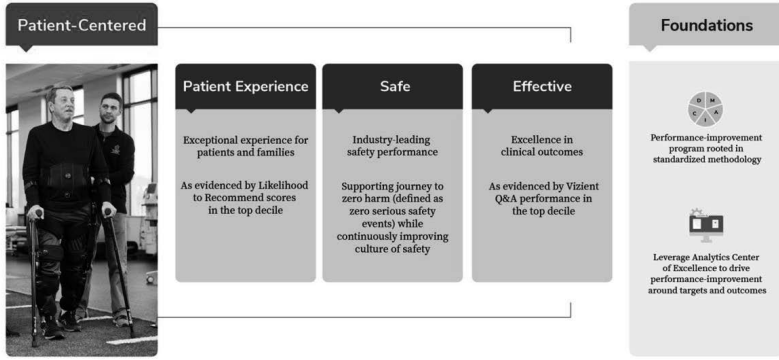
Any person, who is professionally involved in the care of a patient being reviewed, should not participate in peer review deliberations and voting. A person is professionally involved if they are responsible for patient care decision making either as a primary or consulting professional and/or have a 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

— Long-Range Quality Plan *World Class Care: Every Person, Every Time*



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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: FY25 Priorities/Metrics

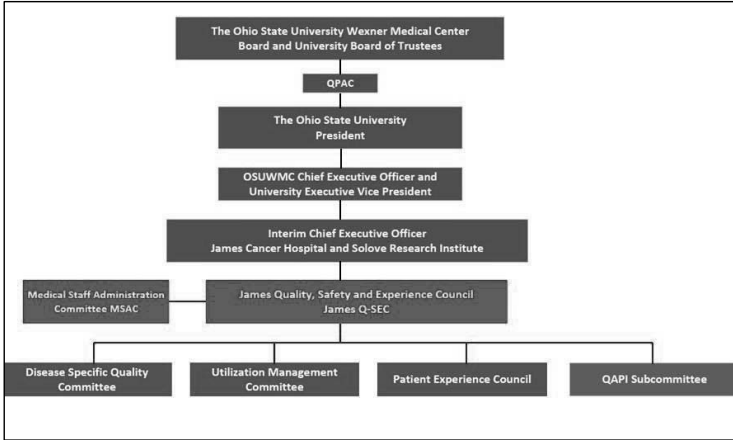
— FY25 Quality & Safety Priorities

Board endorsed quality priorities

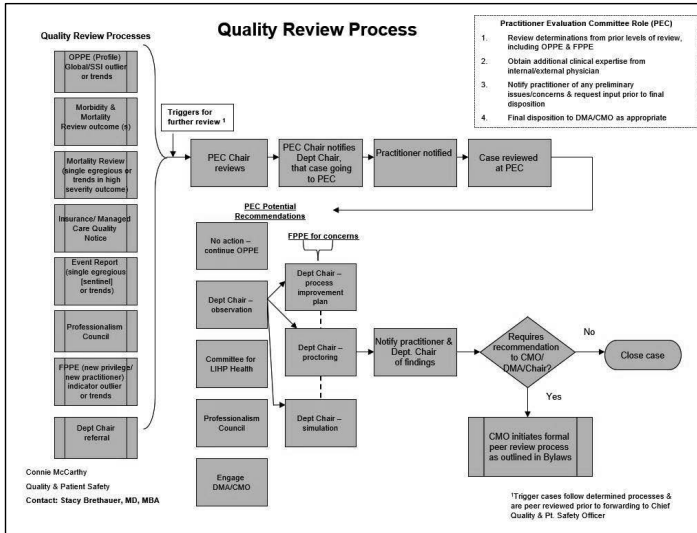
- Mortality
- Patient Experience (Likelihood to Recommend)
- Central Line Associated Blood Stream Infections (CLABSI)
- Falls with Injury
- Retained Foreign Bodies

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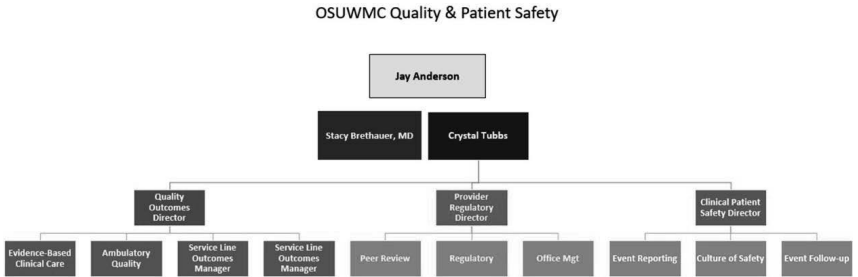
Appendix D: Quality Structure for The James Cancer Hospital & Solove Research Institute



Appendix E: Quality Review Process & Physician Performance Based Profile



Appendix F: Quality Organizational Structure



Approvals:
MSAC: May 17, 2024
QPAC: July 23, 2024
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 2025
July 1, 2024, through June 30, 2025

The James



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 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 for The James are designed to specifically 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 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 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, and staff from Cancer Program Analytics, Epidemiology, Environmental Services, Clinical Informatics, Laboratory, Nursing, Pharmacy/Medication Safety, Patient Experience, Social Work, and Risk Management. 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.
- Ensures 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). 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:

- Serve as the central resource and interdisciplinary work groups 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 The James and services received from Wexner Medical Center, including process/patient safety metrics and PSRS events reviews.
- 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 Patient Experience Council

Composition:

The Patient Experience Council consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Nursing, Nutrition Services, Environmental Services, Communications, and the Patient Experience Department. The Patient Experience 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 a consistent patient experience.
- Provides guidance and oversight on patient experience improvement efforts ensuring effective deployment and accountability throughout the system.
- Oversees the service excellence reward and recognition program.
- 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 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.
- Give advice 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 event 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 for 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 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 to review the recommendations from The Plan and implement quality goals and plans, along with maintaining oversight in their clinical areas.

Medical Staff

Medical staff members are responsible to achieve 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 initiating 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 to provide the highest standard of care and services within their scope of practice.

Quality and Patient Safety Leadership

The Sr. Director of Integrated Care Management and Quality, Director for Quality and Patient Safety, and the Director of Clinical Outcomes collaborates directly with the executive leaders as well as 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 the quality improvement goals, patient safety improvements, and facilitates team(s) charged for implementation of annual hospital level goals.

The James Quality Improvement and Patient Safety Department

The primary responsibilities of The James Quality Improvement and Patient Safety Department is:

- Track and trend quality events as well as 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 use of the 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 Improvement and Patient Safety Departments including The James Operations Improvement staff, and the Cancer Program Analytics 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 to implement, monitor, and evaluate activities in their areas and assist 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.

Philosophy of Patient Care Services

The James provides innovative and patient-focused comprehensive cancer care and services which includes 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 as an essential component in the planning and provision of care.

- Utilizing the Relationship Based Care principles which encompass Care of Patient, Care of Colleague, Care of Self and Care of the Community.
- Embracing the principles of a Just Culture and honoring a Culture of Safety for all team members, faculty, and staff.

Principles

The principles of providing high quality, safe care support the Institute of Medicine's Six Aims of Care which are:

- **Safe:** Care should be as safe for patients in health care facilities as in their homes.
- **Effective:** The science and evidence behind health care should be applied and serve as the standard in the delivery of care.
- **Efficient:** Care and service should be cost effective, and waste should be removed from the system.
- **Timely:** Patients should experience no waits or delays in receiving care and service.
- **Patient centered:** The system of care should revolve around the patient, respect patient preferences, and put the patient in control; and
- **Equitable:** Unequal treatment should be a fact of the past; disparities in care should be eradicated.

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 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 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 to 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 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:** The incorporation of evidence-based medicine in patient-centered care 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 that 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 is 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 like 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. The purpose of providing data internally is to assist faculty and staff in obtaining real-time performance results, and to use those results to drive change and improve performance, when applicable. 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 Cancer Program Analytics team works with many departments and partners with other reporting groups to build and enhance quality and safety dashboards, as well as display of 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. This is in keeping with the 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 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.

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 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. 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 Cancer Program Analytics and the Quality and Patient Safety departments 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 each year.

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 Quality and Safety 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 Quality and Patient Safety 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, medication events, 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 monthly at The James Quality, Safety and Experience Council, as well as monthly at the Medical Staff Administrative Committee. Safety goals are reviewed annually and adjusted as necessary by 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 provides 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 purpose of the medical Staff Evaluation is several-fold:

- 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) and The Quality and Professional Affairs Committee (QPAC).

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 A). 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: Long Range Quality Plan

Long-Range Quality Plan

World-Class Care: Every Person, Every Time

Patient-Centered



Patient Experience

Exceptional experience for patients and families

As evidenced by Likelihood to Recommend scores in the top decile

Safe

Industry-leading safety performance


Supporting journey to zero harm (defined as zero preventable serious safety events) while continuously improving culture of safety

Effective


Excellence in clinical outcomes

As evidenced by Vient Q&A performance in the top decile

Foundations



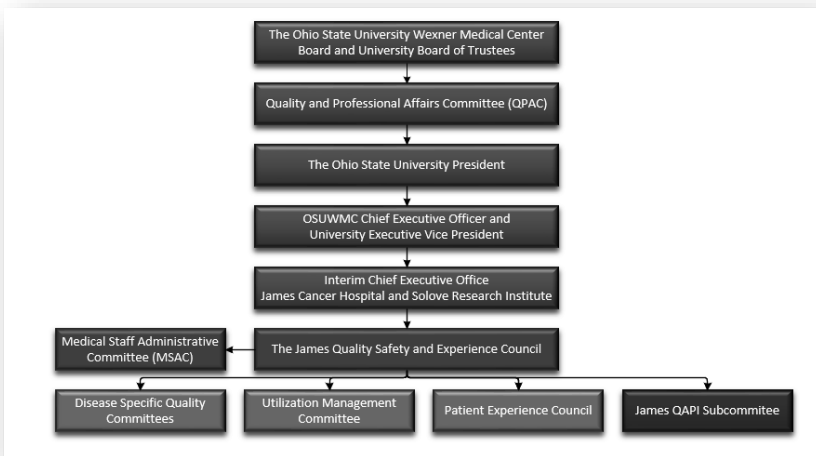
Performance improvement program rooted in standardized methodology



Leverage Analytics Center of Excellence to drive performance improvement around targets and outcomes

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Attachment B: The James Quality, Safety and Experience Council Structure



THE JAMES QUALITY SAFETY, AND EXPERIENCE COUNCIL PLAN FOR FISCAL YEAR 2025 (JULY 1, 2024 - JUNE 30, 2025)

ATTACHMENT VIII



Approvals:
MSAC- 06/12/2024
QPAC- 07/23/2024
Wexner Medical Center Board –

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/7 days 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

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Hospital Plan for Providing Patient Care

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.

ATTACHMENT IX

The James



Approvals:
MSAC: 5/17/2024
QPAC: 7/23/2024
Wexner Medical Center Board:

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: 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.

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 for staff resources 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 the rich resource of 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/7days 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 loved ones.
- Staff will 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:

Individual patient and loved one's care requirements 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 a distinct discharge plan best suited for each patient.

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 within the service needs of the department.

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 loved ones 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 loved ones 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 loved one as appropriate) 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 loved ones (as appropriate).
- Mediate and resolve disagreements.

Integration of Patient Care and Support Services

The importance of a collaborative, interdisciplinary team approach, that considers the unique knowledge, judgment, and skills. 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 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 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 loved ones, 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. <i>Refer to James Hospital Policy 04-08 "Equipment Safety for Patient Care Areas."</i>
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 regarding 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 loved ones of patients who 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	Provides and promotes 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	Assist managers 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 seen 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	Assist departments to explore, deploy and integrate reliable, state-of-the-art information systems technology solutions to manage change.
Laboratory	Provide laboratory testing of ambulatory patients with a diagnosis of malignant disease and those that require urgent medical treatment given by the emergency department. Lab Reports are included in the patient record.
Materials Management	Supply stock 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 nutrition care and food service to The James and ambulatory site patients, staff, and visitors. Clinical nutrition assessment and consultation are available in both inpatient and outpatient settings. The department provides food service to inpatients and selected ambulatory settings.
Oncology Laboratories	Provide clinical laboratory support services for medical, surgical blood & marrow transplantation and radiation oncology units.
Pathology	The Molecular Pathology Laboratory provides testing of inpatient and ambulatory patients with a diagnosis of malignant disease and/or genetic

	disease. Final Reports are included in the patient record.
James Patient Access Services (JPAS)	Coordinate registration/admissions with nursing management.
Patient Care Resource Management (PCRM) and Social Services	Provide personalized care coordination and resource management. with patients and families. Provide discharge planning, coordination of external agency contacts for patient care needs and crisis intervention and support for patients and their families. Provide services upon phone/consult request of physician, nurse or the patient or family.
Patient Education	Provide easy-to-understand 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 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 requiring surgical services, from pre-anesthesia through recovery, for the ambulatory and inpatient surgical patient. Ambulatory surgical center at our James Outpatient Care Center providing outpatient surgical options for James 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. Areas of service include, but are not limited to: Oncology, Breast Oncology, Hematology, Blood & Marrow Transplant, Gynecologic Oncology, Pain and Palliative Care, Anticoagulation Management, Infectious Disease, and Intensive Care.
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 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. Innovative proton therapy center opened December of 2023 in collaboration with Childrens Hospital.
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 licensing and regulations, such as EPA, OSHA, and fire regulations.
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 needs 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 and linkage with community agencies. Members of the treatment team can request consults for patients, or their loved ones.
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 hospitals, taking patients to and from test sites, and discharging patients to Dodd Rehabilitation Center, On-Site Hospice, and the Morgue.
Wound Care	Wound Care includes diagnosis and management for skin impairments.

OSU AMBULATORY SURGERY CENTER
Scope of Care – Outpatient Care New Albany
Clinical Departments

Approved By:



Recoverable Signature

X Jarrett A. Heard 6/24/24

Dr. J. Heard, MD, MBA
Medical Director of Ambulatory Perioperative...
Signed by: heard.27@osu.edu

X Sheryl Burtch 6/24/24

Sheryl Burtch DNP, MA, RN, NEA-BC

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 for 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 at the Pre-Procedure Preparation. Variance shall require medical director (or designee) approval.
 5. Pediatric BMI limit is 40.0.
 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.

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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 and anesthesia limited to Monitored Anesthesia Care (MAC).
- ASA III or 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 credentialled 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 CompPAC visit has been completed.**
 - When a patient chooses to **suspend a DNR order for a procedure or surgery**, they must sign one of the DNR Suspension Informed Consents based on their surgery or procedure (DNR Suspension during Surgery Informed Consent or DNR Suspension during Moderate and/or Deep Sedation Informed Consent). If the decision is to suspend the DNR, a provider or their proxy must place an order in IHIS to update the patient’s code status. The attending physician or their designee must discuss the process for reinstating the pre-existing DNR orders (a new code status order to reinstate the patient’s previous DNRCC [DNR-Comfort Care or DNRCC-A or DNR Comfort Care – Arrest]).
 - **The patient’s DNR order takes effect when the patient is discharged from PACU. The patient’s code status is updated in IHIS when the order is released.**
 - The patient may choose to have a **limited attempt at resuscitation defined with regard to specific procedures**: The patient or designee may elect to continue to refuse certain specific resuscitation procedures (for example, chest compressions, defibrillation or tracheal intubation). The anesthesiologist should inform the patient or designee about which procedures are 1) essential to the

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success of the anesthesia and the proposed procedure, and 2) which procedures are not essential and may be refused. After agreement by the patient and providers, the DNR Suspension During Surgery Informed Consent or DNR Suspension during Moderate and/or Deep Sedation Informed Consent must be signed by the patient or their representative, the surgeon and attending anesthesiologist. Documentation should include the discussion as to what measures the patient will allow during the procedure (i.e., oxygen administration, sedation, management of blood pressure and heart rate variations, etc.).

- An Ethics Consult can be requested if discussion is needed regarding DNR reinstatement or suspension.

Malignant Hyperthermia:

Patients with a personal or family history of MH must be reviewed by the Medical Director or Designee.

Morbid Obesity:

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.
- Endoscopy patient BMI limit is 55.0 regardless of positioning. For those with BMI between 45-55, they will need review and final approval from the medical director or designee.
- 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 Pre-Procedure Preparation/ComPAC 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.

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).

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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:
Patients with a history of difficult airway / intubation must complete a Pre-Procedure Preparation/CompPAC 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): 1114-1140. 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.

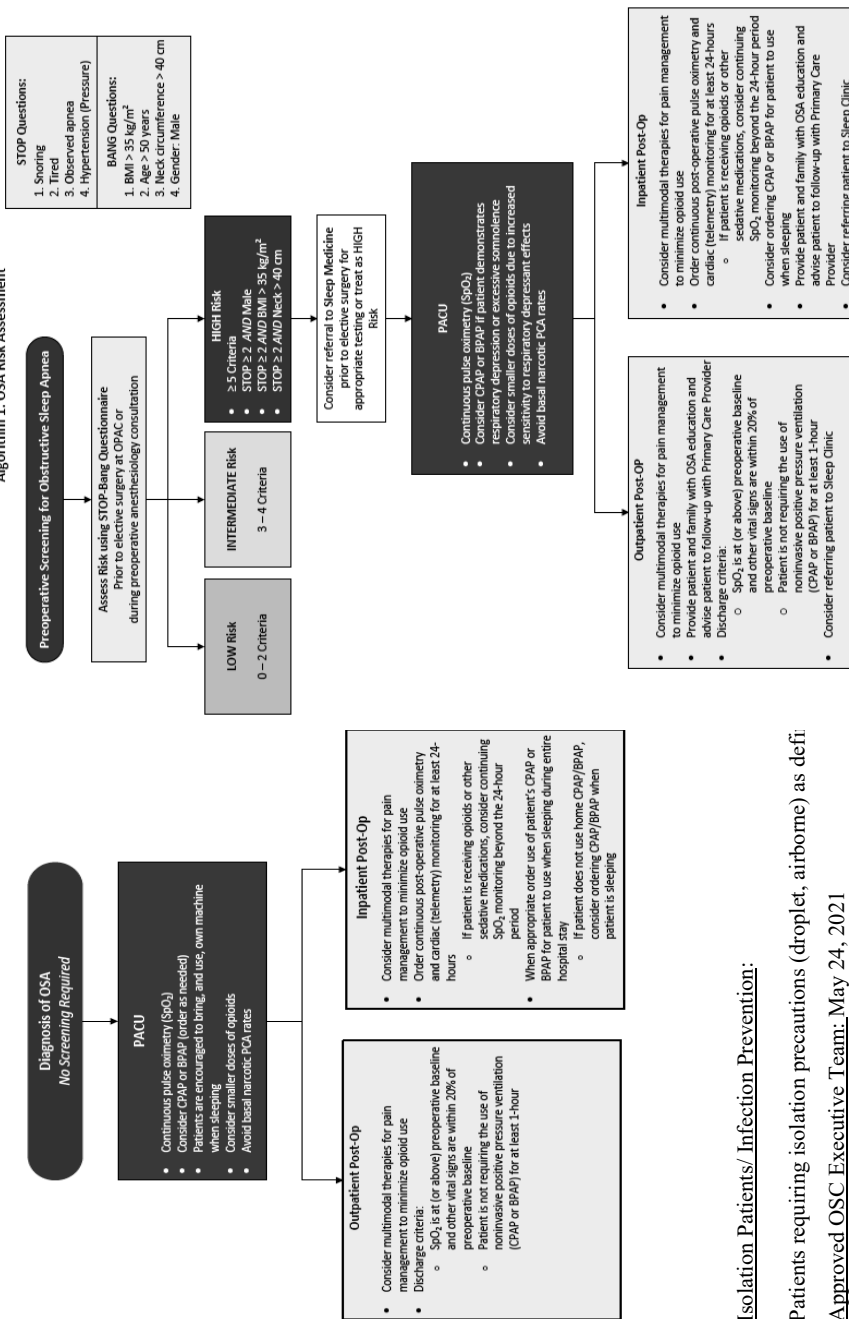
- Patients with known diagnosis of OSA that have optimized co-morbid medical conditions will be considered.
- Patients with a presumed diagnosis of OSA based on screening (STOP Bang) questionnaire, and with optimized co-morbid conditions, will be considered for the OSC if postoperative pain can be managed predominantly with non-opioid analgesia.

Reference:
Stein, E., Das, A., Guertin, M., Dalton, R., Springer, A., Rogers, B., & Heavener, D. (2021). *Preoperative assessment and management of obstructive sleep apnea (OSA): OSUWMC Clinical Practice Guideline*.

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Algorithm 1: OSA Risk Assessment

2



Isolation Patients/ Infection Prevention:

Patients requiring isolation precautions (droplet, airborne) as defi:

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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>

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 or positive pregnancy test 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 power of attorney refuses the pregnancy test, a pregnancy test waiver consent form may be signed by the patient or the patient's power of attorney 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 Pre-Procedure Preparation/CompPAC 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

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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, Otolaryngology 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:

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

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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, GYN, Gynecology, Ophthalmology, Plastic Surgery, Otolaryngology, and Urology 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.

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

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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 of 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

OSU AMBULATORY SURGERY CENTER
Scope of Care – Outpatient Care Dublin
Clinical Departments

Approved By:

X Jarrett A. Heard 6/24/24
Dr. J. Heard, MD, MBA
Medical Director of Ambulatory Perioperative...

X Sheryl Burch 06.24.24
Sheryl Burch DNP, MA, RN, NEA-BC
Senior Director Perioperative 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 for 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 at the Pre-Procedure Preparation. Variance shall require medical director (or designee) approval.
 5. Pediatric BMI limit is 40.0.

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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 and anesthesia limited to Monitored Anesthesia Care (MAC).
- ASA III or 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 credentialled 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 CompPAC visit has been completed.**
 - When a patient chooses to **suspend a DNR order for a procedure or surgery**, they must sign one of the DNR Suspension Informed Consents based on their surgery or procedure (DNR Suspension during Surgery Informed Consent or DNR Suspension during Moderate and/or Deep Sedation Informed Consent). If the decision is to suspend the DNR, a provider or their proxy must place an order in IHIS to update the patient's code status. The attending physician or their designee must discuss the process for reinstating the pre-existing DNR orders (a new code status order to reinstate the patient's previous DNRCC [DNR-Comfort Care or DNRCC-A or DNR Comfort Care – Arrest]).
 - **The patient's DNR order takes effect when the patient is discharged from PACU. The patient's code status is updated in IHIS when the order is released.**
 - The patient may choose to have a **limited attempt at resuscitation defined with regard to specific procedures:** The patient or

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designee may elect to continue to refuse certain specific resuscitation procedures (for example, chest compressions, defibrillation or tracheal intubation). The anesthesiologist should inform the patient or designee about which procedures are 1) essential to the success of the anesthesia and the proposed procedure, and 2) which procedures are not essential and may be refused. After agreement by the patient and providers, the DNR Suspension During Surgery Informed Consent or DNR Suspension during Moderate and/or Deep Sedation Informed Consent must be signed by the patient or their representative, the surgeon and attending anesthesiologist. Documentation should include the discussion as to what measures the patient will allow during the procedure (i.e., oxygen administration, sedation, management of blood pressure and heart rate variations, etc.).

- An Ethics Consult can be requested if discussion is needed regarding DNR reinstatement or suspension.

Malignant Hyperthermia:

Patients with a personal or family history of MH must be reviewed by the Medical Director or Designee.

Morbid Obesity:

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.
- 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.
- Endoscopy patient BMI limit is 55.0 regardless of positioning. For those with BMI between 45-55, they will need review and final approval from the medical director or designee.
- 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 Pre-Procedure Preparation/ComPAC 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.

Approved: July 2022

Date Last Revised: 3/8/2023 Date

Last Reviewed: 6/24/2024

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 Pre-Procedure Preparation/CompPAC evaluation and 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.

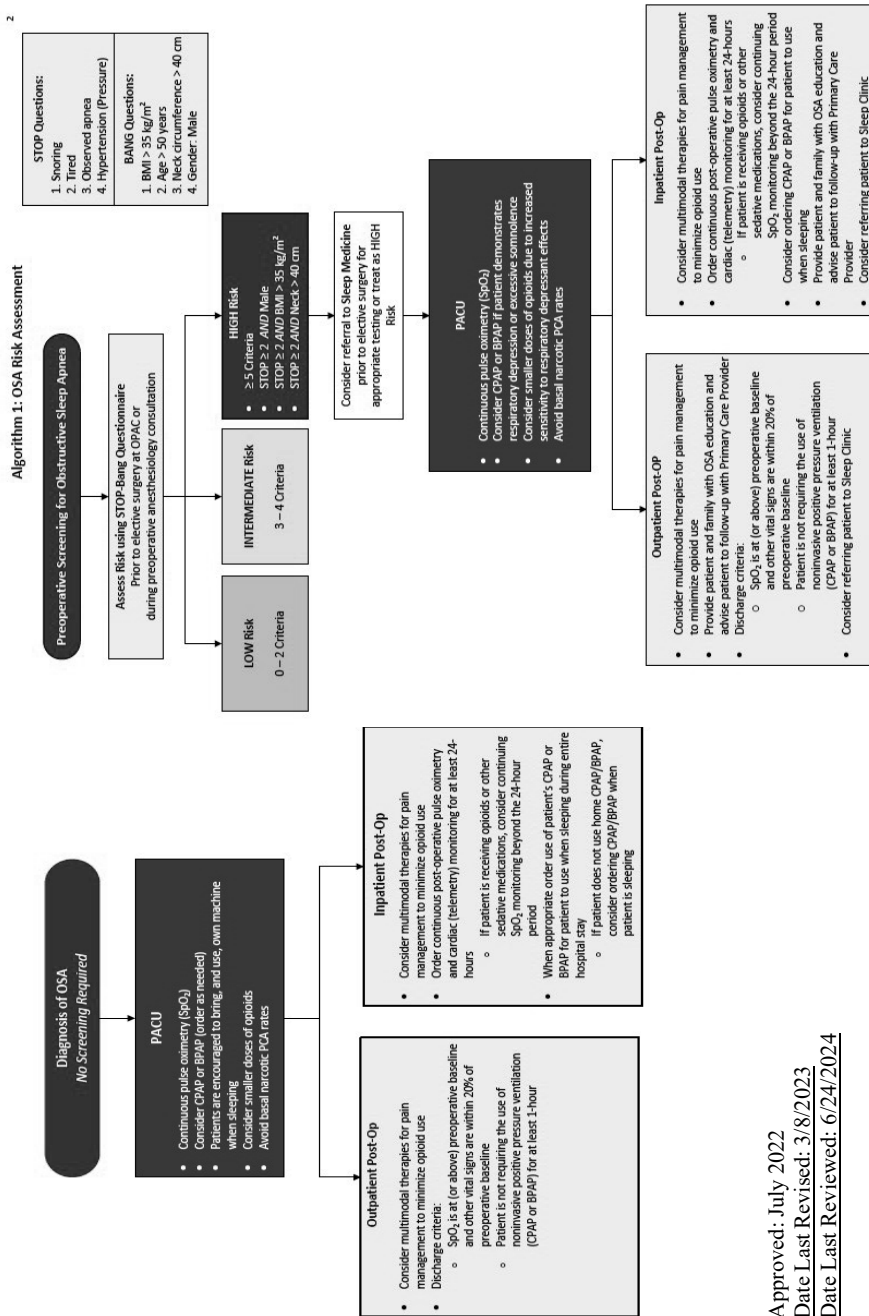
Obstructive Sleep Apnea:
 Anesthesiology services will evaluate the appropriateness of outpatient procedures/surgery, given the patient’s OSA history, the proposed procedure, and the patient’s co-morbidities.

- 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.

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Reference:

Stein, E., Das, A., Guertin, M., Dalton, R., Springer, A., Rogers, B., & Heavenert, D. (2021). *Perioperative assessment and management of obstructive sleep apnea (OSA): OSU WMC Clinical Practice Guideline.* <https://onesource.osumc.edu/sites/ebm/Documents/Guidelines/ObstructiveSleepApnea>



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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>

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 or positive pregnancy test 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 power of attorney refuses the pregnancy test, a pregnancy test waiver consent form may be signed by the patient or the patient’s power of attorney 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 Pre-Procedure Preparation/CompPAC appointment.

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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-4o 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.

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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

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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.

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Contracted Services Evaluation 2023



THE OHIO STATE
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WEXNER MEDICAL CENTER

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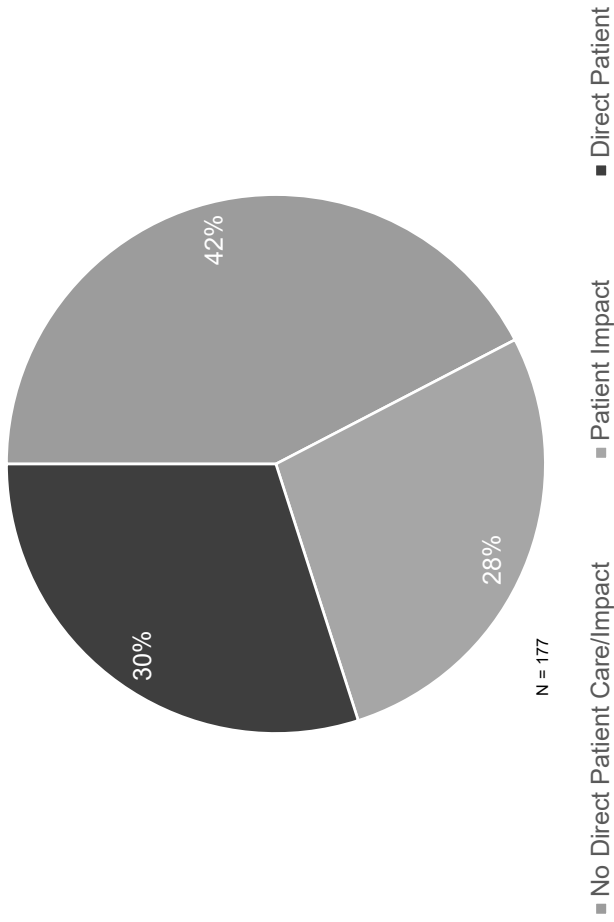
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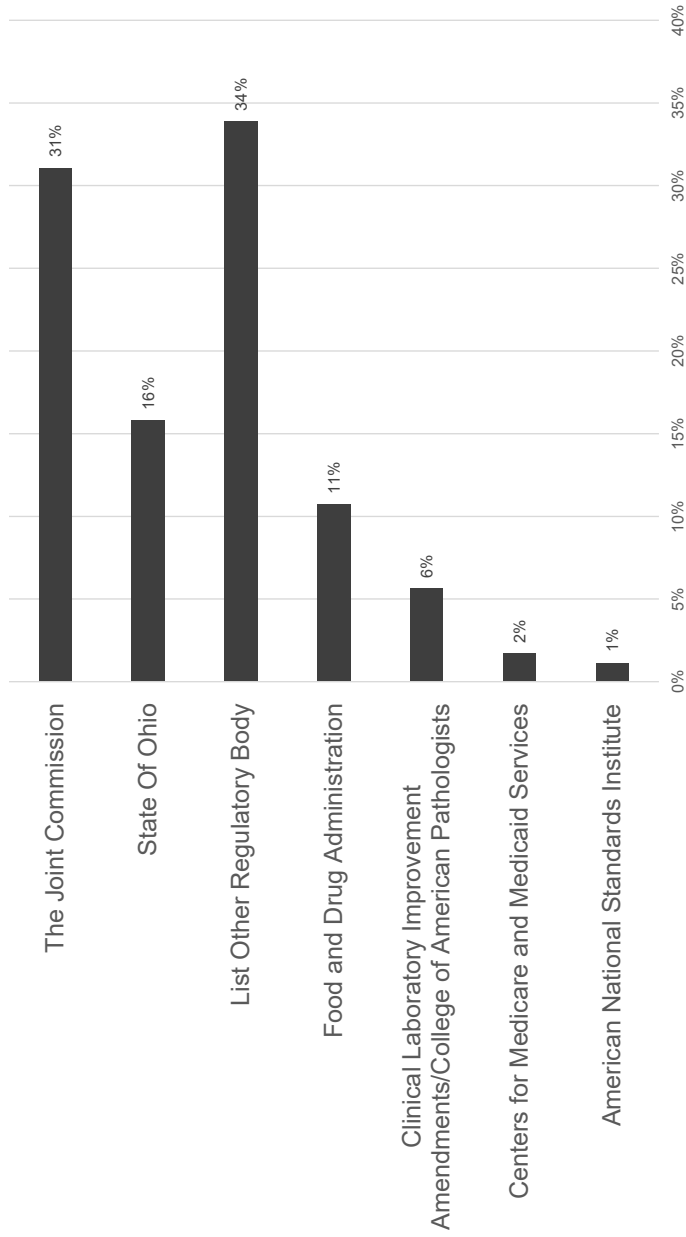
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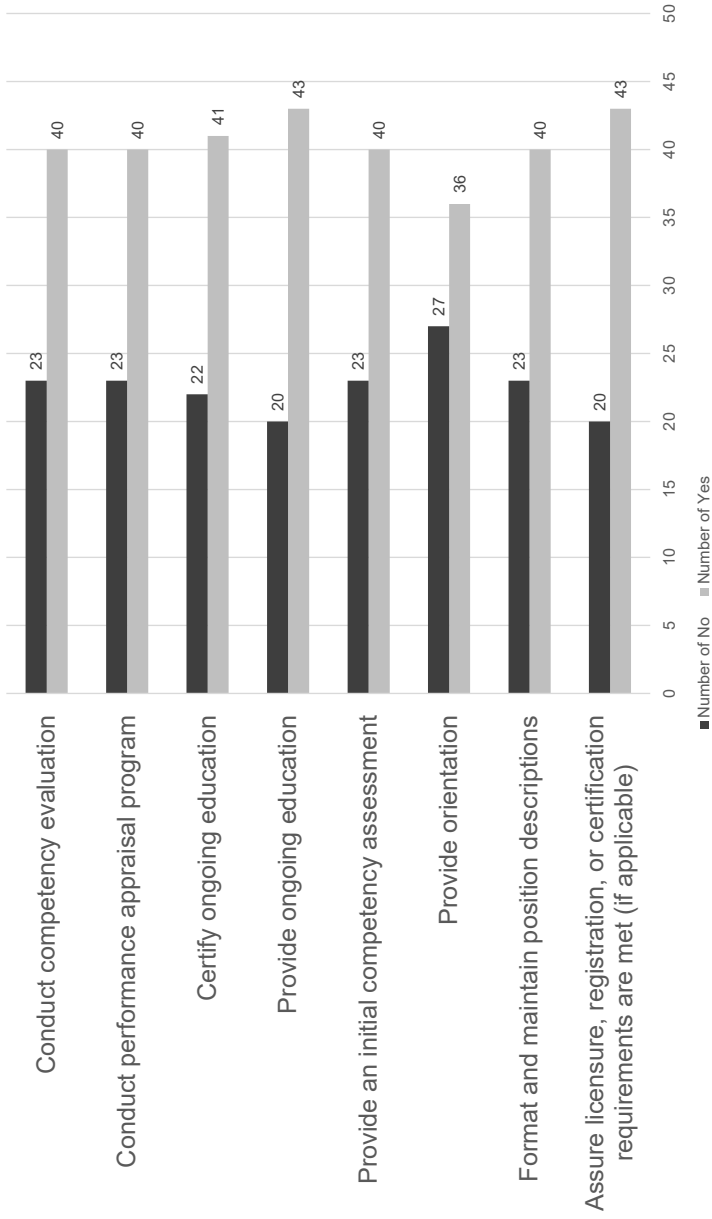
Percentage of Contracts by Category



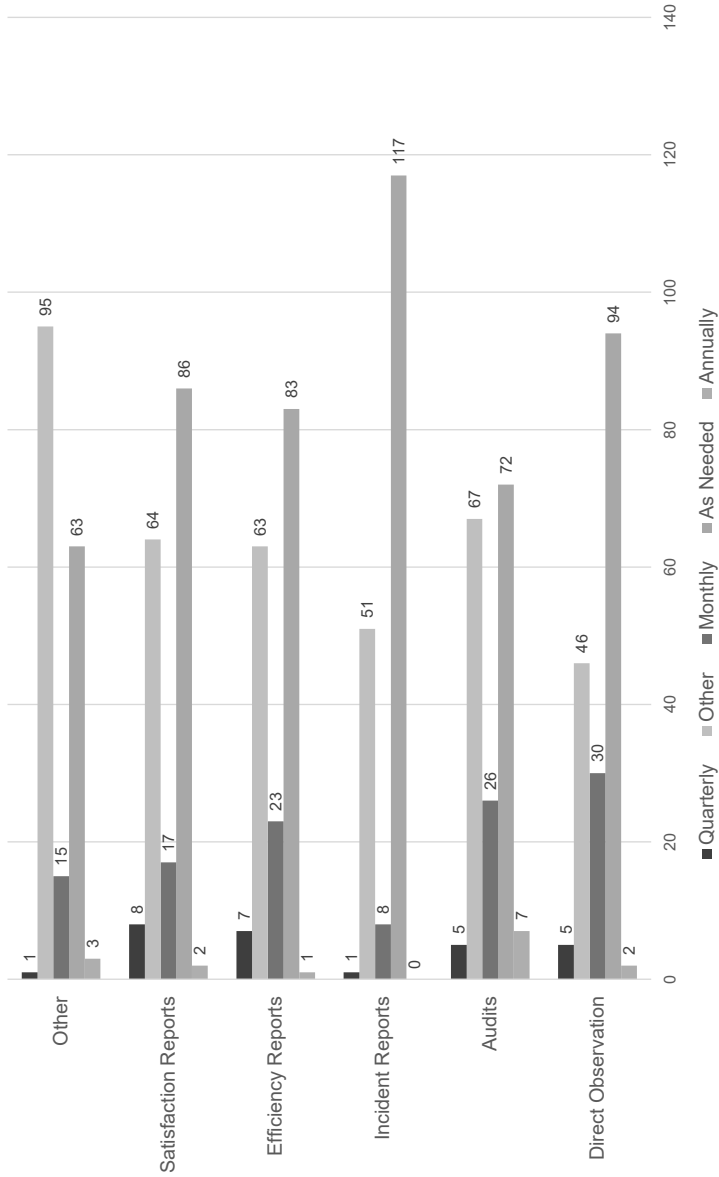
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Compliance Activities



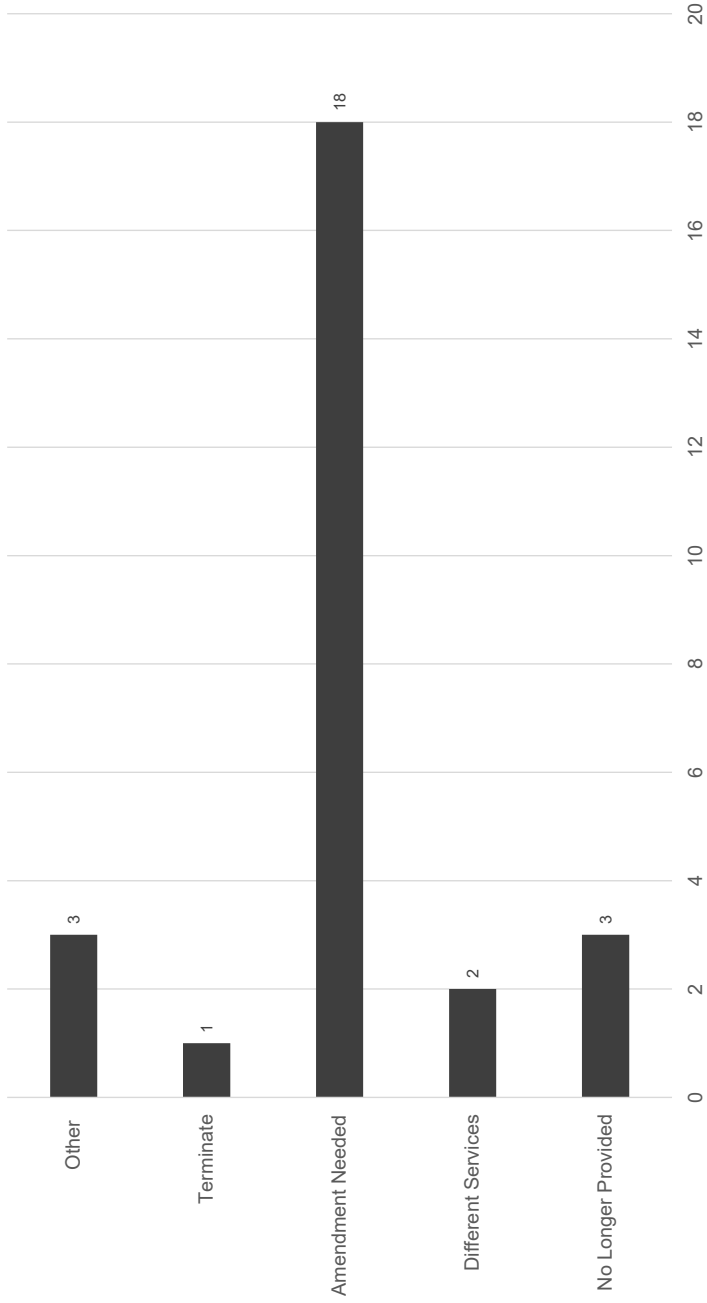
Data Collection



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- Improvement Highlights:
 - Better Technician
 - Increased cleanliness
 - Align with medical center standards
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 - New CE topics. Modules added.
 - Increased fulfillment rates
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Follow Up Needed



Between Provider Numbers

- OSUWMC purchases 20 services from The James
 - Services include:
 - High Level Disinfection and Ambulatory Sterilization
 - Pharmacy Services
 - Pastoral Care
 - Materials Management
- The James purchases 24 services from UH
 - Services include:
 - MIM
 - Security
 - Legal Services
 - Clinical Engineering

Summary

- Opportunities
 - Regular metrics reporting
 - Standardize quality expectations
 - Increased evaluation response rates
 - Increase knowledge and purpose of annual evaluation

Annual External Vendor Relationship feedback

[Note: for the purposes of the UH MSAC review, we are required to assess the adequacy of services provided by The James as an external entity. The converse process will occur at James MSAC]

Contract Name	Contract Description
Abbott m2000	Equipment Service
Abigail Merriam	James Care for Life
Acelis	VAD equipment and monitoring for VAD patients
Agility Health	Medical equipment provider
Air Force One	HVAC Solutions
AKSM (American Kidney Stone Management)	Provider of lithotripsy services
Alternate Solutions Homecare of Columbus, LLC	Home Care Referrals
American Red Cross	Therapeutic Apheresis
AMN Healthcare	Temporary Staffing
APFS STAFFING INC	Coding Temporary Support
ARUP	Reference lab
ASIST Translation Services LLC	Interpreting services
Aya Healthcare	Temporary Staffing
Be the Match Biotherapies, LLC	Cell therapy product
Bellingham Aviation Services, Inc.	Transportation services
Biomérieux Inc.	Microbiology Service Contract
Blood Center of Wisconsin reference lab	Reference lab
Brandy Meats	Food supplier
Buckeye Transplant	Process of screening organ donors, providing 24/7 services
Cameron J. Hunt	Chaplaincy Service Contract
Cardinal Health 105	Pharmacy
CDUYOGA1 LLC	Yoga Services
Celgene	Apheresis master service agreement; defines how team does apheresis, how to ship the product, track the product, how to infuse the product
CEMS of Ohio Inc	Education
Chanl Health	Telehealth application
Chem Aqua	Water treatment
Cincinnati Children's Hospital	Reference lab
Coca-Cola	Beverage Supplier
Commercial Parts & Services of Ohio inc	Service for repair and cooking equipment; ice machine cleaning and sanitizing

Contract Name	Contract Description
Comtex	Linen services
Copan, WASP	Lab Service Contract
CorroHealth	Coding Temporary Support
CVS Health (2002.16124C - CVS Patient Navigation for CHF Care Redesign)	Patient navigation for OSU Congestive Heart Failure patients
DASCO Home Medical Equipment	Provider of home medical supplies
David Wilson	Chaplaincy Service Contract
Day Funeral Service	Funeral and cremation service provider
Deaf Services Center	Interpreting services
Debra-Kuemple INC	HVAC, preventative maintenance
DispatchHealth	In-home medical care provider
E4 SERVICES HOLDINGS LLC	Coding Temporary Support
EDM Xpress Cleaning Solutions, LLC	Cleaning services
Elford	Facilities Contractor
Emory University	Reference Lab
EXCITE IT PARTNERS LLC	Coding Temporary Support
Fairfield Inn by Marriott; OSU Patient Housing	Patient Housing
Fairfield Medical Center	Provides rehab locally for OSUWMC LVRS patients
ForTec Medical Svcs	Laser Rental and Technician Labor Services
Franklin County Department of Job and Family Services	Case Management
Fresenius	Lab Service Contract
Gamida Cell, Inc.	Cell therapy product
Geiger Brothers	HVAC, preventative maintenance
GeneDX	Reference lab
Genesis Health Care System	Provides rehab locally for OSUWMC LVRS patients
Getinge	Occasional rental of Getinge Cardiohelp perfusion systems for the purpose of increasing demand of transporting patient to OSUWMC
Guardianship Service Board	Care Management
Hagerty Consulting	Financial Services Consultant
Hardin Memorial Hospital	Provides rehab locally for OSUWMC LVRS patients
Heartistic Transformations Art Therapy	James Care for Life
HIMAGINE SOLUTIONS LLC	Coding Temporary Support
HMPC/Limbach	HVAC Contractor
Iovance Biotherapeutics	Trade Agreement for manufacturer and deliver of autologous cellular immunotherapies
J&J Coatings	Facilities Contractor

Contract Name	Contract Description
Janet Wiltjer	James Care for Life
Janssen Pharmaceuticals	This agreement allows OSU to expand its CAR-T program by offering a new FDA approved treatment for cell therapy.
Jeffrey Robert Adair	Chaplaincy Service Contract
Jennifer Gebhart	James Care for Life
Joanna Samuelson	Chaplaincy Service Contract
Johnson Controls	HVAC PM and Repair
Kathrynn Thompson	James Care for Life
Kelly Vaughn	James Care for Life
Kettering Medical Center	Provides rehab locally for OSUWMC LVRS patients
Kite Pharma	Autologous cell therapy products
Knox Community Hospital	Provides rehab locally for OSUWMC LVRS patients
Kristin Schoeff	James Care for Life
Lane Champa	James Care for Life
Langer Biomechanics	Rehabilitation Services Vendor
Language Line/ Pacific Interpreters	Interpreting services
Laurel Healthcare Company	Provide pre-certification services who have not yet received authorization from third party payor and Traditional, direct bill agreement; focused on SNF LOS and readmissions
Lepi	General contractor for environmental cleanup situations
LGC CLINICAL DIAGNOSTICS INC	Lab Service Contract
Lifeline of Ohio	Organ Procurement Organization
LungGPS dba Superdimension Inc	LungGPS Patient Management Platform
Lyft	Transportation services for patients
MAKO Surgical Corp	Surgical services vendor
Mary Rutan Hospital	Provides rehab locally for OSUWMC LVRS patients
MAXIM HEALTHCARE SERVICES	Coding Temporary Support
Mayo Collaborative Services INC	Lab Service Contract
MCG	Care Management
MedFlight	Not-for-profit, air and ground critical care transportation company
MediaLab	Lab Service Contract
MEDOVENT SOLUTIONS	Coding Temporary Support
Medtronic	Clinical Engineering Service Agreement
Memorial Health System	Provides rehab locally for OSUWMC LVRS patients
Memorial Hospital	Provides rehab locally for OSUWMC LVRS patients
Messer (Linde)	Medical gases

Contract Name	Contract Description
Mid-American Cleaning Contractors	Custodial services for Ambulatory, Rehab
Midwest	Elevator PMs and repair (not including ATS)
Midwest Medical Transport	Transportation company
National Marrow Donor Program	Blood and Marrow Transplant Program
Nationwide Children's Hospital	Reference Lab
Nationwide Organ Recovery Transport (NORA)	Transplant for air and ground
Norwood Staffing Solutions LLC	Coding Temporary Support
Novartis Pharmaceuticals	Pharmaceutical products
Nuvasive	Provides rehab locally for OSUWMC LVRS patients
Ohio Health Marion General	Provides rehab locally for OSUWMC LVRS patients
Ohio Heating	Commercial and residential HVAC, boilers, building automation, commercial refrigeration, fabrication and food service equipment.
One Medical	Provide clinical care through improved access and quality, develop primary care and specialty care connections
OPTIV SECURITY INC	IT Contractor
Orlando Bread	Food supplier
Patricia Riley	James Care for Life
PBJ Connections	James Care for Life
Plunketts	Facilities Contractor
Prof Medical Assoc/Laser Training Institute	Preventative Maintenance
ProFlow Drain Cleaning	Drain Cleaning
Prometheus	Reference lab
Ray A. Vance	Chaplaincy Service Contract
Robert Daron Larson	James Care for Life
Roberts Electric Service group	Facilities Contractor
SBH	Pharmacy vendor
SecureWorks, Inc.	IT Contractor
Security 101	Security Contractor
Sentry Imaging Services LLC	Radiology Contractor
Siemens Healthcare	Building automation systems
Siemens Medical Solutions	Temporary Staffing for Radiology
SIGNATURE PERFORMANCE INC	Coding Temporary Support
SIPS Consults Corp	Central Sterile Supply Travelers
Southeastern Ohio Regional Medical Center	Provides rehab locally for OSUWMC LVRS patients

Contract Name	Contract Description
Southwest General Health Center	Pulmonary rehab vendor
Stericycle	EVS vendor
The Kings Clean, LLC	Cleaning services
The Wasserstrom Company	Nutrition services vendor
Thomas Door	Fire door certification; preventative maintenance/repair
TLC Bed Bug K9 Inspection Service (A&R Pest Control)	Facilities Contractor
Towne Park Holdings (Valet)	Valet
TP Mechanical	HVAC, preventative maintenance
TxJet, Inc.	Transplant for air and ground
UC Health LLC	Provides rehab locally for OSUWMC LVRS patients
UNITED AUDIT SYSTEMS INC	Coding Temporary Support
University Hospitals Health System	Provides rehab locally for OSUWMC LVRS patients
UPMC	Lab Service Contract
US Foods	Food supplier
Us Together	Interpreting services
Versiti Blood Center	Transfusion service reference laboratory
Vitalant	Collects blood from volunteer donors and provides blood, blood products and services

Services OSUWMC Purchases from The James

Service	Description
Apheresis Nurse Services	On call, emergency Apheresis services for patients based on need
Chemotherapy Nurse Float Pool Services	Patients receiving chemotherapy outside of The James
Emergency Oncology Services	Oncology nurses, PCA, UCA, Patient Flow Coordinators, SANE nurses for ED oncology pod on 24/7 basis
Environmental Management Services	Provides custodial/janitorial workers at Primary Care New Albany, Dodd/Davis, Harding Hospital, Primary Care Westerville, Primary Care Pickerington, Primary Care Dublin and McCampbell Hall
Equipment Distribution Services	Maintain equipment stock, monitor inventory levels and manages all equipment needs; collaborates with purchasing and clinical engineering

Service	Description
High-Level Disinfection and Ambulatory Sterilization Services	High-level disinfection and sterilization services
Interventional Radiology Call Services	Radiologic services based on need outside of normal business hours
Interventional Radiology Technician Services	Radiologic services based on need
Laboratory Services	Lab services as defined by the Test Catalog of The James laboratories; Emergency Laboratory Services
Materials Management Services	Supplies acquisitions and inventory control; software execution; supply rooms for Critical Care, Progressive Care and Emergency Departments.
Nutrition Services	Provide meals to patients, staff, and visitors
Nursing Float Pool Services	Nursing services through James float pool
Pastoral Care Services	0.10 FTE Chaplain and 0.40 FTE residents providing direct pastoral / spiritual support to patients and families of OSUWMC
Perioperative Policy and Procedure Support Services	Research, edit, update and educate on perioperative policies and procedures
Pharmacy Services	Administrative and operational support; clinical pharmacist support and Quality and Safety Support
Radiologic Services	MR, CT, X-ray, Flouroscopy, Interventional Radiology, Ultrasound, Nuclear Medicine at The James or Spielman Breast Center
Wound Ostomy Services	Wound ostomy services

Services The James purchases from OSUWMC

Service	Description
Apheresis and Dialysis Nurse Services	Apheresis and dialysis nursing coverage
Acute Hemodialysis Nurse Services	As ordered by a nephrologist, Acute Hemodialysis Services are provided to The James' patients on a daily basis during normal business hours; Emergency Acute Hemodialysis Services are available, via on call
Central Sterile Processing Services	All duties related to cleaning and decontamination of general and specialty surgical instruments, power equipment,

Service	Description
	endoscopes, as well sterilization, preparation & packaging, and delivery of surgical instruments and supplies to the James operating room
Clinical Engineering Services	Assurance of the accuracy, safety, and proper performance of electrical and non-electrical medical equipment
Credentialing Services	Facilitate initial appointments, reappointments, and privileging of Medical Staff, Limited Staff and Advance Practice Providers in addition to regulatory compliance.
Fetal and Uterine Nurse Monitoring Services	Fetal and Uterine Monitoring Services include, but are not limited to, fetal movement assessment, auscultation, electronic fetal monitoring, non-stress test, contraction stress test, fetal biophysical profile, and modified biophysical profile
Heart and Vascular Services	Provide cardiovascular imaging testing, vascular studies, MRI/MRAs, CT/CTAs; TEEs; nuclear studies; stress testing
Infusion Nurse Services	Infusion nursing services coverage
Interventional Radiology Call Services	Provide a call team, consisting of one (1) IR nurse and one (1) IR Technician, to cover all of The James' after hours calls and services
Interventional Radiology Technician Services	Confirm and review order from an authorized practitioner; manage supplies; assist in preparation for procedures, obtain radiographic procedural imaging for patients
Laboratory Services	Laboratory tests and emergency laboratory services
Legal Services	On-call legal and risk management consultative services; provision of legal consultation and legal review of new-risk related policies and policy changes for The James.
Medical Information Management Services	Provide storage and retrieval, document imaging, regulatory and compliance in documentation and completion of medical records, hospital coding of diagnoses and procedures, protected health information privacy, medical record forms management and electronic health record support and development
Nursing Float Pool Services	Provide RNs in the event of unexpected surges in case volume or low staff numbers
Nutrition Services	Responsible for daily operation of enumerated dietary services for The James and has associated responsibility for implementing The James's vision and direction for The James's Nutrition Services.
Occupational Health and Wellness	Provide new hire screening, faculty and staff injuries, manage blood and body fluid exposures, annual vaccinations
Pastoral Care Services	0.30 FTE staff member shall be dedicated to providing Pastoral Care Services
Pharmacy Services	Administrative support and leadership, drug dispensing and compounding, dispensing technology and maintenance, clinical pharmacy services, cost monitoring, Epic applications, medication error reporting

Service	Description
Physician Advisor Services	Provide second-level medical necessity of review of appropriate level of care cases
Radiologic Services	Supply diagnostic and therapeutic radiology services to The James
Registration Services	Provide a complete registration for The James' patients in OSUWMC's and The James' joint EMR system according to organizational guidelines
Rehabilitation Services	Oversees James Acute Rehab team
Respiratory and Pulmonary Services	Delivery of all inhaled respiratory therapy medications, airway clearance techniques, ventilator management, nocturnal and continuous bilevel positive airway pressure, continuous positive airway pressure, and non-invasive mechanical ventilation.
Security Services	Provide safe and secure environment to staff, patients and visitors in all areas of The James.
Solid Organ Transplant Nursing Services	Provides nursing support if solid organ transplant recipient admitted to The James.

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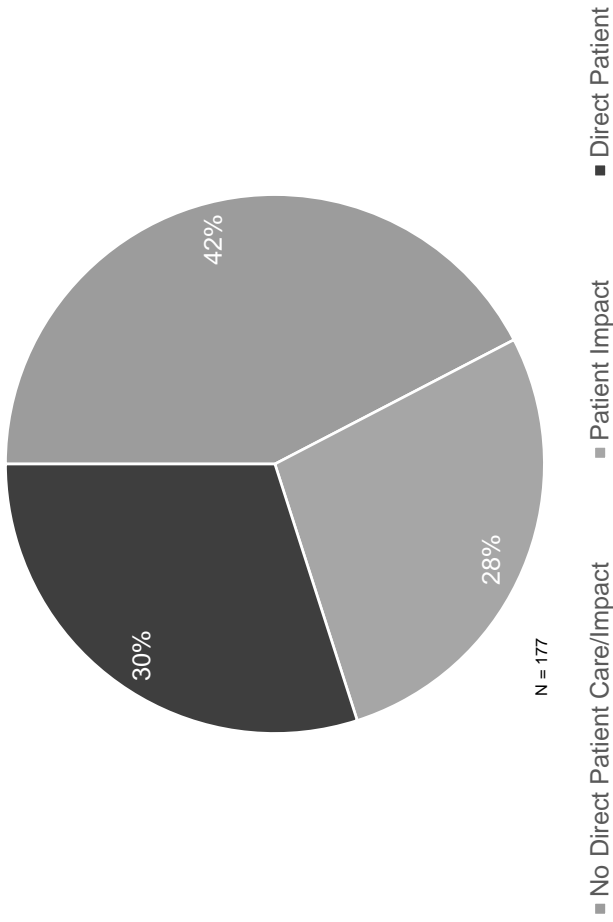
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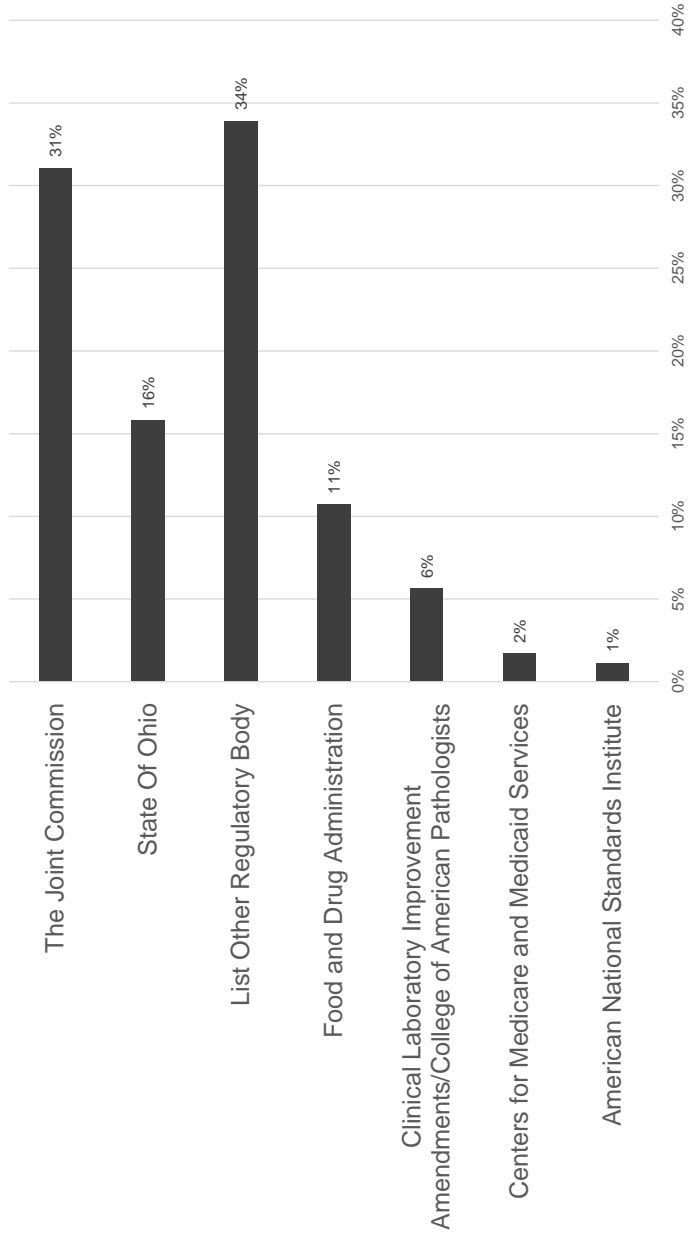
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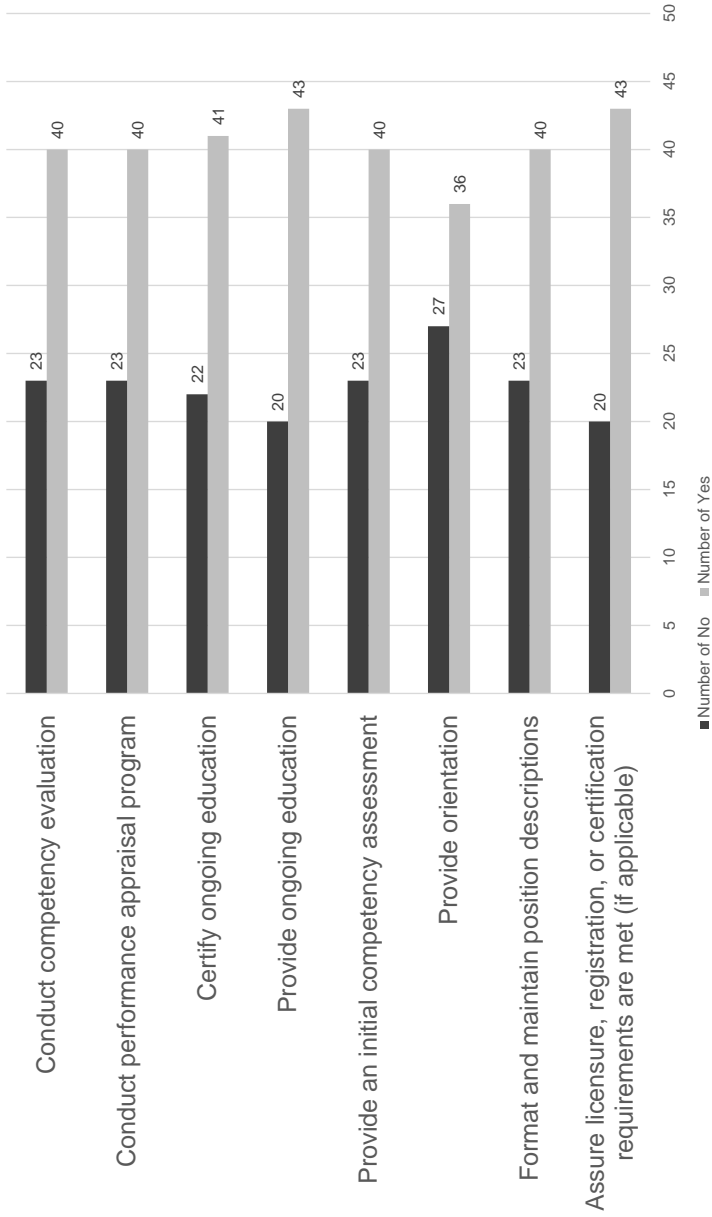
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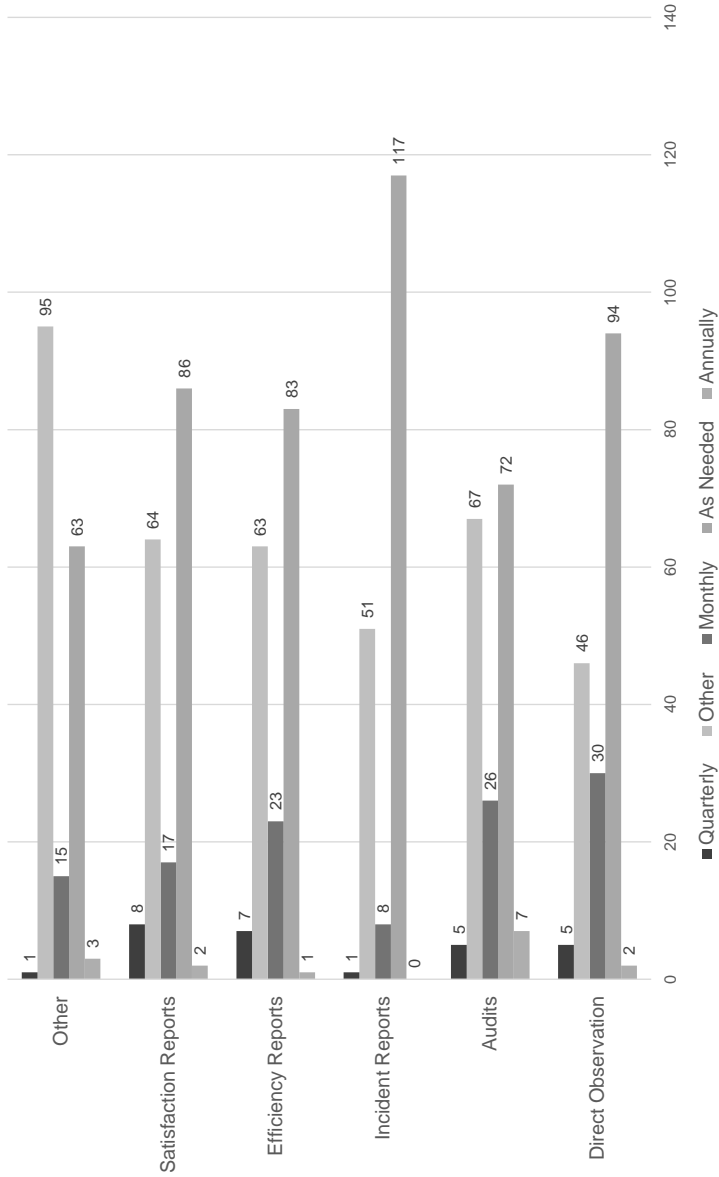
Regulation of Contracted Services



Compliance Activities



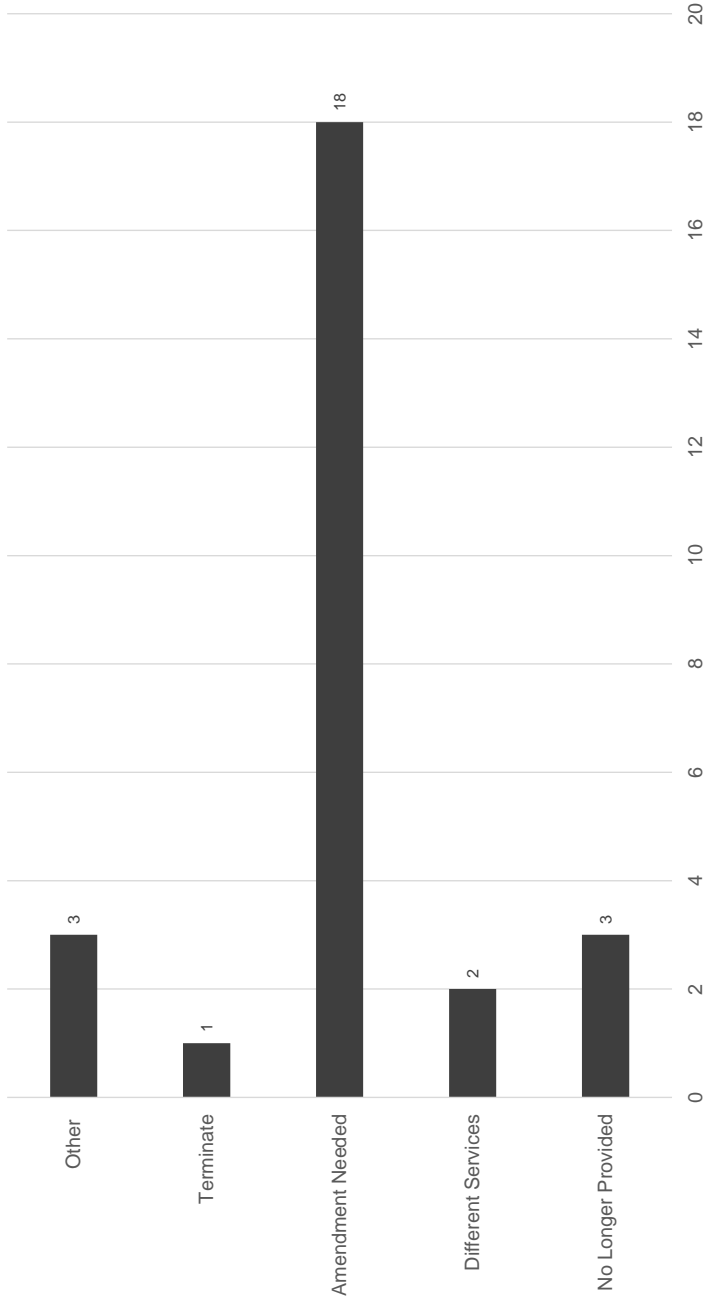
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- Opportunities
 - Regular metrics reporting
 - Standardize quality expectations
 - Increased evaluation response rates
 - Increase knowledge and purpose of annual evaluation

Annual External Vendor Relationship feedback

[Note: for the purposes of the James MSAC review, we are required to assess the adequacy of services provided by OSUWMC as an external entity. The converse has already occurred at UH MSAC]

Contract Name	Contract Description
Abbott m2000	Equipment Service
Abigail Merriam	James Care for Life
Acelis	VAD equipment and monitoring for VAD patients
Agility Health	Medical equipment provider
Air Force One	HVAC Solutions
AKSM (American Kidney Stone Management)	Provider of lithotripsy services
Alternate Solutions Homecare of Columbus, LLC	Home Care Referrals
American Red Cross	Therapeutic Apheresis
AMN Healthcare	Temporary Staffing
APFS STAFFING INC	Coding Temporary Support
ARUP	Reference lab
ASIST Translation Services LLC	Interpreting services
Aya Healthcare	Temporary Staffing
Be the Match Biotherapies, LLC	Cell therapy product
Bellingham Aviation Services, Inc.	Transportation services
Biomérieux Inc.	Microbiology Service Contract
Blood Center of Wisconsin reference lab	Reference lab
Brandy Meats	Food supplier
Buckeye Transplant	Process of screening organ donors, providing 24/7 services
Cameron J. Hunt	Chaplaincy Service Contract
Cardinal Health 105	Pharmacy
CDUYOGA1 LLC	Yoga Services
Celgene	Apheresis master service agreement; defines how team does apheresis, how to ship the product, track the product, how to infuse the product
CEMS of Ohio Inc	Education
Chanl Health	Telehealth application
Chem Aqua	Water treatment
Cincinnati Children's Hospital	Reference lab
Coca-Cola	Beverage Supplier
Commercial Parts & Services of Ohio inc	Service for repair and cooking equipment; ice machine cleaning and sanitizing

Contract Name	Contract Description
Comtex	Linen services
Copan, WASP	Lab Service Contract
CorroHealth	Coding Temporary Support
CVS Health (2002.16124C - CVS Patient Navigation for CHF Care Redesign)	Patient navigation for OSU Congestive Heart Failure patients
DASCO Home Medical Equipment	Provider of home medical supplies
David Wilson	Chaplaincy Service Contract
Day Funeral Service	Funeral and cremation service provider
Deaf Services Center	Interpreting services
Debra-Kuemple INC	HVAC, preventative maintenance
DispatchHealth	In-home medical care provider
E4 SERVICES HOLDINGS LLC	Coding Temporary Support
EDM Xpress Cleaning Solutions, LLC	Cleaning services
Elford	Facilities Contractor
Emory University	Reference Lab
EXCITE IT PARTNERS LLC	Coding Temporary Support
Fairfield Inn by Marriott; OSU Patient Housing	Patient Housing
Fairfield Medical Center	Provides rehab locally for OSUWMC LVRS patients
ForTec Medical Svcs	Laser Rental and Technician Labor Services
Franklin County Department of Job and Family Services	Case Management
Fresenius	Lab Service Contract
Gamida Cell, Inc.	Cell therapy product
Geiger Brothers	HVAC, preventative maintenance
GeneDX	Reference lab
Genesis Health Care System	Provides rehab locally for OSUWMC LVRS patients
Getinge	Occasional rental of Getinge Cardiohelp perfusion systems for the purpose of increasing demand of transporting patient to OSUWMC
Guardianship Service Board	Care Management
Hagerty Consulting	Financial Services Consultant
Hardin Memorial Hospital	Provides rehab locally for OSUWMC LVRS patients
Heartistic Transformations Art Therapy	James Care for Life
HIMAGINE SOLUTIONS LLC	Coding Temporary Support
HMPC/Limbach	HVAC Contractor
Iovance Biotherapeutics	Trade Agreement for manufacturer and deliver of autologous cellular immunotherapies
J&J Coatings	Facilities Contractor

Contract Name	Contract Description
Janet Wiltjer	James Care for Life
Janssen Pharmaceuticals	This agreement allows OSU to expand its CAR-T program by offering a new FDA approved treatment for cell therapy.
Jeffrey Robert Adair	Chaplaincy Service Contract
Jennifer Gebhart	James Care for Life
Joanna Samuelson	Chaplaincy Service Contract
Johnson Controls	HVAC PM and Repair
Kathrynn Thompson	James Care for Life
Kelly Vaughn	James Care for Life
Kettering Medical Center	Provides rehab locally for OSUWMC LVRS patients
Kite Pharma	Autologous cell therapy products
Knox Community Hospital	Provides rehab locally for OSUWMC LVRS patients
Kristin Schoeff	James Care for Life
Lane Champa	James Care for Life
Langer Biomechanics	Rehabilitation Services Vendor
Language Line/ Pacific Interpreters	Interpreting services
Laurel Healthcare Company	Provide pre-certification services who have not yet received authorization from third party payor and Traditional, direct bill agreement; focused on SNF LOS and readmissions
Lepi	General contractor for environmental cleanup situations
LGC CLINICAL DIAGNOSTICS INC	Lab Service Contract
Lifeline of Ohio	Organ Procurement Organization
LungGPS dba Superdimension Inc	LungGPS Patient Management Platform
Lyft	Transportation services for patients
MAKO Surgical Corp	Surgical services vendor
Mary Rutan Hospital	Provides rehab locally for OSUWMC LVRS patients
MAXIM HEALTHCARE SERVICES	Coding Temporary Support
Mayo Collaborative Services INC	Lab Service Contract
MCG	Care Management
MedFlight	Not-for-profit, air and ground critical care transportation company
MediaLab	Lab Service Contract
MEDOVENT SOLUTIONS	Coding Temporary Support
Medtronic	Clinical Engineering Service Agreement
Memorial Health System	Provides rehab locally for OSUWMC LVRS patients
Memorial Hospital	Provides rehab locally for OSUWMC LVRS patients
Messer (Linde)	Medical gases

Contract Name	Contract Description
Mid-American Cleaning Contractors	Custodial services for Ambulatory, Rehab
Midwest	Elevator PMs and repair (not including ATS)
Midwest Medical Transport	Transportation company
National Marrow Donor Program	Blood and Marrow Transplant Program
Nationwide Children's Hospital	Reference Lab
Nationwide Organ Recovery Transport (NORA)	Transplant for air and ground
Norwood Staffing Solutions LLC	Coding Temporary Support
Novartis Pharmaceuticals	Pharmaceutical products
Nuvasive	Provides rehab locally for OSUWMC LVRS patients
Ohio Health Marion General	Provides rehab locally for OSUWMC LVRS patients
Ohio Heating	Commercial and residential HVAC, boilers, building automation, commercial refrigeration, fabrication and food service equipment.
One Medical	Provide clinical care through improved access and quality, develop primary care and specialty care connections
OPTIV SECURITY INC	IT Contractor
Orlando Bread	Food supplier
Patricia Riley	James Care for Life
PBJ Connections	James Care for Life
Plunketts	Facilities Contractor
Prof Medical Assoc/Laser Training Institute	Preventative Maintenance
ProFlow Drain Cleaning	Drain Cleaning
Prometheus	Reference lab
Ray A. Vance	Chaplaincy Service Contract
Robert Daron Larson	James Care for Life
Roberts Electric Service group	Facilities Contractor
SBH	Pharmacy vendor
SecureWorks, Inc.	IT Contractor
Security 101	Security Contractor
Sentry Imaging Services LLC	Radiology Contractor
Siemens Healthcare	Building automation systems
Siemens Medical Solutions	Temporary Staffing for Radiology
SIGNATURE PERFORMANCE INC	Coding Temporary Support
SIPS Consults Corp	Central Sterile Supply Travelers
Southeastern Ohio Regional Medical Center	Provides rehab locally for OSUWMC LVRS patients

Contract Name	Contract Description
Southwest General Health Center	Pulmonary rehab vendor
Stericycle	EVS vendor
The Kings Clean, LLC	Cleaning services
The Wasserstrom Company	Nutrition services vendor
Thomas Door	Fire door certification; preventative maintenance/repair
TLC Bed Bug K9 Inspection Service (A&R Pest Control)	Facilities Contractor
Towne Park Holdings (Valet)	Valet
TP Mechanical	HVAC, preventative maintenance
TxJet, Inc.	Transplant for air and ground
UC Health LLC	Provides rehab locally for OSUWMC LVRS patients
UNITED AUDIT SYSTEMS INC	Coding Temporary Support
University Hospitals Health System	Provides rehab locally for OSUWMC LVRS patients
UPMC	Lab Service Contract
US Foods	Food supplier
Us Together	Interpreting services
Versiti Blood Center	Transfusion service reference laboratory
Vitalant	Collects blood from volunteer donors and provides blood, blood products and services

Services The James purchases from OSUWMC

Service	Description
Apheresis and Dialysis Nurse Services	Apheresis and dialysis nursing coverage
Acute Hemodialysis Nurse Services	As ordered by a nephrologist, Acute Hemodialysis Services are provided to The James' patients on a daily basis during normal business hours; Emergency Acute Hemodialysis Services are available, via on call
Central Sterile Processing Services	All duties related to cleaning and decontamination of general and specialty surgical instruments, power equipment, endoscopes, as well sterilization, preparation & packaging, and delivery of surgical instruments and supplies to the James operating room
Clinical Engineering Services	Assurance of the accuracy, safety, and proper performance of electrical and non-electrical medical equipment
Credentialing Services	Facilitate initial appointments, reappointments, and privileging of Medical Staff, Limited Staff and Advance Practice Providers in addition to regulatory compliance.
Fetal and Uterine Nurse Monitoring Services	Fetal and Uterine Monitoring Services include, but are not limited to, fetal movement assessment, auscultation, electronic fetal monitoring, non-stress test, contraction stress test, fetal biophysical profile, and modified biophysical profile
Heart and Vascular Services	Provide cardiovascular imaging testing, vascular studies, MRI/MRAs, CT/CTAs; TEEs; nuclear studies; stress testing
Infusion Nurse Services	Infusion nursing services coverage
Interventional Radiology Call Services	Provide a call team, consisting of one (1) IR nurse and one (1) IR Technician, to cover all of The James' after hours calls and services
Interventional Radiology Technician Services	Confirm and review order from an authorized practitioner; manage supplies; assist in preparation for procedures, obtain radiographic procedural imaging for patients
Laboratory Services	Laboratory tests and emergency laboratory services
Legal Services	On-call legal and risk management consultative services; provision of legal consultation and legal review of new-risk related policies and policy changes for The James.
Medical Information Management Services	Provide storage and retrieval, document imaging, regulatory and compliance in documentation and completion of medical records, hospital coding of diagnoses and procedures, protected health information privacy, medical record forms management and electronic health record support and development
Nursing Float Pool Services	Provide RNs in the event of unexpected surges in case volume or low staff numbers

Nutrition Services	Responsible for daily operation of enumerated dietary services for The James and has associated responsibility for implementing The James's vision and direction for The James's Nutrition Services.
Occupational Health and Wellness	Provide new hire screening, faculty and staff injuries, manage blood and body fluid exposures, annual vaccinations
Pastoral Care Services	0.30 FTE staff member shall be dedicated to providing Pastoral Care Services
Pharmacy Services	Administrative support and leadership, drug dispensing and compounding, dispensing technology and maintenance, clinical pharmacy services, cost monitoring, Epic applications, medication error reporting
Physician Advisor Services	Provide second-level medical necessity of review of appropriate level of care cases
Radiologic Services	Supply diagnostic and therapeutic radiology services to The James
Registration Services	Provide a complete registration for The James' patients in OSUWMC's and The James' joint EMR system according to organizational guidelines
Rehabilitation Services	Oversees James Acute Rehab team
Respiratory and Pulmonary Services	Delivery of all inhaled respiratory therapy medications, airway clearance techniques, ventilator management, nocturnal and continuous bilevel positive airway pressure, continuous positive airway pressure, and non-invasive mechanical ventilation.
Security Services	Provide safe and secure environment to staff, patients and visitors in all areas of The James.
Solid Organ Transplant Nursing Services	Provides nursing support if solid organ transplant recipient admitted to The James.

Services OSUWMC Purchases from The James

Service	Description
Apheresis Nurse Services	On call, emergency Apheresis services for patients based on need
Chemotherapy Nurse Float Pool Services	Patients receiving chemotherapy outside of The James
Emergency Oncology Services	Oncology nurses, PCA, UCA, Patient Flow Coordinators, SANE nurses for ED oncology pod on 24/7 basis
Environmental Management Services	Provides custodial/janitorial workers at Primary Care New Albany, Dodd/Davis, Harding Hospital, Primary Care Westerville, Primary Care Pickerington, Primary Care Dublin and McCampbell Hall

Service	Description
Equipment Distribution Services	Maintain equipment stock, monitor inventory levels and manages all equipment needs; collaborates with purchasing and clinical engineering
High-Level Disinfection and Ambulatory Sterilization Services	High-level disinfection and sterilization services
Interventional Radiology Call Services	Radiologic services based on need outside of normal business hours
Interventional Radiology Technician Services	Radiologic services based on need
Laboratory Services	Lab services as defined by the Test Catalog of The James laboratories; Emergency Laboratory Services
Materials Management Services	Supplies acquisitions and inventory control; software execution; supply rooms for Critical Care, Progressive Care and Emergency Departments.
Nutrition Services	Provide meals to patients, staff, and visitors
Nursing Float Pool Services	Nursing services through James float pool
Pastoral Care Services	0.10 FTE Chaplain and 0.40 FTE residents providing direct pastoral / spiritual support to patients and families of OSUWMC
Perioperative Policy and Procedure Support Services	Research, edit, update and educate on perioperative policies and procedures
Pharmacy Services	Administrative and operational support; clinical pharmacist support and Quality and Safety Support
Radiologic Services	MR, CT, X-ray, Flouroscopy, Interventional Radiology, Ultrasound, Nuclear Medicine at The James or Spielman Breast Center
Wound Ostomy Services	Wound ostomy services

ATTACHMENT XIV

Annual Contractor/Vendor for Review New Albany Ambulatory Surgery Center

Contracted Services
Management
Laboratory
Radiologic
Central Sterile Processing
Medical Information Management
Nutrition
Registration and Scheduling
Clinical Engineering
Legal
Pharmacy
Epidemiology
Patient Experience

ATTACHMENT XV

Annual Contractor/Vendor for Review Dublin Ambulatory Surgery Center

Contracted Services
Management
Laboratory
Radiologic
Central Sterile Processing
Medical Information Management
Nutrition
Registration and Scheduling
Clinical Engineering
Legal
Pharmacy
Epidemiology
Patient Experience

ATTACHMENT XVI

UH Medical Staff Bylaws-Proposed Changes

Approved: UH MSAC 6/12/2024
UH Bylaws Committee 5/29/2024
UH Medical Staff Vote 7/10/2024
Quality & Professional Affairs Committee
Wexner Medical Center Board
Ohio State University Board of Trustees

The proposed changes outlined below may be referenced in multiple sections of the bylaws, which have been updated accordingly in the full redlined document.

43-06 Hearing and appeal process

Section (A)(2)(g) Right to hearing and to an appeal

- Removes the community affiliate B medical staff member from being entitled to a hearing in favor of termination language outlined in 43-07 (C)(3)

43-07 Categories of the medical staff

Section (C) Community affiliate B

- Addition of language excluding Community Affiliate B from assignment to a clinical department
- Assignment by the Chief Medical Officer for the clinical duties of the department to the chief physician of the affiliated entity (OSUP)
- Addition of termination of medical staff membership language outlining automatic termination upon loss of employment with affiliated entity

Section (E) Community affiliate D

- Replacement of the word “grandfathering” with “historical.”

43-08 Organization of the medical staff

Section (A)

- Removes community affiliate B from the requirement to be assigned to a clinical department in favor of assigning to the chief physician of the affiliated entity

43-09 Elected officers of the medical staff of the Ohio state university hospitals

Section (A)(7) Chief of staff

- Updates medical staff committee appointment language to follow the process outlined in (D)(1) of rule 3335-43-10

Section (C) Representatives of the medical staff elected at-large

- Increases number of medical staff representatives elected at large from three to six

43-10 Administration of the medical staff of the Ohio state university hospitals

Section (E)(1) Medical staff administrative committee

- Adds language to include the chief physician of the affiliated entity and increases the medical staff representatives from three to six. Also, clarifies language allowing CEO to send designee to improve alignment with updated Joint Commission standard.
- Removes language allowing the CEO of Ohio state university hospitals to invite any member of their staff to represent him/her at a meeting or to attend any meeting
- Adds language to allow virtual meeting attendance

Section (F) Credentialing committee of the hospitals of the Ohio state university

- (3)(a) Licensed health care professionals subcommittee
 - Replaces outdated cross-reference with (D)(1) of rule 3335-43-10
- (G)(1) Committee for practitioner health.
 - Replaces outdated cross-reference with (D)(1) of rule 3335-43-10
- (H)(1) Medical staff bylaws committee.
 - Replaces outdated cross-reference with (D)(1) of rule 3335-43-10
- (I)(1) Infection prevention committee.
 - Replaces outdated cross-reference with (D)(1) of rule 3335-43-10
- (L)(1) Quality Leadership Council.
 - Replaces outdated cross-reference with (D)(1) of rule 3335-43-10
- (N)(1) Clinical resource utilization policy group.
 - Replaces outdated cross-reference with (D)(1) of rule 3335-43-10
- (O)(1) Clinical practice guideline committee.
 - Replaces outdated cross-reference with (D)(1) of rule 3335-43-10

3335-43-11 History and physical

Section (A) History and physical examination.

- (1)(b): Updates language to “Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation.
- (3): Updates language to “For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatient/ambulatory surgery, the history and physical examination shall include at a minimum:”
- (5)(d) Updates language in first sentence to: “Admitted patients or patients undergoing a procedure requiring anesthesia or sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission or the procedure/surgery.”
- (5)(d)(i) Updates language to: “For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history, and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health-care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Chapter 3335-43 - Bylaws of the Medical Staff of The Ohio State University Hospitals

Updated August 15, 2023

3335-43-01 Medical staff name.

The board of trustees of the Ohio state university, by official action on September 13, 1963, established "the Ohio state university hospitals." In accordance with Chapters 3335-93-01 to 3335-93-03 and 3335-101-04 of the Administrative Code, the Ohio state university Wexner medical center board (herein called Wexner medical center board) has delegated to the medical staff of the Ohio state university hospitals the responsibility to prepare and recommend adoption of these bylaws. "The medical staff of the Ohio state university hospitals" shall be the name of the hospitals' medical staff organization.

(Board approval date: 5/14/2010, 11/7/2014)

3335-43-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state university Wexner medical center board for the quality of care provided to the patients of the Ohio state university hospitals, shall be:

- (A) To strive to maintain quality standards of patient care for all patients admitted to the Ohio state university hospitals, consistent with an active teaching environment, realizing that the care and treatment of the individual patient is the medical responsibility of the member of the attending, community affiliate A and community affiliate D medical staff to whose care the patient is admitted or transferred.
- (B) To support educational and research programs; elevate and advance the educational standards of our professions, including, but not limited to, pre- and post-M.D. students, nurse students, graduate nurse students, students of the allied medical professions, and students of other health professional colleges; and provide research programs to enhance and advance the educational and patient-care programs.
- (C) To provide a means whereby medical problems may be reviewed; policies and procedures discussed; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, organization, and discipline within the medical staff and harmonious cooperation and understanding among the units comprising the Ohio state university hospitals.
- (D) To provide service, education and research programs to benefit the mental, physical, and environmental health of the citizens of the state of Ohio; dedicate itself to be responsive to the needs of its patients and to communicate effectively concerning matters of patient care; and encourage dissemination of medical knowledge to health professionals and the public, and conduct research for the prevention and treatment of disease.
- (E) To govern medical staff and credentialed practitioners these bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014, 4/6/2018, 8/15/2023)

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Updated August 15, 2023

3335-43-03 Patients.

- (A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, community affiliate A and community affiliate D medical staff to whose care the patient is admitted or transferred within the Ohio state university hospitals and to licensed health care professionals being granted clinical privileges under these bylaws.
- (B) There shall be only one category or classification of patients in the Ohio state university hospitals, and those patients are the private patients of the medical staff under whose care they are admitted. Patients admitted to the Ohio state university hospitals who, at the time of admission, have not requested or selected a member of the medical staff to attend them shall be assigned by the chief of the appropriate clinical division or department or their designees, to a member of the medical staff for their care and treatment.
- (C) All patients admitted to the Ohio state university hospitals should cooperate and be an integral part of the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's representative, refuse to participate or cooperate in the teaching program of the Ohio state university hospitals or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patient's representative, of their right to refuse participation. Students, including pre- and post-M.D., but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned upon admission to the Ohio state university hospitals or transfer within the Ohio state university hospitals' services. The Ohio state university hospitals respect the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's right to refuse care treatment and services, in accordance with law and regulation.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014, 8/15/2023)

3335-43-04 Membership.

- (A) Qualifications.
 - (1) Membership on the medical staff of the Ohio state university hospitals is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, the Wexner medical center board and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same procedures as all other applicants for the medical staff.
 - (2) All members of the medical staff of the Ohio state university hospitals shall, except as specifically provided in these bylaws, be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry. All members, except for physician scholar medical staff, shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their

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profession, dedication to educational and research-goals, and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at university hospitals will be given the high quality of medical care provided at university hospitals, shall be qualified for membership on the medical staff of the Ohio state university hospitals.

All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The chief medical officer of the medical center, medical directors, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant. All members of the medical staff and licensed health care professionals will comply with medical staff and the Ohio state university policies regarding employee and medical staff health and safety; uncompensated care; and will comply with appropriate administrative directives and policies to avoid disrupting those operations of the Ohio state university hospitals which adversely impact overall patient care or which adversely impact the ability of the Ohio state university hospitals employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety. Annual education and training approved by the medical staff administrative committee or as required by the Wexner medical center to meet accreditation standards, federal regulations, or quality and safety goals is required for medical staff members with clinical privileges in addition to conflict of interest disclosure. Medical staff members and licensed health care professionals with clinical privileges must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

- (3) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental health care programs.
 - (a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental programs.
 - (b) Exclusion of any medical staff member or credentialed provider from participation in any federal or state government program or suspension from participation, in whole or part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the Ohio state university hospitals and the immediate lapse of clinical privileges at the Ohio state university hospitals as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.

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- (c) If the medical staff member's or credentialed provider's participation in all governmental programs is fully reinstated, the affected medical staff member or credentialed provider shall be eligible to apply for membership and clinical privileges at that time.
- (4) An applicant for membership shall at the time of appointment or reappointment, be and remain board certified in his or her primary area of practice at the Ohio state university hospitals. This Board certification must be approved by at least one of the American board of medical specialties, or other applicable certifying boards, including certifying boards if applicable for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be and remain certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirements. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals.
- (5) All applicants must demonstrate recent clinical activity in their primary area of practice during the last two years to satisfy minimum threshold criteria for privileges within their clinical departments.
- (6) Waiver requests for the threshold eligibility requirements listed in paragraphs (A)(3) to (A)(5) of this rule may be requested and considered as follows:
 - (a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden of demonstrating that his or her qualifications are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.
 - (b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.
 - (c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the quality and professional affairs committee of the Ohio state university Wexner medical center and the Wexner medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.
 - (d) The Ohio state university Wexner medical center board's determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a "denial" of appointment or clinical privileges and does not give rise to a right to a hearing. The prospective applicant who requested the waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted. Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.

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- (e) Waiver requests for the threshold eligibility requirement listed in paragraph (A)(3) of this rule may only be considered for applicants who have voluntarily opted out of governmental health care programs. Applicants who have been excluded or suspended shall be ineligible to request a waiver.
 - (f) Waivers to requirements prescribed by regulatory accrediting or other external agencies will not be granted.
 - (7) Any medical staff member whose membership has been terminated pursuant to paragraph (A)(3) or (A)(4) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code. Any licensed health care professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (G)(3) of rule 3335-43-07 of the Administrative Code.
 - (8) No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.
- (B) Application for membership.

Initial application for medical staff membership for all categories of the medical staff shall be made by the applicant to the chief of the clinical department on forms prescribed by the medical staff administrative committee stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the applicant meets the qualifications outlined in paragraph (A) of this rule. The application shall include written statements of the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government-issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant shall agree that membership on the medical staff requires participation in the peer review process of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in this review process as long as the peer review was taken in the reasonable belief that it was in furtherment of quality health care based upon a reasonable review and appropriate procedural due process. In order to optimize the clinical organization resource utilization and planning of the Ohio state university hospitals, the chief of the clinical department may require that the community affiliate D medical staff member identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant, which shall be made a part of the application for appointment. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

- (C) Terms of appointment. Initial appointment to the medical staff shall be for a period not to exceed thirty-six months. During the first six months of the initial appointment, except for medical staff appointments without clinical privileges, appointees shall be subject to focused professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by of the chief of the clinical department with oversight by the credentials committee and the medical staff administrative committee. Following the six-month FPPE period, the chief of the clinical department may: 1. recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee; 2. extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or 3. terminate the initial appointee's medical staff

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membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

- (D) Ethics and ethical relationship. The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American psychological association, American osteopathic association and the American podiatric medical association shall govern the professional ethical conduct of the respective members of the medical staff.
- (E) Procedure for appointment.
 - (1) The written and signed application for membership on the medical staff shall be presented to the applicable chief of the clinical department. The applicant shall include in the application a signed statement indicating the following:
 - (a) If the applicant should be accepted to membership on the medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the Wexner medical center board and the board of trustees of the Ohio state university.
 - (b) The applicant consents to be interviewed in regard to the application.
 - (c) The applicant authorizes the Ohio state university hospitals to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.
 - (d) The applicant consents to the Ohio state university hospitals' inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges for which the applicant is seeking as well as the applicant's professional ethical qualifications for medical staff membership.
 - (e) The applicant releases from any liability:
 - (i) All representatives of university hospitals for acts performed in connection with evaluating the applicant's credentials or releasing information to other institutions for the purpose of evaluating the applicant's credentials in compliance with these bylaws performed in good faith; and
 - (ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the Ohio state university hospitals staff, Ohio state university Wexner medical center board members and members of the Ohio state university board of trustees concerning the applicant's credentials performed in good faith.
 - (f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.
 - (g) The applicant further agrees to disclose to the chief medical officer of the Ohio state university hospitals the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

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- (h) The applicant agrees that acceptance of membership on the medical staff of the Ohio state university hospitals authorizes the Ohio state university hospitals to conduct any appropriate health assessment including but not limited to drug or alcohol screens on a practitioner at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the chief medical officer of the Ohio state university hospitals or their authorized designees.
- (2) The purpose of the health assessment shall be to ensure that the member of the medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the member is permitted to exercise by reason of medical staff membership. If, at the time of the initial request for a health assessment, and at any time a medical staff member refuses to participate as needed in a health assessment, including but not limited to a drug or alcohol screening, this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or Wexner medical center board, the applicant will provide documentation the applicant's physical and mental status with sufficient adequacy to demonstrate that any patient treated by the applicant will receive care of a generally professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as a member of the medical staff.
- (3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the application is signed by the applicant and the information is verified. A completed application must contain:
 - (a) Peer recommendation from at least three individuals with "first hand" knowledge about the applicant's clinical and professional skills.
 - (b) Evidence of required immunizations.
 - (c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges.
 - (d) Satisfaction of ECFMG requirements, if applicable. If an individual receives a conceded eminence certificate or a clinical research faculty certificate from the state medical board of Ohio, the requirement for ECFMG certification may be waived at the discretion of the Wexner medical center board.
 - (e) Verification by primary source documentation of:
 - (i) Current and previous state licensure;
 - (ii) Faculty appointment (not required for community affiliate B, community affiliate C, community affiliate D or contracted category);
 - (iii) DEA registration when required for exercise of clinical privileges;
 - (iv) Graduation from an accredited medical or professional school;
 - (v) Successful completion or record of post graduate medical or professional education; and
 - (vi) Board certification active candidacy for board certification (may not be required for community affiliate B, community affiliate C and community

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affiliate D categories). or applicant qualifies for a waiver pursuant to paragraph (A)(6) of rule 3335-43-04 of the Administrative Code.

- (f) Information from the national practitioner data bank.
 - (g) Verification that the applicant has not been excluded from any federally funded health care program.
 - (h) Complete disclosure by applicant of all past and current claims, suits, and settlements, if any.
 - (i) Completion of a criminal background investigation that meets the requirements of the Wexner medical center.
 - (j) Completion of drug testing for substances required for individuals applying for clinical privileges and in accordance with Wexner medical center approved testing protocols.
 - (k) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.
 - (l) Demonstration of recent active clinical practice during the last two years required for exercise of clinical privileges.
 - (m) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.
- (4) The chief of the applicable clinical department shall be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant by making inquiry of the primary source of such information and shall within thirty days of receipt of the complete application, submit a report of those findings along with a recommendation on membership and clinical privileges to the chief medical officer of the Ohio state university hospitals.
- (5) The chief medical officer shall receive all initial signed and verified applications from the chief of the clinical department and shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information.
- The chief medical officer shall forward all complete applications to the credentials committee. The applicant shall have the burden of producing information for an adequate evaluation of applicant's qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn which action is not subject to hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.
- If the chief of the applicable clinical department does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the chief medical officer for presentation to the credentials committee on the same basis as other applicants.
- (6) Completed applications shall be acted upon as follows:

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- (a) By the credentials committee within thirty days after receipt of a completed application from the chief medical officer.
- (b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report and recommendation of the credentials committee.
- (c) By the quality and professional affairs committee through the expedited credentialing process or Wexner medical center board within sixty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.

All applications shall be acted upon by the Ohio state university Wexner medical center board within one hundred twenty days of receipt of a completed application. These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-43-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

- (7) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the chief of the clinical department's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications and ethical standing of the applicant and shall determine, through information contained in personal references and from other sources available to the credentials committee, including an appraisal from the chief of the clinical department in which clinical privileges are sought, whether the applicant has established and meets all of the necessary qualifications for the category of medical staff membership and clinical privileges requested.

The credentials committee shall, within thirty days from receipt of a complete application, make a recommendation to the chief medical officer that the application be accepted, rejected, or modified. The chief medical officer shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the chief medical officer may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session. The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the chief medical officer, along with the recommendation of the chief medical officer to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.

- (8) At any time the medical staff administrative committee first recommends non-appointment of an initial applicant for medical staff membership or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the chief medical officer to notify the applicant by certified return receipt mail that the applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-43-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-43-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-43-06 of the Administrative Code. If an applicant fails to properly request a hearing, the

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medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

The final recommendation of the medical staff administrative committee shall be directly communicated to the Wexner medical center board by the chief medical officer, who shall make a separate recommendation to the Wexner medical center board.

When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division. The chairperson of the board shall also notify the dean of the college of medicine and the chief executive officer of the Ohio state university hospitals of the decision of the board.

(F) Procedure for reappointment.

- (1) At least ninety days prior to the end of the medical staff member's appointment period, the chief of the clinical department shall provide each medical staff member with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee. The reappointment application shall include all information necessary to update and evaluate the qualifications of the medical staff member. The chief of the clinical department shall review the information available on each medical staff member, and the chief of the clinical department shall make recommendations regarding reappointment to the medical staff and for granting clinical privileges for the ensuing appointment period. The chief of the clinical department's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the chief medical officer at least forty-five days prior to the end of the medical staff member's appointment period.

The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Reappointment to the medical staff shall be done on a regular basis for a period not to exceed thirty-six months. Only completed applications for reappointment shall be considered by the credentials committee. An application for reappointment is complete when all the information requested on the reappointment application form is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application form must contain:

- (a) Evidence of required immunizations if applicable since last appointment.
- (b) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges.
- (c) Verification of primary source documentation of:
 - (i) State licensure;
 - (ii) DEA registration when required for clinical privileges;
 - (iii) Successful completion or record of additional post graduate medical or professional education; and
 - (iv) Board certification, re-certification, or continued active candidacy for certification (may not be required for community affiliate category) or applicant qualifies for a waiver pursuant to paragraph (A) (4) of rule 3335-43-06 of the Administrative Code.

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- (d) Information from the national practitioner data bank.
 - (e) Verification that the applicant has not been excluded from any federally funded health care program.
 - (f) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines.
 - (g) Specific requests for any changes in medical staff category.
 - (h) A summary of the member's clinical activity during the previous appointment period.
 - (i) Patterns of care as demonstrated through quality assurance records.
 - (j) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.
 - (k) Complete disclosure by medical staff members of claims, suits, and settlements, if any.
 - (l) Continuing medical education and applicable continuing professional education activities. Documentation of category one CME that at least in part relates to the individual medical staff member's specialty or sub-specialty area and are consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.
 - (m) Attestation of current OARRS account for all applicants who have a DEA registration.
- (2) The member for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The chief of the clinical department shall review and evaluate the reappointment application and the supporting documentation. The chief of the clinical department shall evaluate all matters relevant to recommendation, including the member's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs; compliance with the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university; cooperation with the Ohio state university hospitals' personnel and the use of the Ohio state university hospitals' facilities for patients; relations with other physicians, other health professionals or other staff, and maintenance of a professional attitude toward patients; and the responsibility to the Ohio state university hospitals and the public.
- (3) The chief medical officer shall forward the reappointment forms and the recommendations of the chief of the clinical department to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that the same level of quality of care is delivered by all medical staff members with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

The credentials committee shall forward its recommendations to the chief medical officer at least thirty days prior to the end of the period of appointment. The chief medical officer shall transmit the completed reappointment application and the recommendation of the credentials

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committee to the medical staff administrative committee.

Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic expiration of membership and all clinical privileges at the end of the medical staff member's current appointment period, which action shall not be subject to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically expired shall be processed as a new appointment.

Failure of the chief of the clinical department to act timely on an application for reappointment shall be the same as provided in paragraph (E)(5) of this rule.

- (4) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The medical staff administrative committee shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The recommendation of the medical staff administrative committee regarding reappointment of a member shall be communicated by the chief medical officer, along with the recommendation of the chief medical officer, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.
 - (5) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension or revocation of clinical privileges, the medical staff administrative committee shall instruct the chief medical officer to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to paragraphs (A) and (B) of rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (D) of rule 3335-43-05 of the Administrative Code apply. The notice by the chief medical officer shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.
 - (6) If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-43-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter.
 - (7) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.
- (G) Resumption of clinical activities following leave of absence.
- (1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the chief medical officer. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the chief medical officer provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the chief medical officer and the member or credentialed provider shall be

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placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the chief medical officer that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

- (2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and quality and professional affairs committee of the Wexner medical center board. The credentials committee, the chief medical officer, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.
- (3) All members of the medical staff or credentialed providers who take a leave of absence for medical or non-medical reasons must be in good standing upon resumption of clinical activities. No member shall be granted leave of absence in excess of his or her current appointment and the usual procedures for appointment and reappointment, including deadlines for submission of application as set forth in this rule, will apply irrespective of the nature of the leave. Absence extending beyond his or her current term or failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1999, 10/1/1999, 10/5/2001, 6/7/2002, 9/6/2002, 3/5/2003, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 5/14/2010, 4/8/2011, 8/31/2012, 2/1/2013, 1/31/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 8/15/2023)

3335-43-05 Peer review and corrective action.

(A) Informal peer review.

- (1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the Ohio state university hospitals.
- (2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.
- (3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

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- (4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.
 - (5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the chief medical officer. The chief of the clinical department and the chief medical officer shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:
 - (a) The matter warrants no further action;
 - (b) Informal resolution under this paragraph is appropriate. The chief of the clinical department and the chief medical officer shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or
 - (c) Formal peer review under paragraph (B) of this rule is warranted.
 - (6) In cases where the chief of the clinical department and chief medical officer cannot agree on the need for formal peer review, the matter shall be submitted for formal peer review and determined as set forth in paragraph (B) of this rule.
- (B) Formal peer review.
- (1) Formal peer review may be initiated when a member of the medical staff of the Ohio state university hospitals:
 - (a) Fails to adhere to standards of patient care and professional conduct appropriate for a physician practicing in an academic medical center as determined by the medical staff;
 - (b) Is disruptive to the operation of the Ohio state university hospitals;
 - (c) Violates the bylaws, rules and regulations of the medical staff, the Ohio state university Wexner medical center board, or the board of trustees of the Ohio state university;
 - (d) Violates state or federal law; or
 - (e) Is responsible for acts or omissions detrimental to patient safety or to the quality or efficiency of patient care within the Ohio state university hospitals; or
 - (f) Is responsible for acts or omissions damaging to the reputation of the medical staff of the Ohio state university hospitals.

Formal peer review may be initiated by a chief of a clinical department, the chief medical officer, any member of the medical staff, the chief executive officer of the Ohio state university hospitals, the dean of the college of medicine, any member of the board of the Ohio state

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university hospitals, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the chief medical officer, and shall specifically state the conduct or activities which constitute grounds for the requested action.

- (2) The chief medical officer shall promptly deliver a written copy of the request for formal peer review to the affected member of the medical staff, in a confidential manner. The chief medical officer shall then conduct a preliminary review to verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the chief medical officer decides that no further action is warranted, the chief medical officer shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action will be taken.
- (3) Whenever the chief medical officer determines that formal peer review is warranted, he or she shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings.
- (4) The executive vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the chief medical officer under these rules for implementing corrective action and appellate procedure if:
 - (a) The chief medical officer is the medical staff member charged;
 - (b) The chief medical officer has a financial interest or a relationship with any person that may have an improper effect on the exercise of his or her judgment in the matter, or may be perceived to have such an effect.
- (5) The formal peer review committee shall investigate every request and shall deliver written findings and recommendations for action to the chief of the clinical department. The formal peer review committee may recommend a reduction, suspension or revocation of the medical staff member's clinical privileges or other action as it deems appropriate. In making its recommendation the formal peer review committee may consider, relevant literature and clinical practice guidelines, the opinions and views expressed throughout the review process, information or explanations provided by the member under review, and other relevant information. Prior to making its report, the committee shall afford the medical staff member against whom the action has been requested an opportunity for an interview. At such interview, the medical staff member shall be informed of the specific actions or omissions alleged to constitute grounds for formal peer review and shall be given copies of any statements, reports, opinions or other information compiled at prior stages of the proceedings. The medical staff member may furnish written or oral information to the formal peer review committee at this time and shall be given an opportunity to discuss, explain, or refute the allegations and to respond to any statements, reports or opinions previously compiled in the proceedings. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action are expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.
- (6) Upon receipt of the written report and recommendation from the formal peer review committee, the chief of the clinical department shall make his or her own written recommendation for corrective action and forward that recommendation along with the findings and recommendations of the formal peer review committee to the chief medical officer.
- (7) The chief medical officer shall decide whether to accept, reject or modify the recommendation of the chief of the clinical department. If the chief medical officer decides the grounds are not

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substantiated, the chief medical officer will notify the formal peer review committee, the chief of the clinical department, the person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

If the chief medical officer finds the grounds for the requested corrective action are substantiated, the chief medical officer shall promptly notify the affected medical staff member of that decision and the corrective action that will be taken. This notice shall advise the affected medical staff member of his or her right to request a hearing before the medical staff administrative committee pursuant to rule 3335-43-06 of the Administrative Code and shall also include a statement that failure to request a hearing in the timeframe prescribed in this rule shall constitute a waiver of rights to a hearing and to an appeal on the matter and the affected medical staff member shall also be given a copy of the rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the chief medical officer shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

- (8) If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, he or she shall be deemed to have waived the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.
- (9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.

(C) Composition of formal peer review committee.

- (1) When the determination that formal peer review is warranted is made, the chief of the clinical department shall select three members of the medical staff to serve on a formal peer review committee.
- (2) Whenever the questions raised concern the clinical competence of the member under review, the chief of the clinical department shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.
- (3) An external peer review consultant may serve as a member of the peer review committee whenever:
 - (a) A determination is made by the chief of the clinical department and the chief medical officer that the clinical expertise needed to conduct the review is not available on the medical staff;
 - (b) The objectivity of the review may be compromised; or
 - (c) Whenever the chief medical officer determines that an external review is otherwise advisable.

If an external reviewer is recommended, the chief of the clinical department shall make a written recommendation to the chief medical officer for selection of an external reviewer. The chief medical officer shall make the final selection of an external reviewer.

(D) Summary suspension.

- (1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or

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any portion of his or her clinical privileges suspended or appointment terminated by the chief medical officer or the chief of the member's clinical department whenever such action must be taken immediately, when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the medical staff member shall be subsequently notified in writing of the suspension by the chief medical officer. Such notice shall be issued by certified return mail to the affected medical staff member's last known address as determined by university records.

- (2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to a hearing and appeal of the suspension pursuant to rule 3335-43-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter. If a timely, written request for a hearing is made, the procedures of rule 3335-43-06 of the Administrative Code shall apply.
 - (3) Immediately upon the imposition of a summary suspension, the chief medical officer or the appropriate chief of a clinical department shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the Ohio state university hospitals at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.
- (E) Automatic suspension and termination.
- (1) Notwithstanding the provisions of this rule, a temporary lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief medical officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff. The chief medical officer shall notify the chief executive officer of the Ohio state university hospitals of the action taken.
 - (2) Action by the Ohio state boards of licensure revoking or suspending a medical staff member's license or placing the member upon probation shall automatically impose the same restrictions to that member's Ohio state university hospitals' privileges.
 - (3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member's appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-43-04 and automatically relinquish his or her appointment and privileges.
 - (4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall immediately and automatically terminate, unless resignation in lieu of automatic terminations is permitted to rule 3335-43-04(A)(3).
 - (5) If a medical staff member pleads guilty to or is found guilty of a felony which involves: violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member's

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appointment and privileges shall be immediately and automatically terminated.

- (6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.
 - (7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.
 - (8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-43-06 of the Administrative Code as a result of an automatic suspension or termination. As soon as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.
 - (9) Resignation, termination, or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals.
- (F) Reporting responsibility.

When a decision on corrective action is taken which constitutes a "formal disciplinary action" as may be defined in Ohio state law, or as may be required to be reported pursuant to federal law, including the health care quality improvement act, the chief medical officer shall ensure that a report of said action is made in order to maintain compliance with applicable state or federal law or regulations. The chief medical officer shall ensure that such reports are amended as may be required to reflect subsequent actions taken under the hearing and appeal rights afforded in these bylaws.

When applicable, any recommendations or actions that are the result of a review or hearing and appeal shall be monitored by the chief medical officer on an ongoing basis through the Ohio state university hospitals' quality management activities.

(Board approval dates: 6/7/2002, 5/6/2005, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018)

3335-43-06 Hearing and appeal process.

- (A) Right to hearing and to an appeal.
- (1) When a member of the medical staff who has exhausted all remedies under paragraphs (E) and (F) of rule 3335-43-04 of the Administrative Code on appointment or reappointments; or under rule 3335-43-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-43-05 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.
 - (2) A medical staff member shall not be entitled to a hearing under the following circumstances:
 - (a) Denial by the Wexner medical center board to grant a waiver of board certification for a medical staff member.
 - (b) Termination of a medical staff member because of exclusion from participation in

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- any government reimbursement program.
- (c) Voluntary withdrawal of a medical staff application.
 - (d) Failure to submit a reappointment application.
 - (e) A leave of absence extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.
 - (f) Actions or recommendations resulting from an informal peer review.
 - (g) Termination of ~~community affiliate B~~ and community affiliate C medical staff appointments upon approval by the Wexner medical center board.
- (3) All hearings and appeals shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.
- (B) Request for hearing.
- (1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief medical officer within thirty days of notification by the chief medical officer of the intended action. The chief medical officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.
 - (2) The failure of a medical staff member to request a hearing, to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the right to any review by the medical staff administrative committee. The chief medical officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Ohio state university Wexner medical center board as provided for in paragraph (F) of rule 3335-43-05 of the Administrative Code. The chief medical officer shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.
- (C) Notice of hearing.
- (1) After receipt of a timely request for hearing by the chief medical officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief medical officer and shall at the next scheduled meeting take the following action:
 - (a) Instruct the chief medical officer and chief of staff to jointly appoint within seven days a hearing committee, consisting of five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the formal peer review of the matter under consideration.
 - (b) Instruct the hearing committee to schedule and arrange for a hearing which hearing shall be conducted not less than thirty days nor more than sixty days from the date of the receipt of the request for hearing by the chief medical officer; provided, however, that a hearing for a medical staff member who is under suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.
 - (2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that this notice may be waived in writing by the medical staff member.

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Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative medical records or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

- (1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the Wexner medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination.

The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than four members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

- (2) An accurate record of the hearing shall be kept. The mechanism for taking the record shall be by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the member's expense.
- (3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived all rights to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The medical staff administrative committee may, in its own discretion, order the hearing committee to proceed with the hearing without the medical staff member and impose a sanction which is greater or lesser than that originally imposed.
- (4) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.
- (5) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his or her

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own behalf, the staff member may be called and examined as if under cross-examination.

- (6) The hearing committee shall request the person who has taken the action from which the affected staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any parties witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written. The hearing committee may request legal representation from the Ohio state university.
- (7) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may elect to limit its proceedings when sufficient material has been received. The parties may be required by the hearing committee to provide evidence in oral or written form. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.
- (8) Within sixty days after its appointment, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the medical staff administrative committee. The affected medical staff member shall be notified of the recommendation of the hearing committee including a statement of the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.
- (9) The medical staff administrative committee shall submit a written report, including its recommendation to the chairperson of the Wexner medical center board within fourteen days of the final vote by the medical staff administrative committee. An adverse action which must be reported to the state medical board or the federal government, including the national practitioner data bank, shall entitle an affected medical staff member to the procedures of this rule. The affected member of the medical staff shall be notified of the decision of the medical staff administrative committee by the chief medical officer.
- (10) The decision and record of the medical staff administrative committee shall be transmitted to the quality and professional affairs committee of the Wexner medical center board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The quality and professional affairs committee may accept, reject, or modify the decision of the medical staff administrative committee. The quality and professional affairs committee may remand that matter back to the medical staff administrative committee for further action as directed.
- (11) The recommendation of the quality and professional affairs committee shall be promptly considered by the Wexner medical center board, at its next scheduled meeting. The Wexner medical center board may accept, reject, or modify the recommendation of the quality and professional affairs committee. The Wexner medical center board may remand the matter

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back to the medical staff administrative committee for further action as directed.

- (12) A copy of the Wexner medical center board decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal process.

- (1) Within thirty days after receipt of a notice by an affected medical staff member of the decision of the medical staff administrative committee, the member may, by written notice to the chairperson of the Ohio state university Wexner medical center board, request an appeal. The appeal shall only be held on the record before the medical staff administrative committee.
- (2) If an appeal is not requested within thirty days, the affected medical staff member shall be deemed to have:
 - (a) Waived the member's right to appeal, and
 - (b) Accepted the adverse decision.
- (3) The appeal shall be conducted by the quality and professional affairs committee of the Wexner medical center board.
- (4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the medical staff administrative committee. The staff member shall then submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the quality and professional affairs committee no later than seven days following the date of the affected member's notice of appeal.
- (5) New or additional matters not raised during the hearing or in the medical staff administrative committee hearings shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.
- (6) Within fourteen days following submission of the written statement by the affected medical staff member, the quality and professional affairs committee shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.
- (7) Any final decision by the Wexner medical center board shall be communicated by the chief medical officer and by certified return receipt mail to the affected medical staff member at that member's last known address as determined by university records. The chief medical officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services, chief of staff, the chief of the clinical department, and the person(s) who initiated the request for formal peer review. The chief medical officer shall take immediate steps to implement the final decision.

(Board approval dates: 6/7/2002, 5/6/2005, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018, 8/15/2023)

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3335-43-07 Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into nine categories: attending, community affiliate A, community affiliate B, community affiliate C, community affiliate D, consulting, contracted, physician scholar and limited staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last two years and specific annual education requirements but are otherwise subject to the provisions of these bylaws.

(A) Attending.

- (1) Qualifications: The attending medical staff shall consist of those faculty members of the colleges of medicine and dentistry to whom clinical teaching responsibilities are assigned in the Ohio state university hospitals and who satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code. The assignment of teaching responsibility is the prerogative of the chief of the clinical department or the chief's designee.

- (2) Prerogatives.

An attending medical staff member may:

- (a) Admit patients consistent with their clinical privileges and the balanced teaching and patient care responsibilities of the Ohio state university hospitals. When, in the judgment of the chief of the clinical department, a balanced teaching program is jeopardized, following consultation with the dean of the college of medicine; and the Ohio state university hospitals' chief executive officer, and with the concurrence of a majority of the medical staff administrative committee, the chief of the clinical department may restrict an attending medical staff member's ability to admit patients. Imposition of such restrictions shall not entitle the attending medical staff member to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.
- (b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.
- (c) Vote on all matters presented at general and special meetings of the medical staff and of the department and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.
- (d) Hold office in the medical staff organization and in the clinical department and committees of which he or she is a member, unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.

- (3) Responsibilities.

Each member of the attending medical staff with clinical privileges shall:

- (a) Meet the basic responsibilities set forth in rules 3335-43-02 and 3335-43-03 of the Administrative Code.
- (b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.

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- (c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such medical staff functions as may be required from time to time.
 - (d) Satisfy the requirements set forth in rule 3335-43-11 of the Administrative Code for attendance at staff and departmental meetings and meetings of those committees of which he or she is a member and for payment of membership dues.
 - (e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.
 - (f) Supervise other licensed healthcare professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed healthcare professional to perform only those services which the licensed healthcare professional is privileged to perform.
 - (g) Take call as assigned by the chief of the clinical department.
- (B) Community Affiliate A.
- (1) Qualifications: The community affiliate A medical staff shall consist of physicians and other licensed healthcare professional who do not meet the criteria for attending medical staff appointment. This category includes community physicians and physicians employed by an affiliate entity who have clinical activity required for membership and actively participate in teaching programs.
 - (2) Prerogatives.
The community affiliate A medical staff may:
 - (a) Exercise such clinical privileges as are granted pursuant to these bylaws.
 - (b) Admit, consistent with their clinical privileges, patients who complement the clinical teaching program.
 - (c) Attend meetings as a member of the medical staff and the clinical department of which he or she is a member and any medical staff or the Ohio state university hospitals education programs. The community affiliate A medical staff member may vote on medical staff policies, bylaws, rules and regulations and for elected officials of the medical staff. Members of the community affiliate A medical staff may be appointed to serve on medical staff committees as provided by these bylaws.
 - (3) Responsibilities: Each member of the community affiliate A medical staff with clinical privileges shall be required to have a faculty appointment and discharge the basic responsibilities specified in paragraph (B)(3) of this rule.
- (C) Community affiliate B.
- (1) Qualifications: The community affiliate B medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are employed by an affiliate entity, do not have patient activity at university hospitals but who are enrolled under institutional managed care contracts or other contractual arrangements and who work at facilities not owned by the Wexner medical center. Community affiliate B medical

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staff members shall not be required to obtain appointment to the faculty of the Ohio state university and will not possess clinical privileges. Community affiliate B medical staff shall not be eligible to hold office or required to pay medical staff dues and shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws. Community affiliate B medical staff shall not be assigned to a clinical department under rule 3335-43-08 of the Administrative Code.

(2) Appointment and Reappointment: For purposes of processing applications for appointment and reappointment of community affiliate B medical staff, the duties of the chief of the clinical department set forth in rule 3335-43-04 of the Administrative Code shall be assigned by the chief medical officer to be performed by the chief physician of the affiliate entity or authorized designee. To perform these duties on behalf of community affiliate B medical staff, the chief physician or authorized designee must be an active member of the medical staff under these bylaws and will also serve as a voting member on the Medical Staff Administrative Committee.

(2)(3) Termination of medical staff membership: The medical staff membership of a community B affiliate physician shall automatically terminate upon loss of employment with the affiliate entity. This automatic termination shall not entitle the community B affiliate physician to any of the hearing processes set forth in rule 3335-43-06 of the Administrative Code.

(D) Community affiliate C.

(1) Qualifications: The community affiliate C medical staff shall consist of those physicians and other licensed healthcare professionals who do not qualify for attending medical staff appointment and shall not possess clinical privileges. This category is comprised of referring physicians who desire to be associated with the Ohio state university hospitals to refer and follow patients. Community affiliate C medical staff members shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office and are not required to pay medical staff dues.

(2) Prerogatives.

Community affiliate C medical staff members may:

- (a) Have access to the Ohio state university hospitals and shall be given notice of all medical staff activities and meetings.
- (b) Attend meetings as a member of the medical staff and the clinical departments of which he or she is a member and any medical staff or the Ohio state university hospitals education programs.
- (c) The grant of community affiliate C medical staff appointment to physicians is a courtesy only and may be terminated by the Wexner medical center board upon recommendation of the medical staff administrative committee without the right to a hearing or appeal.

(E) Community affiliate D.

This is a closed medical staff category that was created as a one-time historical grandfathering category for medical staff members of the Ohio state university hospitals east prior to July 1, 2007.

(1) Qualifications: Community affiliate D medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who:

- (a) Do not qualify for an attending medical staff appointment; and
- (b) Are community affiliate D members seeking reappointment; and
- (c) Satisfy the requirements and qualifications set forth in rule 3335-43-04 of the Administrative Code and are already appointed to the community affiliate D medical

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staff pursuant to these bylaws.

- (2) A community affiliate D medical staff member shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff. Community affiliate D medical staff members shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph. The community affiliate D medical staff member shall not be required to obtain appointment to the faculty of the Ohio state university. The community affiliate D medical staff member shall not be subject to the requirement for board certification within the community affiliate D medical staff member's respective area of practice if that requirement was waived when he or she became a member of the Ohio state

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university east medical staff. Teaching and research accomplishments shall not be required in determining the qualifications of applicants to this category of the medical staff.

- (3) To optimize the clinical organization, resource utilization, and planning of the hospitals, the chief of the clinical department may require that the applicant for community affiliate D medical staff membership to identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant which will be made a part of the application for appointment.
- (4) Prerogatives.

A community affiliate D medical staff member may:

- (a) Admit patients consistent with the limitations of bed and service allocations established by the medical directors and approved by the medical staff administrative committee, and the Wexner medical center board. If, in the judgment of the medical directors, a balanced teaching program is jeopardized, following consultation with the chief of the clinical department, and with the concurrence of a majority of the medical staff administrative committee, the medical director may restrict admissions of members of the community affiliate D medical staff. Patients admitted under the care of the community affiliate medical staff D will not be required to participate in the educational mission of the Ohio state university hospitals. Ordinarily, no coverage by the limited medical staff will be afforded, with the exception of emergency medical services.
 - (b) Exercise the clinical privileges granted, have access to all medical records, and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted pursuant to these bylaws.
 - (c) Attend teaching and educational conferences approved by the Ohio state university, attend medical staff social functions, and participate as providers in the Ohio state university or the Ohio state university hospitals affiliated health plans.
- (5) Responsibilities:.

Each member of the community affiliate D medical staff shall:

- (a) Participate in the management of and represent the interests of the clinical department for which he or she is granted clinical privileges. The community affiliate D medical staff member shall comply with all provisions of these bylaws and rules and regulations of the medical staff, unless expressly exempted under this rule.
- (b) The community affiliate D medical staff member shall comply with all the Ohio state university hospitals' policies and accreditation standards, and shall be subject to the same quality evaluation, monitoring, and resource management requirements as other members of the medical staff.
- (c) Be responsible within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.
- (d) Not be eligible to vote on medical staff policies, rules and regulations, or bylaws or to hold office. Members of the community affiliate D medical staff may serve on non-elected medical staff committees as provided by these bylaws.

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- (e) Be subject to payment of medical staff dues or assessments as approved by the medical staff.

(F) Consulting.

- (1) Qualifications. The consulting medical staff shall consist of those faculty members of the colleges of medicine and dentistry who:
 - (a) Satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code.
 - (b) Are consultants of recognized professional ability and expertise who provide a service not readily available from the attending medical staff. These practitioners provide services at the Ohio state university hospitals only at the request of attending or community affiliate A members of the medical staff.
 - (c) Demonstrate participation on the active medical staff at another accredited hospital requiring performance improvement/quality assessment activities similar to those of the Ohio state university hospitals. The practitioner shall also hold at such other hospital the same privileges, without restriction, that he/she is requesting at the Ohio state university hospitals. An exception to this qualification may be made by the Wexner medical center board provided the practitioner is otherwise qualified by education, training and experience to provide the requested service.

(2) Prerogatives.

Consulting medical staff members may:

- (a) Exercise the clinical privileges granted for consultation purposes on an occasional basis when requested by an attending or community affiliate A medical staff member.
- (b) Have access to all medical records and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted pursuant to these bylaws.
- (c) Not admit patients to the Ohio state university hospitals.
- (d) Not vote on medical staff policies, rules and regulations, or bylaws, and may not hold office.
- (e) Must actively participate in such quality evaluation and monitoring activities as required by the medical staff and as outlined in the medical staff policy entitled "Consulting medical staff member policy."
- (f) Attend medical staff meetings, but shall not be entitled to vote at such meetings or hold office.
- (g) Attend department meetings, but shall not be entitled to vote at such meetings or serve as chief of a clinical department.
- (h) Serve as a non-voting member of a medical staff committee; provided, however, that he/she may not serve as a committee chair or as a member of the medical staff administrative committee.

(3) Responsibilities.

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Each member of the consulting medical staff shall:

- (a) Meet the basic responsibilities set forth in rules 3335-43-02 and 3335-43-03 of the Administrative Code.
- (b) Be exempt from all medical staff dues.

(G) Contracted.

- (1) Qualifications: contracted medical staff shall consist of those members who meet the requirements for medical staff membership and are providing services to Wexner medical center patients exclusively through a contract with the Wexner medical center. Contracted medical staff members shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff and shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph.

Contracted medical staff shall not be required to obtain appointment to the faculty of the Ohio state university. Contracted medical staff shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office or required to pay medical staff dues.

- (2) Prerogatives.

Contracted medical staff may:

- (a) Exercise such clinical privileges as are granted pursuant to these bylaws.
- (3) Any contracted medical staff member whose membership has been terminated due to loss of contract and/or clinical privileges shall not be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code.

(H) Physician scholar medical staff.

- (1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.
- (2) Prerogatives: Members of the physician scholar medical staff shall have access to the Ohio state university hospitals and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.
- (3) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.

(I) Limited staff.

Limited staff are not considered full members of the medical staff, do not have delineated clinical privileges and do not have the right to vote in general medical staff elections. Except where expressly stated, members of the limited staff are bound by the terms of these bylaws, the rules and regulations of the medical staff, and the limited staff agreement.

- (1) Qualifications.

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- (a) The limited staff shall consist of doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a post-doctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws.
 - (b) The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state university Wexner medical center board, or the limited staff member's respective licensing board.
 - (c) Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.
- (2) Responsibilities.

Each member of the limited staff shall:

- (a) Be responsible to respond to all questions and to complete all forms as may be required by the credentials committee.
- (b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.
- (c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending or community affiliate A medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending or community affiliate A medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending or community affiliate A medical staff. The limited staff member shall follow all rules and regulations of the service to which the limited staff member is assigned, as well as the general rules of the Ohio state university hospitals pertaining to limited staff. Specifically, a limited staff member shall consult with the attending or community affiliate A member of the medical staff responsible for the care of the patient before the limited staff member undertakes a procedure or treatment that carries a significant, material-risk to the patient unless the consultation would cause a delay that would jeopardize the life or health of the patient.
- (d) Serve as a member of various medical staff committees in accordance with established committee composition as described in these bylaws and/or the rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization but may vote on committees to which the limited staff member is assigned.
- (e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or sub-specialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by

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the clinical departmental chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.

- (f) Appeal by a member of the limited staff of probation, lack of promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective department or training program and approved by the program director and the Ohio state university hospitals graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies. Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-43-05 and 3335-43-06 of the Administrative Code.

- (3) Failure to meet reasonable expectations.

Termination of employment from the limited staff member's residency or fellowship training program shall result in automatic termination of the limited staff member's appointment pursuant to these bylaws.

- (4) Temporary appointments.

- (a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. These appointments shall not exceed sixty days.
- (b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the medical directors, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

- (5) Supervision.

Limited staff members shall be under the supervision of an attending or community affiliate A medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending or community affiliate A medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending or community affiliate A medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending or community affiliate A medical staff member or the director of the training program.

- (a) Limited staff members may write admission, discharge and other orders for the care of patients under the supervision of the attending or community affiliate A medical staff member.

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- (b) All records of limited staff member cases must document involvement of the attending or community affiliate A medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.
- (J) Temporary medical staff appointment.
 - (1) External peer review. When peer review activities are being conducted by someone other than a current member of the medical staff, the chief medical officer may admit a practitioner to the medical staff for a limited period of time. Such membership is solely for the purpose of conducting peer review in a particular evaluation and this temporary membership automatically expires upon the member's completion of duties in connection with such peer review. Such appointment does not include clinical privileges, and is for a limited purpose.
 - (2) Proctoring. Temporary privileges may be extended to visiting medical faculty for special clinical or educational activities as provided by the Ohio state medical or dental board. When medical staff members require proctoring for the purposes of gaining experience to become credentialed to perform a procedure, a visiting physician may apply for temporary privileges per the prescribed medical staff proctoring policy.
- (K) Clinical privileges.
 - (1) Delineation of clinical privileges.
 - (a) Every person practicing at the Ohio state university hospitals by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed health care professional by the Ohio state university Wexner medical center board after recommendation from the medical staff administrative committee.

Each clinical department shall develop specific clinical criteria and standards for the evaluation of clinical privileges with emphasis on invasive or therapeutic procedures or treatment which present significant risk to the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.
 - (b) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.
 - (c) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the chief medical officer. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information, including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical

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privileges are exercised. Whenever possible the review should be of primary source information.

- (d) The applicant shall have the burden of establishing the applicant's qualifications and competency in clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.
 - (e) The applicant's request for clinical privileges and the recommendation of the chief of the clinical department shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-43-04 of the Administrative Code.
 - (f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioners' professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the Wexner medical center board.
 - (g) Upon resignation, termination or expiration of the medical staff member's faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.
 - (h) Medical staff members authorize the Ohio state university hospitals and clinics to share credentialing, quality and peer review information pertaining to the medical staff member's clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member's medical staff appointment to the medical staff of the Ohio state university hospitals.
 - (i) Medical staff members authorize the Ohio state university hospitals to release information, in good faith and without malice, to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purposes of evaluating the medical staff member's qualifications pursuant to a request for appointment, clinical privileges, participation or other credentialing or quality matters.
- (2) Temporary privileges.
- (a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed health care professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department. All temporary privileges are granted by the chief executive officer or authorized designee. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines.

Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient-care need, and shall be granted for a period not to exceed one hundred twenty days.
 - (b) Temporary privileges may be extended to visiting medical faculty or for special

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activity as provided by the Ohio state medical or dental board.

- (c) Temporary privileges granted for locum tenens may be exercised for a maximum of ninety days, consecutive or not, any time during the thirty-six month period following the date they are granted.
 - (d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.
 - (e) Special privileges. Upon receipt of a written request for specific temporary privileges and the approval of the clinical department chief and the chief medical officer, an appropriately licensed practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in these bylaws.
 - (f) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.
 - (g) The temporary and special privileges must be in conformity with accrediting bodies' standards and the rules and regulations of the professional boards of Ohio.
- (3) Expedited privileges.

If the Wexner medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, applicants may be granted expedited privileges by the quality and professional affairs committee of the Wexner medical center board. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgement against the applicant or a challenge by a state licensing board.

- (4) Podiatric privileges.
- (a) Practitioners of podiatry may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care that a podiatrist may provide without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.
 - (b) A member of the medical staff who is a doctor of medicine or osteopathy:
 - (i) Shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and
 - (ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

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- (c) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.
 - (d) The podiatrist shall be responsible to the chief of the department of orthopaedics.
- (5) Psychology privileges.
- (a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise, unless otherwise authorized by law.
 - (b) Psychologists may not admit patients to the Ohio state university hospitals, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the Ohio state university hospitals.

In outpatient settings, psychologists shall diagnose and treat their patients' psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.
 - (c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.
- (6) Dental privileges.
- (a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.
 - (b) A member of the medical staff who is a doctor of medicine or osteopathy:
 - (i) Shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and
 - (ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.
 - (c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

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(7) Oral and maxillofacial surgical privileges.

All patients admitted to the Ohio state university hospitals for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Other licensed health care professionals.

(a) Clinical privileges may be exercised by licensed health care professionals who are duly licensed in the state of Ohio, and who are either:

- (i) Members of the faculty of the Ohio state university, or
- (ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or
- (iii) Employees or members of the medical staff.

(b) A licensed health care professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed health care professionals may perform all or part of the medical history and physical examination of a patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.

(c) Licensed health care professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-43-04 of the Administrative Code subject to the provisions of paragraph (G)(8) of this rule.

(d) Licensed health care professionals are not members of the medical staff, but may write admitting orders for patients of the Ohio state university hospitals when granted such privileges under this rule and in accordance with applicable Ohio state law. If such privileges are granted, the patient will be admitted under the medical supervision of the responsible medical staff member. Licensed health care professionals and shall not be eligible to hold office, to vote on medical staff affairs, or serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.

(e) Each licensed health care professional shall be individually assigned to a clinical department and shall be sponsored by one or more members of the medical staff. The licensed health care professional's clinical privileges are contingent upon the sponsoring medical staff member's privileges. In the event that the sponsoring medical staff member loses privileges or resigns, the licensed health care professionals whom he or she has sponsored shall be placed on administrative hold until another sponsoring medical staff member is assigned. The new sponsoring medical staff member must be assigned in less than thirty days.

(f) Licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance

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with provisions relating to their respective professions.

- (g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed health care professional:
 - (i) Current license, certification, or other legal credential required by Ohio law.
 - (ii) Certificate of authority, standard care agreement, or utilization plan.
 - (iii) Education, training, professional background and experience, and professional competence.
 - (iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed health care professional subcommittee and the quality management department.
 - (v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law.
 - (vi) Evidence of required immunization.
 - (vii) Evidence of good personal and professional reputation as established by peer recommendations.
 - (viii) Satisfactory physical and mental health to perform requested clinical privileges.
 - (xi) Ability to work with members of the medical staff and the Ohio state university hospitals employees.
- (h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the Ohio state university hospitals that any patient cared for by the licensed health care professional seeking clinical privileges shall be given quality care, and that the efficient operation of the Ohio state university hospitals will not be disrupted by the applicant's care of patients in the Ohio state university hospitals.
- (i) By applying for clinical privileges as a licensed health care professional, the applicant agrees to the following terms and conditions:
 - (i) The applicant has read the bylaws and rules and regulations of the medical staff of the Ohio state university hospitals and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable Ohio state university hospitals policies that the Ohio state university hospitals may from time to time put into effect.
 - (ii) The applicant releases from liability all individuals and organizations who provide information to the Ohio state university hospitals regarding the applicant and all members of the medical staff, the Ohio state university hospitals staff, the Ohio state university Wexner medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant.
 - (iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the Ohio state university hospitals.

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- (iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed health care professional is a member of the medical staff.
 - (v) The applicant shall not perform any patient care in the Ohio state university hospitals that is not permitted under the applicant's license, certification, or other legal credential required under Ohio law.
 - (vi) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.
- (j) Licensed health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the chief quality officer or his or her designee. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, who may accept, reject, or modify the recommendation. The chief quality officer forwards his or her recommendation to the chief medical officer for final determination.
- (k) Appeal process.
- (i) A licensed health care professional may submit a notice of appeal to the chairperson of the quality and professional affairs committee within thirty days of receipt of written notice of any adverse corrective action pursuant to these bylaws.
 - (ii) If an appeal is not so requested within the thirty-day period, the licensed health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the chief medical officer.
 - (iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed health care professional under review. The licensed health care professional under review shall have the opportunity to present any additional information deemed relevant to the review and appeal of the decision.
 - (iv) The affected licensed health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review committee no later than seven days following the date of the licensed health care professional's notice of appeal.

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- (v) New or additional matters shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.
 - (vi) Within thirty days following submission of the written statement by the licensed health care professional, the chief of staff shall make a final recommendation to the chair of the quality and professional affairs committee of the Wexner medical center board. The quality and professional affairs committee of the Wexner medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.
 - (vii) Any final decision by the Wexner medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed health care professional as determined by university records. The chief quality officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services and the chief of the applicable clinical department or departments. The chief medical officer shall take immediate steps to implement the final decision.
- (9) Emergency privileges.

In case of an emergency, any member of the medical staff to the degree permitted by the member's license or certification and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the Ohio state university hospitals necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition which would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

- (10) Disaster privileges.

Disaster privileges may be granted in order to provide voluntary services during a local, state, or national disaster in accordance with hospital/medical staff policy and only when the following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the chief medical officer or his or her designee to fully licensed or certified, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the chief medical officer.

(Board approval dates: 6/7/2002, 9/6/2002, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 8/31/2012, 2/1/2013, 11/07/2014, 11/6/2015, 4/6/2018, 2/8/2022, 8/15/2023)

3335-43-08 Organization of the medical staff.

- (A) Each member of the attending, community affiliate A, ~~community affiliate B,~~ community affiliate C,

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community affiliate D, limited, and physician scholar medical staff shall be assigned to a clinical department and division, if applicable, upon the recommendation of the applicable chief of the clinical department.

(B) Names of clinical departments.

- (1) Anesthesiology.
- (2) Dermatology
- (3) Emergency medicine.
- (4) Family and community medicine.
- (5) Internal medicine.
- (6) Neurological surgery.
- (7) Neurology.
- (8) Obstetrics and gynecology.
- (9) Ophthalmology and visual science.
- (10) Orthopaedics.
- (11) Otolaryngology – head and neck surgery.
- (12) Pathology.
- (13) Pediatrics.
- (14) Physical medicine and rehabilitation.
- (15) Plastic and reconstructive surgery.
- (16) Psychiatry and behavioral health.
- (17) Radiation oncology.
- (18) Radiology.
- (19) Surgery.
- (20) Urology.
- (21) Dentistry.

(C) The directors of the divisions in the Ohio state university hospitals shall be appointed by the chiefs of the clinical departments in the Ohio state university hospitals in which the divisions are included.

(D) Qualifications and responsibilities of the chief of the clinical department.

The academic department chairperson shall ordinarily serve also as the chief of the clinical department. Each chief of the clinical department shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each chief of the clinical

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department must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the college of medicine or dentistry. Qualifications for chief of the clinical department generally shall include: recognized clinical competence, sound judgment and well-developed administrative skills.

- (1) Procedure for appointment and reappointment of the chief of the clinical department.

Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective college of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer.

- (2) Term of appointment of the chief of the clinical department.

The term of appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(1) of this rule.

- (3) Duties of the chief of the clinical department.

Each chief of the clinical department is responsible for the following:

- (a) Clinically related activities of the department;
- (b) Administratively related activities of the department, unless otherwise provided by the hospital;
- (c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;
- (d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;
- (e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;
- (f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the hospital;
- (g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;
- (h) The coordination and integration of interdepartment and intradepartmental services;
- (i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;

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- (j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including ensuring that call coverage provides for continuous high quality and safe care;
- (k) The determination of the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care, treatment, and services;
- (l) The continuous assessment and improvement of the quality of care, treatment, and services;
- (m) The maintenance of quality control programs, as appropriate;
- (n) The orientation and continuing education of all persons in the department or service;
- (o) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of departmental meetings, including a record of attendance, shall be electronically available and/or distributed to all medical staff members in the clinical department, and such minutes shall be kept in the clinical department.

(Board approval dates: 6/7/2002, 7/6/2002, 3/5/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/1/2006, 2/2/2007, 9/21/2007, 9/19/2008, 9/18/2009, 10/29/2009, 9/17/2010, 4/8/2011, 8/31/2012, 1/31/2014, 5/18/2021, 8/15/2023)

3335-43-09 Elected officers of the medical staff of the Ohio state university hospitals.

(A) Chief of staff.

The chief of staff shall:

- (1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of that board.
- (2) Serve as vice chairperson of the medical staff administrative committee.
- (3) Provide for communication between the medical staff and the Ohio state university Wexner medical center board or its committees in matters of quality of care, education, and research.
- (4) Serve as liaison between the Ohio state university hospitals administration, medical administration, and the medical staff in all matters of mutual concern within the Ohio state university hospitals.
- (5) In consultation with the medical directors and the chief medical officer, seek to ensure that the medical staff is represented and participates as appropriate in any Ohio state university hospitals deliberation which affects the discharge of medical staff responsibilities.
- (6) Call, preside, and be responsible for the agenda of all general medical staff meetings.
- (7) Make medical staff committee appointments in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code jointly with the medical directors and chief of staff-elect in consultation with the chief executive officer of the Ohio state health system and the Wexner medical center board.

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- (8) Be spokesperson for the medical staff in its external professional and public relations.
- (9) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

- (1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.
- (2) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.
- (3) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.
- (4) Assist the Chief of Staff with duties outlined above in paragraph (A)(1) to (A)(9).

(C) Representatives of the medical staff elected at-large.

There shall be ~~three~~ ~~five~~ ~~six~~ medical staff representatives elected at-large. Each representative shall be a member of the medical staff administrative committee and shall serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.

(D) Qualifications of officers.

- (1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved.
- (2) Chiefs of the clinical departments shall not be eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their Ohio state university hospitals administrative role during the period of their term of office.

(E) Election of officers.

- (1) All officers (other than at-large officers) shall be elected by a majority of those voting by electronic ballot of the attending staff.
- (2) The nominating committee shall be composed of five members. The chief of staff shall serve on the committee and shall select four other members for the committee. The chief of staff shall be its chairperson.
- (3) Nominations for officers shall be accepted from any member of the medical staff and shall be submitted either electronically or in writing to the nominating committee.
- (4) The committee's nominees shall be submitted to all voting members of the attending staff no later than May first of the election year.
- (5) Candidates for the office of chief of staff-elect shall be listed and each attending staff member shall be entitled to cast one vote. Candidates for the at-large positions shall be voted upon as a group. Each voting member of the attending staff shall be entitled to vote for three at-large candidates. The three candidates with the highest number of votes shall be elected. A majority of the votes shall not be necessary.

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- (6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the Ohio state university Wexner medical center, its goals and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.
- (F) Term of office.
- (1) The chief of staff and chief of staff-elect shall each serve two years in office beginning on July first. The chief of staff-elect shall be elected in the odd numbered years. A former chief of staff may not succeed the immediately preceding chief of staff-elect.
 - (2) The at-large representatives shall each serve two years, beginning July first. The at-large representatives may succeed themselves for three successive terms (six years total), if so elected. Upon completion of the three successive terms, the representative may not serve again without a period of two years out of office as an at-large representative. The representative may be elected chief of staff-elect at any time.
- (G) Vacancies in office.
- (1) A vacancy in the office of chief of staff shall be filled by the chief of staff-elect. If the unexpired term is one year or less, the new chief of staff shall serve out the remaining term in office and shall then serve as chief of staff for the term for which elected. If the unexpired term is more than one year, the new chief of staff shall serve out the remaining term only.
 - (2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The new chief of staff-elect shall become chief of staff at the end of the term of the incumbent.
 - (3) Vacancies in the at-large representatives medical staff positions shall be filled by appointment by the chief of staff.

(Board approval dates: 6/7/2002, 3/5/2003, 5/30/2003, 11/4/2005, 2/2/2007, 9/19/2008, 9/18/2009, 4/8/2011, 8/31/2012, 11/7/2014, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/23)

3335-43-10 Administration of the medical staff of the Ohio state university hospitals

(A) Chief medical officer.

The chief clinical officer functions as the chief medical officer as referred to herein these bylaws. The chief medical officer is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state university Wexner medical center board bylaws.

(B) Chief quality officer.

The chief quality and patient safety officer of the Ohio state university Wexner medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer. The chief quality officer works collaboratively with clinical leadership of the medical center, including the director of medical affairs for the James cancer hospital, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse

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events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(C) Medical directors.

The medical directors of the hospitals of the Ohio state university report to the chief executive officer or the executive director of the respective hospital and chief medical officer. Each medical director will collaborate with the chief quality officer, the chief medical officer and the clinical department chiefs to develop, execute and monitor the quality and safety programs of the hospital. The appointment, scope of authority, and responsibilities of the medical directors for the Ohio state university hospitals shall be further outlined in the Ohio state university Wexner medical center board bylaws.

(D) Medical staff committees.

(1) Appointments:

Appointments to all medical staff committees except the medical staff administrative committee, nominating committee and all health system committees, shall be made jointly by the chief of staff, chief of staff-elect, and the hospital medical directors with medical staff administrative committee ratification. Representatives from the Ohio state university hospitals to health system committees shall be appointed jointly by the chief medical officer of the health system and the medical director. Unless otherwise provided by these bylaws, all appointments to medical staff committees shall be for two years and may be renewed. The chief of staff, chief medical officer, medical director, and the chief executive officer of the Ohio state university hospitals may serve on any medical staff committee as an ex-officio member without vote.

(2) Meetings:

Each medical staff committee shall meet at the call of its chairperson and at least quarterly. Committees shall maintain records of proceedings and minutes of meetings and shall forward all recommendations and actions taken to the chief medical officer who shall promptly communicate them to the medical staff administrative committee. The chairperson shall control the committee agenda, attendance of staff and guests, and conduct of the proceedings. A simple majority of appointed voting members shall constitute a quorum.

(3) Peer review committees:

The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and/or monitoring the quality and utilization of patient care services provided by the Ohio state university hospitals.

(E) Medical staff administrative committee.

(1) Composition.

- (a) This committee shall consist of the following voting members: chief of staff, chief of staff-elect, chiefs of the clinical departments, chief physician for the affiliated entity employing community affiliate B medical staff, three ~~five~~six medical staff representatives elected at large, the chief medical officer, and the chief executive officer of the Ohio state university hospitals or designee. Additional members may be appointed to the medical staff administrative committee at the recommendation of the dean or the chief medical officer of the medical center subject to the approval of the medical staff administrative committee and subject to review/renewal on a biennial basis. Any members may be

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removed from the medical staff administrative committee at the recommendation of the dean, the executive vice president for health sciences or the chief medical officer of the medical center and subject to the review and approval of the medical staff administrative committee. A replacement will be appointed as outlined above to maintain the medical staff administrative committee's constituency. The chief medical officer shall be the chairperson and the chief of staff shall be vice-chairperson.

- (b) Any member of the committee who anticipates absence from a meeting of the committee may appoint as a temporary substitute another member of the same category of the medical staff to represent him or her at the meeting. The temporary substitute shall have all the rights of the absent member. ~~The chief executive officer of the Ohio state university hospitals may invite any member of the chief executive officer's staff to represent him or her at a meeting or to attend any meeting.~~
- (c) All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.

(2) Duties.

- (a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by these bylaws, by the bylaws of the Ohio state university Wexner medical center board, the bylaws or rules of the board of trustees of the Ohio state university.
- (b) To have primary authority for activities related to self-governance of the medical staff. Action approved by the medical staff administrative committee can be reviewed by the quality and professional affairs committee pursuant to section 3335-43-13 of these bylaws.
- (c) To receive and act upon committee reports.
- (d) To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.
- (e) To approve and implement policies of the medical staff.
- (f) To provide a liaison between the medical staff, medical director, chief executive officer, and the Wexner medical center board.
- (g) To recommend action to the medical directors and chief executive officer of the Ohio state university hospitals on matters of medical-administrative nature.
- (h) To fulfill the medical staff's accountability to the Wexner medical center board and the board of trustees of the Ohio state university for medical care rendered to patients in the Ohio state university hospitals, and for the professional conduct and activities of the medical staff, including recommendations concerning:
 - (i) Medical staff structure;
 - (ii) The mechanism to review credentials and to delineate clinical privileges;
 - (iii) The mechanism by which medical staff membership may be terminated;

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- (iv) Participation in the Ohio state university hospitals' performance improvement activities; and
 - (v) Corrective action and hearing procedures applicable to medical staff members and other licensed health care professionals granted clinical privileges.
 - (vi) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the Ohio state university hospitals.
 - (i) To review and act on medical staff appointments, reappointments, and requests for delineation of clinical privileges. Whenever there is doubt of an applicant's ability to perform the privileges requested, the medical staff administrative committee shall have the authority to request an evaluation of the applicant's clinical activities relevant to requested privileges.
 - (j) To report to the medical staff all actions affecting the medical staff.
 - (k) To inform the medical staff of all changes in committees, and the elimination of such committees as circumstances shall require.
 - (l) To create committees (for which membership is subsequently appointed pursuant to rule 3335-43-09 of the Administrative Code) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.
 - (m) To establish and maintain rules and regulations governing the medical staff.
 - (n) To perform other functions as are appropriate.
 - (3) Executive session.
 - (a) Upon the recommendation of the credentialing committee, the medical staff administrative committee may vote to hold a portion of a regular, special or emergency meeting in executive session with participation limited to voting members of the medical staff administrative committee. Other individuals may be invited to attend any or all portions of an executive session as deemed necessary by the committee chair.
 - (4) Meetings. The committee shall meet monthly and shall keep detailed minutes which shall be distributed to each committee member and to the Wexner medical center board through the quality and professional affairs committee.
 - (5) Voting. At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership or permanent suspension of clinical privileges, wherein a two-thirds vote of members present shall be required.
- (F) Credentialing committee of the hospitals of the Ohio state university:
- (1) Composition.

The credentialing responsibilities of medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each health system hospital.

The credentialing committee of the hospitals of the Ohio state university shall be appointed

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by the chief medical officer of the health system. The chief of staff, director of medical affairs and medical directors of each hospital shall make recommendations to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, who shall be appointed by the chief medical officer of the health system.

- (2) Duties.
- (a) To review all applications for medical staff and licensed health care professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;
 - (b) To review triennially all applications for reappointment or renewal of clinical privileges;
 - (c) To review all requests for changes in medical staff membership;
 - (d) To assure, through the chairperson of the committee, that all records of formal peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;
 - (e) To make recommendations to the medical staff administrative committee through the chairperson of the credentialing committee regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;
 - (f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;
 - (g) The committee, after review and investigation, may make recommendations to the chief medical officer, chief of staff or the chief of a clinical department, regarding the restriction or limitation of a member's clinical privileges for noncompliance or any other matter related to its responsibilities;
 - (h) To review all grants of special or temporary privileges; and
 - (i) To review requests made for clinical privileges by other licensed health care professionals as set forth in these bylaws.
 - (j) To recommend eligibility criteria for the granting of medical staff membership and privileges.
 - (k) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.

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- (l) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.
 - (m) To perform such other functions as requested by the medical staff administrative committee, the quality and professional affairs committee or Wexner medical center board.
- (3) Licensed health care professionals subcommittee.
- (a) Composition.

This subcommittee shall consist of other licensed health care professionals who have been appointed in accordance with paragraph ~~(D)(1)~~ of rule 3335-43-10(A)(6) of rule 3335-43-09 of the Administrative Code. The subcommittee shall be chaired by a director of nursing who shall serve as chair of the subcommittee.
 - (b) Duties.
 - (i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university.
 - (ii) To review and investigate the character, qualifications and professional competence of the applicant.
 - (iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal.
 - (iv) To verify the accuracy of the information contained in the application.
 - (v) To request a personal interview with the applicant if deemed appropriate.
 - (vi) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university for review at its next regularly scheduled meeting.
 - (vii) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed health care professional specialty. These policies and procedures shall be ratified by the credentialing committee and medical staff administrative committee, and be approved by the Wexner medical center board.
- (G) Committee for practitioner health.
- (1) Composition.

The committee shall consist of medical staff members appointed in accordance with paragraph ~~(D)(1)~~ of rule 3335-43-10(A)(6) of rule 3335-43-09 of the Administrative Code.
 - (2) Duties.
 - (a) To consider issues of licensed practitioner health or impairment whenever a self-referral or referral is requested by an affected member or another member or committee of the medical staff, the Ohio state university hospitals staff, or any other

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individual.

- (b) To educate the medical staff and the Ohio state university hospitals staff about illness and impairment recognition issues, including at-risk criteria, specific to licensed practitioners.
- (c) To provide appropriate counsel, referral and monitoring until the rehabilitation is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.
- (d) To consult regularly with the chief of staff, chief medical officer and medical director of the Ohio state university hospitals.
- (e) To advise credentials or other appropriate medical staff committees on the credibility of any complaint, allegation or concern, including those affecting the quality and safety of patient care.
- (f) To assure, through the chairperson of the committee, that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest confidence in accordance with the laws of the state of Ohio.
- (g) To initiate appropriate actions when a licensed practitioner fails to complete the required rehabilitation program.

(H) Medical staff bylaws committee.

(1) Composition.

The committee shall consist of those members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 (A)(6) of rule 3335-43-09 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

- (a) To review and recommend amendments, as appropriate, to these medical staff bylaws to the medical staff administrative committee at least every two years.
- (b) To receive from members of the medical staff or the medical staff administrative committee any suggestions that may necessitate amendment of these bylaws.

(I) Infection prevention committee.

(1) Composition.

The medical staff members of the committee shall consist of those members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 (A)(6) of rule 3335-43-09 of the Administrative Code. The committee shall also include representatives of nursing, environmental services, and hospital administration as may be invited from time to time by the chief of staff. The chairperson shall be a physician member of the medical staff with experience or training in infectious diseases.

(2) Duties.

- (a) To oversee surveillance and institute any recommendations necessary for the investigation, prevention, containment of nosocomial and clinical infectious diseases

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of both patients and staff at all facilities owned, operated, or controlled by the Ohio state university hospitals and subject to JCAHO standards.

- (b) To take necessary action through the chairperson of the committee, and the Ohio state university hospitals' epidemiologist, in consultation with the medical director of the Ohio state university hospitals, to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

(J) Ethics committee.

(1) Composition.

The committee shall consist of members of the medical staff, nursing, hospital administration, and other persons who by reason of training, vocation, or interest may make a contribution. Members shall be appointed as provided in these bylaws. The chairperson shall be a medical staff member who is a clinically active physician.

(2) Duties.

- (a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.
- (b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the Ohio state university hospitals.
- (c) To provide a support mechanism for primary decision makers at the Ohio state university hospitals.
- (d) To provide educational resources on ethics to all health care providers at the Ohio state university hospitals.
- (e) To provide and enhance interaction between hospitals administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(K) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the assistance from any medical staff member or recommend to the chief medical officer an external review.

(2) Duties.

- (a) To meet and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer and chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and operations improvement office.
- (b) To ensure that ongoing and systematic monitoring, evaluation, and process improvement is performed in each clinical department.

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- (c) To develop and utilize objective criteria in practitioner peer review activities.
- (d) To ensure that the medical staff peer review process is effective.
- (e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of PEC by any individual, clinical department, division, or committee.

(L) Quality Leadership Council.

(1) Composition.

The quality leadership council shall consist of members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include the executive vice president for health sciences, the dean of the college of medicine and the chairperson of the quality and professional affairs committee of the Wexner medical center board as ex-officio members without a vote. The chief quality officer shall be the chairperson of the quality leadership council.

- (a) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery system.
- (b) To serve as the oversight council for the clinical quality management and patient safety plan.
- (c) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(M) Clinical quality and patient safety committee.

(1) Composition.

The members of this group shall be appointed pursuant to these bylaws and shall include medical staff members from various clinical departments and support services, and shall include the director of the clinical quality management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(2) Duties.

- (a) To coordinate the quality management related activities of the clinical departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and isoimmunization, and other medical staff and the Ohio state university hospitals committees.
- (b) To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.
- (c) To review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

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- (d) To serve as liaison between the Ohio state university and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.
 - (e) To make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the Ohio state university hospitals.
 - (f) To hear and determine issues concerning the quality of patient care rendered by members of the medical staff and the Ohio state university hospitals staff and make appropriate recommendations and evaluate action plans when appropriate to the chief medical officer, the medical director, the chief of a clinical department, or the Ohio state university hospitals administration.
 - (g) To appoint ad-hoc interdisciplinary teams to address the Ohio state university hospitals-wide quality management plan.
 - (h) To annually review and revise as necessary the Ohio state university hospitals-wide clinical quality management plan.
 - (i) To report and coordinate with the quality leadership council all quality improvement initiatives.
- (N) Clinical resource utilization policy group.
- (1) Composition.

The members shall be appointed in accordance with paragraph (D)(1) of rule 3335-43-10 ~~(A)(6)~~ of rule 3335-43-09 of the Administrative Code and shall include medical staff members from various clinical departments and support services the directors of clinical quality and case management, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.
 - (2) Duties.
 - (a) To promote the most efficient and effective use of the hospitals of the Ohio state university health system facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.
 - (b) To formulate and maintain a written resource management review plan for the hospitals of the Ohio state university health system consistent with applicable governmental regulations and accreditation requirements.
 - (c) To conduct resource management studies by clinical department or divisions, or by disease entity as requested or in response to variation from benchmark data would indicate.
 - (d) To report and recommend to the quality leadership council changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management.
 - (e) To oversee evaluation and cost effective utilization of clinical technology.
 - (f) To oversee the activities of the utilization management committee of the hospitals of the Ohio state university health system. This oversight will include the annual review

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and approval of the utilization management plan.

(O) Clinical practice guideline committee.

(1) Composition.

The members shall be appointed in accordance with paragraph ~~(A)(6)~~ (D)(1) of rule 3335-43-10 of the Administrative Code, and shall include medical staff members from various clinical departments and support services, representatives of nursing, pharmacy, information systems, hospitals administration, and the chair of the clinical quality and management policy group. The chairperson of the policy group shall be a physician member of the medical staff.

(2) Duties.

- (a) To oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e., clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the Ohio state university hospitals and its affiliated institutions. Planning should be based on the prioritization criteria approved by the quality leadership council and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guideline.
- (b) To report and recommend to quality leadership council specific process and outcomes measures for each evidence-based medicine resource.
- (c) To oversee ongoing education of medical staff (including specifically limited staff) and other appropriate Ohio state university hospitals staff regarding the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.
- (d) To initiate and support research projects when appropriate in support of the objectives of the quality leadership council.
- (e) To oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the Ohio state university hospitals and its affiliated institutions. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to quality leadership council for approval. All other computerized ordersets and clinical rules should be forwarded to the quality leadership council for information.
- (f) To regularly report a summary of all actions to the quality leadership council.

(P) Professionalism consultation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners and other individuals with expertise in professionalism.

(2) Duties.

- (a) Receive and review validity of complaints regarding concerns about professionalism of credentialed practitioners;

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- (b) Treat, counsel and coach practitioners in a firm, fair and equitable manner;
- (c) Maintain confidentiality of the individual who files a report unless the person who submitted the report authorizes disclosure or disclosure is necessary to fulfill the institution's legal responsibility;
- (d) Ensure that all activities be treated as confidential and protected under applicable peer review and quality improvement standards in the Ohio Revised Code;
- (e) Forward all recommendations to the clinical department chief, the chief medical officer or his/her designee and, if applicable, to the chief nursing officer.

(Board approval dates: 4/7/2000, 10/5/2001, 6/7/2002, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 4/8/2011, 8/31/2012, 2/01/2013, 1/31/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023)

3335-43-11 History and physical

(A) History and physical examination.

- (1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:
 - (a) Admitted to the hospital
 - (b) Undergoing outpatient/ambulatory procedures requiring anesthesia services or sedation
 - (c) Undergoing outpatient/ambulatory surgery
 - (d) In a hospital-based ambulatory clinic
- (2) For patients admitted to the hospital, the history and physical examination shall include at a minimum:
 - (a) Date of admission
 - (b) History of present illness, including chief complaint
 - (c) Past medical and surgical history
 - (d) Relevant past social and family history
 - (e) Medications and allergies
 - (f) Review of systems
 - (g) Physical examination
 - (h) Test results
 - (i) Assessment or impression
 - (j) Plan of care
- (3) For patients undergoing outpatient/ambulatory procedures requiring anesthesia services or sedation or outpatient/ambulatory surgery,

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the history and physical examination shall include at a minimum:

- (a) Indications for procedure or surgery
 - (b) Relevant medical and surgical history
 - (c) Medications and allergies or reference to current listing in the chart or electronic medical record
 - (d) Focused review of systems, as appropriate for the procedure or surgery
 - (e) Pre-procedure assessment and physical examination
 - (f) Assessment/impression and treatment plan
- (4) For patients seen in a hospital-based ambulatory clinic, the history and physical shall include at a minimum:
- (a) Chief complaint
 - (b) History of present illness
 - (c) Medications and allergies
 - (d) Problem-focused physical examination
 - (e) Assessment or impression
 - (f) Plan of care
- (5) Deadlines and sanctions.
- (a) A history and physical examination must be performed by a member of the medical staff, his/her designee or other licensed health care professional, who is appropriately credentialed by the hospital, and be signed, timed and dated.
 - (b) Patients admitted to the hospital: If the history and physical is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, the history and physical must be countersigned by the responsible medical staff member.
 - (c) The complete history and physical examination shall be dictated, written or updated no later than twenty-four hours after admission for all inpatients.
 - (d) Admitted patients or patients undergoing a procedure requiring anesthesia services or sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission or the procedure/surgery. If completed before admission or the procedure/surgery, there must be a notation documenting an examination for any changes in the patient's condition since the history and physical was completed. The updated examination must be completed and documented in the patient's medical record within twenty-four hours after admission or before the procedure/surgery, whichever occurs first. It must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and be signed, timed and dated. In the event the history and physical update is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital,

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it shall be countersigned, timed and dated by the responsible medical staff member.

- (i) For patients undergoing an outpatient procedure requiring anesthesia services or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.
- (ii) If a licensed health care professional is appropriately credentialed by the hospital to perform a procedure or surgery independently, a history and physical performed by the licensed health care professional prior to the procedure or surgery is not required to be countersigned.
- (e) Hospital-based ambulatory clinic: If a history and physical examination is performed by a licensed health care professional who is appropriately credentialed by the hospital to see patients independently, the history and physical is not required to be countersigned.
- (f) When the history and physical examination, including the results of indicated laboratory studies and x-rays, is not recorded in the medical record before the time stated for a procedure or surgery, the procedure or surgery cannot proceed until the history, and physical is signed or countersigned when required, by the responsible medical staff member, and indicated test results are entered into the medical record. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the medical record by the responsible medical staff member, his/her designee or other licensed health care professional, who is appropriately credentialed by the hospital, and the procedure or surgery may begin. When there is a disagreement concerning the urgency of the procedure, it shall be adjudicated by the medical director or the medical director's designee. (B/T 10, 29/2009, 8/31/12)
- (g) Ambulatory patients must have a history and physical at the initial visit as outlined in paragraph (A)(4) of this rule.
- (h) For psychology, psychiatric and substance abuse ambulatory sites, if no other acute or medical condition is present on the initial visit, a history and physical examination may be performed either:
 - i. within the past six months prior to the initial visit,
 - ii. at the initial visit, or
 - iii. within 30 days following the initial visit.

(Board approval dates: 10/29/2009, 8/31/2012, 1/31/2014, 11/7/2014, 11/6/2015)

3335-43-12 Meetings and dues.

(A) Meetings.

The medical staff of the Ohio state university hospitals shall conduct scheduled meetings at least annually. Notice of the meeting shall be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special and/or electronic meetings of the medical staff may be called at the option of the medical staff administrative committee.

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(B) Dues.

The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued staff membership.

(Board approval date: 10/29/2009, 4/6/2018, 8/15/2023)

3335-43-13 Amendments and adoption.

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the quality and professional affairs committee of the Wexner medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the Wexner medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations, and policies and procedures and propose them directly to the quality and professional affairs committee of the Wexner medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the quality and professional affairs committee of the Wexner medical center board on issues including, but not limited to amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the quality and professional affairs committee of the Wexner medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the quality and professional affairs committee of the Wexner medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment, it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

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Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five per cent of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via secure ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least fourteen days advance notice of the changes to be adopted:

- (1) The medical staff receives a simple majority of the votes cast by those members eligible to vote.
 - (2) Amendments so adopted shall be effective when approved by the university board of trustees.
- (C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the Wexner medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the quality and professional affairs committee of the Wexner medical center board an amendment to any rule, regulation, or policy by submitting a petition signed by twenty-five percent of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

- (D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Wexner medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the Wexner medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, Wexner medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

(Board approval date: 4/8/2011, 11/7/2014, 8/15/2023)

3335-43-14 Rules of construction.

- (A) "Shall" as used herein is to be construed as mandatory.
- (B) These bylaws should be construed to be gender neutral.

(Effective 6/14/2011 no board date given; was not 4/8/2011)

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APPENDICES

APPENDIX I. COAT OF ARMS OF
THE OHIO STATE UNIVERSITY HOSPITALS

The official coat of arms of The Ohio State University Hospitals shall be as follows:

The blazon of the arms of University Hospitals is a shield, 16th century style, on a field of gray surrounded by an "O" in scarlet with the words, "The Ohio State University Hospitals" in black.

The shield is embattled above the chief, with three azure towers. The shield is divided "fesse cotised," through the "fesse point" by three bars, "gemels of or" (gold), separated each by bars, "gemels of argent" (silver). The chief is "gules" (scarlet), impaled by a charge, "The Ohio State University Crest." The "O" is argent, the center is gules, impaled by a charge with the "or" book of knowledge, and the base of the "O" is impaled by a charge of a "buckeye leaf vert" (green).

The base is quartered per pale.

The dexter base is vertical with a charge, the staff of Aesculapius.

The sinistra base is azure with a charge, the Hospitalier's cross, gules.

The scroll contains the Latin motto: "Hospitale-Academia-Investigatus."

The use of the coat of arms of The Ohio State University Hospitals will be by all who are connected with University Hospitals.

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APPENDIX II.

COAT OF ARMS OF THE MEDICAL STAFF
OF THE OHIO STATE UNIVERSITY HOSPITALS

The official coat of arms of the medical staff of The Ohio State University Hospitals shall be as follows: The shield on vertical narrow stripes, alternating silver and white, is square, parted per green (medicine) chevron. The dexter chief contains the golden oak leaf surmounted by the silver acorn representing the practice of medicine; the sinistra chief contains the multiple atomis circles representing research; the center base contains the golden book of knowledge encircled by the gray "O" from the crest of The Ohio State University and represents the teaching obligation of our staff. The scroll is gold, with the black lettering of the motto, "Eruditio A Scientia Exornata Miliorem Valetudinem Mortalibus Praestat" (knowledge enhanced by science assures better health for mankind).

Encircling the achievement are the words, "The Medical Staff" joined by a green buckeye leaf (symbol of the State of Ohio) to the words, "The Ohio State University Hospitals." Impaled in this "coat of arms" are the heritage of the State of Ohio and The Ohio State University with the obligation of teaching and research to provide and improve medical care. The use of this coat of arms of the medical staff shall be limited to duly appointed members of the medical staff and the staff organization.

ATTACHMENT XVII

James Medical Staff Bylaws Changes

June 11, 2024

3335-111-09 Elected officers of the medical staff of the CHRI.

(A) Chief of staff

(4) Updates medical staff committee appointment language to follow process outlined in paragraph (A) of rule 3335-111-10

3335-111-10 Administration of the medical staff of the CHRI

(C) Medical staff administrative committee.

(1) Composition.

(c) removes language allowing the CEO of Ohio state university hospitals to invite any member of their staff to represent him/her at a meeting or to attend any meeting

(d) change to: All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.

(D) Credentialing committee of the hospitals of the Ohio state university:

(3) Licensed health care professionals subcommittee

(a) Composition

- Replaces outdated cross reference with (A) of rule 3335-111-10

(E) Medical staff bylaws committee.

(1) Composition

- Replaces outdated cross reference (A) of rule 3335-111-10

(F) Committee for practitioner health.

(1) Composition

- Replaces outdated cross reference with (A) of rule 3335-111-10

3335-111-11 History and physical

(A) History and physical examination.

(1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:

- (b) Updates language to “Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation.”

(3) Updates language to “For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatient/ambulatory surgery, the history and physical examination shall include at a minimum:”

(B) Deadlines and sanctions.

(4) Updates language in first sentence to: “(4) Admitted patients or patients undergoing a procedure requiring anesthesia or sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission or the procedure/surgery.”

(4) (a) Updates language to: “For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

**Chapter 3335-111 - *Bylaws of the Medical Staff of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute***

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3335-111-01 Medical staff name.

The board of trustees of the Ohio state university, by official action, established "the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI)." Hereinafter, the abbreviation "CHRI" shall mean the Arthur G. James cancer hospital and Richard J. Solove research institute; the term "medical staff" shall refer to the medical staff of the cancer hospital and research institute. "The medical staff of the Arthur G. James cancer hospital and Richard J. Solove research institute" shall be the name of the hospital's medical staff organization. In accordance with rules 3335-109-01 to 3335-109-20 and 3335-104-07 of the Administrative Code, the Ohio state university Wexner medical center board (herein called "Wexner medical center board") has delegated to the medical staff of the CHRI the responsibility to prepare and recommend adoption of these bylaws.

(Board approval dates: 9/1/1993, 2/5/1999, 9/6/2002, 2/6/2004, 11/4/2005, 2/11/2011, 11/7/2014)

3335-111-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state medical center board for the quality of care provided to the patients of the CHRI shall be:

- (A) To maintain exemplary standards of medical care for all patients at the CHRI. To assure continuity of care and treatment for the individual patient throughout the course of his or her illness, and to assure ongoing support and care for cancer survivors. To commit to being responsive to the needs of all CHRI patients and to communicate compassionately and effectively concerning matters of patient care.
- (B) To support and encourage research, with an emphasis on the prevention and treatment of cancer; to actively encourage patients to participate in clinical trials and other research, and to foster research programs to enhance and advance the educational and patient care programs.
- (C) To support educational programs for health care and other professionals, patients and families, and the community, with an emphasis on cancer-related education; to elevate and advance the educational standards of our professions, including pre and post medical or osteopathic students, nursing students, students of the allied medical professions, and students of other health professional colleges.
- (D) To provide a means to identify and review medical problems, assure adherence to regulatory and accreditation standards, review and revise policies and procedures; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, evaluation and discipline within the medical staff, and harmonious cooperation and understanding among the units comprising the CHRI.
- (E) To govern medical staff credentialed practitioners and these Bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual

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and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 9/1/1993, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 11/4/2005, 9/18/2009, 10/29/2011, 4/8/2011, 4/6/2018)

3335-111-03 Patients.

- (A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, associate attending, clinical attending or community associate attending medical staff to whose care the patient is treated at or transferred to the CHRI, and to an allied health professional being granted clinical privileges under these bylaws.
- (B) There shall be only one category or classification of patients in the CHRI, and those patients are the patients of the medical staff under whose care they are treated. Patients treated at the CHRI who, prior to treatment, have not requested or selected a member of the medical staff to attend them shall be assigned for their care and treatment to a member of the medical staff for their care and treatment.
- (C) All patients treated at the CHRI should cooperate in, and, whenever applicable, participate in an approved cancer related protocol and knowingly participate in the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's representative, refuse to participate or cooperate in the teaching program of the CHRI or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patients representative, of their right to refuse participation.
- (D) Students, including pre and post medical or osteopathic, but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned for treatment within the CHRI. The CHRI respects the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's rights to refuse care, treatment and services, in accordance with law and regulation.

(Board approval dates: 9/1/1993, 12/6/1996, 12/3/1999, 9/6/2002, 2/6/2004, 11/4/2005, 9/18/2009, 4/8/2011)

3335-111-04 Membership.

- (A) Qualifications.
 - (1) Membership on the medical staff of the CHRI is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, genetic information or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same policies and procedures as all other applicants for the medical staff.

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- (2) All members of the medical staff of the CHRI, except physician scholar medical staff, shall be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry, and shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the respective state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their profession, dedication to educational and research goals and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at the CHRI will be given high quality medical care provided at CHRI, shall be qualified for eligibility for membership on the medical staff of the CHRI. CHRI medical staff members shall also hold appointments to the medical staff of the Ohio state university hospitals for consulting purposes. Loss of such appointment shall result in immediate termination of membership on the CHRI medical staff and immediate termination of clinical privileges as of the effective date of the Ohio state university hospitals appointment termination. This consequence does not apply to an individual's suspension for completion of medical records. If the medical staff member regains an appointment to the Ohio state university hospitals medical staff, the affected medical staff member shall be eligible to apply for CHRI medical staff membership at that time. All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The director of medical affairs of the CHRI, the medical director of credentialing, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant.
- (3) All members of the medical staff and licensed health care professionals will comply with medical staff and the CHRI policies regarding employee and medical staff health and safety, provision of uncompensated care, and will comply with appropriate administrative directives and policies which, if not followed, could adversely impact overall patient care or may adversely impact the ability of the CHRI employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety. Annual education and training approved by the medical staff administrative committee or as required by the CHRI to meet accreditation standards, federal regulations, or quality and safety goals is required for medical staff members with clinical privileges in addition to conflict of interest disclosures. Medical staff members and licensed health care professionals must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

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- (4) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental healthcare programs. This includes any federal and state government programs.
- (a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental program.
 - (b) Exclusion of any medical staff member or credentialed provider from participation in any federal or state government program or suspension from participation, in whole or in part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the CHRI and the immediate lapse of clinical privileges at the CHRI as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.
 - (c) If the medical staff member's or credentialed provider's participation in all governmental programs is fully reinstated, the affected medical staff member or credentialed provider shall be eligible to apply for membership and clinical privileges at that time.
- (5) Board certification.
- An applicant for membership shall at the time of appointment or reappointment, be board certified in his or her specialty. This board certification must be approved by the American board of medical specialties, or other applicable certifying boards for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirement. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in termination of membership on the medical staff of the CHRI.
- (6) All applicants must demonstrate recent clinical activity in their primary area of practice during the last two years to satisfy minimum threshold criteria for privileges within their clinical departments.
- (7) Waiver requests for the threshold eligibility requirements listed in paragraphs (A)(4) to (A)(6) of this rule may be requested and considered as follows:
- (a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden to demonstrate that his or her qualifications are

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equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.

- (b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant clinical department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.
 - (c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the Wexner medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.
 - (d) The Wexner medical center board determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a denial of appointment or clinical privileges and does not give rise to a right to a hearing. The prospective applicant who requested the waiver is not entitled to a hearing. A determination to grant a waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted.
 - (e) Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.
 - (f) Waivers to requirements prescribed by regulatory, accrediting, or other external agencies will not be granted.
- (8) Resignation, termination or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the CHRI for attending, associate attending and clinical attending staff members.
 - (9) Any staff member whose membership has been terminated pursuant to paragraph (A)(4) or (A)(5) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code. Any allied health professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (J)(8)(i) of rule 3335-111-07 of the Administrative Code.
 - (10) No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.
- (B) Application for membership.

Initial application for all categories of medical staff membership shall be made by the applicant to the clinical department chief or designee on forms prescribed by the medical staff administrative committee, stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the qualifications are fulfilled as outlined in paragraph (A) of this rule. See paragraph (E)(1) of rule 3335-111-07 of the Administrative Code for exceptions to signature requirements. The application shall include written statements by

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the applicant that commit the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant for medical staff membership shall agree that membership requires participation in and cooperation with the peer review processes of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in these review processes as long as the peer review is not conducted in bad faith, with malice, or without reasonable effort to ascertain the accuracy of information being disclosed or relied upon. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment.

Initial appointment to the medical staff, except for the honorary category, shall be for a period not to exceed thirty-six months. An appointment or grant of privileges for a period of less than twenty-four months shall not be deemed an adverse action. During the first six months of the initial appointment, except medical staff appointments without clinical privileges, appointees shall be subject to focused professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by the clinical department chief with oversight by the credentials committee and the medical staff administrative committee.

The provisional appointee identifies the primary hospital. Following the six month FPPE period, the clinical department chief may:

- (1) recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee;
- (2) extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or
- (3) terminate the initial appointee's medical staff membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) Professional ethics.

The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American osteopathic association, the American psychological association, the American college of surgeons, or the American podiatric medical association shall usually govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

- (1) The completed and signed application for membership of all categories of the medical staff as defined in rule 3335-111-07 of the Administrative Code, shall be presented to the clinical

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department chief or designee. The applicant shall include in the application a signed statement indicating the following:

- (a) If the applicant should be appointed to a category of the CHRI medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of the trustees of the Ohio state university.
- (b) The applicant consents to be interviewed in regard to the application.
- (c) The applicant authorizes the CHRI to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.
- (d) The applicant consents to the CHRI's inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges which the applicant is seeking as well as the applicant's professional and ethical qualifications for medical staff membership.
- (e) The applicant releases from any liability:
 - (i) All representatives of the CHRI for acts performed in connections with evaluating the applicant's credentials or releasing information to other institutions for the purpose of evaluating the applicant's credentials in compliance with these bylaws performed in good faith and without malice; and
 - (ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the CHRI staff, the medical center board members, and members of the Ohio state university board of trustees concerning the applicant's credentials performed in good faith and without malice.
- (f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.
- (g) The applicant further agrees to disclose to the director of medical affairs or the medical director of credentialing the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.
- (h) The applicant agrees that acceptance of an appointment to any category of the CHRI medical staff authorizes the CHRI to conduct any appropriate health assessment including, but not limited to, drug or alcohol screens on a practitioner before granting of privileges and at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical

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department or the director of medical affairs of the CHRI or their authorized designees.

- (2) The purpose of the health assessment shall be to ensure that the applicant or appointee to the CHRI medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the applicant or appointee would or is permitted to exercise by reason of medical staff appointment. If, at the time of the initial request for a health assessment, and at any time an appointee refuses to participate as needed in a health assessment, including, but not limited to, a drug or alcohol screening, this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or the Wexner medical center board, the applicant or appointee will provide documentation of their physical/mental status with sufficient adequacy to demonstrate that any patient treated by the applicant or appointee will receive efficient and quality care at a professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as an appointee to the medical staff.
- (3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the applicant signs the application and the information is verified. A completed application must contain:
 - (a) Peer recommendations from at least three individuals with first hand knowledge about the applicant's clinical and professional skills within the last year;
 - (b) Evidence of required immunizations;
 - (c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges;
 - (d) Satisfaction of ECFMG requirements, if applicable. If an individual receives a conceded eminence certificate or a clinical research faculty certificate from the state medical board of Ohio, the requirement for ECFMG certification may be waived at the discretion of the Wexner medical center board.
 - (e) Verification by primary source documentation of:
 - (i) Current and previous state licensure, and
 - (ii) Faculty appointment, when applicable.
 - (iii) DEA registrations, when required for the exercise of requested clinical privileges;
 - (iv) Graduation from an accredited professional school, when applicable;
 - (v) Successful completion or record of post professional graduate medical education;
 - (vi) Board certification or, active candidacy for board certification or applicant qualifies for a waiver pursuant to paragraph (A)(5) of this rule.

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- (f) Information from the national practitioner data bank and other JCAHO approved sources;
 - (g) Verification that the applicant has not been excluded from any federally funded health care program; and
 - (h) Complete disclosure by the applicant of all past and current claims, suits, verdicts, and settlements, if any.
 - (i) Completion of a criminal background investigation that meets the requirements of the Wexner medical center.
 - (j) Completion of drug testing for substances required for individuals applying for clinical privileges and in accordance with Wexner medical center approved testing protocols.
 - (k) Verification of completion of specific competencies required for clinical privileges, as approved by the Medical Staff Administrative Committee and maintained in the provider's credentials files. All other required annual online learnings must be completed within sixty days of employment.
 - (l) Demonstration of recent active clinical practice during the last two years required for exercise of clinical privileges.
 - (m) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.
- (4) The clinical department chief shall be responsible for investigating and verifying the character, qualifications and professional standing of the applicants by making inquiry of the primary source of such information and shall within thirty days of receipt of the completed application, submit a report of those findings along with a recommendation on medical staff membership and clinical privileges to the applicant's respective CHRI department chairperson and/or division director. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of applications for associates to the medical staff.
- (5) The department chairperson and/or division director shall receive all initial signed and verified applications from the appropriate clinical department chief and shall make a recommendation to the medical director of credentialing on each application. The medical director of credentialing shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information. The medical director of credentialing shall forward all completed applications to the credentials committee.
- (6) The applicants shall have the burden of producing information for an adequate evaluation of his/her qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn, action which is not subject to hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

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- (7) If the clinical department chief does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the medical director of credentialing for presentation to the credentials committee on the same basis as other applicants.
- (8) Completed applications shall be acted upon as follows:
 - (a) By the credentials committee within thirty days after receipt of a completed application from the medical director of credentialing;
 - (b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report of the recommendation of the credentials committee;
 - (c) By the quality and professional affairs committee of the Wexner medical center board;
 - (d) By the Wexner medical center board within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee; and
 - (e) By the Wexner medical center board, or a subcommittee of the Wexner medical center board if eligible for expedited credentialing, within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.
- (9) These time periods are deemed guidelines only and do not periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights create any right to have an application processed within these precise specified in rule 3335111-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.
- (10) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the clinical department chief's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications, and ethical standing of the applicant and shall determine, through information contained in the personal references and from other sources available, whether the applicant established and met all of the necessary qualifications for the category of the medical staff and clinical privileges requested.
- (11) The credentials committee shall, within thirty days from receipt of a completed application, make a recommendation to the medical director of credentialing that the application be accepted, rejected or modified. The medical director of credentialing shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the medical director of credentialing may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session.
- (12) The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the medical director of credentialing, along

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with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the respective department chairperson and/or division director.

- (13) At any time, the medical staff administrative committee first recommends non-appointment of an initial applicant for any category of the medical staff or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the medical director of credentialing to notify the applicant by certified return receipt mail that applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-111-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-111-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-111-06 of the Administrative Code. If an applicant fails to properly request a hearing, the medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.
 - (14) The director of medical affairs, who may make a separate recommendation to the Wexner medical center board, shall directly communicate the final recommendation of the medical staff administrative committee to the Wexner medical center board. When the Wexner medical center board has acted, the director of medical affairs will transmit the final decision to the clinical department chief, the applicant, the respective department chairperson and/or division director, and the Ohio state university board of trustees.
- (F) Procedure for reappointment.
- (1) Reappointment for all categories of the medical staff shall be for a period not to exceed ~~thirtysix~~thirty-six months. An appointment or grant of privileges for a period of less than thirty-six months shall not be deemed an adverse action. At least ninety days prior to the end of the medical staff member' or licensed allied health professional's appointment period, the clinical department chief shall provide each individual with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee.
 - (2) The reappointment application shall include all information necessary to update and evaluate the qualification of the applicant. The clinical department chief shall review the information available on each applicant for reappointment and shall make recommendations regarding reappointment to the medical staff and for granting of privileges for the ensuing appointment period. The clinical department chief's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the appropriate department chairperson and/or division director at least forty-five days prior to the end of the individual's appointment. The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Only completed applications for reappointment shall be considered by the credentials committee.
 - (3) An application for reappointment is complete when all the information requested on the reappointment application is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application must contain:

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- (a) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges;
 - (b) Verification by primary source documentation of state licensure;
 - (c) DEA registration when required for clinical privileges as requested;
 - (d) Successful completion or record of any additional post graduate medical or professional education not submitted since initial or last appointment;
 - (e) Board certification, recertification, or continued active candidacy for certification or applicant qualifies for a waiver pursuant to paragraph (A)(5) of this rule.
 - (f) Information from the national practitioner data bank;
 - (g) Verification that the applicant has not been excluded from any federally funded health care program;
 - (h) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines;
 - (i) Specific requests for any changes in medical staff category;
 - (j) A summary of the member's clinical activity during the previous appointment period;
 - (k) Verification of completion of any annual education requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office;
 - (l) Complete disclosure by individuals of claims, suits, verdicts and settlements, if any since last appointment; and
 - (m) Continuing medical education and applicable continuing professional education activities: documentation of category one CME that, at least in part, relates to the individual medical staff member's specialty or subspecialty area and is consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.
 - (n) Attending physicians only: submit information summarizing clinical research activities with each application.
 - (o) Attestation of current OARRS account for all applicants who have a DEA registration.
- (4) The applicant for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The clinical department chief shall review and evaluate the reappointment application and the supporting documentation. The clinical department chief shall evaluate all matters relevant to recommendation, including: the applicant's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs, if applicable; compliance with the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university; cooperation with the CHRI hospitals personnel and the use of the CHRI hospital's facilities for patients; relations with other physicians other health

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professionals or other staff; maintenance of a professional attitude toward patients; and the responsibility to the CHRI and the public.

- (5) The clinical department chief shall submit a report of those findings along with a recommendation on reappointment to the applicant's respective CHRI department chairperson and/or division director. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of application for associates to the medical staff. The department chairperson and/or division director shall review the reappointment application and forward to the medical director of credentialing with a recommendation for reappointment. The medical director of credentialing shall forward the reappointment forms and the recommendations of the clinical department chief and department chairperson and/or division director to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority, as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for continuing clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that all medical staff members deliver the same level of quality of care with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.
- (6) The credentials committee shall forward its recommendations to the medical director of credentialing at least thirty days prior to the end of the period of appointment for the individual. The medical director of credentialing shall transmit the completed reappointment application and recommendation of the credentials committee to the medical staff administrative committee.
- (7) Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges at the end of the medical staff member's current appointment period, action which shall not be subject to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically terminated shall be processed as a new appointment.
- (8) Failure of the clinical department chief to act in a timely manner on an application for reappointment shall be the same as provided in paragraph (E)(7) of this rule.
- (9) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for appointment to the medical staff and shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application. The recommendation of the medical staff administrative committee regarding reappointment shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the department chairperson and/or division director.
- (10) When the decision of the medical staff administrative committee results in a decision of non reappointment or reduction, suspension, or revocation of clinical privileges, the medical staff

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administrative committee shall instruct the medical director of credentialing to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (C) of rule 3335-111-06 of the Administrative Code apply. The notice by the medical director of credentialing shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.

- (11) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-11106 of the Administrative Code to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.
- (G) Resumption of clinical activities following a leave of absence:
- (1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the director of medical affairs. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the director of medical affairs provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the director of medical affairs and the member or credentialed provider shall be placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the director of medical affairs that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.
 - (2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board. The credentials committee, the director of medical affairs, the medical director of credentialing, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.
 - (3) All members or credentialed providers of the medical staff who take a leave of absence for medical or non-medical reasons must be in good standing on the medical staff upon resumption of clinical activities. No member shall be granted leave of absence in excess of

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his or her current appointment and the usual procedure for appointment and reappointment, including deadlines for submission of application as set forth in this rule will apply irrespective of the nature of the leave. Absence extending beyond his or her current term of failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 2/6/2004, 11/4/2005, 8/6/2007, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 6/6/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 8/15/2023)

3335-111-05 Peer review and corrective action

(A) Informal peer review.

- (1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the CHRI.
- (2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.
- (3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.
- (4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.
- (5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the director of medical affairs. The clinical department chief and the director of medical affairs shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:
 - (a) The matter warrants no further action;
 - (b) Informal resolution under this paragraph is appropriate. The clinical department chief and the director of medical affairs shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

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(c) Formal peer review under paragraph (B) of this rule is warranted. In cases where the clinical department chief and director of medical affairs cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule.

(B) Formal peer review.

- (1) Formal peer review may be requested in more serious situations or where informal review has not resolved an issue or whenever the activities or professional conduct of a member of the medical staff of the CHRI:
 - (a) Violates the standards or aims of the medical staff or standards of professional conduct;
 - (b) Is considered to be disruptive to the operation of the CHRI;
 - (c) Violates the bylaws, rules and regulations of the medical staff, the Wexner medical center board, or the board of trustees of the Ohio state university;
 - (d) Violates state or federal law; or
 - (e) Is detrimental to patient safety or to the delivery of patient care within the CHRI.
- (2) Formal peer review may be initiated by the clinical department chief, the department chairperson and/or division director, the director of medical affairs, any member of the medical staff, the chief executive officer of the CHRI, the dean of the college of medicine, any member of the Wexner medical center board, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the director of medical affairs, and shall be supported by reference to the specific activities or conduct which constitute grounds for the requested action.
- (3) The director of medical affairs shall promptly notify the affected member of the medical staff, in a confidential manner, that a request for formal peer review has been made, and inform the member of the specific activities or conduct which constitute grounds for the requested action. The director of medical affairs shall verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the director of medical affairs decides that no further action is warranted, the director of medical affairs shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action would be taken.
- (4) Whenever the director of medical affairs determines that formal peer review is warranted and that a reduction, suspension or revocation of clinical privileges could result, the director of medical affairs shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings. The executive vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the director of medical affairs under these rules for implementing corrective action and appellate procedure only if:
 - (a) The director of medical affairs is the medical staff member charged;

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- (b) The director of medical affairs is responsible for having the charges brought against another medical staff member; or
 - (c) There is an obvious conflict of interest.
- (5) The formal peer review committee shall investigate every request and shall report in writing its findings and recommendations for action to the appropriate clinical department chief and notice given to the division director. In making its recommendation the formal peer review committee may consider as appropriate, relevant literature and clinical practice guidelines, all the opinions and views expressed throughout the review process, and any information or explanations provided by the member under review. Prior to making its report, the medical staff member against whom the action has been requested shall be afforded an opportunity for an interview with the formal peer review committee. At such interview, the medical staff member shall be informed of the specific activities alleged to constitute grounds for formal peer review, and shall be afforded the opportunity to discuss, explain or refute the allegations against the medical staff member. The medical staff member may furnish written or oral information to the formal peer review committee at this time. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action is expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.
- (6) Upon receipt of the written report from the formal peer review committee, the appropriate clinical department chief shall make his or her own written determination and forward that determination along with the findings and recommendations of the formal peer review committee to the director of medical affairs, or if required by paragraph (B)(3) of this rule, to the executive vice president for health sciences or designee.
- (7) Following receipt of the recommendation from the clinical department chief and the report from the formal peer review committee, the director of medical affairs, or the executive vice president for health sciences or designee, shall approve or modify the determination of the clinical department chief. Following receipt of the report of the clinical department chief, the director of medical affairs or executive vice president for health sciences or designee shall decide whether the grounds for the requested corrective action are such as should result in a reduction, suspension or revocation of clinical privileges. If the director of medical affairs, or executive vice president for health sciences or designee, decides the grounds are not substantiated, the director of medical affairs will notify the formal peer review committee; clinical department chief and if applicable, the academic department chairperson; division director; person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

In the event the director of medical affairs or executive vice president for health sciences or designee finds the grounds for the requested corrective action are substantiated, the director of medical affairs shall promptly notify the affected medical staff member of that decision and of the affected medical staff member's right to request a hearing before the medical staff administrative committee pursuant to rule 3335-111-06 of the Administrative Code. The written notice shall also include a statement that the medical staff member's failure to request a hearing in the timeframe prescribed in rule 3335-111-06 of the Administrative Code shall constitute a waiver of rights to a hearing and to an appeal on the matter; a statement that the affected medical staff member shall have the procedural rights found in rule 3335-111-06 of the Administrative Code; and a copy of the rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall

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occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the director of medical affairs shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

- (8) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.
 - (9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.
- (C) Composition of the formal peer review committee.
- (1) When the determination that formal peer review is warranted is made, the clinical department chief shall select three members of the medical staff to serve on a formal peer review committee.
 - (2) Whenever the questions raised concern the clinical competence of the member under review, the clinical department chief shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.
 - (3) An external review consultant may serve as a member of the formal peer review whenever:
 - (a) A determination is made by the clinical department chief and the director of medical affairs that the clinical expertise needed to conduct the review is not available on the medical staff;
 - (b) The objectivity of the review may be compromised due to economic considerations;
or
 - (c) Whenever the director of medical affairs determines that an external review is otherwise advisable.

If an external reviewer is recommended, the clinical department chief shall make a written recommendation to the director of medical affairs for selection of an external reviewer. The director of medical affairs shall make the final selection of an external reviewer.
- (D) Summary suspension.
- (1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of clinical privileges immediately suspended or appointment terminated by the chief executive officer or department chairperson and/or division director, whenever such action must be taken when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the chief executive officer will subsequently notify the medical staff member in writing of the suspension. Such notice shall be by certified return receipt mail to the affected medical staff member's last known address as determined by university records.

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- (2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to appeal the suspension pursuant to rule 3335-111-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief executive officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the affected member's right to any review by the medical staff administrative committee of which the member might otherwise been entitled. If a timely, written request for a hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.
 - (3) Immediately upon the imposition of a summary suspension, the chief executive officer in consultation with the appropriate department chairperson and/or division director, shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the hospital at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.
- (E) Automatic suspension and termination.
- (1) Notwithstanding the provisions of this rule, a temporary lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief executive officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff.
 - (2) Action by the state boards of licensure revoking or suspending a medical staff member's licensure or placing the member on probation shall automatically impose the same restrictions to that member's CHRI medical staff privileges.
 - (3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member's appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-111-04 and automatically relinquish his or her appointment and privileges.
 - (4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall immediately and automatically terminate, unless resignation in lieu of automatic termination is permitted pursuant to rule 3335-43-04(A)(4).
 - (5) If a medical staff member pleads guilty to or is found guilty of a felony which involves violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member's appointment and privileges shall be immediately and automatically terminated.
 - (6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.

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- (7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.
- (8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-11106 of the Administrative Code as a result of an automatic suspension or termination. As soon as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.

(Board approval dates: 9/1/1993, 5/2/1997, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2011, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018)

3335-111-06 Hearing and appellate review procedure.

- (A) Right to hearing before the medical staff administrative committee and to appellate review.
 - (1) When a member of the medical staff has exhausted remedies under paragraph (F) of rule 3335-111-04 of the Administrative Code on reappointments; or under rule 3335-111-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-111-05 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.
 - (2) A medical staff member shall not be entitled to a hearing under the following circumstances:
 - (a) Denial of the Wexner medical center board to grant a waiver of board certification for a medical staff member.
 - (b) Termination of a medical staff member because of exclusion from participation in any government reimbursement program.
 - (c) Voluntary withdrawal of a medical staff application.
 - (d) Failure to submit a reappointment application.
 - (e) A leave of absences extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.
 - (f) Actions or recommendations resulting from an informal peer review.
 - (3) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.
- (B) Request for hearing.
 - (1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief executive officer within thirty days of notifications by the chief executive officer of

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- the intended action. The chief executive officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.
- (2) The failure of a medical staff member to request a hearing to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the member's right to any review by the medical staff administrative committee to which the member might otherwise been entitled. The chief executive officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Wexner medical center board as provided for in paragraph (E) of this rule. The chief executive officer shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.
- (C) Notice of hearing.
- (1) After receipt of a timely request for hearing by the chief executive officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief executive officer, and shall at the next scheduled meeting take the following action:
- (a) Instruct the director of medical affairs and chief of staff to jointly appoint within seven days a hearing committee, consisting of three to five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the peer review of the matter under consideration.
- (b) Instruct the hearing committee to schedule and arrange for a hearing which hearing shall be conducted not less than thirty nor more than sixty days from the date of the receipt of the request for a hearing by the chief executive officer. However, an initial hearing or meeting for a medical staff member who is under summary suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.
- (2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that the medical staff member may waive this notice in writing. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative medical records or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.
- (D) Conduct of hearing.
- (1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the Wexner medical center board) to participate in a prehearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination. The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may

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excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than two members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken the action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

- (2) An accurate record of the hearing shall be kept. The record shall be done by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the affected member's expense.
- (3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived the right to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The hearing committee may, at its own discretion, proceed with the hearing without the medical staff member and impose a sanction.
- (4) Postponements of hearings beyond the time set forth in this chapter shall be made only with the approval of the medical staff administrative committee. Granting of such postponement shall be only for good cause shown.
- (5) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.
- (6) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his/her own behalf, the member may be called and examined as if under cross-examination.
- (7) The hearing committee shall request the person who has taken the action from which the affected medical staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any party's witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written.

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- (8) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may limit its proceedings when sufficient material has been received. The parties may be required to provide evidence in oral or written form. Upon conclusion of the presentation of evidence the hearing shall be closed. The hearing committee may there upon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.
 - (9) Within sixty days after its appointment, unless otherwise extended by the medical staff administrative committee, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation presented by the parties to the medical staff administrative committee. The affected member shall be notified of the recommendation of the hearing committee including a statement of the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.
 - (10) Within fourteen days after the conclusion of the taking of all evidence and of all hearings, the medical staff administrative committee shall make a written report of its findings and its recommendation and shall forward the same together with the hearings record and all other documentation to the chairperson of the Wexner medical center board. Notice of that decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records by the director.
 - (11) The decision and record of the medical staff administrative committee shall be transmitted to the quality and professional affairs committee of the Wexner medical center board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The quality and professional affairs committee of the Wexner medical center board may accept, reject, or modify the decision of the medical staff administrative committee.
 - (12) The recommendation of the quality and professional affairs committee of the Wexner medical center board shall be promptly considered by the Wexner medical center board at its next scheduled meeting. The Wexner medical center board may accept, reject, or modify the recommendation of the quality and professional affairs committee of the Wexner medical center board.
 - (13) A copy of the Wexner medical center board decision shall be sent by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.
- (E) Appeal process.
- (1) Within thirty days after receipt of a notice by an affected medical staff member of the action of the medical staff administrative committee the staff member may, by written notice to the

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chairperson of the Wexner medical center board, request an appeal. Such appeal shall only be held on the record before the medical staff administrative committee.

- (2) If an appeal is not requested within the thirty-day period, the affected medical staff member shall be deemed to have waived the right to an appeal, and to have accepted such adverse decision.
- (3) The appeal shall be conducted by the quality and professional affairs committee of the Wexner medical center board.
- (4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the medical staff administrative committee and all other material, favorable or unfavorable, that have been considered by that committee. The member shall then submit a written factual statement specifying those factual and procedural matters with which the member disagrees, and the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the quality and professional affairs committee of the Wexner medical center board no later than seven days following the date of the affected member's notice of appeal.
- (5) New or additional matters not raised during the hearing procedure or in the medical staff administrative committee hearings shall only be introduced on appeal at the sole discretion of the quality and professional affairs committee of the Wexner medical center board.
- (6) Within fourteen days following submission of the written statement by the affected medical staff member, the quality and professional affairs committee shall recommend to the Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.
- (7) Any final decision by the Wexner medical center board shall be communicated by the chief executive officer by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records. The chief executive officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief medical officer of OSU medical center, the vice president for health services, the director of medical affairs, chief of staff, the department chairperson and/or division director, clinical department chief and the academic department chairperson and the person(s) who initiated the request for formal peer review. The chief executive officer shall take immediate steps to implement the final decision.

(Board approval dates: 9/1/1993, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018, 8/15/2023)

3335-111-07 Categories of the medical staff.

The medical staff of the CHRI shall be divided into honorary, physician scholar, attending, associate attending, clinical attending, consulting medical staff and limited designations. All medical staff members with admitting privileges may admit patients in accordance with state law and criteria for standards of care established by the medical staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration,

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demonstration of recent active clinical practice during the last two years and specific annual education but are otherwise subject to the provisions of these bylaws.

(A) Honorary staff.

The honorary staff will be composed of those individuals who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature in an oncology field of interest. The honorary staff designation is awarded by the Wexner medical center board on the recommendation of the chief executive officer of the CHRI, executive vice president for health sciences, department chairperson and/or division director, or the credentials committee after approval by the medical staff administrative committee. This is a lifetime appointment. Honorary staff are not entitled to patient care privileges.

(B) Physician scholar medical staff.

- (1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.
- (2) Prerogatives: Members of the physician scholar medical staff shall have access to the CHRI and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.
- (3) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.

(C) Attending medical staff.

(1) Qualifications:

The attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who are licensed or certified in the state of Ohio, whose practice is at least seventy-five percent oncology and with a proven career commitment to oncology as demonstrated by the majority of the following:

Training, current board certification (as specified in paragraph (A)(5) of rule 3335-111-04 of the Administrative Code), publications, grant funding, other funding and experience (as deemed appropriate by the chief executive officer and the department chairperson and/or division director); and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

Attending staff members may:

- (a) Admit patients consistent with the balanced teaching and patient care responsibilities of the CHRI. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive

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officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

- (b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.
 - (c) Vote on all matters presented at general and special meetings of the medical staff and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.
 - (d) Hold office in the medical staff organization, clinical departments and committees of which they are a member, unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.
- (3) Responsibilities:

An attending staff member shall:

- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
 - (b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom he or she is providing care, or arrange a suitable alternative for such care and supervision.
 - (c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such staff functions as may be required from time to time.
 - (d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.
 - (e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services that the limited staff member is competent to perform under supervision.
 - (f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.
 - (g) Take call as assigned by the clinical department chief.
- (D) Associate attending staff.

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(1) Qualifications:

The associate attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who do not qualify for attending staff appointment.

(2) Prerogatives:

The associate attending staff may:

- (a) Admit patients consistent with the balanced teaching and patient care responsibilities of the institution. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the associate attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.
- (b) Be free to exercise such clinical privileges as are granted pursuant to the bylaws.
- (c) Vote on all matters presented at general and special meetings of the medical staff and at committees of which he or she is a member unless otherwise prohibited by these bylaws or by resolution approved by the medical staff administrative committee.
- (d) The associate attending staff member may not vote on amendments to the bylaws.

(3) Responsibilities:

Associate attending staff members shall:

- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
- (b) Retain responsibility within the member's care area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.
- (c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.
- (d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(E) Clinical attending staff.

(1) Qualifications:

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(2) Prerogatives:

The clinical attending staff may:

- (a) Admit patients which complement the research and clinical teaching program. At times when hospital beds or other resources are in short supply, patient admissions of clinical staff shall be subordinate to those of attending or associate attending staff.
- (b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.
- (c) Attend meetings as non-voting members of the medical staff and any medical staff or hospital education programs. The clinical attending staff may not hold elected office in the medical staff organization.

(3) Responsibilities:

- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
- (b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.
- (c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.
- (d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.
- (e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.
- (f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(F) Consulting medical staff.

(1) Qualifications.

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The consulting medical staff shall consist of those faculty members of the colleges of medicine and dentistry who:

- (a) Satisfy the requirements and qualifications for membership set forth in rule 3335111-04 of the Administrative Code.
 - (b) Are consultants of recognized professional ability and expertise who provide a service not readily available from the attending medical staff. These practitioners provide services to James patients only at the request of attending or associate attending members of the medical staff.
 - (c) Demonstrate participation on the active medical staff at another accredited hospital requiring performance improvement/quality assessment activities similar to those of the hospitals of the Ohio state university. The practitioner shall also hold at such other hospital the same privileges, without restriction, that he/she is requesting at the James cancer hospital. An exception to this qualification may be made by the Wexner medical center board provided the practitioner is otherwise qualified by education, training and experience to provide the requested service.
- (2) Prerogatives:

Consulting medical staff members may:

- (a) Exercise the clinical privileges granted for consultation purposes on an occasional basis when requested by an attending or associate attending medical staff member.
 - (b) Have access to all medical records and be entitled to utilize the facilities of the Ohio state university hospitals and James cancer hospital incidental to the clinical privileges granted pursuant to these bylaws.
 - (c) Not admit patients to the Ohio state university hospitals or James cancer hospital.
 - (d) Not vote on medical staff policies, rules and regulations, or bylaws, and may not hold office.
 - (e) Must actively participate in such quality evaluation and monitoring activities as required by the medical staff and as outlined in the medical staff policy entitled "consulting medical staff member policy."
 - (f) Attend medical staff meetings, but shall not be entitled to vote at such meetings or hold office.
 - (g) Attend department meetings, but shall not be entitled to vote at such meetings or serve as clinical department chief.
 - (h) Serve as a non-voting member of a medical staff committee; provided, however, that he/she may not serve as a committee chair or as a member of the medical staff administrative committee.
- (3) Responsibilities.

Each member of the consulting medical staff shall:

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- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
 - (b) Be exempt from all medical staff dues.
- (G) Limited staff.

Limited staff are not considered members of the medical staff, do not have delineated clinical privileges, and do not have the right to vote in general medical staff elections. Except where expressly stated, limited staff are bound by the terms of these bylaws, rules and regulations of the medical staff and the limited staff agreement.

(1) Qualifications:

The limited staff shall consist of doctors of medicine, osteopathic physicians, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a postdoctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws. The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state medical board, or the limited staff member's respective licensing board.

Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Responsibilities:

The limited staff shall:

- (a) Be responsible to respond to all questions and complete all forms as may be required by the credentials committee.
- (b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.
- (c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending, associate attending or clinical attending medical staff. The limited staff member shall follow all rules and regulations of the service to which he or she is assigned, as well as the general rules of the CHRI pertaining to limited staff.
- (d) Serve as full members of the various medical staff committees in accordance with established committee composition as described in these bylaws and/or rules and

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regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization, but may vote on committees to which the limited staff member is assigned.

- (e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or subspecialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical department chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.
- (f) Appeal by a member of the limited staff of probation, lack of promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective academic department or training program and approved by the program director and the Ohio state university's graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies.

Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-111-05 and 3335-111-06 of the Administrative Code.

- (3) Failure to meet reasonable expectations:

Termination of employment from the limited staff member's residency or fellowship training program shall result in automatic termination of the limited staff member's appointment pursuant to these bylaws.

- (4) Temporary appointments:

- (a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. The appointment shall not exceed sixty days.
- (b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given postgraduate year. In such cases, the mandatory requirement for a faculty

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appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

(5) Supervision:

Limited staff members shall be under the supervision of an attending, associate attending or clinical attending medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending, associate attending or clinical attending medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending, associate attending or clinical attending medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending, associate attending or clinical attending medical staff member or the director of the training program.

- (a) Limited staff members may write admission, discharge or other orders for the care of patients under the supervision of the attending, associate attending or clinical attending medical staff member.
- (b) All records of limited staff member cases must document involvement of the attending, associate attending or clinical attending medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.

(H) Associates to the medical staff.

(1) Qualifications:

Licensed health care professionals are those professionals who possess a license, certificate or other legal credential required by Ohio law to provide direct patient care in a hospital setting, but who are not acting as licensed independent practitioners.

(2) Due process:

Licensed health care professionals are subject to corrective action for violation of these rules, their certificate of authority, standard care agreement, utilization plan or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, the clinical department chief, the chairperson of an academic department, the section chief, the medical director of credentialing or the director of medical affairs. All requests shall be in writing and be submitted to the director of medical affairs.

The director of medical affairs shall appoint a three-person committee to review the situation and recommend appropriate corrective action, including termination or suspension of clinical privileges. The committee shall consist of at least one licensed health care professional licensed in the same field as the individual being reviewed, if available, and one medical staff member. The committee shall make a written recommendation to the director of medical affairs, who may accept, reject or modify the recommendation. The decision of the director of medical affairs shall be final.

(I) Temporary medical staff appointment.

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- (1) External peer review. When peer review activities are being conducted by someone other than a current member of the medical staff, the chief medical officer or director of medical affairs may admit a practitioner to the medical staff for a limited period of time. Such membership is solely for the purpose of conducting peer review in a particular evaluation and this temporary membership automatically expires upon the member's completion of duties in connection with such peer review. Such appointment does not include clinical privileges, and is for a limited purpose.
 - (2) Proctoring. Temporary privileges may be extended to visiting physician or visiting medical faculty for special clinical or educational activities as permitted by the Ohio state medical or dental board. When medical staff members require proctoring for the purposes of gaining experience to become credentialed to perform a procedure, a visiting medical faculty or visiting physician may apply for temporary privileges pursuant to the medical staff proctoring policy.
- (J) Clinical privileges.
- (1) Delineation of clinical privileges:
 - (a) Every person practicing at the CHRI by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed allied health professional by the Wexner medical center board after recommendation from the medical staff administrative committee.
 - (b) Each clinical department and CHRI department and/or division shall develop specific clinical criteria and standards for the evaluation of privileges with emphasis on invasive or therapeutic procedures or treatment which represent significant risk to the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.
 - (c) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.
 - (d) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the medical director of credentialing. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible, the review should be of primary source information. The applicant shall have the burden

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of establishing qualifications and competence in the clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.

- (e) The applicant's request for clinical privileges and the recommendation of the clinical department chief shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-111-04 of the Administrative Code.
 - (f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioner's professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the Wexner medical center board.
 - (g) Upon resignation, termination or expiration of the medical staff member's faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.
 - (h) Medical staff members authorize the CHRI and clinics to share amongst themselves credentialing, quality and peer review information pertaining to the medical staff member's clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member's medical staff appointment to the medical staff of the CHRI.
 - (i) Medical staff members authorize the CHRI to release, in good faith and without malice, information to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purposes of evaluating the medical staff member's qualifications pursuant to a request for appointment, clinical privileges, participation or other credentialing or quality matters.
- (2) Temporary and special privileges:
- (a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed allied health professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department. All temporary privileges are granted by the chief executive officer or authorized designee. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient care need and shall not be granted for a period not to exceed one hundred twenty days.
 - (b) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental boards.

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- (c) Temporary privileges granted for locum tenens may be exercised for a maximum of one hundred twenty days, consecutive or not, any time during the thirty-six month period following the date they are granted.
 - (d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.
 - (e) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.
 - (f) Special privileges -- upon receipt of a written request for specific temporary clinical privileges and the approval of the clinical department chief, the chairperson of the academic department and the director of medical affairs, an appropriately licensed or certified practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special clinical privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in rule 3335-111-04 of the Administrative Code.
 - (g) The temporary and special privileges must also be in conformity with accrediting bodies' standards and the rules and regulations of professional boards of Ohio.
- (3) Expedited privileges:

If the Wexner medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, eligible applicants may be granted expedited privileges by the quality and professional affairs committee of the Wexner medical center board. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgment against the applicant, or a challenge by a state licensing board.

- (4) Podiatric privileges:
- (a) Practitioners of podiatry may admit patients to the CHRI if such patients are being admitted solely to receive care that a podiatrist may provide without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.
 - (b) A member of the medical staff who is a doctor of medicine or osteopathy.
 - (i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and
 - (ii) Shall confirm the findings, conclusions and assessment of risk prior to highrisk diagnosis or therapeutic interventions defined by the medical staff.

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- (c) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.
 - (d) The podiatrist shall be responsible to the chief of the department of orthopaedics.
- (5) Psychology privileges:
 - (a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise unless otherwise authorized by law.
 - (b) Psychologists may not admit patients to the CHRI, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the CHRI. In ambulatory settings, psychologists shall diagnose and treat their patient's psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.
 - (c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.
- (6) Dental privileges:
 - (a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the CHRI if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.
 - (b) A member of the medical staff who is a doctor of medicine or osteopathy:
 - (i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and
 - (ii) Shall confirm the findings, conclusions and assessment of risk prior to highrisk diagnoses or therapeutic interventions defined by the medical staff.
 - (c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.
- (7) Oral and maxillofacial surgical privileges:

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All patients admitted to the CHRI for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

- (8) Licensed allied health professionals:
- (a) Clinical privileges may be exercised by licensed allied health professionals who are duly licensed in the state of Ohio and who are either:
 - (i) Members of the faculty of the Ohio state university, or
 - (ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or
 - (iii) Employees of members of the medical staff.
 - (b) A licensed allied health professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed allied health professionals may perform all or part of the medical history and physical examination of the patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.
 - (c) Licensed allied health professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-111-04 of the Administrative Code.
 - (d) Licensed allied health professionals are not members of the medical staff, but may write admitting orders for; patients of the CHRI when granted such privileges under this rule and in accordance with applicable Ohio state law. If such privileges are granted, the patient will be admitted under the medical supervision of the responsible medical staff member. Licensed allied health professionals are not members of the medical staff and shall not be eligible to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.
 - (e) Each licensed allied health professional shall be individually assigned to a clinical department and shall be supervised by or collaborate with one or more members of the medical staff as required by Ohio law. The licensed health care professional's clinical privileges are contingent upon the collaborating/supervising medical staff member's privileges. In the event that the collaborating/supervising medical staff member loses privileges or resigns, the licensed allied health care professionals whom he or she has supervised shall be placed on administrative hold until another collaborating/ supervising medical staff member is assigned. The new

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collaborating/supervising medical staff member shall be assigned in less than thirty days.

- (f) Licensed allied health professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.
- (g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed allied health professional:
 - (i) Current license, certification, or other legal credential required by Ohio law;
 - (ii) Certificate of authority, standard care arrangement/agreement, or utilization plan;
 - (iii) Education, training, professional background and experience, and professional competence;
 - (iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed allied health professional subcommittee and the quality management department of the Ohio state university medical center;
 - (v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law;
 - (vi) Evidence of required immunization;
 - (vii) Evidence of good personal and professional reputation as established by peer recommendations;
 - (viii) Satisfactory physical and mental health to perform requested clinical privileges; and
 - (ix) Ability to work with members of the medical staff and the CHRI employees.
- (h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the CHRI that any patient cared for by the licensed allied health professional seeking clinical privileges shall be given quality care, and that the efficient operation of the CHRI will not be disrupted by the applicant's care of patients in the CHRI.
- (i) By applying for clinical privileges as a licensed allied health professional, the applicant agrees to the following terms and conditions:
 - (i) The applicant has read the bylaws and rules and regulations of the medical staff of the CHRI and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable CHRI policies that the CHRI may from time to time put into effect;

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- (ii) The applicant releases from liability all individuals and organizations who provide information to the CHRI regarding the applicant and all members of the medical staff, the CHRI staff and the Wexner medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant;
 - (iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the CHRI;
 - (iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed allied health professional is a member of the medical staff; and
 - (v) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.
- (j) Licensed allied health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director of quality or the chief quality officer. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer, unless delegated to the medical director of quality, shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed allied health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, unless delegated to the medical director of quality, who may accept, reject, or modify the recommendation. The chief quality officer, unless delegated to the medical director of quality shall forward his or her recommendation to the director of medical affairs for final determination.
- (k) Appeal process.
- (i) A licensed allied health care professional may submit a notice of appeal to the chairperson of the quality and professional affairs committee within thirty days of receipt of written notice of any adverse corrective action pursuant to these bylaws.
 - (ii) If an appeal is not so requested within the thirty-day period, the licensed allied health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the director of medical affairs.
 - (iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed allied health care professional under review. The licensed allied health care professional under review shall have the opportunity to present any additional information deemed relevant to the review and appeal of the decision.

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- (iv) The affected licensed allied health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed allied health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review committee no later than seven days following the date of the licensed allied health care professional's notice of appeal.
 - (v) New or additional matters shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.
 - (vi) Within thirty days following submission of the written statement by the licensed allied health care professional, the chief of staff shall make a final recommendation to the chair of the quality and professional affairs committee of the Wexner medical center board. The quality and professional affairs committee of the Wexner medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.
 - (vii) Any final decision by the Wexner medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed allied health care professional as determined by university records. The chief quality officer shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine, the chief executive officer of the CHRI and the vice president for health services and the chief of the applicable clinical department or departments. The chief quality officer, unless delegated to the medical director of quality, shall take immediate steps to implement the final decision.
- (9) Emergency privileges:
- In the case of an emergency, any member of the medical staff to the degree permitted by the member's license or certification and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the CHRI necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition that would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.
- (10) Disaster privileges:
- Disaster privileges may be granted in order to provide voluntary services during a local, state or national disaster in accordance with hospital/medical staff policy and only when the

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following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the director of medical affairs or the medical director of credentialing to fully licensed or certified, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the director of medical affairs temporary privileges are granted thereafter.

(11) Telemedicine:

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Diagnosis and treatment of a patient may now be performed via telemedicine link.

- (a) A member of the medical staff who wishes to utilize electronic technologies (telemedicine) to render care must so indicate on the application for clinical privileges form.
- (b) A member of the medical staff may request to exercise via telemedicine the same clinical privileges he or she has already been granted. The credentials committee, the chief of the clinical service, medical director of credentialing, the director of medical affairs or the medical staff administrative committee, and the Wexner medical center board shall have the prerogative of requiring documentation or making a determination of the appropriateness of the exercise of a particular specialty/subspecialty via telemedicine.

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 8/6/2006, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 4/6/2018, 5/18/2021, 2/8/2022, 8/15/2023)

3335-111-08 Organization of the CHRI medical staff.

(A) The chief executive officer.

(1) Method of appointment:

The chief executive officer shall be appointed by the board of trustees of the Ohio state university upon recommendation of the president, executive vice president for health sciences, and the vice president for health services following consultation with the medical center board in accordance with university bylaws, rules and regulations. The chief executive officer shall be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The chief executive officer shall be responsible for the conduct of teaching, research, and CHRI service activities of the facility, including continuing compliance with all appropriate quality assurance standards, ethical codes, or other monitoring or regulatory requirements. The chief executive officer shall be a member of all committees of the CHRI.

(B) The director of medical affairs (physician-in-chief/chief medical officer of the James cancer hospital).

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(1) Method of appointment:

The director of medical affairs shall be appointed by the executive vice president for health sciences upon recommendation by the chief executive officer of the James Cancer Hospital. The director of medical affairs is the physician-in-chief and shall be the chief medical officer of the CHRI and must be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The director of medical affairs shall report to the chief executive officer and the Wexner medical center board for the quality of patient care provided in the CHRI. The director of medical affairs shall assist the chief executive officer in the administration of medical affairs including quality assurance and credentialing. In addition, the director of medical affairs determines initial medical staff category appointments, reappointments and any changes in categories of the medical staff.

(C) The chief medical officer of the Ohio state university medical center.

The chief medical officer of the Ohio state university medical center is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state medical center board bylaws. The director of medical affairs will work collaboratively with the chief medical officer and medical directors of each hospital of the medical center for the: coordination and supervision of patient care and clinical activities; responsibility for the clinical organization of his or her respective hospital; and to establish priorities, jointly with the chief executive officer or executive director of his or her respective hospital, for capital medical equipment, clinical space, and the establishment of new clinical programs, or the revision of existing clinical programs.

(D) The chief quality officer of the Ohio state university medical center.

The chief quality and patient safety officer of the Ohio state university medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer. The chief quality officer works collaboratively with clinical leadership of the medical center, including medical director of quality for the CHRI, director of medical affairs for the CHRI, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(E) Medical director of credentialing.

The medical director of credentialing for the James cancer hospital oversees the process for the credentialing of practitioners applying for membership and/or clinical privileges at the James cancer hospital. The medical director of credentialing shall provide guidance on specific practitioner application or privileging concerns as raised pursuant to these bylaws and shall recommend practitioners for membership and/or privileges at the James cancer hospital and facilitate the process for approving such membership and granting of clinical privileges.

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- (F) Medical director, James surgical services.

The medical director, James surgical services has oversight of all James designated perioperative services and procedural suites. Working collaboratively with the administrator of perioperative services, the medical director, James surgical services facilitates the timely sharing of OR resources (including personnel and equipment) across the medical center in order to maximize the efficiency of OR services. The medical director, James surgical services works with clinical service lines and clinical leadership to coordinate OR services in a manner that enhances the quality of care and safety of services for patients. The medical director, James surgical services reports to the director of medical affairs of the James.

- (G) Professional assignments.

Each member of the attending, associate attending, clinical, limited, physician scholar and honorary staff shall be assigned to a CHRI division and/or department by the chief executive officer upon the recommendation of the appropriate academic department chairperson and the credentials committee.

Appointment to a specific department and/or division is based on the clinical specialty of the applicant for medical staff membership. Each department and/or division is headed by a department chairperson or division director who has the responsibility to oversee all research and clinical activities conducted by members of the department and/or division. Specifically, the department chairperson or division director shall be responsible for the following: the development and implementation of policies and procedures that guide and support the provision of service; recommendations re: staffing needs and clinical privileges for all members appointed to the department and/or division; the orientation and continuing surveillance of the professional performance of all department and/or division members; recommendation for space and other resources needed.

- (H) Clinical department chief.

- (1) Qualifications and responsibilities of the chief of the clinical department. The academic department chair shall ordinarily serve also as the chief of the clinical department. Each clinical department chief shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each clinical department chief must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the colleges of medicine or dentistry. Qualifications for chief of the clinical department generally shall include recognized clinical competence, sound judgment and well-developed administrative skills.
- (2) Procedure for appointment. Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective colleges of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer of the Ohio state university medical center.
- (3) Term of appointment of the chief of the clinical department. The term of the appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(2) of this rule.
- (4) Duties of the chief of the clinical department:

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Each clinical department chief is responsible for the following:

- (a) Clinically related activities of the department;
- (b) Administratively related activities of the department, unless otherwise provided by the hospital;
- (c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;
- (d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;
- (e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;
- (f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the hospital;
- (g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;
- (h) The coordination and integration of interdepartmental and intradepartmental services;
- (i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;
- (j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including call coverage for continuous high quality and safe care;
- (k) The determination of the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care, treatment, and services;
- (l) The continuous assessment and improvement of the quality of care, treatment, and services;
- (m) The maintenance of quality control programs, as appropriate;
- (n) The orientation and continuing education of all persons in the department or service;

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- (o) Recommending space and other resources needed by the department or service; and
- (p) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of the departmental meetings, including a record of attendance, shall be kept in the clinical department.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/01/2013, 6/6/2014, 11/6/2015, 4/6/2018, 8/15/2023)

3335-111-09 Elected officers of the medical staff of the CHRI.

(A) Chief of staff.

The chief of staff shall:

- (1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.
- (2) Be a vice chairperson of the medical staff administrative committee and serve as liaison between university administration, CHRI administration, and the medical staff in all matters of mutual concern within the CHRI.
- (3) Call, preside, and be responsible for the agenda of all general staff meetings.
- (4) ~~Make medical staff committee appointments jointly with the director of medical affairs and chief of staff elect for approval by the CHRI medical staff administrative committee in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code.~~
- (5) Be a spokesperson for the medical staff in its external professional and public relations.
- (6) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

- (1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.
- (2) Serve as the chairperson of the bylaws committee of the CHRI.
- (3) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.
- (4) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

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(5) Assist the Chief of Staff with duties outlined above in section (A) 1-6.

(C) Delegates at-large.

Up to two additional at-large member(s) may be appointed to the medical staff administrative committee at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal every two years.

(D) Qualifications of officers.

(1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) The chief executive officer and director of medical affairs, chiefs of the clinical departments, and division directors are not eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their CHRI administrative role during the period of their term of office.

(E) Election of officers.

(1) All officers (other than at-large officers) will be elected by a majority of those voting by electronic ballot after the April meeting of the medical staff. If one candidate does not achieve a majority vote, there will be an election on a second ballot between the two receiving the greatest number of votes.

(2) The nominating committee will be composed of five members. The chief of staff and the chief of staff-elect will serve on the committee and the chief of staff will be its chairperson. The chief of staff will appoint the three other members of the committee.

(3) Nominations for officers will be accepted from the floor at the March meeting.

(4) The committee's nominees will be submitted by electronic or written ballot to all voting members of the medical staff no later than May.

(5) Candidates for the office of chief of staff-elect will be listed and each attending staff member may vote for one.

(6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the CHRI, its goal and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.

(F) Term of office.

(1) The chief of staff and chief of staff-elect will each serve two years in office beginning on the first of July. The chief of staff-elect will be elected in the odd years. The chief of staff may not be elected chief of staff-elect within one year of the end of the chief of staff's term in office.

(2) The at-large representatives shall serve two years, beginning on the first of July. The delegate at large may succeed themselves for three successive terms (six years, total), if so elected. They may not serve again without a period of two years out of office as a delegate at large.

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The delegate at large may be elected chief of staff-elect at any time if they are members of the attending staff.

- (G) Vacancies in office.
- (1) Vacancies in the office of chief of staff during the chief's term will be automatically succeeded and performed by the chief of staff-elect. When the unexpired term is one year or less, the new chief of staff will continue in office until the completion of the expected term in that office. When the unexpired term is more than one year, the new chief of staff will serve out the remaining term only.
 - (2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of establishing the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The nominating committee will make nominations and a special meeting of the voting members of the medical staff will be called to add nominations and elect the replacement. The new chief of staff-elect will become chief of staff at the end of the term of the incumbent.
 - (3) Vacancies in the at-large representatives' positions will be filled by appointment by the chief executive officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 2/11/2011, 4/8/2011, 6/6/2014, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023)

3335-111-10 Administration of the medical staff of the CHRI.

Medical staff committees.

- (A) Appointments: Appointments to all medical staff committees except the medical staff administrative committee (MSAC) and the nominating committee will be made jointly by the chief of staff, chief of staff-elect, and the director of medical affairs with medical staff administrative committee ratification. Unless otherwise provided by the bylaws, all appointments to medical staff committees are for two years and may be renewed. The chairperson shall control the committee agenda, attendance of staff and guests and conduct the proceedings. A simple majority of appointed voting members shall constitute a quorum. All committee members appointed or elected to serve on a medical staff committee are expected to participate fully in the activities of those committees. The chief of staff, director of medical affairs and the chief executive officer of the CHRI may serve on any medical staff committee as an ex-officio member without vote.
- (B) The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and monitoring the quality and utilization of patient care services provided by CHRI.
- (C) Medical staff administrative committee:
 - (1) Composition:
 - (a) Voting membership includes: chief of staff, chief of staff-elect, immediate past chief of staff, clinical department chief or division director of medical oncology, radiation oncology, anatomic pathology and molecular pathology; department chairperson or division director of hematology, gynecologic oncology, otolaryngology/head and

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neck, hospital medicine, human genetics, infectious diseases, surgical oncology, thoracic surgery, neurological oncology, orthopaedic oncology/sarcoma pulmonary, critical care, sleep medicine, and urology; medical director of James emergency services; clinical department chiefs of anesthesia, dermatology, physical medicine and rehabilitation, plastic surgery, psychiatry, and radiology; CHRI medical director of quality, CHRI medical director of credentialing, CHRI chief executive officer, CHRI director of medical affairs, director of the division of palliative medicine, chairperson of the cancer subcommittee, CCC director for clinical research, CCC director for cancer control, and medical director of the James surgical services. Up to two additional at-large member(s) may be appointed to the MSAC at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis. If a division director is a member by leadership position, he or she will also fulfill the role of division director appointment. The director of medical affairs shall be the chairperson and the chief of staff shall be the vice-chairperson.

- (b) Ex-officio non-voting membership includes: the CHRI executive director, the CHRI chief nursing officer, the CHRI executive director of patient services, the medical director of university hospital and/or the chief medical officer of the medical center, the dean of the Ohio state university college of medicine and the executive vice president for health sciences.
 - (c) Any member of the committee who anticipates absence from a meeting of the committee may appoint a temporary substitute as a representative at the meeting. The temporary substitute will have all the rights of the absent member. ~~The chief executive officer may invite any member of staff as the chief executive officer's representative at a meeting or to attend any meeting with the chief executive officer.~~
 - (d) All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.
 - (e) Any members may be removed from the medical staff administrative committee at the recommendation of the dean of the college of medicine, the director of medical affairs or the executive vice president for health sciences and subject to the review and approval of the medical staff administrative committee. A replacement will be appointed as outlined above to maintain the medical staff administrative committee's composition as stated in this paragraph.
- (2) Duties:
- (a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by this chapter, and the bylaws or rules of the Ohio state university.
 - (b) To have primary authority for activities related to self-governance of the medical staff. Action approved by the medical staff administrative committee can be reviewed by the quality and professional affairs committee pursuant to rule 3335-43-13 of the Administrative Code.
 - (c) To receive and act upon commission and committee reports. To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to

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review of and action upon medical staff appointments and reappointments whenever timely action is necessary.

- (d) To approve and implement policies of the medical staff.
 - (e) To recommend action to the chief executive officer on matters of medicoadministrative nature.
 - (f) To fulfill the medical staff's accountability to the Wexner medical center board for medical care rendered to patients in the CHRI, and for professional conduct and activities of the medical staff, including recommendations concerning:
 - (i) Medical staff structure;
 - (ii) The mechanism to review credentials and to delineate clinical privileges;
 - (iii) The mechanism by which medical staff membership may be terminated or suspended;
 - (iv) Participation in the CHRI's performance improvement, quality and patient safety activities; and
 - (v) Corrective action and hearing procedures applicable to medical staff members and other licensed allied health professionals granted clinical privileges.
 - (g) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the CHRI.
 - (h) To review and act on medical staff appointments and reappointments.
 - (i) To report to the medical staff all actions affecting the medical staff.
 - (j) To inform the medical staff of all changes in committees, and the creation or elimination of such committees as circumstances shall require.
 - (k) To create committees (for which membership is subsequently appointed pursuant to rule 3335-111-10 of the Administrative Code) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.
 - (l) To establish and maintain rules and regulations governing the medical staff.
 - (m) To oversee functions related to performance improvement of professional services provided by individuals with clinical privileges.
 - (n) To perform other functions as are appropriate.
- (3) Executive session.

Upon the recommendation of the credentialing committee, the medical staff administrative committee may vote to hold a portion of a regular, special or emergency meeting in executive session with participation limited to voting members of the medical staff administrative

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committee. Other individuals may be invited to attend any or all portions of an executive session as deemed necessary by the committee chair.

(4) Meetings:

The committee shall meet monthly and keep detailed minutes, which shall be distributed to each committee member before or at the next meeting of the committee.

(5) Voting:

At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership or permanent suspension of clinical privileges, wherein two-thirds of members present shall be required.

(D) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition:

The credentialing responsibilities of the medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each hospital.

The chief medical officer of the medical center shall appoint the credentialing committee of the hospitals of the Ohio state university. The director of medical affairs and medical director of credentialing shall make recommendation to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, whom shall be appointed by the chief medical officer of the medical center.

(2) Duties:

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- (a) To review all applications for medical staff and licensed allied health professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;
- (b) To review triennially all applications for reappointment or renewal of clinical privileges;
- (c) To review all requests for changes in medical staff membership;
- (d) To assure, through the chairperson of the committee, that all records of peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;
- (e) To make recommendations to the medical staff administrative committee through the medical director of credentialing regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division and/or department), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;
- (f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;
- (g) The committee, after review and investigation, may make recommendations to the director of medical affairs, chief of staff, or the chief of a clinical department, regarding the restriction or limitation of any medical staff member's clinical privileges, noncompliance with the credentialing process, or any other matter related to its responsibilities;
- (h) To review requests made for clinical privileges by other licensed allied health professionals as set forth in this chapter.
- (i) To recommend eligibility criteria for the granting of medical staff membership and privileges.
- (j) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.
- (k) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.

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- (a)
 - (l) To perform such other functions as requested by the medical staff administrative committee, quality and professional affairs committee or Wexner medical center board.
- (3) Licensed health care professionals subcommittee:
 - This subcommittee shall consist of other licensed health care professionals who have been appointed in accordance with paragraph (A) of rule 3335-111-10(A)(3) of rule 3335-111-09 of the Administrative Code. This subcommittee shall be chaired by a director of nursing.
- (b) Duties:
 - (i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university;
 - (ii) To review and investigate the character, qualifications and professional competence of the applicant;
 - (iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal;
 - (iv) To verify the accuracy of the information contained in the application; and
 - (v) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university for review at its next regularly scheduled meeting.
 - (vi) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed allied health care professional specialty. These policies and procedures shall be ratified by the credentialing committee, and medical staff administrative committee and be approved by the Wexner medical center board.
- (E) Medical staff bylaws committee:
 - (1) Composition.
 - The committee shall be composed of at least four members of the attending staff pursuant to paragraph (A)(3) of rule 3335-111-09(A) of rule 3335-111-10 of the Administrative Code. The chairperson shall always be the chief of staff-elect.
 - (2) Duties.
 - To review and recommend amendments to the medical staff administrative committee as necessary to maintain bylaws that reflect the structure and functions of the medical staff but not less than every two years. This committee will recommend changes to the medical staff administrative committee.

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(a)

(F) Committee for practitioner health.

(1) Composition:

The committee shall consist of medical staff members appointed in accordance with paragraph (A)(3) of rule 3335-111-09 (A) of rule 3335-111-10 of the Administrative Code.

(2) Duties:

To consider issues of licensed practitioner health or impairment whenever a selfreferral or referral is requested by an affected member or another member or committee of the medical staff, CHRI hospital staff, or any other individual.

- (b) To provide appropriate counsel, referral, and monitoring until the rehabilitation is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.
- (c) To consult regularly with the chief of staff, medical director of credentialing and director of medical affairs of the CHRI.
- (d) To advise credentials and/or other appropriate medical staff committees on the credibility of a complaint, allegation or concern, including those affecting the quality and safety of patient care.
- (e) It will be the responsibility of the chairperson of the committee to assure that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest of confidence in accordance with the laws of the state of Ohio.
- (f) To educate CHRI hospital and the medical staff about illness and impairment recognition issues, including at risk criteria specific to licensed practitioners.

(G) Cancer subcommittee:

(1) Composition:

Required to be included as members of the cancer subcommittee are physician representatives from surgery, medical oncology, radiology, radiation oncology, anesthesia, plastic surgery, urology, otolaryngology/head and neck, hematology, gynecologic oncology, thoracic surgery, orthopaedic oncology, neurological oncology, emergency medicine, palliative medicine and pathology, the cancer liaison physician and non-physician representatives from the cancer registry, administration, nursing, social services, and quality assurance. Other disciplines should be included as appropriate for the institution. The chairperson is appointed at the recommendation of the chief executive officer of the CHRI and the director of medical affairs, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis.

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- (a)
- (2) Duties:
 - (a) Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer.
 - (b) Promote a coordinated, multidisciplinary approach to patient management.
 - (c) Ensure that educational and consultative cancer conferences cover all major site and related issues.
 - (d) Ensure that an active supportive care system is in place for patients, families, and staff.
 - (e) Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes.

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- (f) Promote clinical research.
 - (g) Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up reporting.
 - (h) Perform quality control of registry data.
 - (i) Encourage data usage and regular reporting.
 - (j) Ensure content of the annual report meets requirements.
 - (k) Publishes the annual report by November first of the following year.
 - (l) Upholds medical ethical standards.
 - (m) Serve as cancer committee for commission on cancer program of the American college of surgeons.
- (3) Meetings:
- (a) The subcommittee shall meet in collaboration with the medical staff administrative committee as a policy-advisory and administrative body with documentation of activities and specialties in attendance.
 - (b) Any member anticipating an absence from the meeting should designate a representative to attend in their place.
- (H) Ethics committee.
- (1) Composition.
- The committee is a joint committee and shall consist of members of the medical staff, nursing, hospital administration, and other persons representing both the CHRI and UH who, by reason of training, vocation, or interest, may make a contribution. Appointments will be made as provided by in this chapter. The chairperson shall be a physician who is a clinically active member of the medical staff of UH or the CHRI.
- (2) Duties
- (a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.
 - (b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the CHRI.
 - (c) To provide a support mechanism for primary decision makers at the CHRI.
 - (d) To provide educational resources on ethics to all health care providers at the CHRI.

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- (e) To provide and enhance interaction between CHRI administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(I) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the assistance from any medical staff member or recommend to the director of medical affairs an external review.

(2) Duties:

- (a) To meet regularly and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer, unless delegated to the medical director of quality and the chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and patient safety office.
- (b) To ensure that ongoing and systematic monitoring, evaluation and process improvement is performed in each clinical department.
- (c) To develop and utilize objective criteria in practitioner peer review activities.
- (d) To ensure that the medical staff peer review process is effective.
- (e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of the practitioner evaluation committee by any individual, clinical department, division, or committee.

(J) Professionalism consultation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners and other individuals with expertise in professionalism.

(2) Duties.

- (a) Receive and review validity of complaints regarding concerns about professionalism of credentialed practitioners;
- (b) Treat, counsel and coach practitioners in a firm, fair and equitable manner;
- (c) Maintain confidentiality of the individual who files a report unless the person who submitted the report authorizes disclosure or disclosure is necessary to fulfill the institution's legal responsibility;

**Chapter 3335-111 - *Bylaws of the Medical Staff of the*
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute**

Updated August 15, 2023

- (d) Ensure that all activities be treated as confidential and protected under applicable peer review and quality improvement standards in the Ohio Revised Code;
- (e) Forward all recommendations to the clinical department chief, director of medical affairs or his/her designee and, if applicable, to the chief nursing officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023)

3335-111-11 History and physical.

(A) History and physical examination.

- (1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:
 - (a) Admitted to the hospital
 - (b) Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation
 - (b) Undergoing outpatient/ambulatory surgery
 - (d) In a hospital-based ambulatory clinic
- (2) For patients admitted to the hospital, the history and physical examination shall include at a minimum:
 - (a) Date of admission
 - (b) Chief complaint and/or indication for procedure
 - (c) History of present illness
 - (d) Past medical and surgical history
 - (e) Relevant past social and family history
 - (f) Medications and allergies
 - (g) Review of systems
 - (h) Physical examinations
 - (i) Test results
 - (j) Assessment or impression
 - (k) Plan of care

**Chapter 3335-111 - *Bylaws of the Medical Staff of the
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- (3) For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatients/ambulatory surgery, the history and physical examination shall include at a minimum:
 - (a) Indication for procedure/surgery
 - (b) Relevant medical or surgical history
 - (c) Medications and allergies or reference to current listing in the electronic medical record
 - (d) Focused review of systems, as appropriate
 - (e) Pre-procedure assessment and physical examination
 - (f) Assessment/impression and treatment plan
 - (4) For patients seen in a hospital-based ambulatory clinic, the history and physical shall include at a minimum:
 - (a) Chief complaint
 - (b) History of present illness
 - (c) Medications and allergies
 - (d) Problem-focused physical examination
 - (e) Assessment or impression
 - (f) Plan of care
- (B) Deadlines and sanctions
- (1) A history and physical examination must be performed by a member of the medical staff, his/her designee or other licensed healthcare professional, who is appropriately credentialed by the hospital, and be signed, dated and timed.
 - (2) Patients admitted to the hospital: If the history and physical is performed by the medical staff member's designee or other licensed healthcare professional who is appropriately credentialed by the hospital, the history and physical must be countersigned by the responsible medical staff member.
 - (3) The complete history and physical examination shall be dictated, written or updated no later than twenty-four hours after admission for all inpatients.
 - (4) Admitted patients or patients undergoing a procedure requiring anesthesia or sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission, or the procedure/surgery. If completed before admission or the procedure, there must be a notation documenting an examination for any changes in the patient's condition since the history and physical was completed. The updated examination must be

**Chapter 3335-111 - Bylaws of the Medical Staff of the
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completed and documented in the patient's medical record within twenty-four hours after admission, or before the procedure/surgery, whichever occurs first. It must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and be signed, dated and timed. In the event the history and physical update is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, it shall be countersigned, dated and timed by the responsible medical staff member.

- (a) For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.
 - (b) If a licensed health care professional is appropriately credentialed by the hospital to perform a procedure or surgery independently, a history and physical performed by the licensed health care professional prior to the procedure or surgery is not required to be countersigned.
- (5) Hospital-based ambulatory clinic: If a history and physical examination is performed by a licensed health care professional who is appropriately credentialed by the hospital to see patients independently, the history and physical is not required to be countersigned.
- (6) When the history and physical examination including the results of indicated laboratory studies and x-rays is not recorded in the medical record before the times stated for a procedure or surgery, the procedure or surgery cannot proceed until the history and physical is signed or countersigned, when required, by the responsible medical staff member, and indicated test results are entered into the medical record. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the medical record by the responsible medical staff member, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and the procedure or surgery may begin. When there is disagreement concerning the urgency of the procedure, it shall be adjudicated by the medical director or the medical director's designee.
- (7) Ambulatory patients must have a history and physical at the initial visit.
- (8) For psychology, psychiatric and substance abuse ambulatory sites, if no other acute or medical condition is present on the initial visit, a history and physical examination may be performed either:
- (a) Within the past six months prior to the initial visit,
 - (b) At the initial visit, or
 - (c) Within thirty days following the initial visit.

(Board approval dates: 5/14/2010, 6/6/2014, 11/7/2014, 11/6/2015)

3335-111-12 Amendments and adoption.

**Chapter 3335-111 - *Bylaws of the Medical Staff of the*
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute**

Updated August 15, 2023

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the quality and professional affairs committee of the Wexner medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the Wexner medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations and policies and procedures and propose them directly to the quality and professional affairs committee of the Wexner medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the quality and professional affairs committee of the Wexner medical center board on issues including, but not limited to: amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the quality and professional affairs committee of the Wexner medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the quality and professional affairs committee of the Wexner medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five percent (25%) of attending medical staff members.

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Each attending medical staff member will be eligible to vote on the proposed amendment via secure ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least fourteen days advance notice of the changes to be adopted:

- (1) The medical staff receives a simple majority of the votes cast by those members eligible to vote.
 - (2) Amendments so adopted shall be effective when approved by the university board of trustees.
- (C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the Wexner medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the quality and professional affairs committee of the Wexner medical center board an amendment to any rules, regulation, or policy by submitting a petition signed by twenty-five per cent of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

- (D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Wexner medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the Wexner medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, Wexner medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

(Board approval dates: 9/1/1993, 3/3/1995, 12/3/1999, 9/6/2002, 2/6/2004, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 11/7/2014, 8/15/2023)

3335-111-13 Meetings and dues.

- (A) Meetings.

The medical staff of the CHRI shall conduct scheduled meetings semi-annually. Notice of the meetings will be sent to all medical staff at least two weeks prior to the meeting. Attendance is

**Chapter 3335-111 - *Bylaws of the Medical Staff of the*
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute**

Updated August 15, 2023

encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special or electronic meetings may be called at the option of the medical staff administrative committee.

- (B) Dues. The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued medical staff membership except honorary, clinical, and limited staff.

(Board approval date: 4/8/2011)

3335-111-14 Rules of construction.

- (A) "Shall" as used herein is to be construed as mandatory.
- (B) These bylaws should be construed to be gender neutral.

(Board approval dates: 9/1/1993, 12/6/1996, 9/1/1999, 9/6/2002, 5/14/2010, 4/8/2011)

APPENDIX III



THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

August 21, 2024 – Talent, Compensation & Governance Committee Meeting

Members Present:

Jeff M.S. Kaplan
Elizabeth P. Kessler
Alan A. Stockmeister

Gary R. Heminger
Lewis Von Thaeer
Reginald A. Wilkinson

Tomislav B. Mitevski
Juan Jose Perez
John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Talent, Compensation & Governance Committee of The Ohio State University Board of Trustees convened on Wednesday, August 21, 2024, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Jeff Kaplan called the meeting to order at 8:00 a.m.

Mr. Kaplan acknowledged and welcomed new Trustees appointed to the committee — Dr. Wilkinson and Mr. Perez. Jeff expressed looking forward to partnering with them and the rest of the committee to gain insights and perspectives.

EXECUTIVE SESSION

It was moved by Mr. Kaplan and seconded by Mr. Von Thaeer that the committee recess into executive session to discuss business-sensitive trade secrets required to be kept confidential by federal and state statutes; to discuss personnel matters regarding the appointment, employment and compensation of public employees; and to consult with legal counsel regarding pending or imminent litigation.

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, Mr. Heminger, Mr. Von Thaeer, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger.

The committee entered into executive session at 8:01 a.m. and reconvened in public session at 9:51 a.m.

PUBLIC SESSION

Items for Action:

1. Approval of Minutes: No changes were requested to the May 15, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
2. Resolution No. 2025-19, Approval of Personnel Actions:

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 May 16, 2024 meeting of the Board, including the following appointments and contract amendments:



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Appointment

Name: Kent Barnett
Title: Dean, Moritz College of Law
Unit: Office of Academic Affairs
Term: June 30, 2029

Name: Trevor Brown
Title: Interim Dean, Fisher College of Business
Unit: Office of Academic Affairs
Term: June 30, 2025

Name: Ginger Breon
Title: Interim Vice President and Chief Information Officer
Unit: Office of Academic Affairs
Term: August 19, 2024

Appointment/Contract Extension

Name: Gregory Rose
Title: Dean and Director, Marion Campus
Unit: Office of Academic Affairs
Term: December 31, 2024

Name: Damon Jaggars
Title: Vice Provost and Dean of University Libraries
Unit: Office of Academic Affairs
Term: June 30, 2027

Name: Kevin McGuff
Title: Head Coach, Women's Basketball
Unit: Department of Athletics and Business Advancement
Term: June 30, 2028

Appointment Extension with Compensation Adjustment

Name: Rustin Moore
Title: Dean, College of Veterinary Medicine
Unit: Office of Academic Affairs
Term: June 30, 2027

Compensation Adjustment

Name: Ayanna Howard
Title: Dean, College of Engineering
Unit: Office of Academic Affairs
Term: June 30, 2026

Name: Cathann Kress
Title: Vice President of Agricultural Administration and Dean, College of Food, Agricultural and Environmental Sciences
Unit: Office of Academic Affairs
Term: June 30, 2027



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Name: Carol Ann Trotman
Title: Dean, College of Dentistry
Unit: Office of Academic Affairs
Term: June 30, 2026

Contract Amendment

Name: Ryan Day
Title: Head Coach, Football
Unit: Department of Athletics and Business Advancement
Term: January 31, 2029

3. Resolution No. 2025-20, Amendment to the *Bylaws of The Ohio State University Board of Trustees*:

Synopsis: Approval of the attached amendment to the *Bylaws of The Ohio State University Board of Trustees*, is proposed.

WHEREAS pursuant to 3335-1-09 (C) of the Administrative Code, the rules and regulations for the university may be adopted, amended or repealed by a majority vote of the University Board of Trustees at any regular meeting of the board; and

WHEREAS a periodic review of the board's bylaws is a governance best practice; and WHEREAS the last revisions to the *Bylaws of the Ohio State University Board of Trustees* took place on February 21, 2024:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached amendment to the *Bylaws of the Ohio State University Board of Trustees*.

(See Appendix XI for background information, page 567)

4. Resolution No. 2025-21, Approval of Presidential Review and Compensation:

Synopsis: Approval of changes to the president's base compensation and the issuance of a performance award to the president, is proposed.

WHEREAS it is best practice across higher education for a governing board to conduct an annual performance review of the university president; and

WHEREAS the Procedure for Setting and Reviewing Compensation for University Executives authorizes the chair of the Talent, Compensation & Governance Committee to review and approve the total compensation of the president, subject to ratification by the committee and the Board of Trustees; and

WHEREAS under the terms of President Carter's letter of offer, the president shall be entitled to annual increases in his base salary as determined by the Board of Trustees; and

WHEREAS under the terms of President Carter's letter of offer, the president shall be eligible for an annual performance award for achieving mutually agreed-upon performance measures; and

WHEREAS pursuant to its charter, the Talent, Compensation & Governance Committee has reviewed the performance of the president for fiscal year 2024 and believes that President Carter



THE OHIO STATE UNIVERSITY

has demonstrated strong leadership and progress with regard to the performance goals set forth by the president and the Board of Trustees last year; and

WHEREAS the Talent, Compensation & Governance Committee has reviewed and recommends for approval the compensation changes set forth below:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves a base salary increase for the president of \$38,500, which amounts to 3.5% of his base salary; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves a performance award for the president of \$164,368 for Fiscal Year 2024, which has been pro-rated based on his start date.

5. Resolution No. 2025-22, Approval of Fiscal Year 2025 Presidential Goals:

Synopsis: Approval of the attached presidential goals for fiscal year 2025, is proposed.

WHEREAS under the terms of President Walter "Ted" Carter's letter of offer, each fiscal year, the president and the Board of Trustees will set forth the president's goals; and

WHEREAS in order to establish these goals, the president is submitting the attached for review and approval by the Board of Trustees; and

WHEREAS once approved by the Board of Trustees, the attached goals will serve as the basis to evaluate the president during his review period:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached goals, which focus on 1) Academic Excellence, 2) Research and Innovation, 3) Financial and Operational Stewardship, 4) the Health System for Ohio, and 5) Ohio State as a workplace of choice.

(See Appendix XII for background information, page 574)

Action: Upon the motion of Mr. Kaplan, seconded by Mr. Stockmeister, the foregoing motions were adopted by unanimous voice vote with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Stockmeister, Mr. Heminger, Mr. Von Thayer, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger.

The committee adjourned at 9:57 a.m.

APPENDIX IV



THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

August 21, 2024 – Legal, Audit, Risk & Compliance Committee Meeting

Members Present:

Elizabeth P. Kessler
Bradley R. Kastan
Alan A. Stockmeister

Elizabeth A. Harsh
Michael F. Kiggin
Juan Jose Perez

Amy Chronis
John W. Zeiger

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Legal, Audit, Risk & Compliance Committee of The Ohio State University Board of Trustees convened on Wednesday, August 21, 2024, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Elizabeth Kessler called the meeting to order at 10:29 a.m.

Ms. Kessler welcomed Brad Kastan as vice chair of the committee. She expressed their interest in partnering with all the members of the committee on the important work that lies ahead. She also recognized Brian Newell, who has been with the university for over 20 years and was recently named chief audit executive.

Items for Discussion:

1. **Annual Compliance Update:** Gates Garrity-Rokous, vice president and chief compliance officer, shared the university's annual compliance report with a focus on risk trends in higher education and focus areas for the office's FY25 plan.

(See Attachment XVIII for background information, page 388)

2. **Annual Government Affairs Update:** Stacy Rastauskas, vice president for government affairs, was joined for this report by Trudy Bartley, associate vice president for local and community relations; Tom Walsh, associate vice president for state affairs; and Stan Skocki, associate vice president and director of federal relations. Ms. Rastauskas and her team shared highlights of their work at the federal, state and local level over the last year. Zeke Johnston-Halperin, co-director, Center for Quantum Information Science and Engineering, joined the discussion to share the work of the center and support from the state and federal government partners.

(See Attachment XIX for background information, page 396)

3. **External Auditor Update:** David Gagnon, KPMG, the university's external auditor, gave a verbal update on the status of the audit. He shared they are in the final phase of the audit and will be substantially completed mid-October to meet the state's reporting deadline.



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Item for Action:

4. Approval of Minutes: No changes were requested to the May 15, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

EXECUTIVE SESSION

It was moved by Ms. Kessler and seconded by Mrs. Harsh that the committee 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 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: Ms. Kessler, Mr. Kastan, Mr. Stockmeister, Mrs. Harsh, Mr. Kiggin, Mr. Perez, Ms. Chronis and Mr. Zeiger.

The committee entered executive session at 11:04 a.m., and the meeting adjourned at 12:11 p.m.

Annual Compliance Report

Gates Garrity-Rokous

Legal, Audit, Risk, and Compliance Committee
August 2024



Overview

- ✓ Risk Trends
- ✓ FY2025 Compliance Plan Focus Areas

Risk Trends: Higher Education

Key Risk Drivers – FY2024-25

- Regulatory Expectations and Enforcement
- Academic Excellence and Research Innovation
- OSU Wexner Medical Center
- Athletics Transformation
- Economic and Political Environment

Regulatory Expectations & Enforcement

Risk Drivers



KNOWN RISKS

- Continued new legislation and regulations
- Malign foreign influence and grant repayment



EMERGING RISKS

- Affirmative Action, Title VI, and free speech
- Litigation and regulatory change



FY2025 COMPLIANCE FOCUS

- Continue improvements in issue response processes
- Continue to strengthen cross-unit capacity to address emerging issues

Academic Excellence & Research Innovation

Risk Drivers



KNOWN RISKS

- Competitive pressures and key opportunities requiring increase in speed of decision-making
- New secure research regulations



EMERGING RISKS

- AI technologies across all operations
- Cybersecurity 3rd party risks



FY2025 COMPLIANCE FOCUS

- Reinforce focus on cybersecurity
- Focus on regulatory tollgates (key decision points)
- Continue to align controls and processes to obtain efficiencies and facilitate compliance

OSU Wexner Medical Center

Risk Drivers



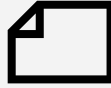
KNOWN RISKS

- Continuous expansion of services, novel business relationships, changes to regulations



EMERGING RISKS

- HIPAA privacy and challenges to data sharing for research purposes
- Cybersecurity 3rd party risks



FY2025 COMPLIANCE FOCUS

- Maintain focus on tailored risk programs and compliance auditing
- Continue alignment of WMC and campus information security efforts

Athletics Transformation

Risk Drivers



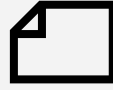
KNOWN RISKS

- Fundamental change in business model
- 2022 NCAA Major Case requiring continued monitoring and reporting



EMERGING RISKS

- New compensation models or requirements
- Title IX implications of any industry changes



FY2025 COMPLIANCE FOCUS

- Continue rapid response to support strategic efforts to advance and align to industry changes
- Maintain focus on Major Case requirements

Economic & Political Environment

Risk Drivers



KNOWN RISKS

- Efficiency priorities and competitive employment pressures
- Need for continued simplification of operations
- Increase in student concerns of physical security



EMERGING RISKS

- Impact of 2024 election season



FY2025 COMPLIANCE FOCUS

- Assist OHR in improving compliance auditing
- Continue focus on Clery Act compliance
- Continue focus on concern reporting processes

Office of Government Affairs Annual Update

Stacy Rastauskas, Vice President, Government Affairs
Legal, Audit, Risk, and Compliance Committee
August 2024

Government Affairs Leaders



Ben Kanzeg
Associate Vice President and
Executive Director of Policy



Trudy Bartley
Associate Vice President
for Local and Community
Relations



Stan Skocki
Associate Vice President and
Director of Federal Relations



Stephanie Milburn
Associate Vice President
of Government Affairs
Wexner Medical Center



Tom Walsh
Associate Vice President
for State Affairs

2023-2024 Highlights

- Engagement with key officials
 - 141 engagements with 108 key officials
- Advocating for investment
 - \$1.53 Billion Govt. Investment in Ohio State
- Responding to policy changes affecting university
 - 104 policy issues



Federal

- Federal Appropriations
 - FY24 – Research Vessel, GPS Security, USAF Minority Leaders
 - FY25 – Engineering Tech Equipment, Byrd Polar, Zero Emissions Vehicle Development, Hypersonic Research, SOAR
- Policy
 - Farm Bill
 - Higher Education Measures
 - Name, Image, and Likeness (NIL)
- Engagement
 - Congressional Testimony
 - Scarlet and Gray Congressional Breakfast
 - Women’s Ice Hockey Champion’s Day



State

- Capital Budget
 - President Carter Testimony
- Legislation / Policy
 - CAMPUS Act
 - Cost Transparency Act
 - Science of Reading Implementation
- Engagement
 - Launch of SOAR
 - President Carter Meetings with State Officials
 - Campus Visits and Meetings with Public Officials
 - Alumni in Government Luncheon
 - Ohio State Fair



Local

- City Code Change for Women's Varsity Rowing
 - Columbus City Council enacted legislation in May 2024 to ensure city code allows rowing vessels on Griggs Reservoir
- Glenn College and City of Columbus Dialogue Teams
- Pathways to Progress Youth Program
- Engagement with Local Stakeholders
 - LinkUs – November 2024 Ballot Initiative
 - Columbus City Council Intern Program
 - Columbus STEAMM Rising



Center for Quantum Information



Zeke Johnston-Halperin

Co-Director

Center for Quantum Information
Science and Engineering



Ron Reano

Co-Director

Center for Quantum Information
Science and Engineering

FY23 Federal Appropriation

- ERIK and OAA identified and prioritized projects
- Educate congressional partners about the need in Ohio
 - Establish a secure quantum loop between Columbus and WPAFB in Dayton.
 - Test quantum computing in real-world conditions over long distances
 - Create testbed for industry with future connections to Chicago or New York
- Senator Sherrod Brown and Congressman Mike Carey championed
- Awarded \$1,045,000 through NIST in FY23 Appropriations CJS appropriations bill

State Investment

- ODHE strong interest in Quantum and leveraging state assets
- Engaged Ohio Academic Resources Network (OARnet) as a partner in the federal project
- Awarded \$750,000 from the ODHE in December 2023 to expand scope
 - Address major cybersecurity challenges at the state level involving fiber-optic networks that utilize quantum technologies
 - Complete controlled laboratory experiments and conduct field demonstrations of the technology using OARnet's fiber-optic network
 - Seek to double the distance that information can travel securely between parties

Questions?

Thank you for your time!

APPENDIX V



THE OHIO STATE UNIVERSITY

Board of Trustees
University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201
Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

August 21, 2024 – Athletics Committee Meeting

Members Present:

Gary R. Heminger
Michael F. Kiggin
Alan A. Stockmeister

Elizabeth P. Kessler (arr. late)
Jeff M.S. Kaplan
Pierre Bigby

Bradley R. Kastan
George R. Skestos
John W. Zeiger

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Athletics Committee of The Ohio State University Board of Trustees convened on Wednesday, August 21, 2024, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Gary Heminger called the meeting to order at 12:59 p.m.

Items for Discussion:

1. **Committee Chair's Remarks:** Mr. Heminger welcomed everyone to the first meeting of the Athletics Committee and shared that he and Michael Kiggin have met several times with Ross Bjork and members of his team to prepare for today's committee meeting. The committee looks forward to working together and developing a great partnership with the athletics department.
2. **Athletics Director's Report and Introduction:** Mr. Bjork thanked the committee for their partnership with the work that lies ahead. He explained how college athletics is in a transformative time right now — every 30 minutes something is changing or evolving in the landscape. He shared how alignment with leadership is crucial in order to embrace opportunity and to engage in a strategic and thoughtful manner.

Ross expressed appreciation for the transition period he shared with Gene Smith and shared how that time felt like a blessing and a gift. It allowed him time to observe, learn and soak in the people, the place and the culture. He learned everything is connected through the people here. Relationships matter, and the culture is well-defined around excellence.

Mr. Bjork also shared some early visions from his first 52 days and those are to leave things better than found, continue to be best in class, lead in the modern era, identify the right model for Ohio State, invest in new revenue streams, be competitive at the highest level and keep culture at a high level.

3. **College Athletics Landscape:** Mr. Bjork discussed the House Settlement and gave an analysis of its impact if approved. He highlighted 1) total payback over approximately 10 years; 2) NCAA scholarship limits and roster limits; 3) allowance of revenue sharing up to 22% in the following categories: ticket sales, sponsorship, licensing revenue, college football playoff and post-season revenue; and 4) third-party NIL structure regulations. He also shared goals which included to maintain 36 sports programs.

(See Attachment XX for background information, page 408)



EXECUTIVE SESSION

It was moved by Mr. Heminger and seconded by Mr. Stockmeister that the committee recess into executive session to discuss business-sensitive trade secrets required to be kept confidential by federal and state statutes; to discuss personnel matters regarding the appointment, employment and compensation of public employees; and to consult with legal counsel regarding pending or imminent litigation.

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, Mr. Kaplan, Mr. Bigby, Mr. Kastan, Mr. Skestos and Mr. Zeiger. Ms. Kessler was not present during the vote.

The committee entered into executive session at 1:20 p.m., and the meeting adjourned at 2:42 p.m.

Athletics Committee – Public Session

August 21, 2024



College Athletics Landscape



House Settlement Impact

- Combined 3 pending cases into 1 settlement
- Defendants include NCAA, Power 4 Conferences + Notre Dame
- If approved:
 - Total pay back ~\$2.8B in back damages over ~10 years
 - Significant portion of back payments expected to go to football and men's basketball
 - Eliminates NCAA scholarship limits per sport
 - Establishes roster limits per sport
 - Establishes each University can share up to 22% of revenues
 - Establishes the ability for Conferences and NCAA to regulate 3rd party NIL structure



Ohio State Impact

- Goal is to Maintain 36 Sports
- Continue to comply with Title IX and other regulatory requirements
- Balance the Budget



APPENDIX VI



THE OHIO STATE UNIVERSITY

Board of Trustees
University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201
Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

August 21, 2024 – Academic Affairs & Student Life Committee Meeting

Members Present:

Reginald A. Wilkinson
Elizabeth A. Harsh
Elizabeth P. Kessler

Jeff M.S. Kaplan
Michael F. Kiggin
Bradley R. Kastan

Eric Bielefeld
John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Academic Affairs & Student Life Committee of The Ohio State University Board of Trustees convened on Wednesday, August 21, 2024, in person at Longaberger Alumni House on the Columbus campus. Committee Chair Reginald Wilkinson called the meeting to order at 2:59 p.m.

Dr. Wilkinson welcomed Dr. Eric Bielefeld to the committee and congratulated him on receiving the 2024 President and Provost's Award for Distinguished Faculty Service. His faculty award is included in the personnel actions today. This honor recognizes faculty members for their contributions to the development and implementation of university policies and programs through non-administrative roles while continuing to teach and pursue scholarship.

Items for Discussion:

1. **Provost's Report:** Karla Zadnik, interim executive vice president and provost, kicked off the meeting with her report. She noted Ohio State's new deans, discussion the STEAMM Rising Summer Institute, and provided updates on orientation and enrollment. She also highlighted the Tillman Scholar; the first graduates of the Bachelor of Science in Engineering Technology program from the regional campuses; the Salmon P. Chase Center for Civics, Culture, and Society, including the appointment of its inaugural executive director; and points of pride across the colleges.

(See Attachment XXI for background information, page 419)

2. **Senior Vice President for Student Life's Report:** Melissa Shivers, senior vice president for student life, reported focused plans for welcoming students to campus for the start of the new academic year.

(See Attachment XXII for background information, page 433)

Items for Action:

3. **Approval of Minutes:** No changes were requested to the May 15, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
4. **Resolution No. 2025-23, Faculty Personnel Actions:**



THE OHIO STATE UNIVERSITY

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 15, 2024, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name: KENT BARNETT*
Title: Dean and Professor (J. Gilbert Reese Chair in Contract Law)
College: Law
Term: August 15, 2024, through June 30, 2029

Name: STEPHEN BELL*
Title: Professor (Ohio Eminent Scholar in Industrial Microbiology)
College: Arts and Sciences
Term: August 15, 2024, through June 30, 2029

Name: TREVOR BROWN
Title: Interim Dean
College: Max M. Fisher College of Business
Term: July 1, 2024, through June 30, 2025

Name: LISA BURRIS
Title: Associate Professor (College of Engineering Innovation Scholar)
College: Engineering
Term: August 15, 2024, through June 30, 2029

Name: BRYAN CARSTENS
Title: Professor and Chair (Robert W. and Estelle S. Bingham Designated Professorship)
College: Arts and Sciences
Term: August 15, 2024, through August 14, 2029

Name: EDWARD COOPER
Title: Professor-Clinical (Wolfe Associates Inc. Endowed Professorship in Canine Clinical and Comparative Medicine)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Title: MARYAM GHAZISAEIDI
College: Professor (Distinguished Professor of Engineering)
Term: Engineering
Term: August 15, 2024, through June 30, 2029

Name: PHILIP HART
Title: Professor-Clinical (Endowed Professorship in Gastroenterology Research)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: MAUREEN KELLEHER
Title: Associate Professor-Clinical (Trueman Chair in Equine Medicine and Surgery)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028



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Name: RYAN KENNEDY*
Title: Professor (Andrei Baronov and Ratmir Timashev Endowed Chair in Data Analytics)
College: Arts and Sciences
Term: August 15, 2024, through June 30, 2029

Name: RUSSELL LONSER
Title: Professor and Chair (Sanford and Rife Family Chair in Neuro-Oncology)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: JASON NEWLAND
Title: Professor (Henry G. Cramblett Chair in Medicine)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: JASON OPAL*
Title: Dean and Professor
College: The Ohio State University at Mansfield
Term: August 15, 2024, through August 14, 2029

Name: CHRISTINE PETERSEN*
Title: Professor (Robert H. Rainier Endowed Chair in Industrial Veterinary Medicine and Research)
College: Veterinary Medicine
Term: June 15, 2024, through June 14, 2028

Name: SUNNIE RUCKER-CHANG
Title: Associate Professor (Kenneth E. Naylor Professorship)
College: Arts and Sciences
Term: July 1, 2024, through June 30, 2029

Name: MATTHEW SMITH*
Title: Dean and Professor
College: The Ohio State University at Newark
Term: August 1, 2024, through July 31, 2029

Name: BRYAN WARNICK
Title: Professor and Interim Chair (Daniel Tanner Foundation Endowed Professor in Curriculum Studies on Adolescence and Democracy)
College: Education and Human Ecology
Term: August 15, 2024, through August 14, 2029

Name: MARGARET YOUNG
Title: Dean
College: The Ohio State University at Lima
Term: July 1, 2024, through June 30, 2029

Reappointments

Name: GREG ALLENBY
Title: Professor (Helen C. Kurtz Chair in Marketing)
College: Fisher College of Business
Term: October 1, 2024, through August 14, 2029



THE OHIO STATE UNIVERSITY

Name: SHARYN BAKER
Title: Professor (Gertrude Parker Heer Chair in Cancer Research)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: PROSPER BOYAKA
Title: Professor and Chair (Stanton Youngberg Professorship of Veterinary Medicine)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: TERESA BURNS
Title: Associate Professor (Bud and Marilyn Jenne Designated Professorship in Equine Clinical Sciences and Research)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: OSVALDO CAMPANELLA
Title: Professor (Carl E. Haas Chair in Food Industries)
College: Food, Agricultural, and Environmental Sciences
Term: June 1, 2024, through June 30, 2029

Name: RALPH AUGOSTINI
Title: Professor-Clinical (Bob Frick Chair in Cardiac Electrophysiology)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: DANIEL CLINCHOT
Title: Professor and Chair (Harry C. and Mary Elizabeth Powelson Professorship in Medicine)
College: Medicine
Term: July 1, 2024, through February 28, 2025

Name: ROGER FINGLAND
Title: Professor (Frank Stanton Chair in Veterinary General Practice and Canine Health and Wellness)
College: Veterinary Medicine
Term: June 1, 2024, through May 30, 2029

Name: CHRISTOPHER HOCH
Title: Associate Professor (Endowed Chair for Director of The Ohio State University Marching Band)
College: Arts and Sciences
Term: July 1, 2024, through June 30, 2028

Name: MARK LANDON
Title: Professor and Chair (Richard L. Meiling Chair of Obstetrics and Gynecology)
College: Medicine
Term: July 1, 2024, through June 30, 2027

Name: CHERYL LEE
Title: Professor and Chair (Dorothy M. Davis Chair in Cancer Research)
College: Medicine
Term: July 1, 2024, through June 30, 2028



THE OHIO STATE UNIVERSITY

Name: PETER MANSOOR
Title: Professor (Major General Raymond E. Mason, Jr. Chair of Military History)
College: Arts and Sciences
Term: July 1, 2024, through June 30, 2029

Name: SAYOKO MOROI
Title: Professor and Chair (William H. Havener, M.D. Chair in Ophthalmology Research)
College: Medicine
Term: January 5, 2024, through June 30, 2028

Name: ANDREW NIEHAUS
Title: Professor-Clinical (The Vernon L. Tharp Professorship in Food Animal Medicine)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: TIMOTHY PAWLIK
Title: Professor and Chair (Urban Meyer III and Shelley Meyer Chair for Cancer Research)
College: Medicine
Term: July 1, 2024, through June 30, 2028

Name: LAURA SELMIC
Title: Professor (Teckie and Don Shackelford Chair in Canine Medicine)
College: Veterinary Medicine
Term: July 1, 2024, through June 30, 2028

Name: ORI YEHUNDAI
Title: Associate Professor (Saul and Sonia Schottenstein Chair in Israel Studies)
College: Arts and Sciences
Term: August 15, 2024, through June 30, 2029

Extensions

Name: ERIC ANDERMAN
Title: Interim Dean and Director
College: The Ohio State University at Mansfield
Term: July 1, 2024, through August 14, 2024

Name: WILLIAM MACDONALD
Title: Dean and Director
College: The Ohio State University at Newark
Term: July 1, 2024, through July 31, 2024

Name: GREG ROSE
Title: Dean and Director
College: The Ohio State University at Marion
Term: July 1, 2024, through December 31, 2024

*New Hire



THE OHIO STATE UNIVERSITY

University Faculty Awards

Name: JULIA APPEGATE
Title: Senior Lecturer (2024 Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: ERIC BIELEFELD
Title: Professor and Chair (2024 President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences

Name: ANGELA COLLENE
Title: Senior Lecturer (2024 Provost's Award for Distinguished Teaching by a Lecturer)
College: Education and Human Ecology

Name: ELIZABETH HEWITT
Title: Professor and Chair (2024 President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences

Name: CHRISTOPHER JARONIEC
Title: Professor (2024 President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences

Name: KATRINA LEE
Title: Professor-Clinical (2024 Alumni Award for Distinguished Teaching)
College: Law

Name: JUDIT PUSKAS
Title: Professor (Distinguished University Professor)
College: Food, Agricultural, and Environmental Sciences

Name: JOE RACZKOWSKI
Title: Associate Professor-Clinical (2024 Alumni Award for Distinguished Teaching)
College: Food, Agricultural, and Environmental Sciences

Name: FRANCES SIVAKOFF
Title: Assistant Professor (2024 Alumni Award for Distinguished Teaching)
College: Arts and Sciences

Name: DAWN STARR
Title: Senior Lecturer (2024 Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: MARY STERENBERG
Title: Assistant Professor-Clinical (2024 Alumni Award for Distinguished Teaching)
College: Arts and Sciences

Name: AMY TIBBALS
Title: Senior Lecturer (2024 Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences



THE OHIO STATE UNIVERSITY

Name: ZACH WOODS
Title: Assistant Professor-Practice (2024 Alumni Award for Distinguished Teaching)
College: Pharmacy

(See Appendix XIII for background information, page 575)

Action: Upon the motion of Dr. Wilkinson, seconded by Mrs. Harsh, the foregoing motions were adopted by unanimous voice vote with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Ms. Kessler, Mr. Kaplan, Mr. Kiggin, Mr. Kastan, Dr. Bielefeld and Mr. Zeiger.

EXECUTIVE SESSION

It was moved by Dr. Wilkinson and seconded by Mr. Kaplan that the committee recess into executive session to discuss 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.

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. Kaplan, Mr. Kiggin, Mr. Kastan, Dr. Bielefeld and Mr. Zeiger.

The committee entered executive session at 3:44 p.m., and the meeting adjourned at 4:54 p.m.



Provost's Report

Karla Zadnik, Interim Executive Vice President and Provost
August 2024

Welcome new deans



Kent Barnett
Dean
Moritz College of Law



Matthew J. Smith
Dean and Director
Ohio State Newark



Jason Opal
Dean and Director
Ohio State Mansfield



Margaret Young
Dean and Director
Ohio State Lima

STEAMM Rising Summer Institute

- Weeklong opportunity for Columbus City Schools teachers to experience STEAMM activities
- Foster understanding of opportunities in STEAMM fields to share with students





University Orientation



Enrollment update

Ohio State's 11th Tillman Scholar



Eric Sowers

- PhD Candidate, College of Social Work
- Ohio State Military Community Advocate
- U.S. Army 82nd Airborne Division veteran
- Columbus City Schools graduate

First Bachelor of Science in Engineering Technology (BSET) students graduate

- Launched beginning in 2020 on Ohio State's regional campuses
- Prepares students to work in high-demand industries



#4 partner-friendly research university

- Ohio State ranked No. 4 in national ranking of partner-friendly hiring practices
- Dual Careers and Faculty Relocation provides new/prospective faculty members and their families with resources and support



Mellon Foundation- funded Spark grants

- Provide seed funding to community-engaged arts projects
- Enable arts-driven innovation to flourish across Ohio, including projects in communities served by regional campuses



Salmon P. Chase Center for Civics, Culture, and Society



Lee J. Strang

Inaugural executive director

- Served as inaugural director of University of Toledo's Institute of American Constitutional Thought & Leadership
- Will have responsibility for organizing the Chase Center, hiring faculty, and developing curriculum and academic programming

Resilient farm solutions

- \$10 million USDA grant
- College of Food, Agricultural, and Environmental Sciences leading transdisciplinary team
- Advance climate-resilient solutions for Midwest farmers



Transforming physics education

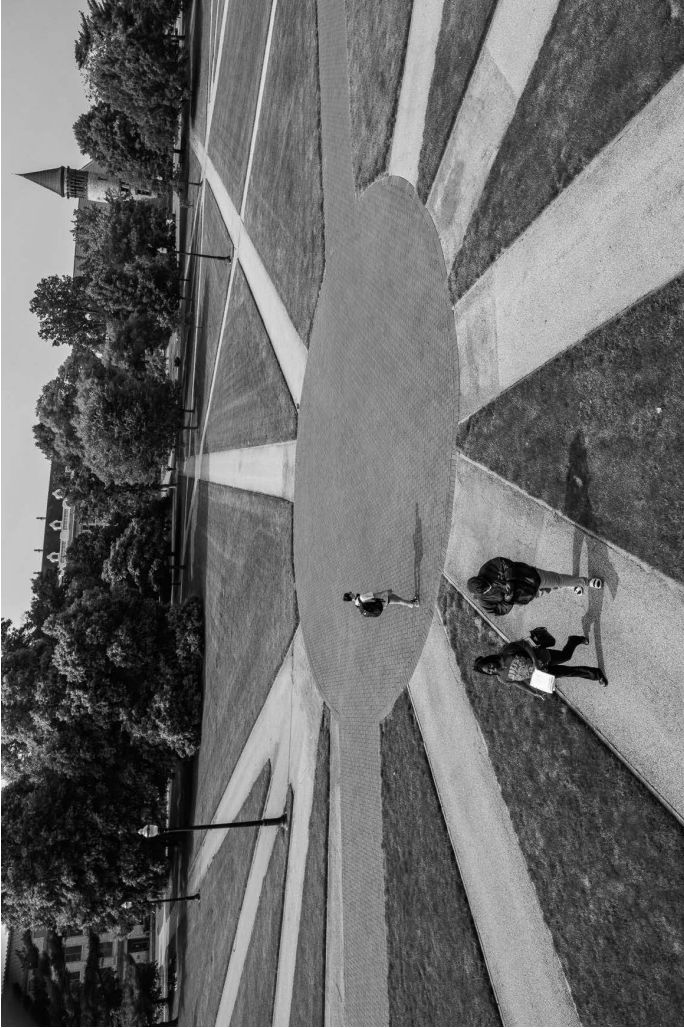
- \$500,000 NSF grant to lead project to transform introductory physics courses
- Broaden participation in STEM
- Create physics courses that support all enrolled students



Fisher partnership with JobsOhio

- Fisher College of Business Working Professional MBA students spent the spring working with a German-based company to establish viable U.S. presence
- Part of college's Global Applied Projects program, sponsored by JobsOhio
- Partnership connects international companies with Ohio's workforce





Thank you



Rolling Out the Scarlet Carpet



Dr. Melissa S. Shivers
Senior Vice President for Student Life



Summer Preparation

By the numbers

20,000 spaces cleaned, painted and/or serviced for maintenance

1,200 mattresses replaced

3,000 new pieces of furniture assembled and installed

30+ dining locations' equipment tested and prepared

754,000 square feet of indoor recreation and fitness space cleaned and prepped

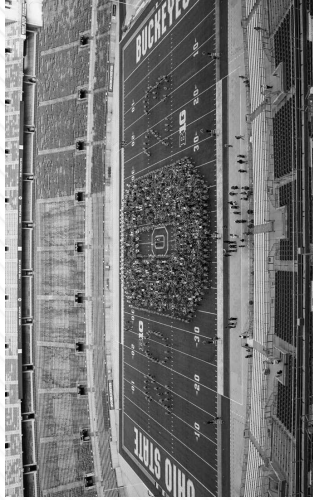
27 two-day orientation sessions

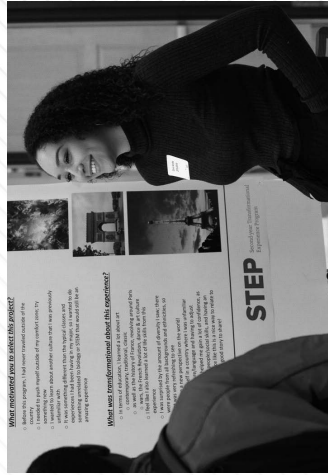
400+ Resident and Community Advisors onboarded for Housing and Residence Education





Welcome Week





Student Success

Student Speaker



Ash Williams

Rank: Third year-student

Major: Biology, Pre-Dental

Hometown: New Madison, Ohio

Campus: Columbus





Questions?



APPENDIX VII



Board of Trustees
University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201
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Fax (614) 292-5903
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SUMMARY OF ACTIONS TAKEN

August 22, 2024 – Master Planning & Facilities Committee Meeting

Members Present:

Juan Jose Perez
George A. Skestos
Alan A. Stockmeister

Elizabeth A. Harsh
Reginald A. Wilkinson
Pierre Bigby

Robert H. Schottenstein
John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Master Planning & Facilities Committee of The Ohio State University Board of Trustees convened on Thursday, August 22, 2024, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair John Perez called the meeting to order at 7:59 a.m.

Mr. Perez thanked Chairman Zeiger for the opportunity and for his confidence in asking him to serve as chairman of this committee. Next, Mr. Perez thanked Alan Stockmeister for continuing to serve on the committee and noted that his past knowledge of this committee will be valuable. He also thanked George Skestos for his partnership in agreeing to serve as vice chair of the committee.

Chair Perez acknowledged Mark Conselyea in his interim role as senior vice president for administration and planning, while also serving as vice president for facilities, operations and development.

Items for Discussion:

1. **Physical Environment Scorecard:** Mark Conselyea, interim senior vice president for administration and planning, presented the Physical Environment Scorecard tracking metrics related to campus operations and safety. The scorecard continued to have one metric coded in red: Traffic Accidents Injury. Three metrics were coded yellow compared to five in May 2024: Capital Investment Program Spend, Facility Condition Index, and EHS Recordable Accident Rate. He also noted on-campus and off-campus crime statistics are down significantly compared to the same period of time last year and to this year's target. On-campus crime statistics are down 26.9%, and off-campus crime is down 46.8%.

Mr. Conselyea called out the outstanding work of the Department of Public Safety and their partners in the Columbus Division of Police. He also recognized university Chief of Police Kimberly Spears-McNatt on her retirement at the end of August after serving Ohio State for three decades.

(See Attachment XXIII for background information, page 444)

2. **Major Project Updates:** Mr. Conselyea shared the standard report on all projects over \$20 million. He noted the Combined Heat and Power Plant is not on track for both schedule and budget.

(See Attachment XXIV for background information, page 445)



THE OHIO STATE UNIVERSITY

Items for Action:

3. Approval of Minutes: No changes were requested to the May 16, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
4. Resolution No. 2025-24, Approval of Fiscal Year 2025 Capital Investment Plan:

Synopsis: Authorization and acceptance of the capital investment plan for the fiscal year ending June 30, 2025, as proposed.

WHEREAS the university has presented the recommended capital expenditures for the fiscal year ending June 30, 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;

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that Capital Investment Plan for the fiscal year ending June 30, 2025, 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.

(See Appendix XIV for background information, page 582)

5. Resolution No. 2025-25, Approval of Ohio State Energy Partners Utility System Capital Improvements Plan for Fiscal Year 2025:

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 2025; 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 2025 OSEP CIP in May 2024, prior to the university's finalization of its capital investment plan for fiscal year 2025; and

WHEREAS the university has now finalized its capital investment plan for fiscal year 2025; and

WHEREAS the fiscal year 2025 OSEP CIP includes the requests for approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2024; 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



THE OHIO STATE UNIVERSITY

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 2025 OSEP CIP; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2025 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix XV for background information, page 584)

- 6. Resolution No. 2025-26, Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts:

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
DHLRI – FIRE AND HVAC SYSTEM RENEWAL

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
AIRPORT CAPITAL IMPROVEMENTS
COLLEGE ROAD REBUILD
RHODES 3RD FLOOR LAB EXPANSION RIFFE 2ND FLOOR CLASSROOMS
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 professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
DHLRI – Fire and HVAC System Renewal	\$1.8M	\$1.8M	University 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



THE OHIO STATE UNIVERSITY

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Airport Capital Improvements	\$0.3M	\$7.6M	\$7.9M	University debt Partner funds
College Road Rebuild	\$0.8M	\$4.7M	\$5.5M	University debt
Rhodes 3 rd Floor Lab Expansion	\$0.6M	\$4.1M	\$4.7M	Auxiliary funds
Riffe 2 nd Floor Classrooms Tunnel Rehabilitation Phase 1	\$0.3M	\$2.7M	\$3.0M	University funds
	\$0.7M	\$30.5M	\$31.2M	University funds University debt 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.

(See Appendix XVI for background information, page 587)

7. Resolution No. 2025-27, Approval for Acquisition of Real Property:

4.16 +/- ACRES AT 1165 KINNEAR ROAD,
FRANKLIN COUNTY, COLUMBUS, OHIO

Synopsis: Authorization to purchase real property located at 1165 Kinnear Road, Franklin County, Columbus, Ohio, is proposed.

WHEREAS The Ohio State University seeks to purchase approximately 4.16 acres of improved real property located at 1165 Kinnear Road, Franklin County, Columbus, Ohio, identified as Franklin County parcel number 130-011588-00 and which is bordered to the east and west by property owned by The Ohio State University; and

WHEREAS the university has been leasing the property for office, storage, shop and technical services, supporting the university since 2006; and

WHEREAS the University has identified this site as needed for long term strategic purposes consistent with the Framework Plan:



THE OHIO STATE UNIVERSITY

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

(See Appendix XVII for background information, page 593)

Action: Upon the motion of Mr. Perez seconded by Mr. Skestos, the foregoing motions were adopted by unanimous voice vote with the following members present and voting: Mr. Perez, Mr. Skestos, Mr. Stockmeister, Mrs. Harsh, Dr. Wilkinson, Mr. Bigby, Mr. Schottenstein and Mr. Zeiger.

EXECUTIVE SESSION

It was moved by Mr. Perez and seconded by Mr. Stockmeister that the committee recess into executive session to discuss the purchase of property; 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 move into executive session with the following members present and voting: Mr. Perez, Mr. Skestos, Mr. Stockmeister, Mrs. Harsh, Dr. Wilkinson, Mr. Bigby, Mr. Schottenstein and Mr. Zeiger.

The committee entered executive session at 8:15 a.m., and the meeting adjourned at 9:33 a.m.

ATTACHMENT XXIII

August 2024 Board Meeting
FY24 YE | Through June 2024



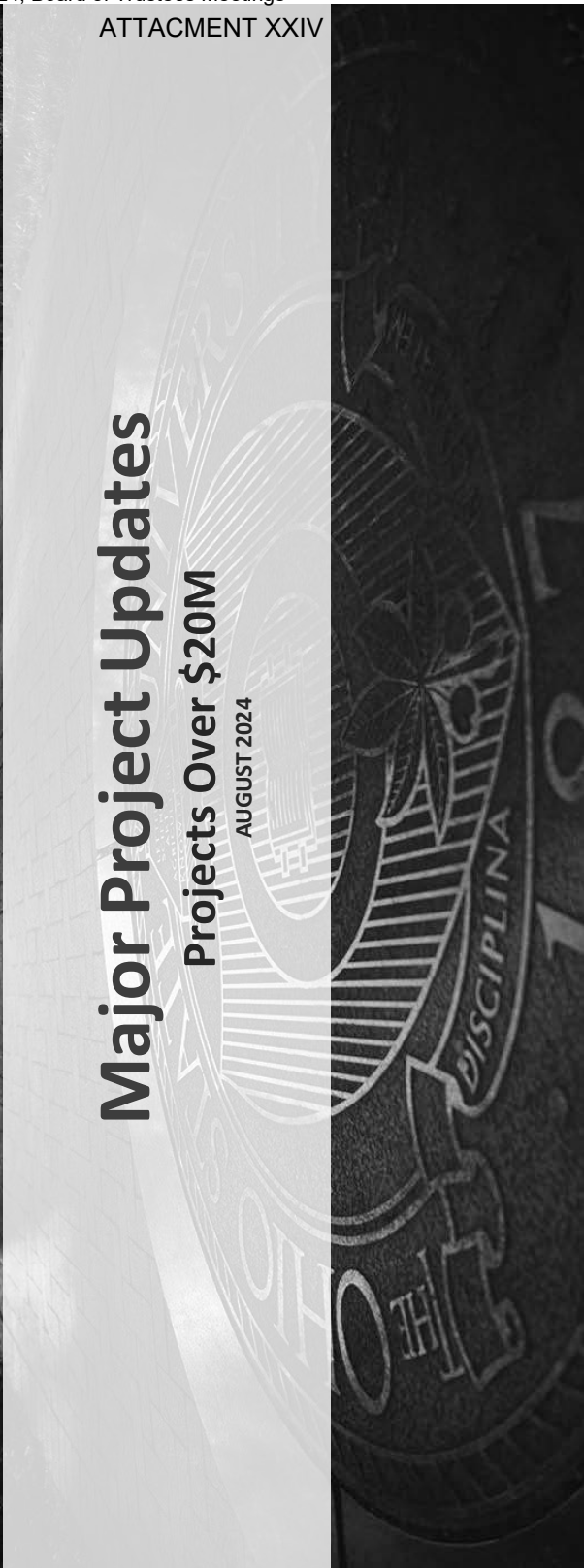
PHYSICAL ENVIRONMENT	Actual Prior Year Same Period (FY23 YTD)	FY24 Year-to-Date			Actual vs Target	FY24 Annual Target (Budget)	Comments
		Actual	Target (Budget)	Target %Var			
1. A&P Total Uses (General & Earnings Funds)	\$216,257,253	\$194,602,489	\$195,637,025	-0.5%	▲	\$195,654,312	
B. OPERATIONAL							
1. % Projects Completed On Time >\$200K	95.5%	100.0%	90.0%	11.1%	■	90.0%	66 of 66 Projects completed On-Time
2. % Projects Completed On Budget >\$200K	100.0%	100.0%	90.0%	11.1%	■	90.0%	66 of 66 Projects completed On-Budget.
3. Capital Investment Program Spend**	\$1,110.2	\$904.7	\$1,097.8	-17.6%	▽	\$1,097.8	In Millions. Planned spend impacted by timing of project initiation and billing. Completed building assessments as of June 30, 2024. 265 buildings assessed, 23.0 million GSF. Not representative sample, target targets still under review.
4. Facility Condition Index**	0.11	0.12	0.08	50.0%	□	0.08	Year-over-year increase in total ride-shp./year-to-date ridership exceeds projected ridership.
5. CABS Riders	2,738,308	3,168,098	2,770,000	14.4%	▽	2,770,000	YTD (User Counts), Targeted = 69.7%, Permit = 79.8%, Mixed = 75.5% CompuPAC uses top counters to track counts. In high demand via season-over 100%.
6. WMC Parking Garage Peak Time Occupancy %***	81.4%	75.0%	80.0%	-6.2%	■	80.0%	Key contributors: Cannon Phase 2, Roof Replacements, Dool Garage, DHC/Eagle Projects, Tunnel Top Restoration, VMC Equine Arena, 12th Avl Garage, Sisson Hall Teng Chiller, Kinneer Window Replacement, Kinneer Fire Damage.
7. Cost of Daily Temporary Parking Space Closures	\$196,362	\$514,931	\$630,560	-16.3%	■	\$630,560.00	FY24 YTD Viewers (households & broad band streaming) up 14.4% from last year. Classical 101 radio listeners up 16.1% YTD from last year.
8. WOSU Broadcast Audience (Viewers, Listeners)	662,383	691,225	662,383	4.4%	■	662,383	Video views increased 24.5% YTD from last year. Streaming users are down but the length of streaming has increased on both 89.7 (4c m-w-a-sa) and Classical 101 (8 h-a-e-a-sa) from June 2023.
9. WOSU Digital Audience (Unique Visitors, Video Views, Digital Audio)	7,227,241	7,796,015	7,227,241	7.9%	▲	7,227,241	
C. SAFETY							
1. EHS Recordable Accident Rate (CYTD)	0.56	1.61	1.60	0.6%	▽	1.60	2024 Calendar YTD
2. Major On-Campus Crimes	173	174	238	-26.9%	▽	238	Motor/Motorized Vehicle Theft is highest category due to recent inclusion of e-scooters and e-bicycles
3. Avg Response Time to In-Progress Calls for Svc	4:34	4:29	5:00	-14.2%	▽	5:00	Consistently below Target
4. Traffic Accidents Injury	17	36	26	27.8%	■	26	Recent uptick in motor vehicle accidents, mostly between 7am and 3pm (55% of total)
5. Traffic Accidents Non-Injury	114	110	114	-3.5%	▽	114	Below Target and Prior Year
6. Off-Campus Crime Statistics	1,201	890	1,673	-46.8%	▽	1,673	Below Target & Prior Year; Burglaries, Motor Vehicle Thefts and Theft From Vehicles have all been down

** For B3. Capital Investment Program Spend, Green = "Target %Variance" of + or - 10%, with an additional Yellow range extending 10% above and 20% below the Green range.
 ** For B4. Facility Condition Index, Green: <= 0.08; Yellow: >= 0.09, <= 0.15; Red: > 0.15. Target %Variance = Actual - Target.
 *** For B6&7. Parking Garage Peak Time Occupancy %, the target is 80% + or - 5% pts., with an additional 5% pt. Yellow range in both directions. Peak time measured on weekdays between 12:30 and 1:30 p.m.

Major Project Updates

Projects Over \$20M

AUGUST 2024



Project Status Report - Current Projects Over \$20M

PROJECT NAME	CONSTRUCTION COMPLETION DATE	APPROVALS		BUDGET	ON TIME	ON BUDGET
		DES	CON			
Martha Morehouse Facility Improvements	11/24	✓	✓	\$51.3 M		
Celeste Lab Renovation	11/24	✓	✓	\$50.5 M		
Cannon Drive Relocation - Phase 2	12/24	✓	✓	\$68.1 M		
Combined Heat & Power Plant/District Heating & Cooling Loop	1/25	✓	✓	\$420.8 M		
Battery Cell Research & Demonstration Center	5/25	✓	✓	\$22.7 M		
Biomedical and Materials Engineering Complex Phase 2	9/25	✓	✓	\$94.3 M		
Wexner Medical Center Inpatient Hospital	10/25	✓	✓	\$1,943.0 M		
Waterman Multispecies Animal Learning Center (MALC)	11/25	✓	✓	\$58.2 M		
Campbell Hall Renovation	4/26	✓	✓	\$61.2 M		
Wexner Medical Center Outpatient Care Powell	4/26	✓	✓	\$183.0M		
Ohio State East Hospital 4th Floor OR Renovation	11/26	✓	✓	\$22.3 M		
TOTAL – PROJECTS				\$2,975.4 M		

On Track
 Watching Closely
 Not on Track

Martha Morehouse Facility Improvements

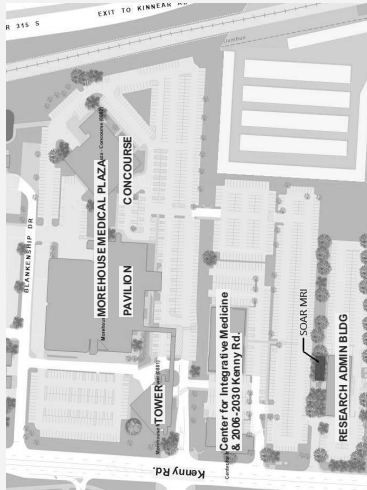
MARTHA MOREHOUSE FACILITY IMPROVEMENTS

Renovate 14 department areas within Morehouse Pavilion in 5 phases, including 8,500 square feet of building addition and 105,000 square feet of existing space.

State of Ohio Adversity and Resilience (SOAR) study MRI modular unit and 1960 Kenny Road first floor renovation has been added to this project. Scope includes the purchase of the MRI, construction of a modular unit to house the MRI, and the renovation of the 1st floor of the Research Administration Building.

PROJECT FUNDING: Auxiliary funds, Grant Funds (SOAR)

PROJECT UPDATE: The final clinic in Martha Morehouse, Outpatient Rehab, will open in September 2024. SOAR modular MRI unit design is complete. Construction is scheduled to be completed at the end of 2024.



CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$46.5 M	Architect of Record	BDTAID
Total Project	\$51.3 M	CM at Risk	Elford

PROJECT SCHEDULE	
Bot Approval	8/19
Construction	9/20-11/24
Facility Opening - Phased	12/24

■ On Budget

■ On Time

Celeste Lab Renovation



CELESTE LAB RENOVATION

Upgrade the building mechanical, electrical and plumbing systems; renovate approximately 18,500 square feet of chemistry labs and support spaces; improve the exterior envelope.

PROJECT FUNDING: University funds; state funds; fundraising

PROJECT UPDATE: Renovations for the final four labs and the 2nd and 3rd floor office suites are complete. The modernization of the passenger elevator will be completed by the end of August 2024. The modernization of the freight elevator will be complete in November 2024.

CURRENT BUDGET	
Construction w/ Cont	\$41.9 M
Total Project	\$50.5 M

CONSULTANTS	
Architect of Record	BHDP
CM at Risk	Elford

PROJECT SCHEDULE	
BoT Approval	8/18
Construction	7/20-11/24
Facility Opening	11/24



Cannon Drive Relocation – Phase 2



CANNON DRIVE RELOCATION – PHASE 2

Rebuild Cannon Drive between John Herrick Drive and Woody Hayes Drive at its current elevation and construct a certified ODNR flood protection levee.

Work also includes a new signalized intersection at Woody Hayes Drive and the continued expansion of the river park.

PROJECT FUNDING: University debt; auxiliary funds; partner funds

PROJECT UPDATE: Siphon construction is 99% complete. Cannon/Herrick intersection is open. Northwest and West Stadium Lots will be open for fall semester 2024. Drake Union demolition is complete.

CURRENT BUDGET	
Construction w/ Cont	\$55.5 M
Total Project	\$68.1 M

CONSULTANTS	
Architect/Engineer	EMH&T
CM at Risk	Ige/Ruhlin (JV)

PROJECT SCHEDULE	
BoT Approval	8/17
Construction	8/22–12/24
Facility Opening	1/25



Combined Heat & Power Plant / District Heating & Cooling Loop



COMBINED HEAT AND POWER PLANT/ DISTRICT HEATING AND COOLING LOOP – CHP/ DHC

105 MW combined heat and power (CHP) plant, with a heating capacity of 285 Kib/hrs of superheated steam. The CHP plant will also contain an 8,000-ton cooling facility with future build-out potential to 13,000-ton. Installation of heating hot water (HHW) and chilled water (CW) on the midwest and west campuses to support existing and new campus buildings. Rehabilitation of John Herrick Drive bridge to support new utilities which connect the CHP to central campus.

PROJECT FUNDING: Utility fee

PROJECT UPDATE: Plant operation is not expected until mid-May, although the project team continues to evaluate and implement options to improve the timeline. The team is closely monitoring the budget and actively managing the financial and operational risks.

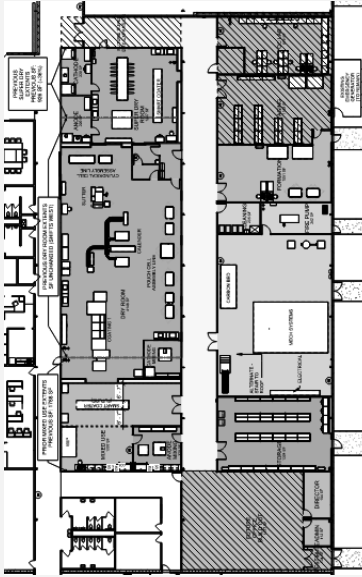
CURRENT BUDGET	
Total Project	\$420.8 M
PROJECT SCHEDULE	
BoT Approval	8/19
Construction	01/25
Facility Opening	01/25

CONSULTANTS	
Operator's Engineer	HDR
Design-Builder (CHP)	Mas Tec
CMR (DHC/Bridge)	Whiting Turner/CK
A/E (DHC)	RMF Engineering
A/E (Bridge)	EMH&T

On Budget On Time



Battery Cell Research & Demonstration Center



Battery Cell Research & Demonstration Center

The project will renovate 21,773 square feet of existing space within the Sci-Tech facility to create a prototype lab that will accelerate the development of battery cell materials and manufacturing technologies.

PROJECT FUNDING: Corporate Partners

PROJECT UPDATE: HVAC units that have a long lead time were ordered June 2024. Construction began late July.

CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$17.7 M	Architect of Record	Wellogy
Total Project	\$22.7 M	CM at Risk	Whiting Turner

PROJECT SCHEDULE	
Bot Approval	08/23
Construction	07/24-05/25
Facility Opening	06/25

On Budget
 On Time

Biomedical and Materials Engineering Complex Phase 2



Biomedical and Materials Engineering Complex Phase 2

This project will demolish Watts Hall (35,500 square feet) and renovate MacQuigg Laboratory (76,300 square feet) and include an addition to MacQuigg. The project will provide facilities for first-year engineering, biomedical engineering and materials engineering. It will provide improved building services and create a dynamic and energy efficient facility.

PROJECT FUNDING: State funds, fundraising, university debt

PROJECT UPDATE: Footings and slabs are in progress to support the second stair and elevator tower in the new addition. Demolition of the connector between MacQuigg and Fontana is complete.



CURRENT BUDGET	
Construction w/ Cont	\$84.4 M
Total Project	\$94.3 M

CONSULTANTS	
Architect/Engineer	DLR Group
CM at Risk	Walsh Construction

PROJECT SCHEDULE	
BoT Approval	05/23
Construction	08/23–09/25
Facility Opening	12/25



Wexner Medical Center Inpatient Hospital

WEXNER MEDICAL CENTER INPATIENT HOSPITAL

New 1.9M square foot inpatient hospital tower with up to 820 beds in private room settings replacing and expanding on the 440 beds in Rhodes Hall and Doan Hall including an additional 84 James beds. Facilities include state-of-the-art diagnostic, treatment and inpatient service areas including emergency department, imaging, operating rooms, 51 neonatal intensive care unit bassinets, critical care and medical/surgical beds, and leading-edge digital technologies to advance patient care, teaching and research.

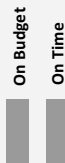
PROJECT FUNDING: University debt; fundraising; auxiliary funds

PROJECT UPDATE: Punchlist for lower-level floors began in July 2024 and turnover will begin in October 2024 for lower-level, ground-level, and level 1. Roofing has begun on the level 2 terrace. Canopy steel is underway in Phase 1 of the forecourt, main lobby terrazzo is nearly complete, and the main revolving door was installed.



CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$1,774.2 M	Architect of Record	HDR
Total Project	\$1,943.0 M	CM at Risk	Walsh-Turner (JV)

PROJECT SCHEDULE	
BoT Approval	2/18
Construction	9/20-10/25
Facility Opening	Q1/Q2 2026



Waterman Multispecies Animal Learning Center (MALC)



MULTISPECIES LEARNING CENTER

Construction of a new 100,000 square foot animal facility and a new 24,000 square foot dairy to support the College of Food, Agricultural, and Environmental Sciences (CFAES) strategy for Waterman by providing access to animals, educational spaces, technology, equipment, and amenities. Program spaces include animal barns, a multi-purpose indoor arena, teaching, meeting and event spaces.

PROJECT FUNDING: University funds, state funds, fundraising

PROJECT UPDATE: Demolition of the existing barn structures is complete. Grading of the site and the building pad is underway. Long-lead items have been ordered to keep the project on schedule.

CURRENT BUDGET	
Construction w/ Cont	\$49.0 M
Total Project	\$58.2 M

CONSULTANTS	
Architect of Record	Wellgoly
CM at Risk	CK Construction

PROJECT SCHEDULE	
BoT Approval	08/23
Construction	02/24-11/25
Facility Opening	11/25



Campbell Hall Renovation



CAMPBELL HALL RENOVATION

This project will renovate the 115,000 square feet of Campbell Hall. The interior renovation will enable the College of Education and Human Ecology's longtime goal of centralizing teaching, research, and administrative functions along Neil Avenue. The project will address all deferred maintenance including new MEP systems, roofing, building envelope, and windows.

PROJECT FUNDING: State Funding, Fund Raising & Local Funds

PROJECT UPDATE: Demolition, structural steel reinforcement, and temporary electric are now complete. Contractors are currently working on new masonry openings and slab floor leveling in the original 1916 portion of the building. Long lead material orders for switchgear, generator and mechanical equipment have been placed.

CURRENT BUDGET	
Construction w/ Cont	\$48.0 M
Total Project	\$61.2 M

CONSULTANTS	
Architect of Record	Schooley Caldwell
CM at Risk	CK Construction Group

PROJECT SCHEDULE	
BoT Approval	5/23
Construction	07/23 - 04/26
Facility Opening	05/26



Wexner Medical Center Outpatient Care Powell



WEXNER MEDICAL CENTER OUTPATIENT CARE POWELL

Construct an approximately 200,000 square foot outpatient facility that will include a five-story medical office building and two-story ambulatory health center which includes imaging, outpatient rehab/PT, endoscopy, and support services.

PROJECT FUNDING: Auxiliary funds

PROJECT UPDATE: Site mobilization and fencing are complete. Site utilities and pavement are underway. Structural steel began in July 2024.

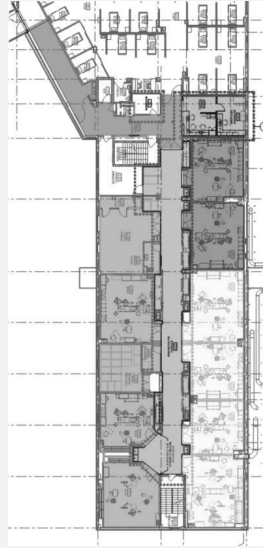
CURRENT BUDGET	
Construction w/ Cont	\$150.4M
Total Project	\$185.0 M

CONSULTANTS	
Architect of Record	DLR
CM at Risk	CK Construction

PROJECT SCHEDULE	
BoT Approval	02/24
Construction	04/24-04/26
Facility Opening	08/26



Ohio State East Hospital 4th Floor OR Renovation



OHIO STATE EAST HOSPITAL 4TH FLOOR OR RENOVATION

This project will renovate the existing Operating Rooms (OR) on the 4th Floor of the North Main Hospital Building. This project will go from 10 ORs to 9, as part of a projected 6-phase construction project. The existing operating rooms will be enlarged to meet joint commission requirements, add more designated storage areas, and add additional workspace. Two new air handler units will also be installed.

PROJECT FUNDING: Auxiliary funds

PROJECT UPDATE: Construction will begin mid-November 2024 with enabling efforts prior to impacting any of the OR spaces. First impact to the OR spaces is anticipated to occur in January 2025.

CURRENT BUDGET		CONSULTANTS	
Construction w/ Cont	\$18.2 M	Architect of Record	IKM Architects
Total Project	\$22.3 M	CM at Risk	Messer

PROJECT SCHEDULE	
BoT Approval	05/23
Construction	11/24-11/26
Facility Opening	11/2026

On Budget
 On Time

APPENDIX VIII



THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

August 22, 2024 – Finance & Investment Committee Meeting

Members Present:

Tomislav B. Mitevski
Pierre Bigby
Gary R. Heminger
Lewis Von Thaar

Michael F. Kiggin
George A. Skestos
Joshua H.B. Kerner
Amy Chronis

Kent M. Stahl
John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Finance & Investment Committee of The Ohio State University Board of Trustees convened on Thursday, August 22, 2024, in person at Longaberger Alumni House on Ohio State's Columbus campus. Committee Chair Tomislav Mitevski called the meeting to order at 9:58 a.m.

Chair Mitevski acknowledged and thanked Pierre Bigby for agreeing to serve as vice chair of this committee.

Items for Discussion:

1. **Annual University Financial Overview:** Michael Papadakis, senior vice president and chief financial officer, Office of Business and Finance, provided the annual overview of the university's unaudited FY24 financial results. This included the financial performance for the year covering income statement and balance sheet summaries along with a thorough review of cash position, efficiencies and investment portfolio performance.

(See Attachment XXV for background information, page 466)

2. **FY25 Capital Investment Plan and Ohio State Energy Partners Capital Plan:** Mr. Papadakis presented on the final Capital Investment Plan and the Ohio State Energy Partners Capital Plan. The interim plans for both were approved in May 2024, in anticipation of final approval of the state capital budget, which occurred in late June.

(See Attachment XXVI for background information, page 489)

3. **Advancement Update:** Michael Eicher, senior vice president for advancement, provided an update on fundraising totals for FY24. The Foundation Report included the establishment of endowments totaling \$7.65M and a \$10M pledge in memory of Rita Jean Wolfe made by her mother Ann Wolfe, sisters Katie and Sara, and the Wolfe Foundation.

(See Attachment XXVII for background information, page 491)



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Items for Action:

4. Approval of Minutes: No changes were requested to the May 16, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.
5. Resolution No. 2025-24, Approval of Fiscal Year 2025 Capital Investment Policy:

Synopsis: Authorization and acceptance of the capital investment plan for the fiscal year ending June 30, 2025, as proposed.

WHEREAS the university has presented the recommended capital expenditures for the fiscal year ending June 30, 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;

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that Capital Investment Plan for the fiscal year ending June 30, 2025, 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.

(See Appendix XIV for background information, page 582)

6. Resolution No. 2025-25, Approval of Ohio State Energy Partners Utility System Capital Improvements Plan for Fiscal Year 2025:

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 2025; 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 2025 OSEP CIP in May 2024, prior to the university's finalization of its capital investment plan for fiscal year 2025; and

WHEREAS the university has now finalized its capital investment plan for fiscal year 2025; and

WHEREAS the fiscal year 2025 OSEP CIP includes the requests for approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2024; 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



THE OHIO STATE UNIVERSITY

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 2025 OSEP CIP; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2025 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix XV for background information, page 584)

7. Resolution No. 2025-28, Amendment to the University's Investment Policy:

Synopsis: Ratification of certain amendments to the university's investment policy to memorialize the calculation of the administrative charge and to clarify that certain gifts may be added to the economic development fund.

WHEREAS the Board of Trustees previously adopted a revised Investment Policy #5.90 (Resolution No. 2021-144 in May 2021), as amended (Resolution No. 2022-138 in July 2022), to govern the management of the university's investment portfolios;

WHEREAS the Senior Vice President for Business and Finance reviewed the calculation of the administrative charge and recommended that the calculation of the administrative charge be memorialized in the university's investment policy;

WHEREAS the Senior Vice President for Business and Finance reviewed the composition of the economic development fund and recommended that it include certain gifts designated by the President as made for the purpose of furthering the goal of the economic development fund;

WHEREAS the Senior Vice President for Business and Finance determined that such amendments to the administrative charge calculation and composition of the economic development fund are appropriate and in the best interest of the university, and has recommended the ratification and approval of such amendments to the Finance and Investment Committee; and

WHEREAS the Finance and Investment Committee has approved ratifying and approving the amendments to the university's investment policy to memorialize the calculation of the administrative charge and the composition of the economic development fund; and

WHEREAS the Finance and Investment Committee hereby recommends ratifying and approving the amendments to the university's investment policy to memorialize the administrative charge calculation and composition of the economic development fund to the Board of Trustees;



THE OHIO STATE UNIVERSITY

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees has determined that the amendments to memorialize the administrative charge calculation and composition of the economic development fund are appropriate and in the best interest of the university;

BE IT FURTHER RESOLVED, That the Board of Trustees hereby ratifies and approves the attached investment policy effective from July 1, 2024;

BE IT FURTHER RESOLVED, That all actions previously taken by the President or Senior Vice President for Business and Finance ("Authorized Officers") or employee of the university, by or on behalf of the university, in connection with the calculation of the administrative charge, 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 of Trustees concerning and relating to the adoption of this resolution were adopted in an open meeting of this Board of Trustees, and that all deliberations of this Board of Trustees 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 XVIII for background information, page 595)

8. Resolution No. 2025-29, University Foundation Report:

Synopsis: Approval of the University Foundation Report as of June 30, 2024, 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 pre-approval of one (1) endowed deanship: The Rita Jean Wolfe Deanship in the College of Veterinary Medicine; (ii) the establishment of one (1) designated professorship: The NetJets Designated Professor of Aviation; one (1) endowed fellowship: the William G. and Ernestine R. Lowrie Endowed Chemical Engineering Fellowship; thirteen (13) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and fourteen (14) additional named endowed funds; (iii) the revision of sixteen (16) 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, 2024.

(See Appendix XXIX for background information, page 608)

9. Resolution No. 2025-30, Naming of the Dr. Donald E. and Ruth L. McGinnis Music Collaboratory:

IN THE TIMASHEV FAMILY MUSIC BUILDING

Synopsis: Approval for the naming of the classroom studio (Room N300) in the Timashev Family Music Building, located at 1900 College Road, is proposed.



THE OHIO STATE UNIVERSITY

WHEREAS The new Arts District facilities, including the Timashev Family Music Building as the new home for the School of Music, will reinforce the university's commitment to creative inquiry and performance; and

WHEREAS the music building includes world-class spaces for teaching, learning and performance – all for the benefit of students, faculty and the Columbus community; and

WHEREAS friends, family, colleagues and students of Dr. Donald E. McGinnis have provided significant contributions to the Timashev Family Music Building and the School of Music; 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 aforementioned space be named the Dr. Donald E. and Ruth L. McGinnis Music Collaboratory Room.

10. Resolution No. 2025-31, Naming of Internal Spaces:

IN THE INTERDISCIPLINARY HEALTH SCIENCES CENTER

Synopsis: Approval for the naming of internal spaces in the Interdisciplinary Health Sciences Center, located at 1645 Neil Avenue, is proposed.

WHEREAS the Interdisciplinary Health Sciences Center provides upgraded and flexible facilities to create a collaborative campus for interprofessional education throughout the College of Medicine and the Health Science colleges; and

WHEREAS through immersive interdisciplinary opportunities and next-generation educational technologies, future physicians and health science professionals will enrich their knowledge, experience and professional connections, so they may effectively lead wherever they establish their practice; and

WHEREAS the donors listed below have provided significant contributions to the College of Medicine and the Interdisciplinary Health Sciences Center; and:

- Dr. Steven Balaloski and Mrs. Konstantia Balaloski
- Dr. Steven Suh and Ms. Daphne Yu Suh

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming 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:

- Generous gift from The Balaloski Family (Room 435)
- Generous gift from Steven Suh MD '94 & Daphne Yu Suh '95 honoring Dr. Sang & Jung Suh and Drs. Edward & Imelda Yu (Room 025F)



THE OHIO STATE UNIVERSITY

11. Resolution No. 2025-32, Naming of Internal Spaces:

IN THE ENGINEERING EDUCATION AND MANUFACTURING CENTER

Synopsis: Approval for the naming of internal spaces in the Engineering Education and Manufacturing Center (EEMC) at The Ohio State University at Lima, located at 1155 Bible Road in Lima, Ohio, is proposed.

WHEREAS The Ohio State University at Lima serves to build the future of western Ohio by developing leaders and providing access to the resources and strength of The Ohio State University; and

WHEREAS the EEMC furthers the Lima campus mission in housing the Bachelor of Science in Engineering Technology program for OSU Lima; and

WHEREAS the donors listed below have provided significant contributions to support engineering technology programming at OSU Lima; and

- Cenovus Energy Inc
- American Honda Motor Company
- Rudolph Foods Company

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:

- Cenovus Energy Lima Refinery Rotunda
- Honda Robotics Lab (108)
- Rudolph Foods Company Conference Room (202)

12. Resolution No. 2025-26, Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts:

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
DHLRI – FIRE AND HVAC SYSTEM RENEWAL

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
AIRPORT CAPITAL IMPROVEMENTS
COLLEGE ROAD REBUILD
RHODES 3RD FLOOR LAB EXPANSION RIFFE 2ND FLOOR CLASSROOMS
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 professional services contracts for the following project; and



THE OHIO STATE UNIVERSITY

	Prof. Serv. Approval Requested	Total Requested	
DHLRI – Fire and HVAC System Renewal	\$1.8M	\$1.8M	University 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	
Airport Capital Improvements	\$0.3M	\$7.6M	\$7.9M	University debt Partner funds
College Road Rebuild	\$0.8M	\$4.7M	\$5.5M	University debt
Rhodes 3 rd Floor Lab Expansion	\$0.6M	\$4.1M	\$4.7M	Auxiliary funds
Riffe 2 nd Floor Classrooms	\$0.3M	\$2.7M	\$3.0M	University funds
Tunnel Rehabilitation Phase 1	\$0.7M	\$30.5M	\$31.2M	University funds University debt 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.

(See Appendix XVI for background information, page 587)

13. Resolution No. 2024-27. Approval for Acquisition of Real Property:

4.16 +/- ACRES AT 1165 KINNEAR ROAD,
FRANKLIN COUNTY, COLUMBUS, OHIO

Synopsis: Authorization to purchase real property located at 1165 Kinnear Road, Franklin County, Columbus, Ohio, is proposed.



THE OHIO STATE UNIVERSITY

WHEREAS The Ohio State University seeks to purchase approximately 4.16 acres of improved real property located at 1165 Kinnear Road, Franklin County, Columbus, Ohio, identified as Franklin County parcel number 130-011588-00 and which is bordered to the east and west by property owned by The Ohio State University; and

WHEREAS the university has been leasing the property for office, storage, shop and technical services, supporting the university since 2006; and

WHEREAS the University has identified this site as needed for long term strategic purposes consistent with the Framework Plan:

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

(See Appendix XVII for background information, page 593)

Action: Upon motion of Mr. Mitevski, seconded by Mr. Von Thae, the foregoing motions were adopted by unanimous voice vote with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Heminger, Mr. Von Thae, Mr. Kiggin, Mr. Skestos, Mr. Kerner, Ms. Chronis, Mr. Stahl and Mr. Zeiger.

Written Reports

In the public session materials, there were five written reports shared for the committee to review:

- a. University Financial Scorecards
(See Attachment XXVIII for background information, page 492)
- b. Consolidated Financial Statements for the Year Ending June 30, 2024 (See Attachment XXIX for background information, page 495)
- c. Detailed Foundation Report
(See Attachment XXX for background information, page 501)
- d. Major Project Updates
(See Attachment XXXI for background information, page 547)
- e. FY24 Annual Waiver of Competitive Bidding Report
(See Attachment XXXII for background information, page 550)

EXECUTIVE SESSION

It was moved by Mr. Mitevski and seconded by Mr. Heminger, 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. Von Thae, Mr. Kiggin, Mr. Skestos, Mr. Kerner, Ms. Chronis, Mr. Stahl and Mr. Zeiger.

The committee entered into executive session at 10:36 a.m., and the committee adjourned at 12:00 p.m.

Annual University Financial Overview

Michael Papadakis, Senior Vice President and CFO

Finance & Investment Committee | August 22, 2024

Financial Performance Highlights

Operating revenues increased \$661M in FY24 compared to FY23, driven primarily by:



HEALTHCARE REVENUES

\$538M increase in healthcare revenues, reflecting strong growth in both oncology and non-oncology infusions and practice expansion;



GRANTS AND CONTRACTS

\$138M increase in grants and contracts, primarily due to increases in federal grants and contracts of \$64M, private grants and contracts of \$49M and state grants and contracts of \$21M;



TUITION AND FEES

\$34M increase in student tuition, due primarily to resident and non-resident rate increases and a rate increase to undergraduate students not in the Tuition Guarantee;



INVESTMENT INCOME

Net investment income remained strong in FY24 with a \$475M increase in net investment income over FY23 resulting from a strong absolute performance for the LTIP (+10.72%) and very strong returns for our short- and intermediate-term portfolios (+5.82%).



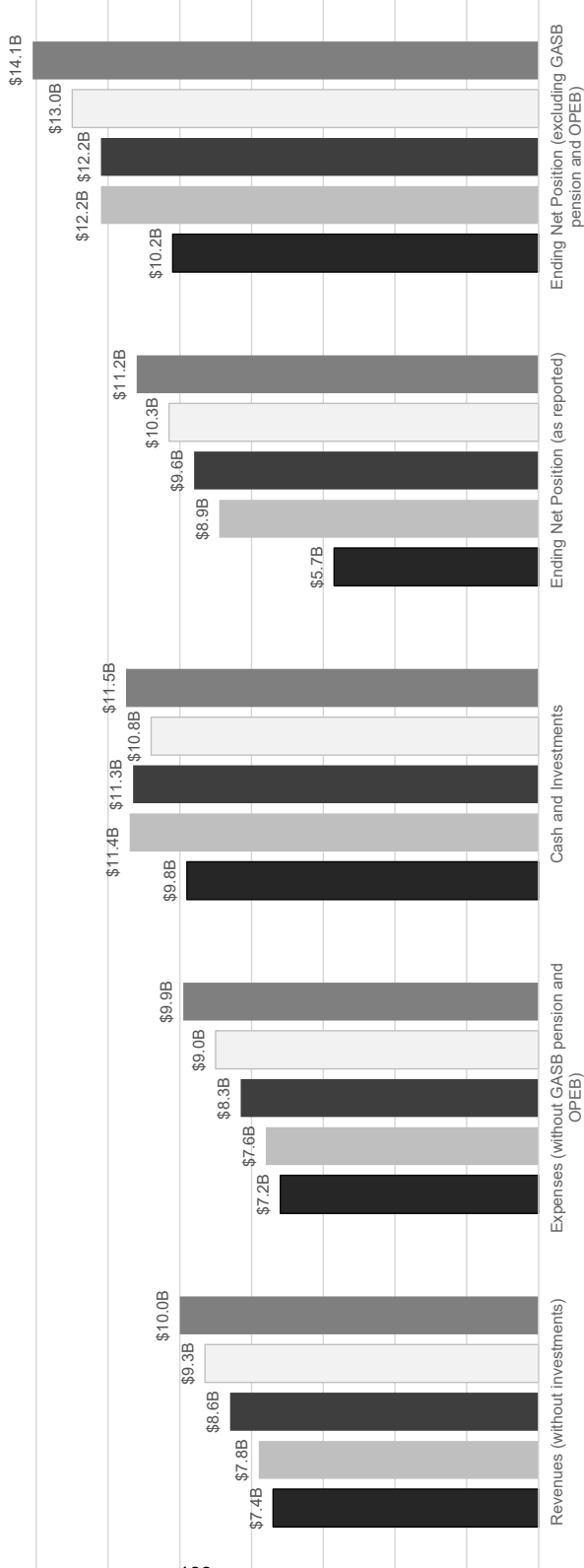
NET POSITION

The FY24 increase in net position was \$900M bringing the total net position to \$11.2B.

Financial Metrics Demonstrate Positive Momentum

Comparison of Financial Metrics

■ FY20 ■ FY21 ■ FY22 □ FY23 ■ FY24



Consolidated Balance Sheet (as of June 30)

Assets and Liabilities (\$ in millions)	2024	2023	2022
Cash and cash equivalents	\$ 1,179	\$ 1,240	\$ 1,159
Total investments	\$ 10,350	\$ 9,551	\$ 10,096
Capital assets, net	\$ 8,931	\$ 8,494	\$ 7,633
Pension and OPEB assets and deferred outflows	\$ 1,199	\$ 1,838	\$ 1,060
Other assets	\$ 1,905	\$ 1,690	\$ 1,523
Total Assets	\$ 23,564	\$ 22,813	\$ 21,471
Accounts payable and other current liabilities	\$ 1,346	\$ 1,325	\$ 1,654
Debt	\$ 3,919	\$ 3,715	\$ 3,818
Pension and OPEB liabilities and deferred inflows	\$ 4,576	\$ 4,998	\$ 3,958
Concessionaire and other liabilities	\$ 2,553	\$ 2,505	\$ 2,435
Total Liabilities	\$ 12,394	\$ 12,543	\$ 11,865
Net Position (\$ in millions)	2024	2023	2022
Ending net position (eliminate pension and OPEB)	\$ 14,098	\$ 13,002	\$ 12,221
Ending net position - pension and OPEB	\$ (2,928)	\$ (2,733)	\$ (2,615)
Total Net Position	\$ 11,170	\$ 10,270	\$ 9,606
Key Metrics	2024	2023	2022
Enterprise Days Cash on Hand	214 Days	211 Days	234 Days
Total Cash and Investments to Direct Debt	2.74x	2.69x	2.65x

Consolidated Income Statement (for the fiscal year ended June 30)

	2024	2023	2022
Total Revenue (\$ in millions)			
Tuition and Fees	\$ 1,094	\$ 1,060	\$ 1,003
Grants and Contracts	\$ 1,247	\$ 1,181	\$ 1,168
Sales and Services	\$ 607	\$ 596	\$ 540
Health System & OSUP Sales and Services	\$ 5,989	\$ 5,451	\$ 4,881
State Subsidies and Capital Appropriations	\$ 590	\$ 555	\$ 546
Gifts and Additions to Permanent Endowments	\$ 334	\$ 341	\$ 355
Other Revenues	\$ 101	\$ 154	\$ 79
Total Revenues (w/o investments)	\$ 9,962	\$ 9,338	\$ 8,572
Investment income	\$ 991	\$ 515	\$ (301)
Total Revenues (w/ investments)	\$ 10,953	\$ 9,853	\$ 8,271
Total Expenses (\$ in millions)			
University Education and General Expenses	\$ 3,265	\$ 2,996	\$ 2,922
Auxiliary Sales and Services	\$ 451	\$ 405	\$ 382
Health System & OSUP	\$ 5,401	\$ 4,926	\$ 4,277
Depreciation	\$ 575	\$ 580	\$ 538
Interest Expense on Plant Debt	\$ 165	\$ 172	\$ 165
Total Expenses (w/o pension and OPEB)	\$ 9,857	\$ 9,079	\$ 8,284
Net Margin	\$ 1,096	\$ 774	\$ (13)
Pension and OPEB Expense	\$ 196	\$ 110	\$ (720)
Total Expenses (w/ pension and OPEB)	\$ 10,053	\$ 9,189	\$ 7,564
Change in Net Position	\$ 900	\$ 664	\$ 707
Key Metrics			
EBIDA (\$)	\$ 1,036	\$ 1,175	\$ 1,118
Debt Service Coverage (EBIDA / Debt Service)*	4.55x	5.22x	5.20x

* Reflects Moody's calculation

Consolidated Cash Flow Statement (for the fiscal year ended June 30)

Cash Flow From: (\$ in millions)	2024	2023	2022
Receipts from Tuition and Grants	\$ 2,051	\$ 1,899	\$ 1,752
Receipts from Sales and Services	\$ 6,427	\$ 5,911	\$ 5,264
Payments to or on Behalf of Employees, including benefits	\$ (5,525)	\$ (5,119)	\$ (4,545)
Payments to Suppliers	\$ (3,299)	\$ (3,093)	\$ (2,864)
Other receipts/(payments)	\$ 81	\$ 65	\$ (114)
Total Operating Activities	\$ (265)	\$ (337)	\$ (507)
State Share of Instruction and appropriations	\$ 529	\$ 509	\$ 493
CARES Assistance and other non-exchange grants	\$ 107	\$ 160	\$ 301
Gift receipts and additions to permanent endowments	\$ 294	\$ 310	\$ 340
Payments for purchase or construction of capital assets	\$ (965)	\$ (1,097)	\$ (1,093)
Principal and interest payments on capital debt and leases	\$ (264)	\$ (350)	\$ (272)
Proceeds from capital debt and leases	\$ 302	\$ 21	\$ 769
Other receipts	\$ 13	\$ 13	\$ 25
Total Financing Activities	\$ 16	\$ (434)	\$ 563
Net purchases, proceeds, and maturities from investments	\$ (175)	\$ 1,314	\$ (929)
Investment income	\$ 363	\$ 217	\$ 139
Total Investing Activities	\$ 188	\$ 1,531	\$ (790)
Net change in cash	\$ (61)	\$ 760	\$ (734)
Beginning Cash and Cash Equivalent Balance	\$ 1,240	\$ 480	\$ 1,214
Ending Cash Balance	\$ 1,179	\$ 1,240	\$ 480

OSU Health System Activity Summary (for the fiscal year ended June 30)

OSUWMC Consolidated Activity Summary	2024	2023	2022
Discharges	60,903	61,228	58,636
Patient Days	428,036	433,885	434,956
Surgeries	58,897	56,040	51,388
Outpatient Visits	1,693,526	1,548,271	1,516,137
Average Length of Stay	7.03	7.09	7.42
Case Mix Index (CMI)	2.12	2.06	2.07

Operations - Health System (\$ in millions)	2024	2023	2022
Total Operating Revenue*	\$ 4,539	\$ 4,125	\$ 3,833
Total Operating Expense	4,253	3,823	3,506
Excess of Revenue over Expense	\$ 285	\$ 302	\$ 327

Adjusted Discharges	145,726	138,217	129,543
Operating Revenue per Adjusted Discharge	\$ 30,496	\$ 29,109	\$ 29,462
Operating Expense per Adjusted Discharge	\$ 28,044	\$ 26,648	\$ 26,389

* Includes investment income, Provider Relief Funds & FEMA

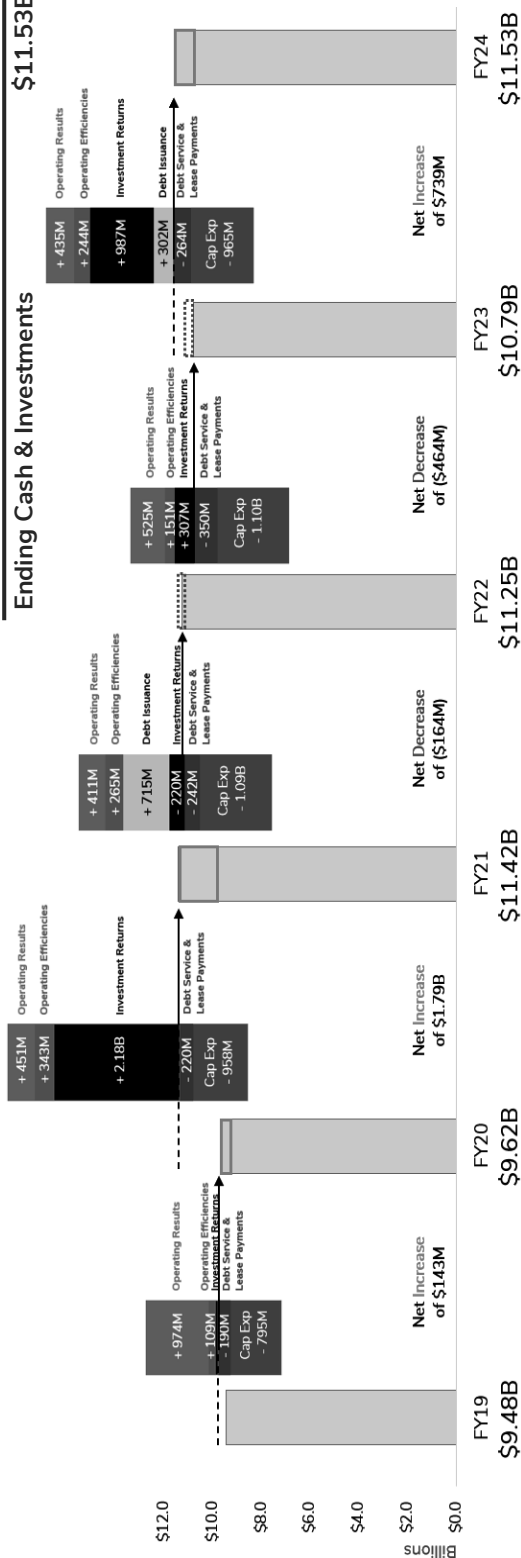
Investments

Cash & Investments

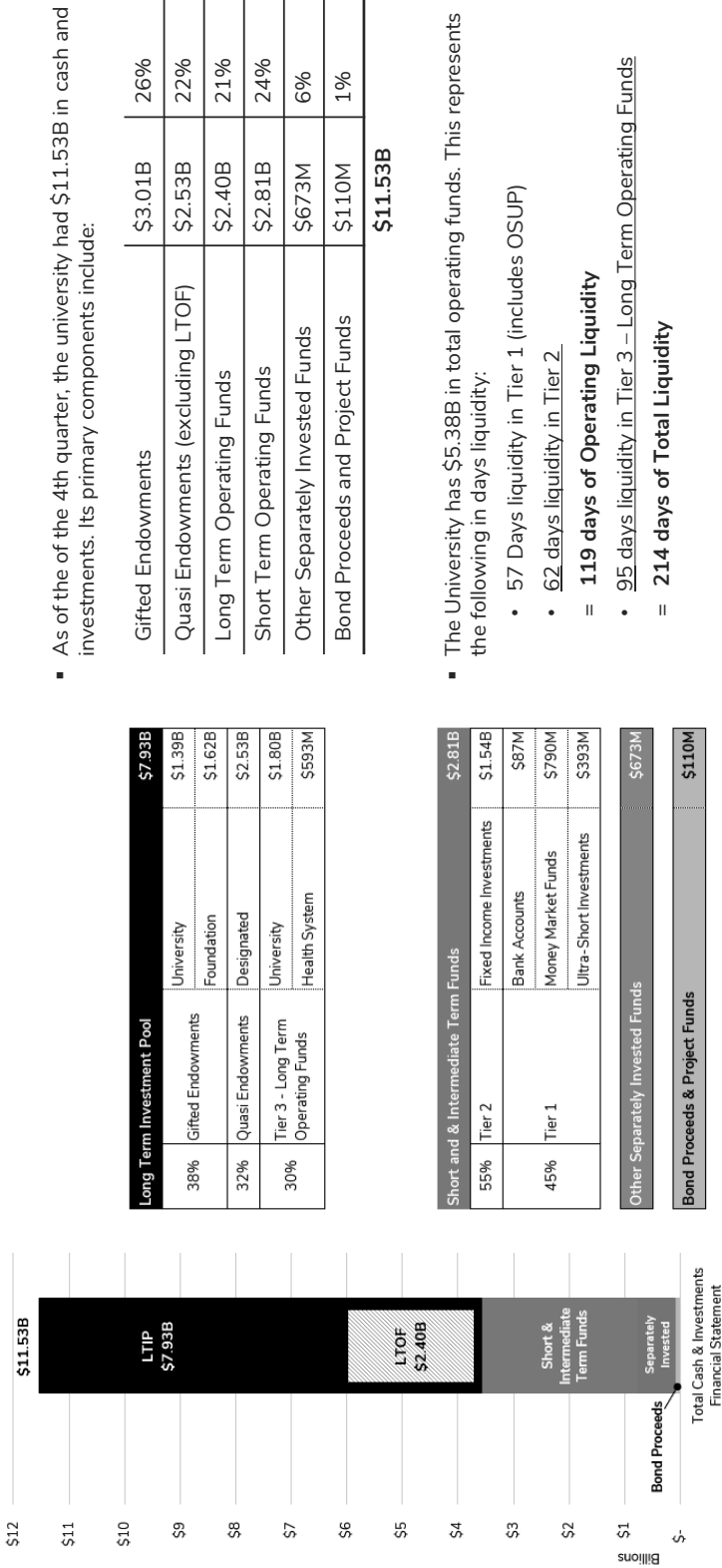
Significant impacts to cash and investments

5-YEAR SUMMARY

Beginning Cash & Investments	\$9.48B
Operating Results	+ \$2.80B
Operating Efficiencies	+ \$1.11B
Investment Returns	+ \$3.30B
Debt Issuance	+ \$1.02B
Capital Expenditures	- \$4.91B
Debt Service & Lease Payments	- \$1.27B
Ending Cash & Investments	\$11.53B



University Total Cash and Investments (as of 6/30/24)



As of the of the 4th quarter, the university had \$11.53B in cash and investments. Its primary components include:

Gifted Endowments	\$3.01B	26%
Quasi Endowments (excluding LTOF)	\$2.53B	22%
Long Term Operating Funds	\$2.40B	21%
Short Term Operating Funds	\$2.81B	24%
Other Separately Invested Funds	\$673M	6%
Bond Proceeds and Project Funds	\$110M	1%

\$11.53B

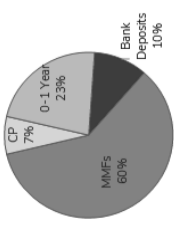
The University has \$5.38B in total operating funds. This represents the following in days liquidity:

- 57 Days liquidity in Tier 1 (includes OSUP)
 - 62 days liquidity in Tier 2
- = **119 days of Operating Liquidity**
- 95 days liquidity in Tier 3 – Long Term Operating Funds
- = **214 days of Total Liquidity**

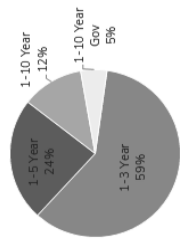
Operating Fund Portfolio Performance Summary (as of 6/30/2024)

- In FY24, Operating Fund investments (Tier 1 & 2) outperformed the benchmark by 72 bps.

Tier 1 Short Term Working Capital Pool 25%	MV	FY24 (1 Yr)	FY23	3 Yr	5 Yr	
	Consolidated Yield/Return	\$1.32B	5.76%	3.98%	3.15%	2.35%
	Composite Benchmark	5.41%	3.60%	3.02%	2.18%	
Excess Yield/Return						
		0.35%	0.38%	0.13%	0.17%	
Investment Objective: Liquidity and principal preservation.						
Composition: Collateralized bank deposits, AAA rated MMFs, State of Ohio local govt investment pool, ultra-short commingled bond funds.						

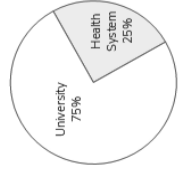


Tier 2 Intermediate Term Investment Pool 29%	MV	Duration	FY24 (1 Yr)	FY23	3 Yr	5 Yr
	Consolidated Investment Return	2.53	5.87%	2.05%	1.32%	2.09%
	Composite Benchmark	2.33	4.81%	0.54%	0.63%	1.33%
Excess Return						
		1.06%	1.51%	0.69%	0.76%	
Investment Objective: Return and principal preservation.						
Composition: A+/A1 portfolio of fixed income securities, separately custodied, and externally managed - treasuries, agencies, asset backed securities and high-grade corporate credits.						



Operating Fund Investment Return	\$2.86B	5.82%	2.85%	2.12%	2.23%
Composite Benchmark	5.10%	1.83%	1.79%	0.44%	
Excess Return	0.72%	1.03%	0.44%	0.44%	

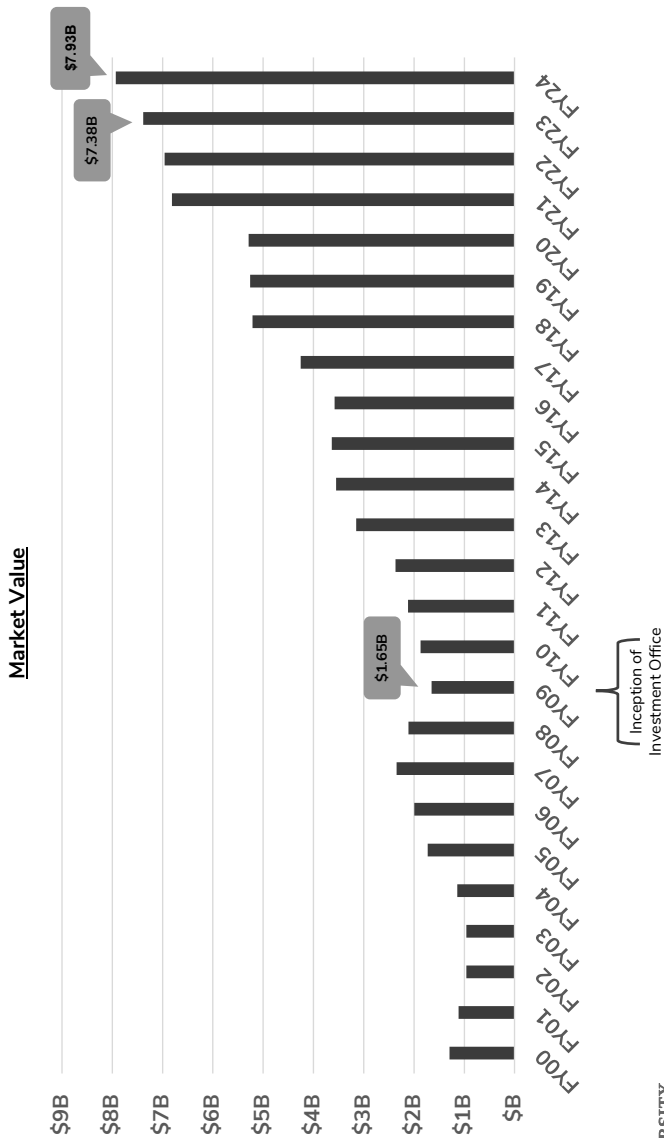
Tier 3 Long Term Operating Funds (LTOF) in LTIP 46%	MV	FY24 (1 Yr)	FY23	3 Yr	5 Yr	
	Consolidated Return (Prelim)	\$2.40B	10.78%	6.85%	6.13%	9.32%
	Preliminary Composite Benchmark*	14.95%	4.64%	4.33%	8.31%	
Excess Return						
		-4.17%	2.22%	1.80%	1.01%	
Equity investments managed as a part of the endowment strategy.						
*Tier 3 Composite benchmark returns are reported quarterly with a one month lag						



Operating Fund Portfolio (Tier 1+2+3) Return	\$5.25B	8.13%	4.73%	3.92%	5.19%
Composite Benchmark	9.69%	3.14%	2.87%	4.51%	
Excess Return	-1.56%	1.59%	1.05%	0.68%	

L TIP Market Value

In FY24 the L TIP increased in value from \$7.38B to \$7.93B and generated \$781M in investment income.

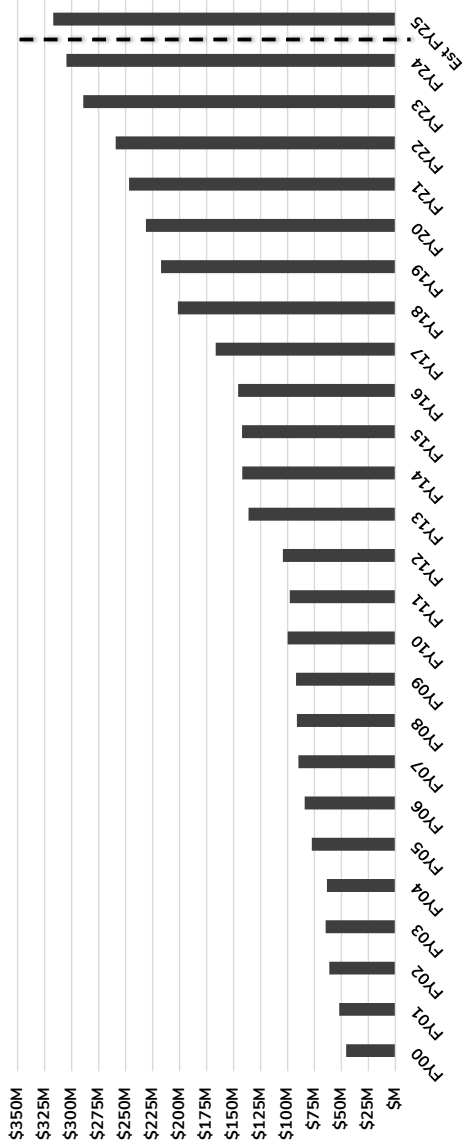


LTIP Historical and Projected Distributions

Since FY00, annual distributions from the LTIP to support university priorities have grown more than six-fold from \$46M to \$305M.

- Based on FY24 LTIP performance, FY25 distribution is estimated to be \$317M.

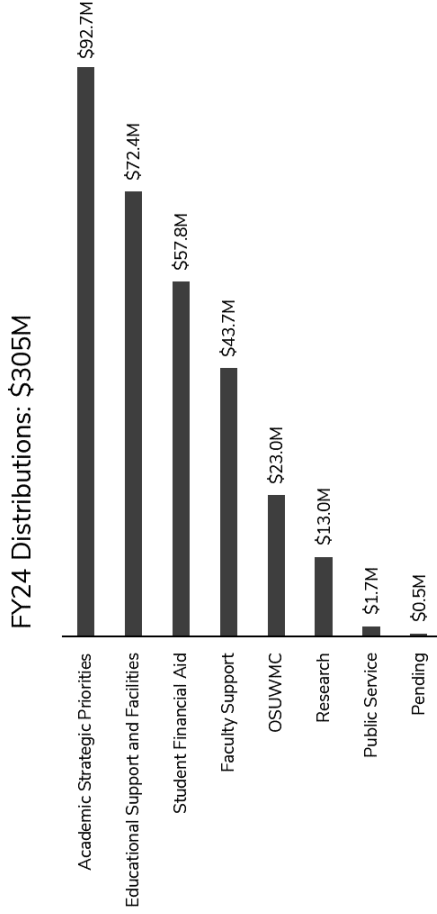
Annual Distributions



Distributions from the LTIP

Annual payments based on a five-year average.

- 4.5% distributed on an annual basis.
- Policy provides steady, reliable funding for campus priorities.



LTIIP Summary as of June 30, 2024

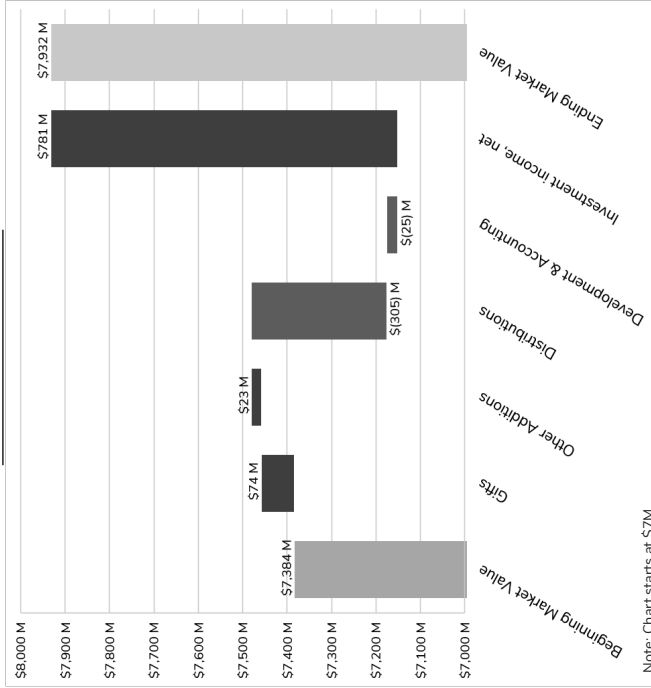
Performance

	Portfolio Weight as of 6/30/24	Performance				
		Qtr	1 Year	3 Year	5 Year	10 Year
Public Equity	39.3%	0.40%	16.71%	4.31%		7/09-6/24
MSCI ACWI - ND		2.87%	19.38%	5.43%		
Private Equity (including Buyouts, Growth & Venture Capital)	26.4%	1.93%	6.50%	10.26%		
MSCI ACWI - ND <i>wone quarter lag</i>		8.20%	23.22%	6.96%		
Real Estate & Infrastructure	8.2%	1.64%	5.29%	8.83%		
Cambridge Associates Real Estate (50%) & Infrastructure (50%)		0.41%	1.52%	8.15%		
Legacy Investments	3.6%	-0.65%	-6.88%	1.67%		
Return of Actual Underlying Funds		-0.65%	-6.88%	1.67%		
Hedge Funds (including Liquid Credit & Illiquid Credit)	19.4%	2.91%	13.12%	7.97%		
HFRI FOF Composite		0.44%	8.50%	2.06%		
Cash & High-Grade Bonds	3.2%	1.48%	6.38%	1.00%		
Bloomberg Barclays US Aggregate Bond Index		0.07%	2.63%	-3.02%		
LTIIP Return		1.37%	10.78%	6.13%	9.32%	8.42%
Total Consolidated Benchmark		3.38%	14.95%	4.33%	8.31%	7.85%

LTIP Market Value Roll Forward

Since inception and in FY24, the LTIP has grown through investment income, other additions and gifts, while funding significant distributions.

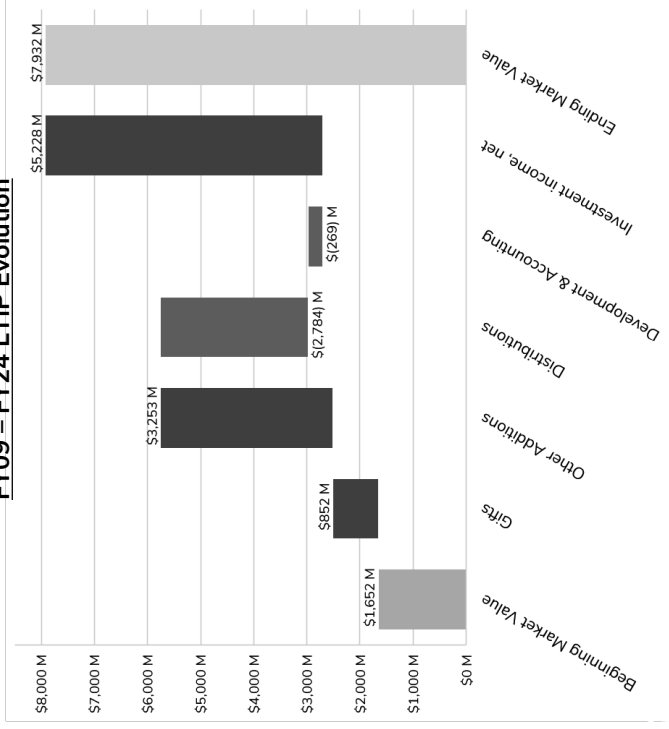
FY24 LTIP Evolution



Note: Chart starts at \$7M



FY09 – FY24 LTIP Evolution

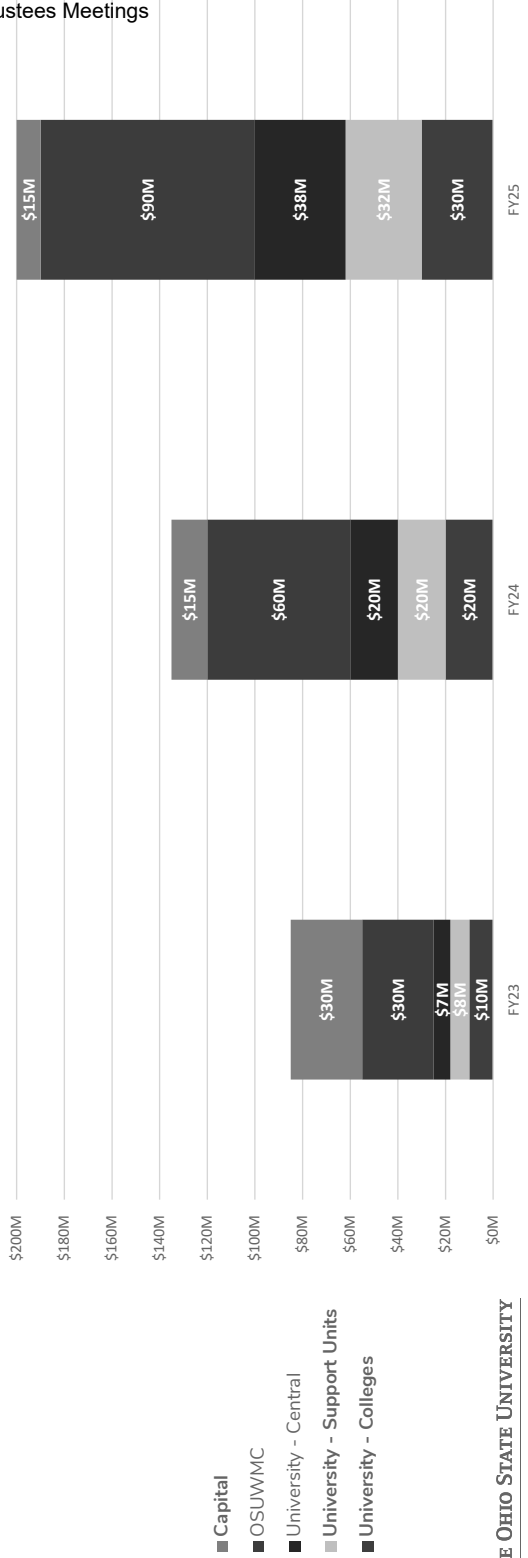


Note: Total Consolidated Benchmark based on preliminary data for HFRI and Cambridge Associates indices. Finalized numbers published approximately four months after quarter end. Results and benchmarks for illiquid categories both reflect a lag of one quarter.

Efficiency

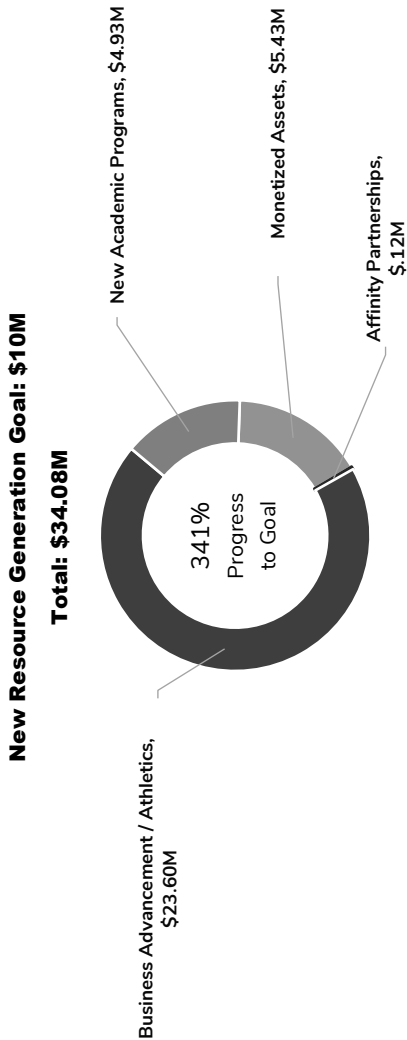
3-Year Efficiency Targets

Efficiency Targets	FY23	FY24	FY25	Total
University	\$25M	\$60M	\$100M	\$185M
OSUWMC	\$30M	\$60M	\$90M	\$180M
Capital	\$30M	\$15M	\$15M	\$60M
Total	\$85M	\$135M	\$205M	\$425M



Operational Efficiency Progress Report

Efficiency Savings	FY24 Target	FY24 Total	Progress to Goal	Status
University	\$35M	\$53.97M	154%	
OSUWMC	\$30M	\$139.72M	466%	
Capital Efficiencies	\$15M	\$49.58M	331%	



Operational Efficiency Historical Report

Annual Impact – Operational Efficiency	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23
University Efficiencies	\$5.2M	\$20.2M	\$33.4M	\$55.3M	\$53.0M	\$52.7M	\$194.8M	\$88.3M	\$31.5M
OSUWMC		\$18.1M	\$40.2M	\$23.1M	\$23.7M	\$45.3M	\$103.7M	\$115.0M	\$58.31M
Capital Efficiencies	NA	NA	NA	\$33.8M	\$54.1M	\$11.1M	\$44.7M	\$61.6M	\$62.1M

FY12-FY24 Total Efficiency Savings

	Target	Actual
University Operational Efficiencies	\$435M	\$588.1M
OSUWMC Operational Efficiencies	\$321.6M	\$588.3M
Capital Efficiencies	\$203M	\$316.9M
Enterprise Procurement Savings	\$673M	\$2,094.5M
Operational Excellence@OSU (Lean Six Sigma)	\$90M	\$96.5M
OSUWMC Pharmacy, Revenue Cycle & Other	\$255M	\$355.9M

Credit Ratings Update

- A strong relationship with the rating agencies exists and includes regular updates. Moody's, S&P, and Fitch affirmed Ohio State's credit rating at 'Aa1/AA/AA+' with 'Stable' outlook in connection with the issuance of the Series 2023* bonds last fall and again in July 2024, in advance of our recently priced refinancing transaction.

	Moody's	S&P	Fitch	Comment
OSU Credit Rating	Aa1	AA	AA+	Moody's and Fitch 2 nd highest rating; S&P 3 rd highest rating
OSU Rating Outlook	Stable	Stable	Stable	Outlook conveys possible direction of rating

- Credit rating drivers for the higher education sector include the below. Rating agencies apply their respective methodologies, metrics, and weightings to each factor:

Market Profile	Operating Performance	Wealth and Liquidity	ESG Factors
Scale & Size, Strategic Positioning, Pricing Power	Cash Flow Margin, Revenue Diversity	Cash & Investments, Reserves, Liquidity	Environmental, Social, & Governance Considerations
Governance	Leverage / Debt		
Leadership, Management Strength, Policies	Cash & Inv. to Debt, Debt to Cash Flow, Debt to OpEx		
- The university aligns with 'Aa1/AA' peers on most key metrics. Rating agency areas of focus specific to Ohio State: 1) Management Stability, 2) Legal and Litigation, 3) Legislative and Governmental, 4) Capital Planning, and 5) Labor and Wage Pressures.

Higher Education & Healthcare Sector Outlooks for 2024

- Ohio State continues to navigate a challenged but evolving credit-rating environment for the broader higher education and healthcare sectors.

Rating Agency / Sector	Higher Education	Comment	Healthcare	Comment
Moody's	Stable	Revised from 'Negative' in CY23	Stable	Revised from 'Negative' in CY23
S&P	Bifurcated	'Negative' for less selective institutions with limited financial flexibility. 'Stable' for those with strong demand and robust financial resources	Negative	No change from CY23
Fitch	Deteriorating	No change from CY23	Deteriorating	No change from CY23
- Macro sector headwinds persist, including elevated costs and pressure on tuition revenue for higher education and an expected imbalance between the rate of growth across revenue and expenses for healthcare.



*The Ohio State University General Receipts Bonds Series 2023BC/D-1 and D-2.

Conclusion

Financial State of the University

- The university's overall financial position is strong driven by a variety of factors, including our diversity of operations and our continued focus on operating and capital efficiencies.
- Operating revenues increased \$661M in FY24 compared to FY23, driven primarily by strong growth in healthcare revenues, grant and contract revenue, and tuition and fee increases.
- Administrative efficiencies enabled us to re-direct funds to our core mission of access, affordability, academic excellence and patient care.
- Net investment income remained strong in FY24 with a \$475M increase in net investment income over FY23 resulting from a strong absolute performance for the LTIP (+10.72%) and very strong returns for our short- and intermediate-term portfolios (+5.82%).
- The FY24 increase in net position was \$900M bringing the total net position to \$11.2B.
- Moody's, S&P, and Fitch each affirmed the university's credit rating at 'Aa1/AA/AA+' with a 'Stable' outlook. Ohio State continues to align with 'Aa1/AA' peers on key metrics and has the second-highest rating by Moody's and Fitch and the third-highest by S&P.

ATTACHMENT XXVI

FY 2025-2029 Final Capital Investment Plan
08/22/2024

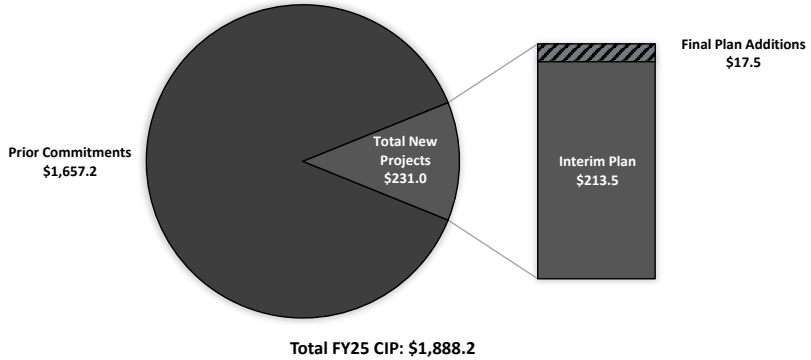


Table 1 - Prior Commitments - Remaining Spend (As of March 31 Actuals)

\$ in Millions

Line	Capital Priority	Projected Capital Expenditures					Total
		FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	
1	A&S – Arts District	\$ 1.0	\$ 1.8	\$ -	\$ -	\$ -	\$ 2.8
2	A&S – Biological Sciences Building Upgrades	\$ 0.4	\$ 2.4	\$ 5.3	\$ 4.7	\$ 2.3	\$ 15.0
3	A&S – Celeste Lab Renovation	\$ 3.3	\$ 2.3	\$ -	\$ -	\$ -	\$ 5.6
4	A&S – Department of Economics Relocation	\$ 0.4	\$ 3.4	\$ 4.3	\$ 2.3	\$ 0.3	\$ 10.6
5	COE – BEMC Phase 2	\$ 48.1	\$ 25.6	\$ 3.1	\$ -	\$ -	\$ 76.8
6	COE – Bus Testing Facility	\$ 2.5	\$ 9.3	\$ 5.4	\$ 5.3	\$ 2.9	\$ 25.2
7	COM – Interdisciplinary Health Sciences Center	\$ 7.4	\$ 2.6	\$ -	\$ -	\$ -	\$ 10.0
8	EHE – Campbell Hall Renovation	\$ 11.9	\$ 28.0	\$ 13.0	\$ -	\$ -	\$ 52.9
9	ERIK – Battery Cell Research and Demonstration Center	\$ 16.1	\$ 3.3	\$ -	\$ -	\$ -	\$ 19.5
10	ERIK – Pelotonia Research Center	\$ 4.3	\$ 7.3	\$ -	\$ -	\$ -	\$ 11.6
11	FAES – Waterman Multispecies Animal Learning Center	\$ 5.5	\$ 35.1	\$ 12.5	\$ -	\$ -	\$ 53.1
12	FOD – Cannon Drive Relocation – Phase 2	\$ 16.0	\$ 12.7	\$ -	\$ -	\$ -	\$ 28.6
13	Newark – Founders Hall Enhancements	\$ 1.6	\$ 0.5	\$ -	\$ -	\$ -	\$ 2.1
14	VET – PET/CT Space Renovation	\$ 1.2	\$ 3.6	\$ 1.4	\$ -	\$ -	\$ 6.2
15	WMC – Inpatient Hospital	\$ 276.0	\$ 240.4	\$ 65.0	\$ -	\$ -	\$ 581.4
16	WMC – James Cellular Therapy Lab	\$ 1.3	\$ 3.8	\$ 1.7	\$ -	\$ -	\$ 6.8
17	WMC – James Outpatient Care	\$ 25.1	\$ 2.4	\$ -	\$ -	\$ -	\$ 27.4
18	WMC – James Outpatient Care Buildout	\$ 1.3	\$ 3.8	\$ 1.7	\$ -	\$ -	\$ 6.8
19	WMC – Magnetic Resonance Linear Accelerator & Housing	\$ 0.9	\$ 3.2	\$ 3.6	\$ 2.3	\$ 0.3	\$ 10.3
20	WMC – Martha Morehouse Facility Improvements	\$ 14.7	\$ 0.5	\$ -	\$ -	\$ -	\$ 15.2
21	WMC – OSU East 4th Floor OR Renovation	\$ 0.5	\$ 2.7	\$ 10.0	\$ 6.2	\$ -	\$ 19.4
22	WMC – Outpatient Care Powell	\$ 82.8	\$ 74.6	\$ 14.6	\$ -	\$ -	\$ 172.0
23	Wooster – Fisher Aud Renovation	\$ 0.2	\$ 4.4	\$ 3.3	\$ -	\$ -	\$ 7.9
24	Roll Up Other Projects	\$ 263.5	\$ 175.1	\$ 40.1	\$ 6.5	\$ 4.8	\$ 489.9
25	Subtotal	\$ 785.9	\$ 648.8	\$ 184.7	\$ 27.2	\$ 10.6	\$ 1,657.2

FY 2025-2029 Final Capital Investment Plan
08/22/2024

Table 2 - New Projects Beginning in FY2025

\$ in Millions

Line	Capital Priority	Projected Capital Expenditures					Total
		FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	
1	Anticipated Spend for CIP Changes	\$ 10.0	\$ -	\$ -	\$ -	\$ -	\$ 10.0
2	Roll up of Small Infrastructure RDM Projects	\$ 39.8	\$ 35.3	\$ 30.5	\$ -	\$ -	\$ 105.6
3	Small Programmatic Cash Ready	\$ 17.2	\$ 23.5	\$ 9.0	\$ 1.3	\$ 0.4	\$ 51.5
4	WMC/COM - Roll up of Multiple Cash Ready	\$ 13.0	\$ 13.0	\$ -	\$ -	\$ -	\$ 26.0
5	New Major Projects						
6	ABA - Schottenstein Center - Scoreboard Replacement	\$ 1.0	\$ 2.8	\$ 1.2	\$ -	\$ -	\$ 5.0
7	ABA - JSC Main Roof Replacement	\$ 1.6	\$ 4.8	\$ 2.1	\$ -	\$ -	\$ 8.5
9	ERIK - Microelectronics Commons	\$ 0.8	\$ 2.4	\$ 1.1	\$ -	\$ -	\$ 4.3
10	FAES - Fisher Auditorium Building Renovation – Wooster	\$ 1.0	\$ 3.6	\$ 4.1	\$ 2.7	\$ 0.4	\$ 11.8
11	FAES - Waterman Infrastructure Project	\$ 0.8	\$ 4.6	\$ 2.8	\$ -	\$ -	\$ 8.3
12	Grand Total	\$ 85.3	\$ 90.1	\$ 50.9	\$ 4.0	\$ 0.8	\$ 231.0

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	State	Fundraising	Grant	Partnership/ Other	University Debt	Grand Total			
1	Academic Support	\$ 26.7	\$ 6.0	\$ 2.0	\$ 4.3	\$ 2.7	\$ -	\$ 41.7	18.0%	\$ 8.2	19.6%
2	Athletics	\$ 26.7	\$ -	\$ 0.9	\$ -	\$ -	\$ -	\$ 27.6	11.9%	\$ 16.2	58.8%
3	Infrastructure	\$ 36.0	\$ 63.7	\$ -	\$ 7.3	\$ -	\$ 3.5	\$ 110.6	47.9%	\$ 91.5	82.8%
4	Regional Campuses	\$ -	\$ 6.8	\$ -	\$ -	\$ 3.4	\$ -	\$ 10.2	4.4%	\$ 6.5	63.2%
5	Student Life	\$ 15.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15.0	6.5%	\$ 12.5	83.0%
6	WMC/COM	\$ 26.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26.0	11.2%	\$ 7.9	30.4%
7	Grand Total	\$ 130.4	\$ 76.5	\$ 2.9	\$ 11.6	\$ 6.1	\$ 3.5	\$ 231.0	100.0%	\$ 142.7	61.8%

ATTACHMENT XXVII



THE OHIO STATE UNIVERSITY

BOARD OF TRUSTEES MEETING | August 2024

ADVANCEMENT SCORECARD

DATA THROUGH June 30, 2024		FY24 GOAL	FY24 FINAL	FY23 FINAL	3 FY FINAL AVERAGE	FY 24 FINAL %
A FISCAL YEAR MEASURES						
1. GIFTS AND PLEDGES		\$625M	\$656.4M	\$638.2M	\$655.6M	105.0%
2. CASH		\$500M	\$619.1M	\$535.2M	\$516.0M	123.8%
3. TOTAL DONORS		230,000	222,109	226,362	218,930	96.6%
A. RENEWED DONORS		136,000	130,644	132,681	120,483	96.1%
B. ACQUIRED AND REACQUIRED DONORS		94,000	91,465	93,681	98,447	97.3%
B EVENTS						
1. CONSTITUENT ATTENDANCE ACROSS EVENTS		50,000	92,327	39,163	34,627	184.7%
2. AVERAGE NET PROMOTER SCORE		73.0	80	73.6	73.3	109.6%



CONSOLIDATED FINANCIAL SCORECARD

Enterprise Operating Activity	FY24 Actuals	FY24 Plan	Status
1. Sources	\$10.1B	\$9.6B	104.8%
2. Uses	\$9.2B	\$9.0B	102.2%
3. Sources less Uses	\$831.0M	\$576.6M	144.1%

Capital Projects / Financing	FY24 Actuals	FY24 Plan	Status
1. Capital Spend Activity - All sources	\$905M	\$1.05B	86.0%
2. Net Capital Spend Activity - Cash	\$463M	\$620M	85.1%
3. Debt Service & Financing Activity	\$207M	\$204M	101.3%

(Includes principal repayment and affiliate loan activity)

Liquidity	FY24 Actuals	Target	Status
1. Operating Liquidity - Days Cash on Hand	119	Policy > 90 Days	Stable
2. Total Enterprise Liquidity - Days Cash on Hand	214	> 180 Days	Stable

Investment Performance

Operating Funds	FY24 Actuals	Benchmark	Status
FYTD Performance	5.82%	5.10%	+0.72%
3-Year Performance	2.12%	1.68%	+0.44%

Long Term Investment Pool

	FY24 Actuals	Benchmark	Status
FYTD Performance	10.78%	14.95%	-4.17%
3-Year Performance	6.13%	4.33%	+1.80%

Institutional Financial Metrics

	FY24 Actuals	Target	Status
1. Credit Rating	Aa1 / AA / AA+	Aa1 / AA / AA+	Stable
2. Debt Service to Operating Expenses (OpEx)	2.2%	< 4.0%	Stable
3. Debt Service Coverage (EBIDA/DS) <i>(FY24 - Estimate)</i>	4.5x	Target ≥ 3.0x	Stable
4. Cash & Investments to OpEx	1.23x	FYE 23 1.22x	Stable



UNIVERSITY FINANCIAL SCORECARD

University Operating Activity

	FY24 Actuals	FY24 Plan	Status
1. Sources	\$4.6B	\$4.4B	104.8%
2. Uses	\$4.4B	\$4.3B	102.5%
3. Sources less Uses	\$249.7M	\$145.7M	171.3%

Revenue Drivers

	FY24 Actuals	FY24 Plan	Status
1. Enrollment - summer, autumn, spring	148,682	147,833	100.6%
2. Credit Hours - summer, autumn, spring	1,862,184	1,849,470	100.7%
3. Tuition and Fees, gross	\$1.37B	\$1.38B	99.8%
4. Total Grants and Contracts (Exchange & Non-Exchange)	\$1.12B	\$1.00B	112.1%
5. State Operating Support	\$528.5M	\$516.1M	102.4%
6. LTIP Distributions	\$371.0M	\$363.2M	102.1%
7. Fundraising - Current Use Cash Receipts	\$168.6M	\$166.0M	101.6%
8. Net Contribution from Auxiliary Enterprises (Operating)	-\$51.7M	-\$41.3M	74.8%

Performance Metrics

	FY24	FY23	Status
1. New first year student retention	94.2%	93.4%	100.9%
2. Four year graduation rate	71.1%	72.3%	98.3%
3. Six year graduation rate	87.7%	88.1%	99.5%



MEDICAL CENTER FINANCIAL SCORECARD

Medical Center Operating Activity

	FY24 Actuals	FY24 Plan	Status
1. Sources	\$4.5B	\$4.4B	104.1%
2. Uses	\$4.0B	\$3.9B	102.3%
3. Sources less Uses, Operating	\$502.0M	\$414.8M	121.0%
4. Income Statement: Excess of Revenue over Expense	\$285.3M	\$151.5M	188.3%
5. OSUP Sources less Uses	\$7.4M	\$6.0M	124.4%

Revenue Drivers

	FY24 Actuals	FY24 Plan	Status
1. Patient Discharges	60,903	64,588	94.3%
2. Total Surgeries	58,897	59,326	99.3%
3. Outpatient Visits	1,693,526	1,598,618	105.9%
4. ED Visits	124,741	123,015	101.4%

Performance / Activity Metrics

	FY24 Actuals	FY24 Plan	Status
1. Operating EBIDA Margin	12.6%	10.1%	124.8%
2. Total Health System Liquidity - Days Cash on Hand	156.1 Days	141.0 Days	Stable
3. Debt Service Coverage	7.0x	5.9x	Stable



ATTACHMENT XXIX

THE OHIO STATE UNIVERSITY

TOPIC: Fiscal Year 2024 Interim Financial Report – June 30, 2024

CONTEXT: The purpose of this report is to provide an update of financial results for the year ending June 30, 2024.

FINANCIAL SUMMARY

The university's overall financial position remains strong. Operating revenues increased \$661 million in fiscal year 2024 compared to fiscal year 2023, driven primarily by strong growth in healthcare revenues, higher grant and contract revenues, and increased tuition and fees. Specific impacts include:

- A \$538 million increase in healthcare revenues, reflecting strong growth in both oncology and non-oncology infusions and practice expansion.
- A \$138 million increase in grants and contracts, primarily due to increases in federal grants and contracts of \$64 million, private grants and contracts of \$49 million, state grants and contracts of \$21 million, and local grants and contracts of \$3 million.
- A \$34 million increase in net student tuition, due primarily to resident and non-resident rate increases and a rate increase to those undergraduate students not in the Ohio State Tuition Guarantee.

The year-to-date increase in net position was \$900 million, reflecting an operating loss of \$985 million and net non-operating revenues of \$1,885 million. The fiscal year 2023 increase in net position was \$664 million, reflecting an operating loss of \$776 million and net non-operating revenues of \$1,440 million. The \$209 million increase in operating loss is primarily due to increases in pension and OPEB expenses of \$87 million and a \$48 million correcting entry related to student health insurance expenses posted in fiscal year 2023. The \$445 million increase in net non-operating revenues primarily reflects a \$475 million increase in net investment income, a \$34 million increase in state share of instruction and appropriations, and a \$13 million increase in non-exchange grants, which were partially offset by an \$85 million decrease in federal COVID-19 assistance. Additional details on university revenues, expenses, cash and investments, debt, and cash flows are provided below.

Revenues

Student tuition and fees, net - increased \$34 million or 3.2%, to \$1,094 million in fiscal year 2024 compared to fiscal year 2023, due primarily to an increase in gross tuition and other student fees of \$64 million, offset by an increase in scholarship allowances of \$31 million. The increase in gross tuition revenue is primarily driven by the increase in instructional and non-resident surcharges. Overall university Autumn enrollments declined by 0.6%, due to a combination of factors, including smaller undergraduate freshman class sizes in Autumn 22 and Autumn 23, and declining transfer and campus change students due to demographic changes. Rate increases for the incoming (undergraduate) tuition guarantee cohort and graduate students, combined with an increasing share of non-resident students continue to help offset the revenue impact of the declines in enrollments.

Grants and contracts – increased \$138 million in fiscal year 2024 compared to fiscal year 2023 due primarily to increases in federal grants and contracts of \$64 million, private grants and contracts of \$49 million, state grants and contracts of \$21 million, and local grants and contracts of \$3 million. The increases in federal grants and contracts are primarily due to increases from the National Institutes of Health of \$23 million, the Department of Defense of \$15 million, National Science Foundation of \$13 million, and the Department of Agriculture of \$4 million.

Sales and services of auxiliary enterprises - decreased \$3 million over the prior year due primarily to a \$18 million scholarship allowance increase for housing and dining and a \$11 million decrease in Athletics revenue, mainly attributable to two fewer home football games and lack of premium games in fiscal year 2024. These decreases were partially offset by a \$17 million increase in Schottenstein Center revenue due to more events in fiscal year 2024 and a \$6 million increase in Student Life housing and dining revenues.

Sales and services of the OSU Health System and OSU Physicians, Inc. - increased \$538 million to \$5,989 million. The Health System experienced growth in both oncology and non-oncology infusions contributing to the strong margin. Total surgical volumes exceeded the prior year by 5.1%. Case Mix Index is higher year over year demonstrating increased acuity of inpatient activity. OSU Physicians revenues increased \$95 million due to continued investment in primary care and community outreach services, growth of specialty services, expansion in regional outpatient clinics, and increased surgical capacity with expansion of operating hours and investment in community anesthesia providers.

Non-exchange grants – increased \$13 million primarily due to a \$7 million increase in Pell Grants and a \$6 million increase in Ohio College Opportunity Grant.

Other operating revenues – decreased \$61 million primarily reflecting royalty revenues and other one-time revenues that were recognized in the prior year.

Expenses

University – expenses, excluding pension and OPEB, increased \$270 million to \$3,728 million in fiscal year 2024. Additional information about pension and OPEB is provided in a separate section below. Salaries increased \$99 million, or 6%, primarily due to a 3% increase in faculty and staff salary guidelines, approximately a 2% increase for market adjustments, and approximately 1% additional investments in human capital related to strategic investments in academic excellence and research. Benefits, excluding pension and OPEB, increased by \$30 million, or 7%, primarily due to the 6% increase in salaries. The remainder of the increase is

due to increases in composite benefit rates. University portion of the pension and OPEB expenses increased \$60 million. Supplies and services increased \$141 million, or 19%, primarily due to a \$48 million student health insurance expense correcting entry posted in fiscal year 2023, which lowered the prior year's expense, in addition to inflation and research growth. Scholarship and fellowship expenses decreased by \$17 million due to the implementation of a new tuition discounting calculation in fiscal year 2024, which shifted gross scholarship from the expense line to the tuition and auxiliary revenue lines. The new calculation is based on the National Association of College and University Business Officers (NACUBO) Advisory Report 2023-01, 'Public Institutions: Accounting for and Reporting Financial Aid as a Discount'.

OSU Health System and OSU Physicians – expenses, excluding pension and OPEB but including depreciation and interest expenses, increased \$461 million to \$5,678 million in fiscal year 2024. Health System's portion of pension and OPEB expenses increased \$24 million. The Health System continues to focus on throughput, workforce retention, and recruiting. While not immune to the challenges that continue to face the healthcare industry, the Health System's expense and labor management was strong and in line with volumes for fiscal year 2024. OSU Physicians increased \$46 million, primarily due to higher provider expenses associated with investment in patient care services growth and access improvement.

Auxiliary – expenses, excluding pension and OPEB, increased \$46 million to \$451 million in fiscal year 2024. Athletics expenses increased \$29 million primarily due to increases in salaries and benefits, stemming from coaching contracts, severance and buyout accruals, staff changes, and salary guideline increases. Schottenstein Center expenses increased \$7 million due to increased events. Auxiliary portion of the pension and OPEB expenses increased \$3 million.

Cash and Investments

For the twelve months ending June 30, 2024, total university cash and investments increased \$738 million to \$11,528 million compared to June 30, 2023, primarily due to increases in the Long-Term Investment Pool of \$548 million and temporary investments of \$489 million, partially offset by decreases in cash and cash equivalents of \$171 million, unexpended bond proceeds of \$100 million, and other long-term investments of \$28 million. Additional details for the Long-Term Investment Pool and temporary investments are provided below.

Long-Term Investment Pool and Temporary Investments

For the fiscal year ending June 30, 2024, the fair value of the university's Long-Term Investment Pool increased by \$548 million to \$7,932 million. Changes in total valuation compared to the prior year are summarized below:

	2024	2023
Market Value at July 1	\$ 7,383,676	\$ 6,960,782
Net Principal Additions	99,998	260,228
Change in Market Value	667,954	369,561
Income Earned	193,640	182,933
Distributions	(304,804)	(289,137)
Expenses	(108,750)	(100,691)
Market Value at June 30	\$ 7,931,714	\$ 7,383,676

Net principal additions include new endowment gifts (\$74.1 million), reinvestment of unused endowment distributions (\$21.9 million), and other net transfers of university monies (\$0.8 million). Change in fair value includes realized gains (losses) on the sale of investment assets and unrealized gains (losses) associated with assets held in the pool on June 30, 2024. Income earned includes interest and dividends and is used primarily to help fund distributions. Expenses include investment management expenses (\$80.9 million), University Development-related expenses (\$24.0 million), and other administrative-related expenses (\$0.7 million).

LTIP Investment Returns

For the fiscal year ending June 30, 2024, the LTIP earned a return, net of investment fees, of 10.78%. The comparable fiscal year ending June 30, 2023, saw a net investment return of 6.86%.

Temporary Investments

For the fiscal year ending June 30, 2024, the Tier 1 Investments (< 1-year duration) earned a return of 5.76%, outperforming the blended benchmark of ICE Bofa 6m US Treasury Bill benchmark and Bank of America ML 90-day T-Bill (5.41%) by 0.35%. Tier 2 Investments (< 5-year duration) earned 5.87%, outperforming the blended benchmark of ICE Bofa US Corp & Govt 1-3 Years, BBG US Govt/Credit 1-5 Years, ICE BofA US Treasury 1-10, and BBG US Ag Gvt/Cr Intmrd (4.81%) by 1.06%.

For the comparable fiscal year ending June 30, 2023, the Tier 1 Investments earned a return of 3.98%. Tier 2 Investments returned 2.05% for the same time period.

Pension and Other post-employment benefit (OPEB) plans

The university participates in two multi-employer cost-sharing retirement systems, OPERS and STRS-Ohio, and is required to record its proportionate share of the net liabilities or net assets in these retirement systems, along with related deferrals. In 2024, the university's share of OPERS and STRS-Ohio net pension liabilities decreased \$346 million, to \$3.87 billion at June 30, 2024. OPERS and STRS-Ohio net pension liabilities decreased \$276 million and \$70 million, respectively, reflecting positive investment returns for

both retirement systems. OPERS realized an 11.3% return on defined benefit plan investments for calendar year 2023, compared to a projected return of 6.9%. STRS-Ohio realized a 7.6% return for the fiscal year ended June 30, 2022, compared to a projected return of 7.0%. Pension deferred outflows decreased \$586 million and pension deferred inflows decreased \$28 million. The changes in pension deferrals relate primarily to OPERS and STRS-Ohio projected vs actual investment returns. Deferred outflows and deferred inflows related to pensions will be amortized to expense in future periods.

In 2024, the university's proportionate share of OPEB liabilities for OPERS swung from a net OPEB liability of \$68 million to a net OPEB asset of \$101 million at June 30, 2024, reflecting positive investment returns. OPERS realized a 13.97% return on its health care investments for calendar year 2023. The university's proportionate share of STRS-Ohio net OPEB assets decreased \$35 million to \$94 million at June 30, 2024, primarily reflecting benefit changes effective January 1, 2024. Deferred outflows related to OPEB decreased \$118 million, to \$96 million at June 30, 2024, and deferred inflows related to OPEB increased \$1 million, to \$134 million at June 30, 2024. The changes in OPEB deferrals relate primarily to OPERS projected vs actual investment returns. These deferrals will be recognized as OPEB expenses in future periods.

Other Assets and Liabilities

Accounts receivable increased by \$163 million, primarily reflecting a combination of increases in healthcare receivables of \$146 million, Athletics receivables of \$9 million, tuition and student-related fee receivables of \$5 million, and grants and contracts receivables of \$5 million. Unexpended bond proceeds decreased by \$100 million, reflecting expenditures for capital projects offset by new bond issuances. Accounts payable and accrued expenses increased by \$62 million, primarily due to a \$51 million increase in retirement contribution and an \$18 million increase in accrued compensation and benefits. These increases were partially offset by a \$7 million decrease in payables to vendors for supplies and services. Deposits and advance payments for goods and services decreased by \$33 million, primarily due to a \$33 million decrease in Schottenstein Center and a \$32 million decrease in deferred OSP grants and contracts. These decreases were partially offset by a \$21 million increase in Health System advances and a \$14 million increase in Athletics.

Debt

In September 2023, the university closed on four bond issues, Series 2023B, Series 2023C, Series 2023D-1 and Series 2023D-2. The proceeds of the \$266 million of tax-exempt fixed-rate General Receipts Bonds, Series 2023B, will be used to fund construction of The Ohio State University Wexner Medical Center's new Inpatient Hospital. The proceeds of the \$112 million of tax-exempt fixed rate General Receipts Refunding Bonds, Series 2023C, were used to refund portions of the Series 2016A bonds and to pay for costs of issuance. The proceeds of the \$125 million of tax-exempt Variable Rate Demand General Receipts Refunding bonds, Series 2023D-1, and the \$150 million of tax-exempt Variable Rate Demand General Receipts Refunding bonds, Series 2023D-2, were used to refund the Series 2010E bonds and Series 2014B bonds, respectively, and to pay for costs of issuance.

Cash Flows

University cash and cash equivalents, including unexpended bond proceeds, decreased \$61 million in fiscal year 2024 compared to June 30, 2023. Net cash used in operating activities was \$265 million, compared to net cash used by operating activities of \$337 million in the prior year. The decrease in cash usage relates primarily to increases in receipts from sales and services, grants and contracts, receipts from parking service concession, and tuition and fees, partially offset by payments made to employees and vendors. Net cash provided by noncapital financing activities was \$840 million in fiscal year 2024, which is a \$103 million decrease compared to the prior year, primarily due to decreases in federal COVID-19 assistance and a decrease in cash received for current use gifts. Net cash used by capital financing activities was \$825 million in fiscal year 2024 compared to \$1,377 million in fiscal year 2023. The decrease is due primarily to proceeds from bond issuance. Net cash provided by investing activities was \$188 million, primarily due to investment income.

THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF NET POSITION - UNAUDITED
June 30, 2024 and June 30, 2023
(in thousands)

	<u>As of June</u> <u>2024</u>	<u>As of June</u> <u>2023</u>	<u>Increase/(Decrease)</u>	
			<u>Dollars</u>	<u>%</u>
ASSETS:				
Current Assets:				
Cash and cash equivalents	\$ 1,068,747	\$ 1,239,560	\$ (170,813)	-13.8%
Temporary investments	2,214,035	1,725,226	488,809	28.3%
Accounts receivable, net	1,073,663	910,506	163,157	17.9%
Notes receivable - current portion, net	6,456	6,387	69	1.1%
Pledges receivable - current portion, net	73,297	73,297	-	0.0%
Accrued interest receivable	22,637	22,065	572	2.6%
Inventories, prepaid expenses, and other assets	207,678	193,515	14,163	7.3%
Total Current Assets	<u>4,666,513</u>	<u>4,170,556</u>	<u>495,957</u>	<u>11.9%</u>
Noncurrent Assets:				
Unexpended bond proceeds	109,975	210,358	(100,383)	-47.7%
Notes receivable, net	27,236	30,330	(3,094)	-10.2%
Pledges receivable, net	176,110	136,110	40,000	29.4%
Net other post-employment benefit asset	194,698	128,942	65,756	51.0%
Long-term investment pool	7,931,714	7,383,676	548,038	7.4%
Other long-term investments	203,955	231,885	(27,930)	-12.0%
Leases receivable, net	49,129	49,129	-	0.0%
Other noncurrent assets	268,713	268,713	-	0.0%
Capital assets, net	8,931,357	8,493,717	437,640	5.2%
Total Noncurrent Assets	<u>17,892,887</u>	<u>16,932,860</u>	<u>960,027</u>	<u>5.7%</u>
Total Assets	<u>22,559,400</u>	<u>21,103,416</u>	<u>1,455,984</u>	<u>6.9%</u>
Deferred Outflows:				
Pension	888,530	1,474,386	(585,856)	-39.7%
Other post-employment benefits	95,656	213,518	(117,862)	-55.2%
Other deferred outflows	20,034	21,271	(1,237)	-5.8%
Total Assets and Deferred Outflows	<u>\$ 23,563,620</u>	<u>\$ 22,812,591</u>	<u>\$ 751,029</u>	<u>3.3%</u>
LIABILITIES AND NET POSITION:				
Current Liabilities:				
Accounts payable and accrued expenses	\$ 844,961	\$ 783,124	\$ 61,837	7.9%
Deposits and advance payments for goods and services	416,544	449,707	(33,163)	-7.4%
Current portion of bonds, notes and leases payable	122,001	121,951	50	0.0%
Long-term bonds payable, subject to remarketing	603,820	603,820	-	0.0%
Other current liabilities	84,053	92,197	(8,144)	-8.8%
Total Current Liabilities	<u>2,071,379</u>	<u>2,050,799</u>	<u>20,580</u>	<u>1.0%</u>
Noncurrent Liabilities:				
Bonds, notes and leases payable	3,193,172	2,989,009	204,163	6.8%
Concessionaire payable	408,435	431,608	(23,173)	-5.4%
Net pension liability	3,869,225	4,214,821	(345,596)	-8.2%
Net other post-employment benefit liability	22,970	92,020	(69,050)	-75.0%
Compensated absences	240,093	213,689	26,404	12.4%
Self-insurance accruals	76,744	84,980	(8,236)	-9.7%
Amounts due to third-party payors - Health System	88,475	74,697	13,778	18.4%
Irrevocable split-interest agreements	32,564	33,008	(444)	-1.3%
Refundable advances for Federal Perkins loans	18,141	20,821	(2,680)	-12.9%
Advance from concessionaire	943,319	958,816	(15,497)	-1.6%
Other noncurrent liabilities	306,877	308,943	(2,066)	-0.7%
Total Noncurrent Liabilities	<u>9,200,015</u>	<u>9,422,412</u>	<u>(222,397)</u>	<u>-2.4%</u>
Total Liabilities	<u>11,271,394</u>	<u>11,473,211</u>	<u>(201,817)</u>	<u>-1.8%</u>
Deferred Inflows:				
Parking service concession arrangement	438,390	378,021	60,369	16.0%
Pension	81,069	109,418	(28,349)	-25.9%
Other post-employment benefits	133,721	133,209	512	0.4%
Other deferred inflows	468,839	448,875	19,964	4.4%
Total Deferred Inflows	<u>1,122,019</u>	<u>1,069,523</u>	<u>52,496</u>	<u>4.9%</u>
Total Net Position	<u>11,170,207</u>	<u>10,269,857</u>	<u>900,350</u>	<u>8.8%</u>
Total Liabilities, Deferred Inflows, and Net Position	<u>\$ 23,563,620</u>	<u>\$ 22,812,591</u>	<u>\$ 751,029</u>	<u>3.3%</u>

**THE OHIO STATE UNIVERSITY
CONSOLIDATED STATEMENTS OF REVENUES, EXPENSES,
AND CHANGES IN NET POSITION - UNAUDITED
For the Twelve Months Ended June 30, 2024 and June 30, 2023
(in thousands)**

	June		Increase/(Decrease)	
	2024	2023	Dollars	%
Operating Revenues:				
Student tuition and fees, net	\$ 1,094,218	\$ 1,060,454	\$ 33,764	3.2%
Federal grants and contracts	549,781	485,328	64,453	13.3%
State grants and contracts	124,079	102,699	21,380	20.8%
Local grants and contracts	33,042	29,931	3,111	10.4%
Private grants and contracts	433,214	383,994	49,220	12.8%
Sales and services of educational departments	215,976	200,711	15,265	7.6%
Sales and services of auxiliary enterprises	391,487	394,835	(3,348)	-0.8%
Sales and services of the OSU Health System, net	4,887,696	4,444,419	443,277	10.0%
Sales and services of OSU Physicians, Inc., net	1,101,366	1,006,767	94,599	9.4%
Other operating revenues	72,981	133,719	(60,738)	-45.4%
Total Operating Revenues	8,903,840	8,242,857	660,983	8.0%
Operating Expenses:				
Educational and General:				
Instruction and departmental research	1,354,700	1,263,637	91,063	7.2%
Separately budgeted research	709,043	628,514	80,529	12.8%
Public service	208,594	158,424	50,170	31.7%
Academic support	354,686	313,148	41,538	13.3%
Student services	134,612	119,404	15,208	12.7%
Institutional support	324,797	261,695	63,102	24.1%
Operation and maintenance of plant	179,653	175,875	3,778	2.1%
Scholarships and fellowships	106,691	123,564	(16,873)	-13.7%
Auxiliary enterprises	458,908	410,383	48,525	11.8%
OSU Health System	4,416,295	3,964,394	451,901	11.4%
OSU Physicians, Inc.	1,066,486	1,020,146	46,340	4.5%
Depreciation	574,732	579,565	(4,833)	-0.8%
Total Operating Expenses	9,889,197	9,018,749	870,448	9.7%
Operating Loss	(985,357)	(775,892)	(209,465)	-27.0%
Non-operating Revenues (Expenses):				
State share of instruction and line-item appropriations	528,536	508,704	19,832	3.9%
Federal subsidies for Build America Bonds interest	11,321	11,321	-	0.0%
Federal non-exchange grants	70,982	63,059	7,923	12.6%
Federal COVID-19 assistance programs	5,352	90,667	(85,315)	-94.1%
State non-exchange grants	30,851	25,757	5,094	19.8%
Gifts	168,641	211,735	(43,094)	-20.4%
Net investment income	990,859	515,360	475,499	92.3%
Interest expense	(164,623)	(171,652)	7,029	4.1%
Other non-operating revenues (expenses)	16,941	8,246	8,695	105.4%
Net Non-operating Revenues (Expenses)	1,658,860	1,263,197	395,663	31.3%
Income (loss) before changes in net position	673,503	487,305	186,198	38.2%
Changes in Net Position				
State capital appropriations	61,016	46,714	14,302	30.6%
Private capital gifts	91,657	58,407	33,250	56.9%
Additions to permanent endowments	74,174	70,589	3,585	5.1%
Capital contributions and other changes in net position	-	860	(860)	0.0%
Total Changes in Net Position	226,847	176,570	50,277	28.5%
Increase (decrease) in Net Position	900,350	663,875	\$ 236,475	35.6%
Net Position - Beginning of Year	10,269,857	9,605,982		
Net Position - End of Period	\$ 11,170,207	\$ 10,269,857		

THE OHIO STATE UNIVERSITY
STATEMENTS OF CASH FLOWS - UNAUDITED
For the Twelve Months Ended June 30, 2024 and June 30, 2023
(in thousands)

	<u>June</u> <u>2024</u>	<u>June</u> <u>2023</u>	<u>Increase/(Decrease)</u> <u>Dollars</u>	<u>%</u>
Cash Flows from Operating Activities:				
Tuition and fee receipts	\$ 946,677	\$ 928,631	\$ 18,046	1.9%
Grant and contract receipts	1,104,227	970,169	134,058	13.8%
Receipts for sales and services	6,427,307	5,910,955	516,352	8.7%
Receipt from parking service concession	70,000	-	70,000	100.0%
Receipt from energy concessionaire	8,099	18,749	(10,650)	-56.8%
Payments to or on behalf of employees	(4,401,591)	(4,099,950)	(301,641)	-7.4%
University employee benefit payments	(1,123,032)	(1,019,126)	(103,906)	-10.2%
Payments to vendors for supplies and services	(3,298,825)	(3,092,711)	(206,114)	-6.7%
Payments to students and fellows	(90,738)	(109,243)	18,505	16.9%
Student loans issued	(571)	(2,105)	1,534	72.9%
Student loans collected	12,025	6,388	5,637	88.2%
Student loan interest and fees collected	5,501	1,416	4,085	288.5%
Other receipts	75,914	150,144	(74,230)	-49.4%
Net cash used by operating activities	<u>(265,007)</u>	<u>(336,683)</u>	<u>71,676</u>	<u>21.3%</u>
Cash Flows from Noncapital Financing Activities:				
State share of instruction and line-item appropriations	528,536	508,704	19,832	3.9%
Non-exchange grant receipts	101,833	88,826	13,007	14.6%
Federal COVID-19 assistance programs	5,352	70,792	(65,440)	-92.4%
Gift receipts for current use	128,641	208,077	(79,436)	-38.2%
Additions to permanent endowments	74,174	70,589	3,585	5.1%
Drawdowns of federal direct loan proceeds	312,753	319,127	(6,374)	-2.0%
Disbursements of federal direct loans to students	(310,862)	(317,565)	6,703	2.1%
Amounts received from irrevocable split-interest agreements	1,684	1,153	531	46.1%
Amounts paid to annuitants and life beneficiaries	(2,128)	(2,128)	-	0.0%
Agency funds receipts	5,742	5,279	463	8.8%
Agency funds disbursements	(5,279)	(5,588)	309	5.5%
Other receipts (payments)	-	(3,853)	3,853	100.0%
Net cash provided by noncapital financing activities	<u>840,446</u>	<u>943,413</u>	<u>(102,967)</u>	<u>-10.9%</u>
Cash Flows from Capital Financing Activities:				
Proceeds from capital debt and leases	301,736	21,348	280,388	100.0%
Gift receipts for capital projects	91,657	31,420	60,237	191.7%
Payments for purchase or construction of capital assets	(965,325)	(1,097,240)	131,915	12.0%
Principal payments on capital debt and leases	(83,592)	(167,280)	83,688	50.0%
Interest payments on capital debt and leases	(179,960)	(183,074)	3,114	1.7%
Federal subsidies for Build America Bonds interest	10,733	10,702	31	0.3%
Other capital financing receipts	-	6,793	(6,793)	-100.0%
Net cash used by capital financing activities	<u>(824,751)</u>	<u>(1,377,331)</u>	<u>552,580</u>	<u>40.1%</u>
Cash Flows from Investing Activities:				
Purchases of investments	(5,924,686)	(8,609,041)	2,684,355	31.2%
Proceeds from sales and maturities of investments	5,749,729	9,922,986	(4,173,257)	-42.1%
Investment income	363,431	216,615	146,816	67.8%
Net cash provided by investing activities	<u>188,474</u>	<u>1,530,560</u>	<u>(1,342,086)</u>	<u>-87.7%</u>
Net Increase (Decrease) in Cash	<u>(60,838)</u>	<u>759,959</u>	<u>\$ (820,797)</u>	<u>-108.0%</u>
Cash and Cash Equivalents - Beginning of Year	<u>1,239,560</u>	<u>479,601</u>		
Cash and Cash Equivalents - End of Period	<u>\$ 1,178,722</u>	<u>\$ 1,239,560</u>		

ATTACHMENT XXX

The NetJets Designated Professor of Aviation

The Board of Trustees of The Ohio State University shall establish The NetJets Designated Professor of Aviation effective August 22, 2024, with gifts from NetJets Aviation, Inc.

This fund supports a professorship position for a period of four years. The professorship holder shall be a junior or senior faculty member focusing on advancing the field of aviation research and education, with a focus on aviation safety, human factors, and system reliability in the commercial and general (business) aviation environment. The position holder shall be appointed for a term of four years and reviewed in accordance with the current guidelines and procedures for faculty appointment. Should the position be vacated before the four-year term is completed, a new position holder shall be appointed to complete the four-year term.

This designated professorship position shall cease to exist when annual funding ends.

**Frank and Carol Ray Scholarship
in Honor of Sherman and Dawna Davies**

The Board of Trustees of The Ohio State University shall establish the Frank and Carol Ray Scholarship in Honor of Sherman and Dawna Davies effective August 22, 2024, as a quasi-endowment, with a fund transfer by the Michael E. Moritz College of Law at the request of Lincoln L. Davies, former dean of the college, of an unrestricted gift from Frank A. Ray (BA 1970, JD 1973) and Carol Ray and additional college monies.

Sherman Duaine and Dawna Mae Gerrard Davies were married for over sixty years before Sherm lost a hard-fought battle with cancer. High school sweethearts who were a perfect match for each other, they brought verve, dedication, and a love of life to all they did. Sherm was a veteran, serving in the U.S. Army Military Police in Berlin. He also held roles in the mining and dairy industries, and with his sons in different technology companies. He served as a Commissioner in Murray City, Utah, where he also ran his own business, Zippy Lube and Tire. Dawna was an artist, a playwright, a true creative, and served everyone she knew, especially her family, which has grown to more than 100. This is their greatest legacy. Deeply motivated by their faith, they instilled in their children and grandchildren kindness, hard work, entrepreneurship, grit, persistence and resilience, a commitment to serving others, and the knowledge of education's transformative power.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law and demonstrates characteristics of grit, resilience, or perseverance. Scholarship recipients shall be known as the Sherman and Dawna Davies Scholars. Additional positive considerations may include students who are the first in their family to attend college, and students who have earned or are earning their undergraduate or a non-law graduate degree from one of these institutions: Ohio Wesleyan University, the University of Utah, Weber State University, San Jose State University, Brigham Young University, the University of Hawaii, Utah State University, Southern Utah University, Utah Valley University, Utah Tech University, the University of Michigan, Stanford University, or The Ohio State University. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Michael E. Moritz College of Law or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with the University's Gift Acceptance Policy, Fund Transfers – Unrestricted to Endowment Policy, Investment Policy, and all other applicable University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of Michael E. Moritz College of Law that the quasi-endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the unit named above. If the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the college or his/her designee to identify a similar purpose consistent with the original intent of the unit. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

The College of Veterinary Medicine Class of 1974 Scholarship Challenge Fund

The Board of Trustees of The Ohio State University shall establish The College of Veterinary Medicine Class of 1974 Scholarship Challenge Fund effective August 22, 2024, with gifts from members and friends of the College of Veterinary Medicine Class of 1974.

The annual distribution from this fund provides one or more scholarships to third or fourth year DVM students who are enrolled in the College of Veterinary Medicine. Preference shall be given to students who demonstrate leadership and a passion for veterinary medicine. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Chris Zacher Lecture Support Fund

The Board of Trustees of The Ohio State University shall establish the Chris Zacher Lecture Support Fund effective August 22, 2024, with gifts from friends, family, and colleagues of Dr. Christian Zacher and a transfer from the College of Arts and Sciences.

The annual distribution from this fund supports lectures in the College of Arts and Sciences focused on topics relating to The Humanities Institute (or successor). Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

**The Academy of Pharmacy of Central Ohio
Scholarship Fund for Pharmacy**

The Academy of Pharmacy of Central Ohio Scholarship Fund for Pharmacy was established March 4, 1994, by the Board of Trustees of The Ohio State University with a gift to The Ohio State University Development Fund from the Academy of Pharmacy of Central Ohio. Effective August 22, 2024, the fund description shall be revised.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to provide one or more scholarships in varying amounts to deserving students in the College of Pharmacy, who graduated from a high school in one of the following Ohio counties: Delaware, Fairfield, Franklin, Madison, Morrow, Pickaway, Union. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Pharmacy, in consultation with Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused distribution, then another use shall be designated by the Board of Trustees in consultation with the highest ranking official in the College of Pharmacy or his/her designee in order to carry out the desire of the donor.

The Gerald E. Ermlich Memorial Scholarship Fund

The Gerald E. Ermlich Memorial Scholarship Fund was established June 11, 1986, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from the Physicians Insurance Company of Ohio, Pickerington, Ohio, in memory of Gerald E. Ermlich, CLU, ChFC. Effective August 22, 2024, the fund description shall be revised.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution provides scholarship support to one or more junior or senior students majoring or minoring in insurance with a grade point average of 2.75 or better on a 4.0 scale. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the Max M. Fisher College of Business. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation Student Financial Aid. If requested, the college may apprise The Griffith Foundation of scholarship recipients to the extent possible and in compliance with the Family Educational Rights and Privacy Act (FERPA).

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

Should the need for this fund cease to exist or so diminish as to provide unused distribution, then the distribution may be used for any purpose whatsoever as determined by the Board of Trustees, with preference being given to recommendations from the highest ranking official in the Max M. Fisher College of Business or his/her designee.

Margaret L. White Scholarship in the College of Education

Established December 7, 1943, by the Ohio Delta Kappa Gamma Society, which is an educational society that promotes the personal growth of women educators and excellence in education. Effective August 22, 2024, the fund description shall be revised.

The annual distribution from this fund provides scholarships for students who are enrolled in the College of Education and Human Ecology and studying education. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The highest ranking official in the College of Education and Human Ecology or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Education and Human Ecology or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Rita Jean Wolfe Deanship in the College of Veterinary Medicine

The Robert F. Wolfe and Edgar T. Wolfe Foundation made a \$10,000,000 commitment to The Ohio State University Foundation in memory of Rita Jean Wolfe, a community leader known for her work serving on boards of nonprofit organizations dedicated to helping people and animals, to create an endowed deanship for The Ohio State University's College of Veterinary Medicine. Effective August 22, 2024, the fund shall be pre-approved.

Upon receipt of the first gift, the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Rita Jean Wolfe Deanship Fund in the College of Veterinary Medicine.

The annual distribution from this fund supports an endowed deanship in the College of Veterinary Medicine if the gifted principal balance reaches \$10,000,000 on or before December 31, 2028. Prior to full funding, or if full funding is not reached, the annual distribution may be used to support the college at the discretion of the highest ranking official in the college or his/her designee. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, with the prior written approval of the donor named above. Or if the designated purpose becomes unlawful, impracticable, impossible to achieve, or wasteful, upon application to the appropriate court or the attorney general of the state of Ohio, the gifted funds with any income and capital appreciation shall be returned to the donor, provided the donor continues to be organized and operated exclusively for charitable, educational, or scientific purposes and is recognized as tax-exempt under Sections 501(c)(3) and 509(a)(1) of the Internal Revenue Code. If the donor does not meet these criteria, or no longer exists, the designated purpose may be modified upon application to the appropriate court or the attorney general of the state of Ohio in a manner that most closely accomplishes the designated purpose at the University. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

William G. and Ernestine R. Lowrie Endowed Chemical Engineering Fellowship

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the William G. (BCE 1966) and Ernestine R. Lowrie Endowed Chemical Engineering Fellowship effective August 22, 2024, with gifts from Ernestine R. Lowrie.

The annual distribution from this fund provides fellowships to graduate students who are enrolled in the William G. Lowrie Department of Chemical and Biomolecular Engineering and are pursuing research in an energy-related field. It is the intention of the donor that this fund be used as a student recruitment tool. If no students meet the selection criteria, these fellowships will be open to any students who are enrolled in the department. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Engineering, in consultation with Student Financial Aid. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Tom Mack Endowed Global One Health Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish Dr. Tom Mack Endowed Global One Health Fund effective August 22, 2024, with gifts from Dr. Thomas R. Mack (BS 1957, DVM 1961).

The annual distribution from this fund supports veterinary students who are involved or interested in global health programs. Expenditures may be used for, but are not limited to, scholarships, summer research stipends, and travel for students. Additionally, these funds can be used to support faculty, staff and graduate students involved in Global One Health research, education, outreach and capacity building. All annual distributions can be used locally, within Ohio, regionally, nationally or internationally. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Veterinary Medicine.

If at any time, the Global One Health initiative ceases to exist at The Ohio State University, the donor intends for the highest ranking official in the College or his/her designee to have discretion to use the fund for scholarships, summer research stipends, travel for students, and other additional expenses.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Luther G. Ensminger Sr. Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Luther G. Ensminger Sr. (BS 1942, BS 1948) Endowed Scholarship Fund effective August 22, 2024, with gifts from Mrs. Lee Rose Olson-Ensminger and Luther G. Ensminger Jr. and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Food, Agricultural, and Environmental Sciences, studying a major in the Department of Food Science and Technology, demonstrate financial need, have a minimum 2.7 grade point average on a 4.0 scale, and graduated from a high school in Perry County, Ohio. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college and are studying a major in the department, with preference given to students who graduated from a high school in Perry County, Ohio. Scholarships are renewable as long as recipients remain in good academic standing and continue to meet the selection criteria. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Frederick and Barbara Glover Family Athletics Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Frederick and Barbara Glover Family Athletics Scholarship Fund effective August 22, 2024, with gifts from Frederick Steven Glover (BS 1978, MS 1979) and Barbara Ott Glover (BS 1979, MS 1983) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund supplements the grant-in-aid costs of undergraduate student-athletes. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

William and Eleanor Fotis Family Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the William and Eleanor Fotis Family Endowed Scholarship Fund effective August 22, 2024, with gifts from William P. Fotis Jr. and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are majoring in aviation and demonstrate financial need. If no students meet the selection criteria, scholarship(s) will be open to all undergraduate students who are enrolled in the College of Engineering. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Maliszewski-Herr EmpowerED Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Maliszewski-Herr EmpowerED Scholarship Fund effective August 22, 2024, with gifts from Douglas E. Herr and Jane F. Maliszewski and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more non-renewable scholarships to sophomores or juniors who are enrolled in the College of Engineering. First preference shall be given to students who are involved in the Academic Enrichment and Career Development for Undergraduates ("ACCELERATE") program or in similar programming offered by the Community, Access, Retention and Empowerment Office ("CARE") in the college (or its successor). Second preference shall be given to students who are first generation college students and/or have overcome substantial educational or economic obstacles. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

John and Cindy Heller Undergraduate Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the John and Cindy Heller Undergraduate Scholarship Fund effective August 22, 2024, with gifts from John F. Heller III (MHA 1984, MPA 1984) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Public Health and display an interest in healthcare policy. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Public Health or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Public Health or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

James Humphreys Scholarship Fund in Political Science

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the James Humphreys Scholarship Fund in Political Science effective August 22, 2024, with gifts from James Floyd Humphreys and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are majoring in political science. Preference shall be given to candidates who graduated from a high school in West Virginia. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Frederick Luis Aldama Inclusive Excellence Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Frederick Luis Aldama Inclusive Excellence Scholarship Fund effective August 22, 2024, with gifts from Dr. Frederick L. Aldama and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are affiliated with programs and services in the Office of Diversity and Inclusion. The donor desires that when awarding this scholarship, special consideration be given for students who have encountered substantial educational or economic obstacles and/or have participated in volunteer service that is reflective of The Ohio State University's shared values and/or have participated in at least one leadership development program. Essays submitted by applicants may be taken into consideration by the Office of Diversity and Inclusion for selection purposes. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Office of Diversity and Inclusion, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Office of Diversity and Inclusion or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Office of Diversity and Inclusion or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Ronald M. and Judith L. Thompson Endowed Scholarship Fund in Veterinary Medicine

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Ronald M. and Judith L. Thompson Endowed Scholarship Fund in Veterinary Medicine effective August 22, 2024, with gifts from Dr. Ronald M. Thompson (DVM 1976) and Judith L. Thompson.

The annual distribution from this fund provides one or more scholarships to third-year DVM students who demonstrate financial need. First preference shall be given to candidates who graduated from a high school in West Virginia and demonstrate an interest in mixed animal practice. If no students meet the selection criteria, the scholarship(s) will be open to all DVM students who demonstrate an interest in mixed animal practice. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Veterinary Medicine, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dan and Cindy Kimmel Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dan and Cindy Kimmel Scholarship Fund effective August 22, 2024, with gifts from Daniel Eugene Kimmel (BS 1971, MS 1972) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Engineering, are majoring in mechanical engineering, demonstrate financial need, and are in good academic standing. Candidates must have graduated from a high school in Allen, Putnam, or Lucas Counties, Ohio, or Jackson County, Michigan. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college, are majoring in mechanical engineering, demonstrate financial need, and are in good academic standing. The donor desires to provide two scholarships annually. Scholarships may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Mary Sue MacNealy English Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Mary Sue MacNealy (BA 1979, MA 1982) English Scholarship Fund effective August 22, 2024, with gifts from the Mary Sue MacNealy Trust.

The annual distribution from this fund provides scholarships to students who are studying rhetoric or professional/technical writing, or the successor programs. Candidates must have and maintain a minimum 3.0 with preference given to candidates who demonstrate financial need. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Central States Conference Breath of Life Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Central States Conference Breath of Life Fund effective August 22, 2024, with a gift from Central States Conference Breath of Life Foundation.

The annual distribution from this fund supports research, education, clinical and other needs related to mesothelioma in the Department of Medical Oncology at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James). If the need for mesothelioma support diminishes or ceases to exist, the annual distribution shall support cancer research at the OSUCCC – James. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the OSUCCC - James.

The highest ranking official(s) in the OSUCCC – James or his/her/their designee(s) has/have the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official(s) in the OSUCCC – James or his/her/their designee(s) to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

James H. & Deborah K. Becht Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the James H. & Deborah K. Becht Endowed Scholarship Fund effective August 22, 2024, with gifts from James H. Becht (JD 1979) and Deborah K. Becht.

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law and graduated from a high school in the Akron, Ohio Metropolitan Area. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

It is the donors' 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. Scholarships may be renewable as long as recipients remain in good academic standing and continue to meet the selection criteria above.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Michael E. Moritz College of Law or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Michael E. Moritz College of Law or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Cathy and Jeff Konkler Physical Therapy Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Cathy and Jeff Konkler Physical Therapy Scholarship Fund effective August 22, 2024, with gifts from Jeffrey Charles Konkler (BS 1985) and Cathy Jane Konkler (BS 1980).

The annual distribution from this fund provides support to candidates who are enrolled in the Clinical Doctorate in Physical Therapy Program in the School of Health and Rehabilitation Sciences and who demonstrate financial need. Preference shall be given to candidates who are caregivers. The donors' desire that support be used for tuition and fees, room and board, books, and additional educational expenses. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Medicine, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Pamela J. Conrad Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Pamela J. Conrad Endowed Scholarship Fund effective August 22, 2024, with gifts from Pamela J. Conrad (BA 1980).

The annual distribution from this fund provides one or more scholarships to students who are enrolled in the John Glenn College of Public Affairs. It is the Donor's desire to provide significant financial support to scholarship recipients, rather than provide smaller scholarships to several recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the John Glenn College of Public Affairs, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the John Glenn College of Public Affairs or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the John Glenn College of Public Affairs or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Craig and Deborah Anderson Family Men's Tennis Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Craig and Deborah Anderson Family Men's Tennis Scholarship Fund effective August 22, 2024, with grants from The Columbus Foundation as recommended by Dr. Craig Warren Anderson (MD 1976) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund supplements the grant-in-aid costs of undergraduate student-athletes. Preference shall be given to members of the men's tennis team. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid. Scholarships are renewable as long as the recipients are in good standing with The Ohio State University and meet the selection criteria.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the advisor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Craig and Deborah Anderson Family Women's Tennis Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Dr. Craig and Deborah Anderson Family Women's Tennis Scholarship Fund effective August 22, 2024, with grants from The Columbus Foundation as recommended by Dr. Craig Warren Anderson (MD 1976) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund supplements the grant-in-aid costs of undergraduate student-athletes. Preference shall be given to members of the women's tennis team. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid. Scholarships are renewable as long as the recipients are in good standing with The Ohio State University and meet the selection criteria.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the advisor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Beuth-Whittington Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Beuth-Whittington Family Scholarship Fund effective August 22, 2024, with gifts from The Whittington Family Foundation of Morgan Stanley Global Impact Funding Trust Inc as recommended by Melinda Dawn Whittington and Steven Scott Whittington (BS 1993) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to first-generation undergraduate college students who are enrolled in the Max M. Fisher College of Business. Preference shall be given to candidates who are enrolled in any dual-major program between the Max M. Fisher College of Business and the College of Engineering or any candidates minoring in the College of Engineering. Scholarships are renewable as long as recipients remain in good academic standing. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the Max M. Fisher College of Business. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Max M. Fisher College of Business, in consultation with Student Financial Aid and the College of Engineering.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the advisors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the advisors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the advisors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Gawronski Family Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Gawronski Family Scholarship Fund effective August 22, 2024, with gifts from Patricia J. Gawronski and Grant L. Gawronski and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more scholarships to undergraduate students. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Kamen Family Medical Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Kamen Family Medical Endowed Scholarship Fund effective August 22, 2024, with gifts from Rebecca M. (McCrea) Kamen, in memory of her late husband, Dr. Alan R. Kamen (BA 1959, MD 1963), and two brothers-in-law, Dr. Sheldon D. Kamen (MD 1960) and Norman Kamen, JD.

The annual distribution from this fund provides one or more scholarships to second or third-year medical students who are enrolled in the College of Medicine, demonstrate financial need, and graduated from a high school in the greater Cleveland, Ohio area. If no students meet the selection criteria, the scholarship(s) will be open to all medical students who are enrolled in the college and graduated from a high school in the state of Ohio. It is the donor'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. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Shanks Family Football and Air Force ROTC Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Shanks Family Football and Air Force ROTC Endowed Fund effective August 22, 2024, with gifts from Stephen E. Shanks (BS 2001).

Fifty percent (50%) of the annual distribution from this fund shall be transferred to the Air Force ROTC Alumni Society Endowed Scholarship Fund (current fund no. 640020).

Fifty percent (50%) of the annual distribution from this fund supplements the grant-in-aid costs of student-athletes participating on the men's football team. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the Department of Athletics, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Patti Steinour Scholarship in Honor of Annie and John Glenn

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Patti Steinour Scholarship in Honor of Annie and John Glenn effective August 22, 2024, with gifts from the Steinour Family Foundation, as funded by Stephen D. Steinour, and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program.

The annual distribution from this fund provides one or more housing scholarships to undergraduate students participating in the Washington Academic Internship Program (WAIP) through the John Glenn College of Public Affairs. Preference shall be given to candidates who demonstrate financial need. It is the donor's desire to provide two housing scholarships annually. The number of scholarships awarded annually may vary 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.

Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the John Glenn College of Public Affairs or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the John Glenn College of Public Affairs or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Kristin L. Watt Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Kristin L. Watt Scholarship Fund effective August 22, 2024, with gifts from Rhonda H. Watt in honor of Kristin L. Watt (BS 1986, JD 1989).

The annual distribution from this fund provides one or more scholarships to third-year students who are enrolled in the Michael E. Moritz College of Law and demonstrate financial need. Scholarships shall be awarded following order of preference to candidates who are:

- former Ohio State varsity basketball player
- former Ohio State student-athletes in any sport
- former Big Ten athletes

It is the donor'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 for two consecutive years, the scholarship(s) will be open to all students who are enrolled in the college, until such time that a candidate who meets the selection criteria above is identified.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Michael E. Moritz College of Law or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Michael E. Moritz College of Law or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Dr. Carlton Triolo-Sapp Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Dr. Carlton Triolo-Sapp Fund effective August 22, 2024, with gifts from Dr. Carlton M. Triolo-Sapp (PhD 1999) and Michael Triolo-Sapp.

The annual distribution from this fund shall be used at the discretion of the highest ranking official in the College of Social Work. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

If at any time the gifted principal balance reaches the then current minimum for a restricted endowed fund, the annual distribution shall provide one or more scholarship(s) to students who are enrolled in the College of Social Work. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Social Work or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Social Work or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Peart Fund

The Peart Conservatory Fund at Ohio State ATI was established July 7, 2006, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from an anonymous donor to support the ATI Conservatory. Effective August 22, 2024, the fund name and description shall be revised.

The Conservatory was initially built in 1926 and donated to Agricultural Technical Institute (ATI) in the 1970s. It was deconstructed on its original site in Mansfield, moved to CFAES Wooster and reconstructed. Despite routine structural maintenance, the nearly century-old wooden elements of the Conservatory deteriorated causing significant weakening of the structure. After careful consideration, the University decided that the estimated costs to restore the Conservatory were not in the best interest of CFAES Wooster and the Conservatory was closed to the public in 2017.

The annual distribution from this fund shall be designated to the College of Food, Agricultural, and Environmental Sciences and used to maintain the Agricultural Technical Institute (ATI) greenhouses at CFAES Wooster. Distribution may be used for, but not limited to, repairs, improvements, and the purchase of plant material. Spending shall be recommended by the highest ranking official at Ohio State ATI and the highest ranking official in the Horticultural Technologies Division of Ohio State ATI or their designees. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

In any given year that the endowment distribution is not fully expended, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that this fund should benefit the University in perpetuity. If, in the future, the need for this fund should cease to exist or so diminish as to provide unused distribution, then another use shall be designated by the Board of Trustees and Foundation Board as recommended by the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee. Any such alternate distributions shall be made in a manner as nearly aligned with the original intent of the donor as good conscience and need dictate.

The Wolfe Foundation -- Eugene Smith Endowed Athletics Director

The Wolfe Foundation Endowed Athletics Director was established January 29, 2016, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from the Robert F. Wolfe and Edgar T. Wolfe Foundation. Effective August 22, 2024, the fund will be renamed and description shall be revised.

The annual distribution from this fund supports an endowed directorship in the Department of Athletics. Should the title of the athletic director change, the naming shall extend to any successor position.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the director of the Department of Athletics or his/her designee.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, , the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

**Dr. Randall Hutchison and Dr. Brian Greenfield Animal Clinic Northview
Endowed Scholarship Fund**

The Animal Clinic Northview Endowed Scholarship Fund was established February 22, 2024, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from the Animal Clinic Northview. Effective August 22, 2024, the fund name shall be revised.

The annual distribution from this fund provides one or more scholarships to students who enrolled in the College of Veterinary Medicine, are in their third or fourth year and have demonstrated an interest in a career in small animal medicine. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Virginia Grama Schmidt and Hubert Conrad Schmidt Scholarship Fund

The Virginia Grama Schmidt and Hubert Conrad Schmidt Scholarship Fund for Somatic Studies was established November 1, 1996, by the Board of Trustees through funds received by the University from The Ohio State University Foundation, which established an endowed fund with gifts from Virginia Grama Schmidt (B.A. Arts & Sciences 1936; M.A. French 1937; B.S.Ed. '38) and Hubert Conrad Schmidt (B.Land.Arch. '38). Effective August 22, 2024, the fund name and description shall be revised.

The annual distribution shall be used to provide scholarships for graduate students in somatics, a program area in the College of Education and Human Ecology (formerly the College of Education and the College of Human Ecology). If no students meet the selection criteria, scholarships will be given to graduate students studying kinesiology. If no graduate students studying kinesiology can be identified, the scholarship(s) will be open to all students studying education. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Bruno Family Scholarship Fund

The Bruno Family Scholarship Fund was established June 24, 2011, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a distribution from the Bruno Family Fund at The Columbus Foundation per a request from John Bruno (B.S.Bus.Adm. 1980, J.D. 1983). Effective August 22, 2024, the fund description shall be revised.

The annual distribution from this fund shall be used to provide one or more need-based scholarships to undergraduate students who graduated from high school in Lorain, Ohio. Preference shall be given to first generation college students who are not eligible to receive funding from the Federal Pell Grant Program. If no candidates can be identified who graduated from high school in Lorain, Ohio, the scholarship(s) will be open to candidates who graduated from high school in Lorain County, Ohio. It is the Donor's desire to provide two annual scholarships. Scholarships may be awarded in varying amounts based on student enrollment, available funding, and other factors. The scholarship is renewable up to eight semesters as long as the student maintains financial need and is in good academic standing. The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

Unused annual distribution shall be reinvested in the endowment principal.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

**The Judith and Philip Eggers Fund
for the Support of Social Work Practice Within the Aging Population**

The Jeanette McCleery Zupancic Memorial Fund was established August 31, 2012, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Judith C. Eggers (BSSW 1962). Effective November 4, 2016, the fund name and description were revised. Effective August 22, 2024, the fund description shall be revised.

The annual distribution from this fund shall be used at the discretion of the highest ranking official in the College of Social Work, or his/her designee, for the benefit of intergenerational programs or projects that purposefully bring younger and older people together with the goal of benefitting everyone involved. If no such program or project exists in any given year, the fund may support the college's current priorities.

In any given year that the endowment distribution is not fully used for its intended purposes, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. The University and the Foundation reserve the right to modify the purposes of this fund, however, (1) in consultation with the donor named above, or (2) if such purposes become unlawful, impracticable, impossible to achieve, or wasteful, provided that such fund shall only be used for the University's charitable purposes. In seeking such modification, the University and the Foundation shall consult the dean of the College of Social Work or his/her designee. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Albert O. and Anne K. Myers Surveying Scholarship Fund

The Albert O. and Anne K. Myers Surveying Scholarship Fund was established July 8, 2005, by the Board of Trustees of The Ohio State University in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from family and friends of Albert O. and Anne K. Myers, given in their memory. The description was revised May 14, 2010. Effective August 22, 2024, the fund description shall be further revised.

Albert O. Myers switched majors from pre-med to surveying after seeing, from the confines of chemistry class, surveying students on the Oval; and in 1942 became a professional surveyor in the state of Ohio. He and wife, Anne, started Myers Surveying Company in Columbus in 1947 and made significant contributions to the land surveying profession in Ohio during their lifetimes.

The annual distribution from this fund shall provide one or more scholarships to undergraduate students enrolled in the College of Engineering who are majoring in civil engineering and have a minor in surveying who are entering their junior or senior year and have a grade point average of 2.5 or above. Preference shall be given to candidates who display a strong interest in becoming a practicing land surveyor. The chairperson of the Department of Civil and Environmental Engineering and Geodetic Science, in consultation with the appropriate faculty, shall be responsible for recommending scholarship recipient(s) to the highest ranking official in the College of Engineering or his/her designee. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Unused annual distribution shall be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Joel Goodnough and Family Fellowship in Medicine

The Dr. Joel Goodnough and Family Scholarship Fund in Medicine was established November 19, 2020, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Joel Evan Goodnough and Brenda Riegel Goodnough. Effective May 20, 2021, the required funding level for a fellowship was reached, the fund name and description were revised and the fellowship was established. Effective August 22, 2024, the fund description shall be revised.

The annual distribution supports a fellowship(s) to students who are enrolled in the College of Medicine and graduated from high schools in one of the Appalachian Counties in the State of Ohio (Adams, Ashtabula, Athens, Belmont, Brown, Carroll, Clermont, Columbiana, Coshocton, Gallia, Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Jefferson, Lawrence, Mahoning, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Trumbull, Tuscarawas, Vinton, or Washington). Candidates must demonstrate financial need and have an interest in practicing in a rural setting. It is the donors' desire to provide as significant financial support as possible, up to an amount equal to full tuition and fees if possible, to one eligible recipient. Support is renewable until graduation as long as the recipients are in good standing with The Ohio State University and meet the selection criteria.

After the first recipient is fully supported, it is the donors' desire to provide tuition and fees support to two students who are enrolled in the College of Medicine, graduated from high schools in the State of Ohio and are pursuing the Community Medicine MD Track.

If there is any remaining distribution, it is the donors' desire to provide support to a fourth student who is enrolled in the College of Medicine, graduated from a high school in one of the Appalachian Counties in the State of Ohio and has an interest in practicing in a rural setting.

Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures established by the College of Medicine, in consultation with Student Financial Aid. Support may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest-ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest-ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

Dr. Joan M. Herbers Scholarship Fund

The Dr. Joan M. Herbers Scholarship Fund was established May 16, 2024, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from family, friends, and colleagues of Dr. Joan Marie Herbers, Professor Emeritus. Effective August 22, 2024, the fund description shall be revised.

Dr. Herbers came to The Ohio State University to assume the position of Dean of the College of Biological Sciences, a position she held from 2002 to 2008 and continued at Ohio State as a Professor of Evolution, Ecology & Organismal Biology. She also served as principal investigator of the National Science Foundation-funded project Comprehensive Equity at Ohio State. In addition to her academic work, she has served as President of the Association for Women in Sciences and participated in numerous programs to support careers for women in the STEM disciplines.

The annual distribution from this fund provides one or more scholarships to students who are studying in the Department of Evolution, Ecology, and Organismal Biology. If no students meet the selection criteria, scholarships will be open to all students who are enrolled in the College of Arts and Sciences. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees, in accordance with the policies of the University.

Shi-Chuan and Shwu-Ching Lee Engineering Scholarship Fund

The Shi-Chuan and Shwu-Ching Lee Engineering Scholarship Fund was established April 8, 2011, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Shi-Chuan "Sam" Lee (M.S. 1972, Ph.D. 1974). Effective August 22, 2024, the fund description shall be revised.

Fifty percent of the annual distribution from the endowed fund shall provide one or more scholarships to undergraduate students who are enrolled in the College of Engineering with preference given to students who demonstrate financial need. It is the donor's desire that this fifty percent be used to provide as significant financial support as possible to one eligible recipient in the college who meets the preceding criteria. Any remaining distribution from this fifty percent shall be used to provide as significant financial support as possible to additional eligible recipients in the college who meet the preceding criteria.

Fifty percent of the annual distribution from the endowed fund shall provide one or more scholarships to undergraduate students who are enrolled in the College of Engineering and are studying the Department of Electrical & Computer Engineering with preference given to students who demonstrate financial need. It is the donor's desire that this fifty percent be used to provide as significant financial support as possible to one eligible recipient who meets the preceding criteria. Any remaining distribution from this fifty percent shall be used to provide as significant financial support as possible to additional eligible recipients who meet the preceding criteria.

The University may modify any selection criteria should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Scholarships may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established the College of Engineering, in consultation with Student Financial Aid.

The highest ranking official in the College of Engineering or his/her designee, in consultation with the highest ranking official in the Department of Electrical and Computer Engineering or his/her designee (when appropriate) , has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused portion in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee, in consultation with the highest ranking official in the Department of Electrical and Computer Engineering or his/her designee (when appropriate), to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

**Dr. Gay Y. Miller (BS 1977, DVM 1981, PhD 1991) and
Dr. Joseph Rosenblatt Music Scholarship**

The Dr. Gay Y. Miller (BS 1977, DVM 1981, PhD 1991) and Dr. Joseph Rosenblatt Music Scholarship was established February 22, 2024, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Dr. Joseph M. Rosenblatt and Dr. Gay Yvette Miller and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program. Gifts are given in remembrance of William (1908-1983) and Sylvia Rosenblatt (1911-2000), Joseph Rosenblatt's parents, and Marie Miller (1926-2012), Gay Miller's mother. William Rosenblatt finished 8th grade and then worked to help support his family in New York City. William had a beautiful voice and eventually was accomplished enough to audition for the New York Metropolitan Opera. His operatic career ended with the beginning of WWII, in which he served in the army. Sylvia Rosenblatt loved music and was an accomplished pianist who accompanied her husband in recitals. Marie Miller was a self-taught pianist who loved music and played mainly for family. Her most remarkable piano skill was to transpose music to a new key as she played to meet the needs of any singer or instrument she accompanied. Effective August 22, 2024, the fund description shall be revised.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are majoring in the areas of voice or piano with preference for a focus on classical music, or opera, or who are majoring in music education and who intend to be band directors or music teachers for elementary, middle, and/or high school. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the School of Music. Scholarships may be awarded in varying amounts based on student enrollment, available funding, and other factors. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

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Paul and Marnette Perry Scholarship Fund

The Paul and Marnette Perry Scholarship Fund was established February 10, 2022, The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Paul Perry (BA 1973, JD 1976) and Marnette Perry and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program. Effective August 22, 2024, the fund description shall be revised.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences, are members of the Scarlet and Gray Advantage cohort program (or successor), and demonstrate financial need but are not eligible to receive the federal Pell grant (or successor). Preference shall be given to candidates in the following order:

- First preference for candidates who are majoring in political science
- Second preference for candidates who are majoring in any undergraduate degree in the social and behavioral sciences
- Third preference for candidates that have a minimum 3.3 grade point average on a 4.0 scale (or equivalent)

If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

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The Helen and Paul Smeltzer Endowed Fund

The Helen and Paul Smeltzer Endowed Fund was established February 27, 2020, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Michael P. Smeltzer (BS 1970). Effective August 22, 2024, the fund description shall be revised.

The annual distribution from this fund provides renewable scholarships to students enrolled in the College of Public Health who demonstrate a commitment to community/public service, with preference given to candidates who demonstrate financial need. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid. Scholarships may include but are not limited to the following: tuition, fees, additional educational expenses, and/or membership and attendance of the American Public Health Association Annual Meeting.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Public Health or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

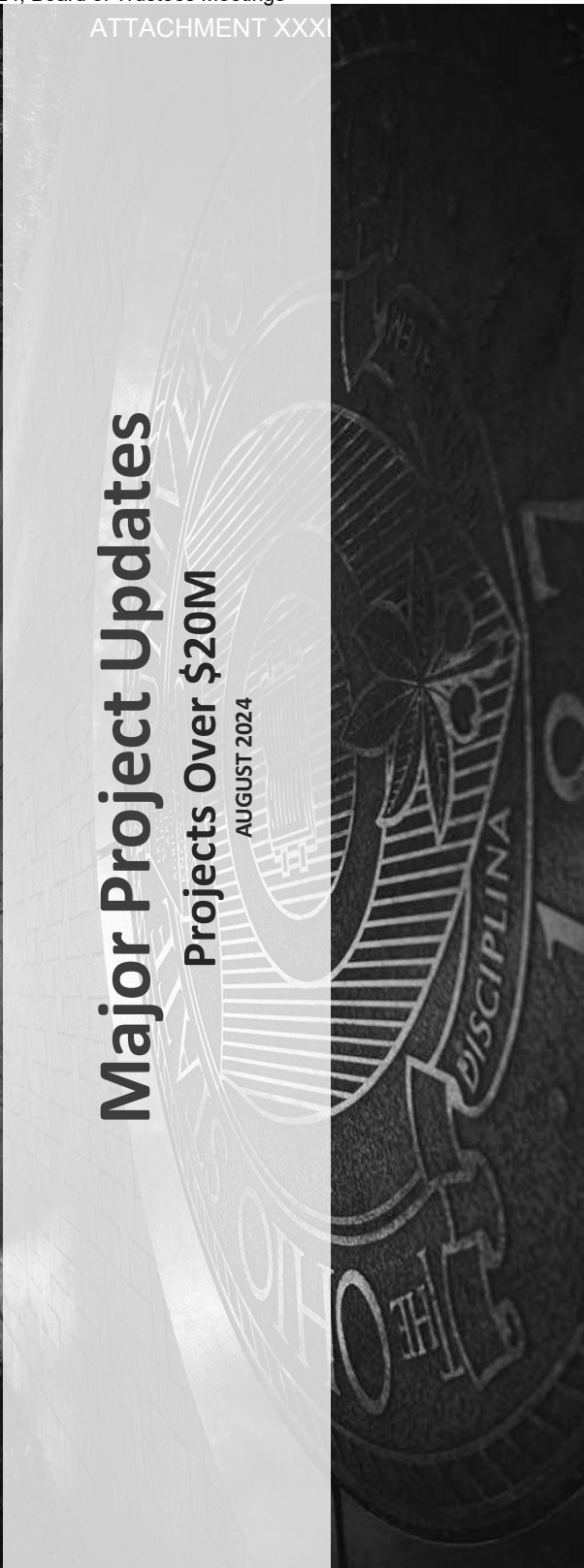
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Major Project Updates

Projects Over \$20M

AUGUST 2024



Project Status Report - Current Projects Over \$20M

PROJECT NAME	CONSTRUCTION COMPLETION DATE	APPROVALS		BUDGET	ON TIME	ON BUDGET
		DES	CON			
Martha Morehouse Facility Improvements	11/24	✓	✓	\$51.3 M		
Celeste Lab Renovation	11/24	✓	✓	\$50.5 M		
Cannon Drive Relocation - Phase 2	12/24	✓	✓	\$68.1 M		
Combined Heat & Power Plant/District Heating & Cooling Loop	1/25	✓	✓	\$420.8 M		
Battery Cell Research & Demonstration Center	5/25	✓	✓	\$22.7 M		
Biomedical and Materials Engineering Complex Phase 2	9/25	✓	✓	\$94.3 M		
Wexner Medical Center Inpatient Hospital	10/25	✓	✓	\$1,943.0 M		
Waterman Multispecies Animal Learning Center (MALC)	11/25	✓	✓	\$58.2 M		
Campbell Hall Renovation	4/26	✓	✓	\$61.2 M		
Wexner Medical Center Outpatient Care Powell	4/26	✓	✓	\$183.0M		
Ohio State East Hospital 4th Floor OR Renovation	11/26	✓	✓	\$22.3 M		
TOTAL – PROJECTS				\$2,975.4 M		

On Track
 Watching Closely
 Not on Track

Combined Heat & Power Plant / District Heating & Cooling Loop



COMBINED HEAT AND POWER PLANT/ DISTRICT HEATING AND COOLING LOOP – CHP/ DHC

105 MW combined heat and power (CHP) plant, with a heating capacity of 285 Klb/hr of superheated steam. The CHP plant will also contain an 8,000-ton cooling facility with future build-out potential to 13,000-ton. Installation of heating hot water (HHW) and chilled water (CW) on the midwest and west campuses to support existing and new campus buildings. Rehabilitation of John Herrick Drive bridge to support new utilities which connect the CHP to central campus.

PROJECT FUNDING: Utility fee

PROJECT UPDATE: Plant operation is not expected until mid-May, although the project team continues to evaluate and implement options to improve the timeline. The team is closely monitoring the budget and actively managing the financial and operational risks.

CURRENT BUDGET	
Total Project	\$420.8 M
PROJECT SCHEDULE	
BoT Approval	8/19
Construction	01/25
Facility Opening	01/25

CONSULTANTS	
Operator's Engineer	HDR
Design-Builder (CHP)	MasTec
CMR (DHC/Bridge)	Whiting Turner/CK
A/E (DHC)	RMF Engineering
A/E (Bridge)	EMH&T

On Budget On Time



ATTACHMENT XXXII

THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES FINANCE COMMITTEE

TOPIC: Fiscal Year 2024 Annual Waiver of Competitive Bidding Report

Note: Bid Waiver category detail reporting has now been broken out between university and affiliate entities. Affiliate spend is inclusive of OHTech, OARNET, and OhioLink.

SUMMARY:

2024 Fiscal Year (7/1/2023 - 6/30/2024)

A total of 981 waivers of competitive bidding were approved as sole source, emergency or for economic reasons, and by Board of Trustees resolution totaling approximately \$1,088.6 million.

- Forty-seven percent (47%) or \$508.1 million was authorized by the president and/or senior vice president for business and finance within their Board-granted discretion, of which:
 - Twenty-two percent (22%) or \$241.9 million of spend was sole source waivers
 - Two percent (2%) or \$21.0 million of spend was emergency purchase waivers
 - Twenty-three percent (23%) or \$245.2 million of spend was for sufficient economic reason
- Fifty-three percent (53%) or \$580.5 million of spend was Board of Trustees resolution waivers

2023 Fiscal Year (7/1/2022 - 6/30/2023)

A total of 1,377 waivers of competitive bidding were approved as sole source, emergency or for economic reasons, and by Board of Trustees resolution totaling approximately \$759.9 million.

- Forty-two percent (42%) or \$314.9 million was authorized by the president and/or senior vice president for business and finance within their Board-granted discretion, of which:
 - Twenty percent (20%) or \$149.4 million of spend was sole source waivers
 - One percent (1%) or \$4.9 million of spend was emergency purchase waivers
 - Twenty-one percent (21%) or \$160.6 million of spend was for sufficient economic reason
- Fifty-eight percent (58%) or \$445.0 million of spend was Board of Trustees resolution waivers

Period-Over-Period Comparison

Period-over-period decrease in the count of waivers was 396 and the waiver spend increased by \$328.7 million. This increase was primarily attributed to the following:

- Affiliate Waivers - Software/eContent used by OhioLink member libraries - \$99.8 million
- Health Systems Waivers - Temporary Staffing Services (Nursing) - \$87.0 million
- Health Systems Board of Trustees Resolutions-Surgical Products/Implants - \$108.9 million

Board of Trustees resolution waivers consist of items such as software license renewals, term orders for utilities, talent fees for performers, renovations and repairs, pharmaceuticals, surgical products, and consulting and physician services.

Note: Pursuant to the purchasing policy adopted by the Board of Trustees (BOT) on November 17, 2022, Bid Waiver/BOT Resolutions reporting has changed from Calendar Year to Fiscal Year, beginning with the August 17, 2023, BOT Meeting.

Bid Waiver category reporting has now been broken out between UNIV and Affiliate entities. Affiliate spend is inclusive of OHTech, OARNET, and OhioLink.

The Ohio State University Competitive Bid Waiver Report for Fiscal Year 2024	Sufficient Economic Reason						Total	Count
Category	Count	Emergency	Count	Sole Source	Count	Total	Count	
UNIV - Academic Support	\$ 3,066,149	12 \$ 399,900	1	\$ 12,992,118	21	\$ 16,458,167	34	
UNIV - Administrative Support Equipment and Services	\$ 40,891,304	90 \$ 5,680,741	7	\$ 27,976,517	85	\$ 74,528,562	182	
UNIV - Instructional and Academic Research Equipment and Services	\$ 9,382,941	48 \$ 581,349	4	\$ 49,425,382	133	\$ 59,389,672	185	
Affiliate - Academic Support	\$ 3,742,520	1 \$ -	-	\$ 1,060,497	1	\$ 4,803,017	2	
Affiliate - Administrative Support Equipment and Services	\$ 15,835,311	14 \$ -	-	\$ 7,024,346	7	\$ 22,859,657	21	
Affiliate - Instructional and Academic Research Equipment and Services	\$ 1,082,181	2 \$ -	-	\$ 114,980,427	14	\$ 116,062,608	16	
Health Systems - Professional Health Care Services	\$ 151,415,106	22 \$ 12,950,000	3	\$ 15,035,805	17	\$ 179,400,911	42	
Health Systems - Administrative Equipment and Services	\$ 19,741,915	16 \$ 1,424,402	5	\$ 13,486,517	17	\$ 34,652,834	38	
TOTAL WAIVERS	\$ 245,157,428	205 \$ 21,016,392	20	\$ 241,981,608	295	\$ 508,155,428	520	
UNIV/Affiliate - Waivers Authorized by BOT Resolutions	23%	1.9%		2.2%				
Health Systems - Waivers Authorized by BOT Resolutions					50%	\$ 14,667,166	43	
TOTAL BOT Resolutions						\$ 565,804,007	418	
GRAND TOTAL						\$ 580,471,173	461	
						\$ 1,085,626,601	981	

The Ohio State University
Competitive Bid Waiver Report for Fiscal Year 2023

Category	Sufficient Economic Reason	Count	Emergency	Count	Sole Source	Count	Total	Count
UNIV - Academic Support	\$ 15,119,452	30	\$ 293,832	4	\$ 9,226,095	51	\$ 24,639,379	85
UNIV - Administrative Support Equipment and Services	\$ 30,034,807	85	\$ 3,085,374	15	\$ 32,357,099	128	\$ 65,477,280	228
UNIV - Instructional and Academic Research Equipment and Services	\$ (16,718,979)	69	\$ 153,391	4	\$ 68,431,747	280	\$ 51,866,159	353
Affiliate - Academic Support	\$ 511,975	5	\$ -	-	\$ -	-	\$ 511,975	5
Affiliate - Administrative Support Equipment and Services	\$ 1,816,535	6	\$ -	-	\$ -	-	\$ 1,816,535	6
Affiliate - Instructional and Academic Research Equipment and Services	\$ 33,086,353	29	\$ -	-	\$ -	-	\$ 33,086,353	29
Health Systems - Professional Health Care Services	\$ 23,041,810	24	\$ 1,403,180	4	\$ 35,240,842	41	\$ 59,685,832	69
Health Systems - Administrative Equipment and Services	\$ 73,673,000	18	\$ -	-	\$ 4,123,269	13	\$ 77,796,269	31
TOTAL WAIVERS	\$ 160,564,953	266	\$ 4,935,777	27	\$ 149,379,052	513	\$ 314,879,783	806
UNIV/Affiliate - Waivers Authorized by BOT Resolutions							\$ 15,506,256	44
Health Systems - Waivers Authorized by BOT Resolutions							\$ 429,514,323	527
TOTAL BOT Resolutions							\$ 445,020,579	571
GRAND TOTAL							\$ 759,900,362	1,377

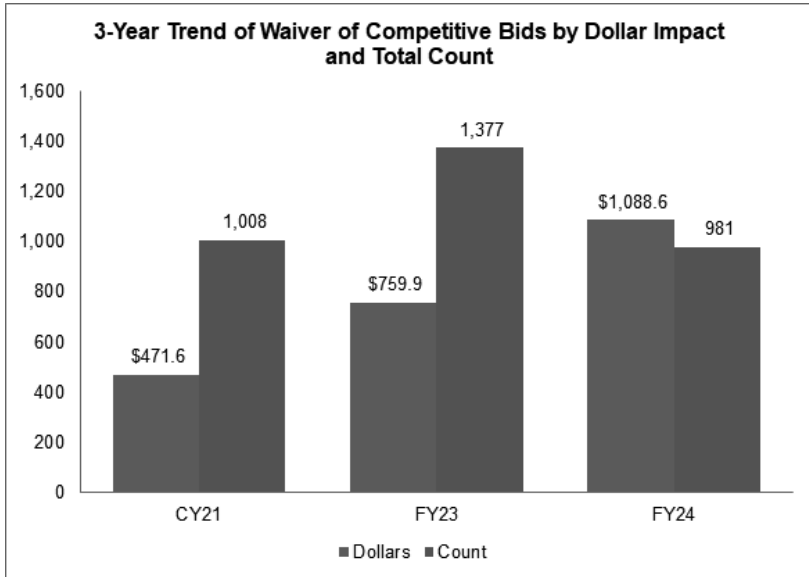
The Ohio State University
Competitive Bid Waiver Report Comparison for FY24 and FY23

Category	Sufficient Economic Reason	Count	Emergency	Count	Sole Source	Count	Total	Count
UNIV - Academic Support	\$ (12,053,303)	(18)	\$ 106,068	(3)	\$ 3,766,023	(30)	\$ (8,181,212)	(51)
UNIV - Administrative Support Equipment and Services	\$ 10,856,497	5	\$ 2,575,367	(8)	\$ (4,380,582)	(43)	\$ 9,051,282	(46)
UNIV - Instructional and Academic Research Equipment and Services	\$ 26,101,920	(21)	\$ 427,958	-	\$ (19,006,365)	(147)	\$ 7,523,513	(168)
Affiliate - Academic Support	\$ 3,230,545	(4)	-	-	\$ 1,060,497	1	\$ 4,291,042	(3)
Affiliate - Administrative Support Equipment and Services	\$ 14,018,776	8	-	-	\$ 7,024,346	7	\$ 21,043,122	15
Affiliate - Instructional and Academic Research Equipment and Services	\$ (32,004,172)	(27)	-	-	\$ 114,980,427	14	\$ 82,976,255	(13)
Health Systems - Professional Health Care Services	\$ 128,373,296	(2)	\$ 11,546,820	(1)	\$ (20,205,038)	(24)	\$ 119,715,078	(27)
Health Systems - Administrative Equipment and Services	\$ (53,931,085)	(2)	\$ 1,424,402	5	\$ 9,363,248	4	\$ (43,143,434)	7
TOTAL WAIVERS	\$ 84,592,474	(61)	\$ 16,080,615	(7)	\$ 92,602,556	(218)	\$ 193,275,646	(286)
UNIV/Affiliate - Waivers Authorized by BOT Resolutions							\$ (839,090)	(1)
Health Systems - Waivers Authorized by BOT Resolutions							\$ 136,289,684	(109)
TOTAL BOT Resolutions							\$ 135,450,594	(110)
GRAND TOTAL							\$ 328,726,240	(396)

Annual Waiver Report for Fiscal Year 2024

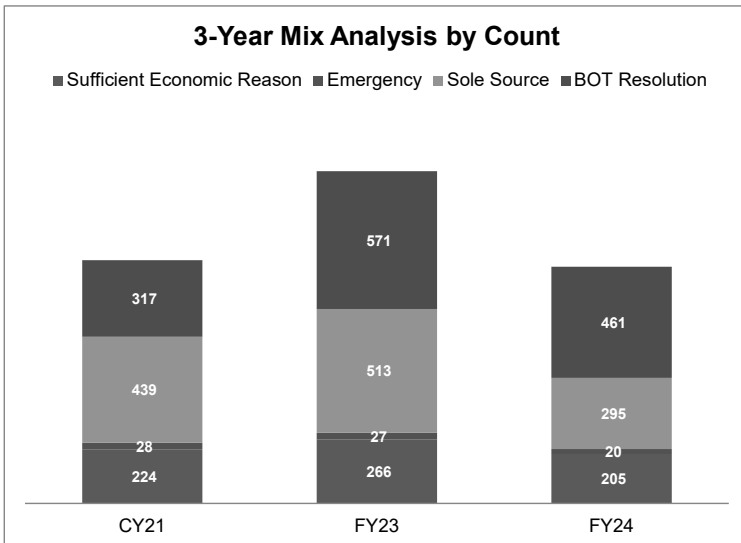
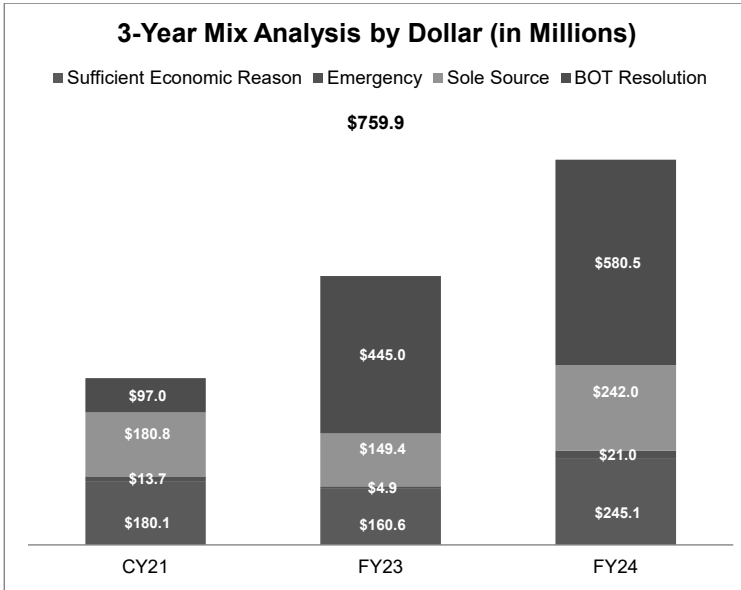
Waiver of Competitive Bids Summary Calendar Year 2021, FY23, and FY24

Waiver Type <i>(\$ in Millions)</i>	CY21		FY23		FY24	
	Dollars	Count	Dollars	Count	Dollars	Count
Sufficient Economic Reason	\$ 180.1	224	\$ 160.6	266	\$ 245.1	205
Emergency	\$ 13.7	28	\$ 4.9	27	\$ 21.0	20
Sole Source	\$ 180.8	439	\$ 149.4	513	\$ 242.0	295
BoT Resolution	\$ 97.0	317	\$ 445.0	571	\$ 580.5	461
TOTAL	\$ 471.6	1,008	\$ 759.9	1,377	\$ 1,088.6	981



Note: Pursuant to the purchasing policy adopted by the Board of Trustees (BoT) on November 17, 2022, Bid Waiver/BoT Resolutions reporting has changed from Calendar Year to Fiscal Year, beginning with the August 17, 2023, BoT Meeting.

Waiver of Competitive Bids Summary
Calendar Year 2021, FY23 and FY24



Note: Pursuant to the purchasing policy adopted by the Board of Trustees (BoT) on November 17, 2022, Bid Waiver/BoT Resolutions reporting has changed from Calendar Year to Fiscal Year, beginning with the August 17, 2023, BoT Meeting.

APPENDIX IX



THE OHIO STATE UNIVERSITY

Board of Trustees

University Square South
15 East 15th Avenue, 5th Floor
Columbus, OH 43201

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTONS TAKEN

August 22, 2024 – Research, Innovation & Strategic Partnerships Committee Meeting

Members Present:

Lewis Von Thaer
Reginald A. Wilkinson
Juan Jose Perez

Bradley R. Kastan
Joshua H.B. Kerner
Phillip Popovich

John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

PUBLIC SESSION

The Research, Innovation & Strategic Partnerships Committee of The Ohio State University Board of Trustees convened on Thursday, August 22, 2024, in person at Longaberger Alumni House on the Columbus campus. Committee Chair Lewis Von Thaer called the meeting to order at 12:58 p.m.

Items for Discussion:

1. Quarterly Highlights for Research, Innovation and Knowledge: Peter Mohler, executive vice president for Research, Innovation and Knowledge, presented highlights of Research, Innovation and Knowledge from the last quarter.

(See Attachment XXXIII for background information, page 558)

2. Ohio State Faculty Recognition: Dr. Mohler conducted a conversation with Rattan Lal, distinguished university professor of soil science with the College of Food, Agricultural and Environmental Sciences. Dr. Lal spent a few moments talking about his work. The Board congratulated him on his recent prestigious award – 2024 Gulbenkian Prize for Humanity.

(See Attachment XXXIV for background information, page 564)

Item for Action:

3. Approval of Minutes: No changes were requested to the May 16, 2024, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

EXECUTIVE SESSION

It was moved by Mr. Von Thaer and seconded by Mr. Perez 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.



THE OHIO STATE UNIVERSITY

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

The committee entered executive session at 1:12 p.m., and the meeting adjourned at 2:22 p.m.

Research, Innovation and Knowledge – Quarterly Highlights

August 2024

Battery Center progress continues

Coatema Coating Machinery and next Machinery Group announced they will sponsor the purchase of a cutting-edge equipment line for battery cell coating, which will enable users to experiment with different materials, processes and configurations at varying scales of production.

The Battery Center is currently under construction and is scheduled to open in the late spring of 2025.



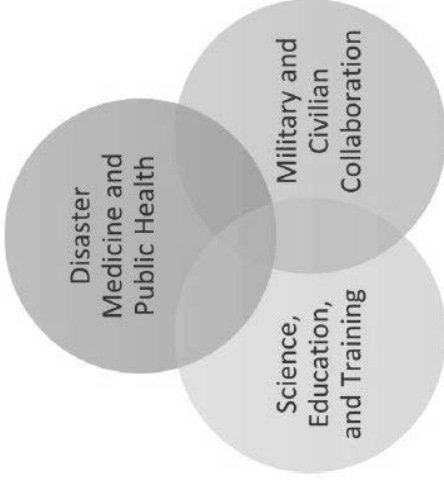
New partnership to drive personalized care in Ohio

Ohio State announced a partnership with Helix to launch the largest precision health initiative in Ohio.

The program will enroll 100,000 participants over four years and provide information about potential risks for health conditions by screening for variants in genes associated with breast and ovarian cancer, colorectal cancer and high cholesterol.

Nationwide, nearly five million people are at an increased risk for one of these conditions.





The National Center for Disaster Medicine and Public Health established a formal “Ecosystem” to collaborate with medical and public health partners and researchers to help prepare the nation for the next disaster or public health emergency.

Daniel Bachmann, physician and professor, with the College of Medicine’s Department of Emergency Medicine, is the lead for Ohio State.



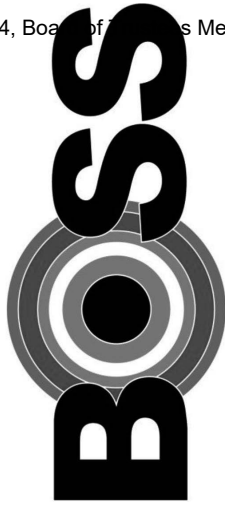
Ohio State selected for Joint Disaster Medicine and Public Health Ecosystem



THE OHIO STATE UNIVERSITY

Accelerating the Innovation Ecosystem: Best of Student Startups (BOSS) Sports Finale

August 20-22, 2024, Board of Trustees Meetings

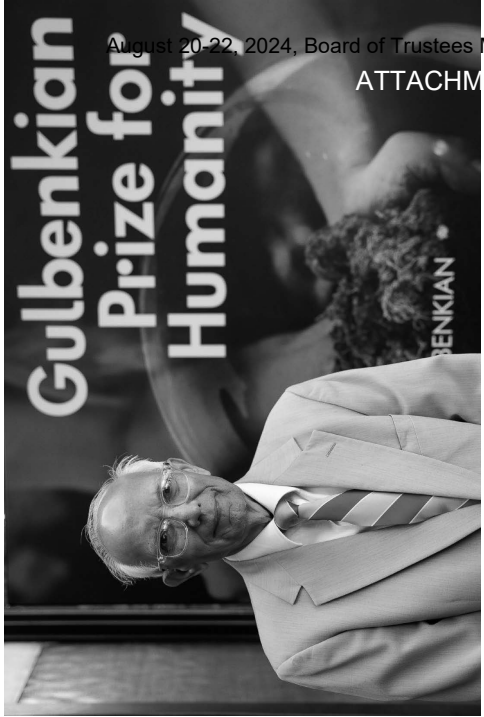


Faculty member named prestigious DoD Fellow

Joseph Heremans, material scientist professor in the College of Engineering, was named a 2024 Vannevar Bush Faculty Fellow, the U.S. Department of Defense's flagship investigator award for basic research.

Prof. Heremans is a world renowned condensed matter experimental physicist.





**A conversation with
Rattan Lal**

Distinguished University Professor of Soil Science
Director, Rattan Lal Center for Carbon Management and
Sequestration
College of Food, Agricultural and Environmental Science

APPENDIX X



Judit E. Puskas, a College of Food, Agricultural, and Environmental Sciences (CFAES) Distinguished Professor, has been named a Distinguished University Professor. This is the highest faculty honor at The Ohio State University.

Puskas, a member of the Department of Food, Agricultural and Biological Engineering on the CFAES Wooster Campus, joined Ohio State in 2019, continuing a prolific industry and academic career in rubber technology. A world-renowned polymer expert, Puskas' impact on her field and her students is broadly recognized.

"Dr. Puskas has conducted groundbreaking research in the field of polymer science and engineering, and her outstanding leadership and mentorship abilities make her an exceptional candidate for the honor of Distinguished University Professor," said Interim Executive Vice President and Provost Karla Zadnik. **"Her innovative work has had a significant impact on society, and I am confident that she will continue to inspire and educate the next generation of scientists."**

Puskas is perhaps best known as the co-inventor of the polymer used to coat the Taxus drug-eluting coronary stent licensed by Boston Scientific. Implanted in more than 10 million patients since the early 2000s, her work significantly improved outcomes for cardiovascular disease patients by preventing arteries from blocking again after implantation.

Her recent work includes equally innovative projects such as the development of polymers using enzyme catalysis for cancer diagnostics and therapies, the development of a flexible nanofiber-based surgical mask, and natural rubber synthesis to provide a domestically sourced product that uses marginal U.S. farmland and reduces the environmental footprint of rubber production. Perhaps most innovative is the integration of breast reconstruction and cancer treatment using a

fiber mat coating around breast implants for local drug delivery, to reduce unpleasant side effects of chemotherapy.

“Dr. Puskas’ remarkable accomplishments make her deserving of the honor of Distinguished University Professor,” said Cathann A. Kress, Ohio State vice president for Agricultural Administration and dean of CFAES. “Dr. Puskas’ innovative research and world-renowned expertise in polymer science have made impactful contributions to her field, her students, our college, the university and the world.”

Puskas’ significant contributions to her field and society have been recognized with numerous prestigious awards. She was the first woman to win the Charles Goodyear Medal, the highest honor conferred by the American Chemical Society’s Rubber Division. In recognition of sustained excellence in innovation, research and education, she has been elected as a Fellow of several prestigious institutes and academies, including:

National Academy of Engineering
American Institute for Medical and Biological Engineering
International Union of Pure and Applied Chemistry
National Academy of Inventors

Puskas’ extensive research on polymers has resulted in more than 430 publications and 33 patents, showcasing the significant applied impacts of her research in biomedical engineering and sustainability. Her service to her field through chairing international conferences, roles with top journals and review of National Science Foundation, National Institutes of Health and global research proposals is exemplary and continues to expand her reputation.

Puskas is also a dedicated mentor to her research team, students and visiting scholars who spend time in her [lab](#). She has mentored several dozen doctoral and master’s students and more than 30 postdocs, many of whom have gone on to roles at top institutions in medicine, industry and research.

“I have taught and done research at three universities, and Ohio State has been the best of all — supporting me and providing a very welcoming environment,” said Puskas. “I love to work at Ohio State!”

Senior leadership surprised Puskas with news of her selection during a virtual meeting on April 23. Joining the celebration were Zadnik; Kress; CFAES Department of Food, Agricultural and Biological Engineering Chair Scott Shearer; CFAES Senior Associate Dean and Director of Faculty and Staff Affairs Tracy Kitchel; Senior Vice Provost for Faculty Patrick Louchouart and Vice Provost for Academic Policy and Faculty Resources Helen Malone. Puskas and other 2024 academic award winners were recognized on April 30 during the annual Faculty Awards Celebration.

Distinguished University Professor, a permanent, honorific title, is awarded annually to tenure-track professors who have been at Ohio State for at least five years and have demonstrated truly exceptional records in teaching, research, scholarly or creative work and service. Distinguished University Professors automatically become members of the President’s and Provost’s Advisory Committee. In addition, recipients are awarded a \$30,000 one-time grant to support their academic work.

BYLAWS OF THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY

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.
 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.
 - h. 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 programs of the university 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; 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.

- 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-saving 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 time.

- 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. 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. *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.



THE OHIO STATE UNIVERSITY

To: Mr. Jeff Kaplan, Chair of the Talent, Compensation and Governance Committee
From: Ted Carter, President
Date: August 20, 2024
RE: Presidential Priorities for Fiscal Year 2025
Cc: Chairman Zeiger, Ms. Eveland, Ms. Garcia

Priority #1 Enhance Academic Excellence: Make Ohio State the destination for a world-class student body and faculty committed to field-defining research, and education that inspires the Ohio State community to serve the state, nation and world.

Priority #2 Advance Research & Innovation: Create transformational impact for the state and nation through cutting edge research and innovation.

Priority #3 Financial & Operational Stewardship: Achieve excellence in our resource management, revenue generation, and advancement to support the university's vision and mission.

Priority #4 The Health System for Ohio: Improve health, wellness and opportunity in Ohio through accessibility, innovation and impact.

Priority #5 Ohio State as a workplace of choice: Maximize individual potential and cultivate an inclusive culture to attract and retain high-performing people who execute the strategy of the organization.

APPENDIX XIII

Appointments/Reappointments of Chairpersons

RALF BUNDSCHUH, Chair, Department of Physics, July 1, 2024, through June 30, 2028

DANIEL CLINCHOT**, Chair, Department of Biomedical Education and Anatomy, July 1, 2024, through February 28, 2025, or until a new Chair is named

SUSAN COLE, Chair, Department of Molecular Genetics, July 1, 2024, through June 30, 2028

CYNTHIA COLEN, Interim Chair, Department of Sociology, July 1, 2024, through June 30, 2025

ANA-PAULA CORREIA**, Director, Center for Education Training and Employment, August 15, 2024, through August 14, 2027

JUSTIN D'ARMS, Interim Chair, Department of Philosophy, July 1, 2024, through June 30, 2025

HAROLD FISK-extension, Interim Director, Center for Life Sciences Education, July 1, 2024, through August 14, 2024

TIM HAAB, Director, School of Environment and Natural Resources, July 1, 2024, through June 30, 2028

DEREK HANSFORD, Acting Chair, Department of Biomedical Engineering, August 1, 2024, through December 31, 2024

YANA HASHAMOVA-extension, Interim Director, Advanced Computing Center for Arts and Design, July 1, 2024, through July 31, 2024

IAN HOWAT, Interim Director, School of Earth Sciences, July 1, 2024, through December 31, 2024

SCOTT JONES**, Director, Barnett Center for Integrated Arts and Enterprise, January 1, 2025, through June 30, 2028

HANNAH KOSSTRIN, Interim Director, Barnett Center for Integrated Arts and Enterprise, August 1, 2024, through December 31, 2024

MARCUS KURTZ, Interim Chair, Department of Political Science, July 1, 2024, through June 30, 2025

MARK LANDON**, Chair, Department of Obstetrics and Gynecology, July 1, 2024, through June 30, 2027

CHERYL LEE**, Chair, Department of Urology, July 1, 2024, through June 30, 2028

RUSSELL LONSER**, Chair, Department of Neurological Surgery, July 1, 2024, through June 30, 2028

SAYOKO MOROI**, Chair, Department of Ophthalmology and Visual Sciences, January 5, 2024, through June 30, 2028

JAMES ONATE, Interim Director, School of Health and Rehabilitation Sciences, August 15, 2024, through June 30, 2025, or until a new Director is named

ANIL PARWANI, Chair, Department of Pathology, July 1, 2024, through June 30, 2028

TIMOTHY PAWLIK**, Chair, Department of Surgery, July 1, 2024, through June 30, 2028

ANN PENDLETON-JULLIAN, Interim Director, Knowlton School of Architecture, June 1, 2024, through August 15, 2025, or until a new Director is named

JAIME SABEL*, Director, Center for Life Sciences Education, August 15, 2024, through June 30, 2028

TODD THOMPSON, Chair, Department of Astronomy, July 1, 2024, through June 30, 2028

HARALD VAESSIN, Interim Chair, Department of Evolution, Ecology and Organismal Biology, July 1, 2024, through June 30, 2025

BRYAN WARNICK, Interim Chair, Department of Educational Studies, July 1, 2024, through June 30, 2025

SHANNON WASHBURN**, Chair, Department of Agricultural Communication, Education, and Leadership, July 1, 2024, through June 30, 2028

DONGBIN XIU, Chair, Department of Mathematics, July 1, 2024, through June 30, 2028

**Reappointment

*New Hire

Faculty Professional Leaves

M. SCOTT DEMYAN, Associate Professor, School of Environment and Natural Resources, FPL for Fall 2024

ALIA DIETSCH, Associate Professor, School of Environment and Natural Resources, FPL for Fall 2024 and Spring 2025

TORY HOGAN, Associate Professor, College of Public Health, FPL for Fall 2024 and Spring 2025

JEFFREY JACQUET, Associate Professor, School of Environment and Natural Resources, FPL for Spring 2025

MARY RODRIGUEZ, Associate Professor, Department of Agricultural Communication, Education, and Leadership, FPL for Fall 2024

NICOLE SINTOV, Associate Professor, School of Environment and Natural Resources, FPL for Fall 2024 and Spring 2025

Faculty Professional Leave Changes/Cancellations

KURT LAVETTI, Associate Professor, Department of Economics, Cancellation of FPL

LISA LIBBY, Professor, Department of Psychology, Cancellation of FPL

MORGAN LIU, Associate Professor, Department of Near Eastern and South Asian Languages and Cultures, Cancellation of FPL

GINA OSTERLOH, Associate Professor, Department of Art, Change of FPL from Fall 2024 and Spring 2025 to Fall 2024 only

SEBASTIEN PROULX, Associate Professor, Department of Design, Cancellation of FPL

JOHANNA SELLMAN, Associate Professor, Department of Near Eastern and South Asian Languages and Cultures, Change of FPL from Fall 2024 and Spring 2025 to Fall 2024 only

KRYSTAL TAYLOR, Associate Professor, Department of Mathematics, Change of FPL from Fall 2024 and Spring 2025 to Spring 2025 only

Emeritus Titles

PAULA BAKER, Department of History, with the title of Associate Professor-Emeritus, effective April 1, 2024

CLIFFORD BEALL, College of Dentistry, with the title of Research Associate Professor Emeritus, effective April 1, 2024

LYNETTE COLE, Department of Veterinary Clinical Sciences, with the title of Professor-Emeritus, effective August 1, 2024

KATRINA CORNISH, Department of Horticulture and Crop Science, with the title of Professor-Emeritus, effective June 1, 2024

JACQUELINE GARGUS, Knowlton School of Architecture, with the title of Professor-Emeritus, effective June 1, 2024

DOROTA GREJNER-BRZEZINSKA, Department of Civil, Environmental and Geodetic Engineering, with the title of Professor-Emeritus, effective September 1, 2024

TINA HENKIN, Department of Microbiology, with the title of Professor-Emeritus, effective July 1, 2024

EDWARD (NED) HILL, John Glenn College of Public Affairs, with the title of Professor-Emeritus, effective June 1, 2024

NORMAN JOHNSON, Department of Evolution, Ecology and Organismal Biology, with the title of Professor-Emeritus, effective August 15, 2024

GAIL KAYE, College of Public Health, with the title of Professor-Clinical Emeritus, effective September 1, 2024

HOWARD KLEIN, Department of Management and Human Resources, with the title of Professor-Emeritus, effective June 1, 2024

TEN-HWANG(STEVE) LAI, Department of Computer Science and Engineering, with the title of Professor-Emeritus, effective June 1, 2024

ROBERT LITTLE, Department of Extension, with the title of Associate Professor-Emeritus, effective January 1, 2025

MARGARET MASTERSON, Department of Veterinary Preventive Medicine, with the title of Professor-Clinical Emeritus, effective July 1, 2024

MARY MCLOUGHLIN, Department of Veterinary Clinical Sciences, with the title of Associate Professor-Emeritus, effective August 1, 2024

BRUCE MCPHERON, Department of Entomology, with the title of Professor-Emeritus, effective July 1, 2024

ANN O'CONNELL, Department of Educational Studies, with the title of Professor-Emeritus, effective September 1, 2024

PAULA RABIDOUX, Department of Psychiatry and Behavioral Health, with the title of Associate Professor-Clinical Emeritus, effective September 1, 2024

VIDHYANATH RAO, Department of Mathematics, with the title of Associate Professor-Emeritus, effective June 1, 2024

GREGORY ROSE, Department of Geography, with the title of Associate Professor-Emeritus, effective January 1, 2025

SHARON SCHWEIKHART, College of Public Health, with the title of Associate Professor-Emeritus, effective June 1, 2024

ALICE TEALL, College of Nursing, with the title of Associate Professor- Clinical Emeritus, effective July 1, 2024

2024/2025 Hires

COLLEGE OF THE ARTS AND SCIENCES

DIVISION OF ART AND HUMANITIES

PROFESSOR WITH TENURE

Coleman, Christopher, Art, August 1, 2024

Mehran, Lahleh, Art, August 15, 2024

ASSOCIATE PROFESSOR WITH TENURE

Huynh, Amanda, Design, August 15, 2024

Robinson, Octavian, Women's, Gender, and Sexuality Studies, August 15, 2024

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES

PROFESSOR WITH TENURE

Bell, Stephen, Microbiology, August 15, 2024

ASSOCIATE PROFESSOR WITH TENURE

Pease, James, Evolution, Ecology, and Organismal Biology, August 15, 2024

Sabel, Jaime, Molecular Genetics, August 15, 2024

DIVISION OF SOCIAL AND BEHAVIORAL SCIENCES

PROFESSOR WITH TENURE

Kennedy, Ryan, Political Science, August 15, 2024

ASSOCIATE PROFESSOR WITH TENURE

Passalacqua, Nicholas, Anthropology, August 15, 2024

COLLEGE OF ENGINEERING

ASSOCIATE PROFESSOR WITH TENURE

Rafailidis, Georg, Knowlton School of Architecture, August 15, 2024

MAX M. FISHER COLLEGE OF BUSINESS

ASSOCIATE PROFESSOR WITH TENURE

Kuppuswamy, Venkat, Management and Human Resources, September 1, 2024

COLLEGE OF LAW

PROFESSOR WITH TENURE

Barnett, Kent, August 15, 2024

COLLEGE OF MEDICINE

2024/2025 Hires

PROFESSOR WITH TENURE

Breitborde, Nick, Psychiatry and Behavioral Health, July 1, 2024

Kozel, Beth, Pediatrics, June 1, 2024

Newland, Jason, Pediatrics, July 1, 2024

Youngstrom, Eric, Psychiatry and Behavioral Health, June 7, 2024

2024/2025 Promotion, Tenure and Reappointment Results

COLLEGE OF ENGINEERING CLINICAL

REAPPOINTMENT

Clay, John, Chemical and Biomolecular Engineering, August 15, 2025

El-Monier, Ilham, Chemical and Biomolecular Engineering, August 15, 2025

Hur, Jieun, Civil, Environmental and Geodetic Engineering, August 15, 2025

Massari, Anthony, Civil, Environmental and Geodetic Engineering, August 15, 2025

COLLEGE OF ENGINEERING RESEARCH

REAPPOINTMENT

Seidt, Jeremy, Mechanical and Aerospace Engineering, August 15, 2025

COLLEGE OF MEDICINE RESEARCH

REAPPOINTMENT

Chen, Xiaodong, Surgery, July 1, 2024

APPENDIX XIV

FY 2025-2029 Final Capital Investment Plan
08/22/2024

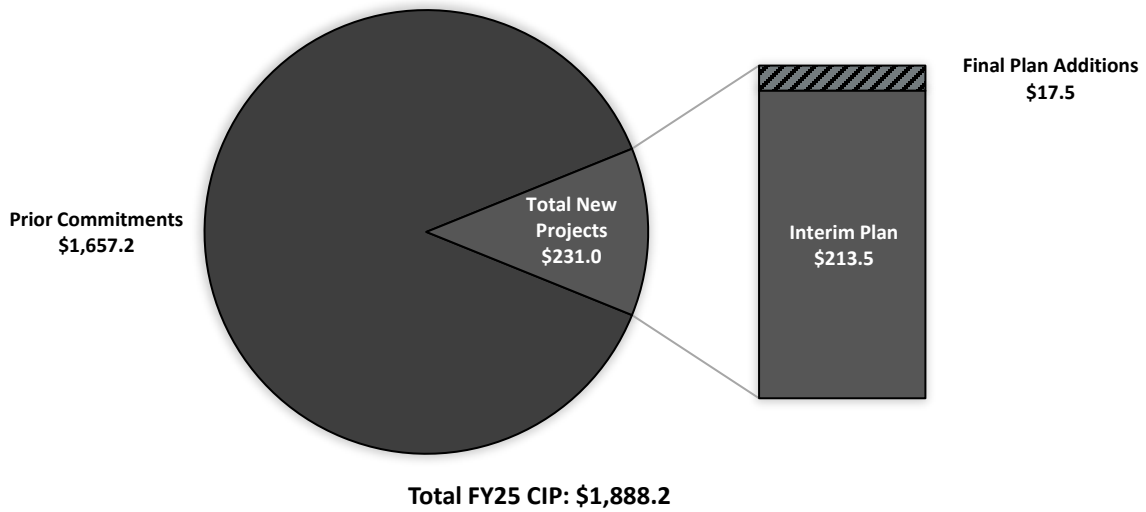


Table 1 - Prior Commitments - Remaining Spend (As of March 31 Actuals)

\$ in Millions

Line	Capital Priority	Projected Capital Expenditures					Total
		FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	
1	A&S – Arts District	\$ 1.0	\$ 1.8	\$ -	\$ -	\$ -	\$ 2.8
2	A&S – Biological Sciences Building Upgrades	\$ 0.4	\$ 2.4	\$ 5.3	\$ 4.7	\$ 2.3	\$ 15.0
3	A&S – Celeste Lab Renovation	\$ 3.3	\$ 2.3	\$ -	\$ -	\$ -	\$ 5.6
4	A&S – Department of Economics Relocation	\$ 0.4	\$ 3.4	\$ 4.3	\$ 2.3	\$ 0.3	\$ 10.6
5	COE – BEMC Phase 2	\$ 48.1	\$ 25.6	\$ 3.1	\$ -	\$ -	\$ 76.8
6	COE – Bus Testing Facility	\$ 2.5	\$ 9.3	\$ 5.4	\$ 5.3	\$ 2.9	\$ 25.2
7	COM – Interdisciplinary Health Sciences Center	\$ 7.4	\$ 2.6	\$ -	\$ -	\$ -	\$ 10.0
8	EHE – Campbell Hall Renovation	\$ 11.9	\$ 28.0	\$ 13.0	\$ -	\$ -	\$ 52.9
9	ERIK – Battery Cell Research and Demonstration Center	\$ 16.1	\$ 3.3	\$ -	\$ -	\$ -	\$ 19.5
10	ERIK – Pelotonia Research Center	\$ 4.3	\$ 7.3	\$ -	\$ -	\$ -	\$ 11.6
11	FAES – Waterman Multispecies Animal Learning Center	\$ 5.5	\$ 35.1	\$ 12.5	\$ -	\$ -	\$ 53.1
12	FOD – Cannon Drive Relocation – Phase 2	\$ 16.0	\$ 12.7	\$ -	\$ -	\$ -	\$ 28.6
13	Newark – Founders Hall Enhancements	\$ 1.6	\$ 0.5	\$ -	\$ -	\$ -	\$ 2.1
14	VET – PET/CT Space Renovation	\$ 1.2	\$ 3.6	\$ 1.4	\$ -	\$ -	\$ 6.2
15	WMC – Inpatient Hospital	\$ 276.0	\$ 240.4	\$ 65.0	\$ -	\$ -	\$ 581.4
16	WMC – James Cellular Therapy Lab	\$ 1.3	\$ 3.8	\$ 1.7	\$ -	\$ -	\$ 6.8
17	WMC – James Outpatient Care	\$ 25.1	\$ 2.4	\$ -	\$ -	\$ -	\$ 27.4
18	WMC – James Outpatient Care Buildout	\$ 1.3	\$ 3.8	\$ 1.7	\$ -	\$ -	\$ 6.8
19	WMC – Magnetic Resonance Linear Accelerator & Housing	\$ 0.9	\$ 3.2	\$ 3.6	\$ 2.3	\$ 0.3	\$ 10.3
20	WMC – Martha Morehouse Facility Improvements	\$ 14.7	\$ 0.5	\$ -	\$ -	\$ -	\$ 15.2
21	WMC – OSU East 4th Floor OR Renovation	\$ 0.5	\$ 2.7	\$ 10.0	\$ 6.2	\$ -	\$ 19.4
22	WMC – Outpatient Care Powell	\$ 82.8	\$ 74.6	\$ 14.6	\$ -	\$ -	\$ 172.0
23	Wooster – Fisher Aud Renovation	\$ 0.2	\$ 4.4	\$ 3.3	\$ -	\$ -	\$ 7.9
24	Roll Up Other Projects	\$ 263.5	\$ 175.1	\$ 40.1	\$ 6.5	\$ 4.8	\$ 489.9
25	Subtotal	\$ 785.9	\$ 648.8	\$ 184.7	\$ 27.2	\$ 10.6	\$ 1,657.2

FY 2025-2029 Final Capital Investment Plan
08/22/2024

Table 2 - New Projects Beginning in FY2025

\$ in Millions

Line	Capital Priority	Projected Capital Expenditures					Total
		FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	
1	Anticipated Spend for CIP Changes	\$ 10.0	\$ -	\$ -	\$ -	\$ -	\$ 10.0
2	Roll up of Small Infrastructure RDM Projects	\$ 39.8	\$ 35.3	\$ 30.5	\$ -	\$ -	\$ 105.6
3	Small Programmatic Cash Ready	\$ 17.2	\$ 23.5	\$ 9.0	\$ 1.3	\$ 0.4	\$ 51.5
4	WMC/COM - Roll up of Multiple Cash Ready	\$ 13.0	\$ 13.0	\$ -	\$ -	\$ -	\$ 26.0
5	New Major Projects						
6	ABA - Schottenstein Center - Scoreboard Replacement	\$ 1.0	\$ 2.8	\$ 1.2	\$ -	\$ -	\$ 5.0
7	ABA - JSC Main Roof Replacement	\$ 1.6	\$ 4.8	\$ 2.1	\$ -	\$ -	\$ 8.5
9	ERIK - Microelectronics Commons	\$ 0.8	\$ 2.4	\$ 1.1	\$ -	\$ -	\$ 4.3
10	FAES - Fisher Auditorium Building Renovation – Wooster	\$ 1.0	\$ 3.6	\$ 4.1	\$ 2.7	\$ 0.4	\$ 11.8
11	FAES - Waterman Infrastructure Project	\$ 0.8	\$ 4.6	\$ 2.8	\$ -	\$ -	\$ 8.3
12	Grand Total	\$ 85.3	\$ 90.1	\$ 50.9	\$ 4.0	\$ 0.8	\$ 231.0

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	State	Fundraising	Grant	Partnership/ University		Grand Total				
						Other	Debt					
1	Academic Support	\$ 26.7	\$ 6.0	\$ 2.0	\$ 4.3	\$ 2.7	\$ -	\$ 41.7	18.0%	\$ 8.2	19.6%	
2	Athletics	\$ 26.7	\$ -	\$ 0.9	\$ -	\$ -	\$ -	\$ 27.6	11.9%	\$ 16.2	58.8%	
3	Infrastructure	\$ 36.0	\$ 63.7	\$ -	\$ 7.3	\$ -	\$ 3.5	\$ 110.6	47.9%	\$ 91.5	82.8%	
4	Regional Campuses	\$ -	\$ 6.8	\$ -	\$ -	\$ 3.4	\$ -	\$ 10.2	4.4%	\$ 6.5	63.2%	
5	Student Life	\$ 15.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15.0	6.5%	\$ 12.5	83.0%	
6	WMC/COM	\$ 26.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26.0	11.2%	\$ 7.9	30.4%	
7	Grand Total	\$ 130.4	\$ 76.5	\$ 2.9	\$ 11.6	\$ 6.1	\$ 3.5	\$ 231.0	100.0%	\$ 142.7	61.8%	

BACKGROUND

TOPIC: Approval of Ohio State Energy Partners' ("OSEP") Utility System Capital Improvements Plan for Fiscal Year 2025

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 both 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 assessments for 12 buildings connected to master meters #7 and #9, and design and construct updated gas systems for nine buildings on master meters #3 and #4.

Design and Construction Cost Request: \$ 1.761 M

Project Cost Breakdown	Cost
FY 2025 – Design and Construction	\$ 0.659 M
FY 2026 – Construction	\$ 0.565 M
FY 2027 – Construction	\$ 0.537 M
Total Project Cost	\$ 1.761 M

Utility System Upgrades – McCracken North Tunnel and Bypass Tunnel Sections 185-24-LFC

Scope: University project (OSU-230499) identified several segments of utility tunnels in need of repair, replacement, or removal. OSEP's project will address the utility facilities in sections of the McCracken North and Bypass tunnels in the Academic Core. The OSEP project scope will be performed by the university under project OSU-230499. This project was previously approved for design.

Construction Cost Request: \$ 7.303 M

Project Cost Breakdown	Cost
FY 2024 – Design	\$ 1.343 M
FY 2025 – Construction	\$ 3.189 M
FY 2026 – Construction	\$ 4.114 M
Total Project Cost Estimate	\$ 8.645 M

REQUESTED OF THE MASTER PLANNING & FACILITIES AND THE FINANCE & INVESTMENT COMMITTEES:
 Approval of the resolution.

Project Data Sheet for Board of Trustees Approval

Building Gas System Upgrade FY25

101-25-LFC

Project Location: MM3, MM4, MM7, MM9 Buildings

Approval(s) Requested and Amount

Design	\$0.082 M
Construction w/contingency	\$0.779 M
ENGIE Engineering/PM	\$0.323 M
Total requested	\$1.761 M

• **Project Budget**

Design	\$0.082 M
Construction w/contingency	\$1.355 M
ENGIE Engineering/PM	\$0.323 M
Total project budget*	\$1.761 M

*construction funding for MM7/9 not reflected in this cost build-up; must complete pre-design first.

• **Project Funding**

OSEP Financed	\$1.761 M
University	\$0.000 M

• **Project Schedule**

BoT design Approval	08/24
Design	08/24 – 03/25
BoT construction approval	08/24
Construction	08/24 – 06/27
Completion/full operation	06/27

• **Project Delivery Method**

Design – Karpinski
Construction – Precision

• **Project Scope**

Assess buildings fed from MM7/9 to identify natural gas system inadequacies and ensure compliance with PUCO standards. Repair issues identified during pre-design for buildings remaining to complete construction on MM3/4.

• **Project Risks and Impacts**

At the completion of this final phase of the natural gas building upgrades series, all campus buildings will be in compliance with PUCO standards. The majority of risk for this project relies in unknowns given the lack of reliable data on NG building equipment. Additional risks include gas leaks which may lead to minor service interruptions.

• **Approval Requested**

- Requesting approval for pre-design (MM7, MM9) and construction (MM3, MM4 remaining bldgs).
- Will request construction approval for MM7 and 9 off-cycle.



project team

- OSEP project manager: Kaiya Weston
- AE/design architect: Karpinski
- General Contractor: Precision

August 2024

Project Data Sheet for Board of Trustees Approval

Tunnel Utility Upgrades McCracken North and Bypass Sections 185-24-LFC

Project Location: North McCracken Tunnel

- Approval(s) Requested and Amount**

Design	\$0.00 M
Construction w/contingency	\$7.30 M ^(1,2)
Total requested	\$7.30 M ^(1,2)

- Project Budget**

Design	\$1.34 M
Construction w/contingency	\$7.30 M ^(1,2)
Total project budget	\$8.65 M ^(1,2)

⁽¹⁾ Updated prices based on estimate provided by OSU.

⁽²⁾ No contingency is considered per OSU's request on March 19, 2024.

- Project Funding**

OSEP Financed	\$7.30 M ^(1,2)
University	\$0.00 M

- Project Schedule**

BOT design Approval	05/24
Design	01/24 – 08/24
BOT construction approval	08/24
Construction	01/25 – 06/26
Completion/full operation	06/26

- Project Delivery Method**

Design-Bid-Built

- Project Scope**

OSU is performing structural repairs/improvements to the North McCracken tunnel and abandoning the McCracken Bypass tunnel. OSEP funds will be used to support Utility system upgrades associated with the OSU tunnel project.

- Remove and replace approx. 810 feet of steam pipes including anchors, pipe supports, steam traps, insulation, and piping components.
- Remove and replace approx. 700 feet of condensate pipes including anchors, pipe supports, insulation, and piping components.
- Abate, remove and replace approx. 760 feet of heating hot water pipes including anchors, pipe supports, insulation, and piping components.
- Construct a new steam vault at the intersection of the N. McCracken and N. Neil Ave. tunnels.

- Project Risks and Impacts**

- Outages to be coordinated with OSU stakeholders.
- Vehicle and pedestrian traffic reroutes, MOT plans for vehicles and pedestrians on Millikin Rd.

- Approval Requested**

- Approval for design received for FY24. Requesting approval for construction in FY25.



project team

- OSEP project manager: Francisco D. Saavedra
- AE/design architect: RMF Engineering
- General Contractor: DBB – To be determined

June 2024

APPENDIX XVI

Project Data Sheet for Board of Trustees Approval

DHLRI - Fire and HVAC System Renewal

OSU-250026 (REQ ID# FOD251001)

Project Location: Davis Heart and Lung Research Institute (0113)

- **Approval Requested and Amount**

Professional services	\$1.8M
Total project budget	\$1.8M

- **Project Budget**

Professional services	\$1.8M
Construction	TBD
Total project budget	TBD

- **Project Funding**

University Funds

- **Project Schedule**

BoT professional services approval	08/24
Design	11/24 – 11/25
BoT construction approval	TBD
Construction	TBD
Facility opening	TBD



- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**
 - This project is included in the FY25 Capital Investment Plan.

- **Project Scope**
 - Fume hoods and atrium smoke system share the same exhaust system, which no longer meets life safety code; modifications will allow for safe building exhaust and egress.
 - Total project scope, cost, and schedule will be validated during design.

- **Approval Requested**
 - Approval is requested to enter into professional services contracts.

- **project team**

University project manager: Stazzone, AI
 AE/design architect: TBD
 CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Airport Capital Improvements

OSU-240504 (ENG25APT9001, ENG25APT9002, ENG25APT9004, ENG25APT9014, ENG25APT9015)

Project Location: OSU Airport

- Approval Requested and Amount**

Professional services	\$0.3M
Construction w/contingency	\$7.6M
<hr/>	
Total requested	\$7.9M
- Project Budget**

Professional services	\$0.3M
Construction w/contingency	\$7.6M
<hr/>	
Total project budget	\$7.9M



- Project Funding**

University debt, Partner funds (FAA, ODOT)
- Project Schedule**

BoT professional services approval	08/24
BoT construction approval	08/24
Design	09/24 – 01/26
Construction	03/26 – 11/26
Facility opening	12/26

- Project Delivery Method**

General Contracting

- Planning Framework**

 - The projects are included in the FY25 Capital Investment Plan.
 - The projects will enhance airport facilities and infrastructure.

- Project Scope**

 - Scope includes multiple projects identified in the Airport Master Plan bundled together to provide efficiency in delivery and align with FAA funding cycle requirements.
 - This collection of projects will include Phase 2 of the Taxiway A rehabilitation, airfield runway lighting improvements, and design & construction of a community storage hangar.

- Approval Requested**

 - Approval is requested to enter into professional services and construction contracts.

- project team**

University project manager: Hyde, Carrie
 AE/design architect: Crawford, Murphy & Tilly
 CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

College Road Rebuild

OSU-250061 (REQ ID# A&P250001)

Project Location: **Site-see project information

- **Approval Requested and Amount**

Professional services	\$0.8M
Construction w/contingency	\$4.7M
<hr/> Total requested	<hr/> \$5.5M

- **Project Budget**

Professional services	\$0.8M
Construction w/contingency	\$4.7M
<hr/> Total project budget	<hr/> \$5.5M

- **Project Funding**
 - University debt

- **Project Schedule**

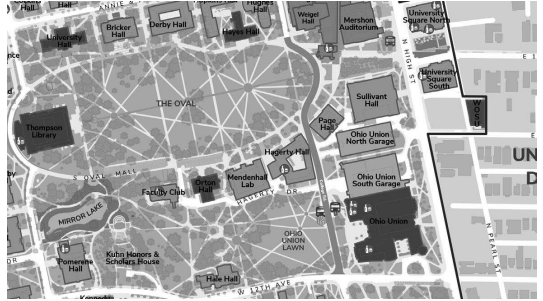
BoT professional services approval	08/24
BoT construction approval	08/24
Design	10/24 – 09/25
Construction	05/26 – 09/26
Opening	09/26

- **Project Delivery Method**
 - General Contracting

- **Planning Framework**
 - This project is included in the FY25 Capital Investment Plan.

- **Project Scope**
 - The project will rebuild College Road between 12th Avenue and the north edge of the Oval, including hardscape improvements between Page Hall and the Timashev Family Music Building.
 - Utility infrastructure within the limits of the roadway will be evaluated and replaced as necessary.

- **Approval Requested**
 - Approval is requested to enter into professional services and construction contracts.



-
- **project team**
 - University project manager: Sayer, Dan
 - AE/design architect: TBD
 - CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Rhodes - 3rd FI Lab Expansion

OSU-221149 (REQ ID# LAB220004)

Project Location: Rhodes Hall (0354)

- **Approval Requested and Amount**

Professional services	\$0.6M
Construction w/contingency	\$4.1M
<hr/>	
Total requested	\$4.7M

- **Project Budget**

Professional services	\$0.6M
Construction w/contingency	\$4.1M
<hr/>	
Total project budget	\$4.7M

- **Project Funding**

Auxiliary funds

- **Project Schedule**

Design	12/22 – 03/24
BoT professional services approval	08/24
BoT construction approval	08/24
Construction	08/24 – 02/26
Facility opening	07/26

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**
 - This project is included in the FY23 and FY24 Capital Investment Plans.
 - The project supports the expansion of the current Rhodes 3rd floor lab to support all patient lab testing including the spaces in the new inpatient tower.

- **Project Scope**
 - The project consists of multiple phases to allow the lab to remain operational and includes several enabling projects, such as relocating a pyxis room, crash cart storage room, EVS room, and renovations of two ADA restrooms.
 - Early phases will be completed prior to the opening of the new inpatient tower to allow for full lab functionality.

- **Approval Requested**
 - Approval is requested to increase professional services contracts and enter into construction contracts.



-
- **project team**

University project manager: Radabaugh, Alexandra
 AE/design architect: IKM Architects
 CM at Risk or Design Builder: Marker Construction

Project Data Sheet for Board of Trustees Approval

Riffe - 2nd Floor Classrooms

OSU-230433 (REQ ID# PHR2200004)

Project Location: Riffe Building (0266)

- **Approval Requested and Amount**

Professional services	\$0.3M
Construction w/contingency	\$2.7M
<hr/>	
Total requested	\$3.0M

- **Project Budget**

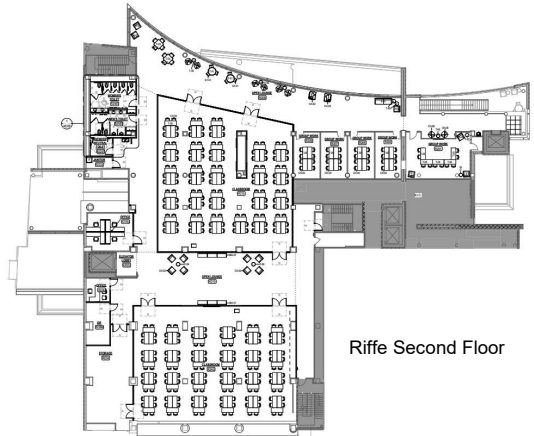
Professional services	\$0.9M
Construction w/contingency	\$7.5M
<hr/>	
Total project budget	\$8.4M

- **Project Funding**

University funds

- **Project Schedule**

BoT professional services approval	02/23
BoT construction approval	02/23
Design	12/23 – 06/24
Construction	09/24 – 10/25
Facility opening	10/25



- **Project Delivery Method**

Design Build

- **Planning Framework**
 - This project was included in the FY22 & FY25 Capital Investment Plans.

- **Project Scope**
 - The project utilizes space vacated by University Libraries to create two new active learning classrooms, allowing curriculum currently delivered in auditorium space to meet modern standards for Undergraduate and PharmD programs.
 - The new space will have open and flexible seating, upgraded finishes, and provide ADA accessibility.
 - The proposed increase will address scope changes related to restroom requirements, expanded technology needs and IT infrastructure, and final classroom and support space design.

- **Approval Requested**
 - Approval is requested to increase professional services and construction contracts.

-
- **project team**

University project manager: Vetrano, Christina
 AE/design architect: M+A Design
 CM at Risk or Design Builder: TBD

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**

Professional services	\$0.7M
Construction w/contingency	\$30.5M
Total requested	\$31.2M

• **Project Budget**

Professional services	\$2.7M
Construction w/contingency	\$26.8M
OSEP/ENGIE scope	\$11.5M
Total project budget	\$41.0M

• **Project Funding**

Univeristy funds, University debt, 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– 11/25
Facility opening	11/25

• **Project Delivery Method**

General Contracting

• **Planning Framework**

- This project is included in the FY23, FY24 and FY25 Capital Investment Plans.

• **Project Scope**

- The first phase of a multiphase project to address deferred maintenance including structural repairs, removal of asbestos containing materials, drainage and water infiltration damage.
- The work will occur in the McCracken tunnel segment in the Academic core near McCracken Power Plant, Cockins Hall, Math Building, Math Tower and 209 W. 18th.
- Scope will also include waterline replacements and hardscape improvements at a north section of the Oval near Hughes, Hayes, Derby, Bricker and University Halls.
- Includes OSEP utility scope within the tunnels needed to preserve campus operations.

• **Approval Requested**

- Approval is requested to increase professional services and construction contracts.



• **project team**

University project manager: Stazzone, AI
 AE/design architect: RMF Engineering
 CM at Risk or Design Builder: MW Campus Bid Package - McDaniel's Construction; McCracken Bid Package - TBD

APPENDIX XVII

APPROVAL FOR PURCHASE OF REAL PROPERTY 1165 KINNEAR ROAD, FRANKLIN COUNTY, COLUMBUS, OHIO BOARD BACKGROUND

Background

The Ohio State University has been leasing the property at 1165 Kinnear Road since 2006. The lease includes an approximately 90,000 square foot building which is fully utilized by various OSU departments. Facilities Operations and Development (FOD) along with University Libraries are primary occupants. FOD uses the space for storage, shops, offices and training. University Libraries occupies improved space in the building for its technical services which includes restoration and digitization studios. The current 20-year lease will expire January 31, 2026.

The lease is "triple-net" with the university paying real estate taxes, utilities, repairs and maintenance. Under the lease, the university has the right to purchase the Property at term expiration. Acquiring the property in advance of expiration, or no later than expiration, will secure the university's continued use and allow the university to file for real estate tax exemption.

Acquisition of this property is consistent with the Framework Plan and overall investment strategy to align land/facilities with current and future needs.

Locations and Description

The subject property consists of approximately 4.16 acres and includes an approximately 90,000 square foot building. The property is located at 1165 Kinnear Road, Columbus, Ohio, and is identified as Franklin County parcel number 130-011588-00. The subject parcel is bordered to the east and west by property owned by The Ohio State University.

Property History

The property has been leased by the university since 2006 and used for office, storage, shop and technical services by numerous university units.

Purchase of Property

Planning, Architecture and Real Estate recommends that the university proceed with the acquisition upon terms and conditions deemed to be in the best interest of the university.



Prepared By: The Ohio State University
Facilities Information and Technology Services (FITS)
The Ohio State University
The Ohio State University Board of Trustees

ACQUISITION OF 4.162 ACRES OF REAL PROPERTY
1165 KINNEAR RD
COLUMBUS, FRANKLIN COUNTY, OHIO 43210
PARCEL ID #130-011588



THE OHIO STATE UNIVERSITY

APPENDIX XVIII

BACKGROUND

TOPIC: Amendment to Investment Policy Section I, Parts D-3, E-1 and H-1 to (a) memorialize the administrative charge applied to portions of the LTIP and (b) permit certain gifts as designated by the president and net cash proceeds from underlying investments to be added to the Economic Development Fund without counting against the \$100M policy limit.

CONTEXT FOR MODIFICATION TO INVESTMENT POLICY LANGUAGE:

An administrative charge is assessed to certain portions of the LTIP to support administrative expenses including University Advancement. Previous Board of Trustees resolutions have established the administrative charge and approved changes to the amount of the charge. The most recent resolutions set the charge at a rate of 1%. The portion of the LTIP subject to the charge was not specified.

- The amended language to Section I, Part E-1 is intended to memorialize the administrative charge in the Investment Policy, specifying that the maximum administrative charge is 1% and providing that the charge is to be calculated based on the average monthly market value of the LTIP over the most recent five-year period.
- Amended language in Section I, Parts E-1 and D-3 also provides that the senior vice president for business and finance is to determine the amount of the administrative charge each year, up to a maximum of 1%, and the portion of the LTIP to which the charge is to be applied.

Section I, Part H-1 currently provides a cumulative maximum of \$100M of operating funds that may be deployed "to catalyze the university's startup and innovation ecosystem through investment and the creation of a permanent and sustainable source of funding for the university's and region's entrepreneurship and technology commercialization efforts." The amended language will permit gifts made to or for the benefit of the university that have been designated by the president for this purpose as an additional source of funding for the economic development funds outside of the \$100M policy limit.

REQUESTED OF THE FINANCE AND INVESTMENT COMMITTEE: Ratification and approval of a revised Investment Policy to (a) memorialize the administrative charge and to provide for the senior vice president for business and finance to determine the amount of the annual charge (up to 1%) and the portion of the LTIP to be assessed the charge and (b) permit certain gifts as designated by the president and net cash proceeds from underlying investments to be added to the Economic Development Fund without counting against the cap.



Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

Responsible Office _____ **Office of Business and Finance**

POLICY

Issued: 08/30/2013
Revised: 07/01/20222024

This policy sets forth standards and disciplines that enable the Board of Trustees to effectively evaluate the performance and operations of the university's investment programs. The policy is intended to permit sufficient flexibility to capture investment opportunities yet provide parameters that ensure prudence and care in the execution of the investment programs.

Purpose of the Policy

To establish the overall goals, management responsibilities, investment strategies, and discipline for the investment programs of the university.

Policy Details

- I. LTIP Investment Policy
 - A. Background
 1. The Long-Term Investment Pool (LTIP) was established to provide financial support for the long-term use and benefit of the university in support of its mission. The goal is to manage LTIP assets with prudence and discipline to achieve that purpose. The LTIP will be invested using a total return objective to meet its goals. Funds in the LTIP will be invested in a manner that over the long term will preserve and maintain the real purchasing power of the principal while allowing for an annual distribution as described herein. As a public institution, while fiscal goals are of central importance, the university also recognizes a duty to support larger societal objectives.
 - B. Components of the LTIP
 1. The LTIP consists of endowment funds, quasi-endowment funds, term endowment funds, and those funds held for the benefit of others.
 2. Endowment funds are funds received from donors or other sources that are permanently restricted by the donor to be invested in perpetuity with annual distributions used as specified by the donor.
 3. Quasi-endowment funds are funds that have been designated by the Board of Trustees to act like permanently restricted funds for long-term investment purposes, but the restrictions may be modified at the discretion of the university's Board of Trustees. Quasi-endowment funds may include funds derived from sources described in Ohio Revised Code Section 3345.05, including tuition. Quasi-endowment funds also may include operating funds of the university available for long-term investment. A quasi-endowment fund may also be referred to as an institutional fund for purposes of the Ohio Revised Code.
 4. Term endowment funds are endowment funds that are restricted by the donor to be invested for a stated period of time or until the occurrence of a certain event. While invested, the annual distributions are used as specified by donor. Upon release of the investment restriction, the principal may also be expended as specified by donor.
 - C. LTIP fiduciary standards
 1. The Board of Trustees, Board of Trustee committee members who review and recommend revisions to the Investment policy and advise the Board of Trustees on the investment program and operations (the "Investment Committee"), the senior vice president for business and finance, and the chief investment officer are fiduciaries with respect to the LTIP. Accordingly, these individuals are required to:
 - a. Act with the duty of loyalty.



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

- b. Act in good faith with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims.
- D. Duties and responsibilities of LTIP fiduciaries
1. Board of Trustees. The university Board of Trustees has overall responsibility for this LTIP Investment Policy and approval of Investment Committee members. The Board of Trustees votes on items brought forth by the Investment Committee.
 2. Investment Committee of the Board of Trustees. The Investment Committee has strategic oversight responsibility for the LTIP investment program and operations of the LTIP. The committee must work with the senior vice president for business and finance and the chief investment officer to ensure the LTIP is well managed in accordance with this LTIP Investment Policy. The Investment Committee must meet at least quarterly.
 3. Senior vice president for business and finance. The senior vice president for business and finance has oversight responsibility for the LTIP investment program, operations, and reporting. The senior vice president for business and finance must review operations and reporting within the Office of Investments to ensure compliance with established policies and procedures. An advisory committee to the senior vice president for business and finance, chief investment officer, and vice president and treasurer exists to provide advice on the university's investment program. The senior vice president for business and finance will approve, together with the chief investment officer, the hiring of external investment managers for the LTIP and the making of investments in funds and of direct investments other than those direct investments for which the chief investment officer has sole authority as set forth below. Further, once an investment manager has been hired or an investment has been made in a fund as aforesaid, the senior vice president of business and finance will approve, together with the chief investment officer, additional investments with such investment manager or into the applicable fund. In addition, the senior vice president for business and finance may approve the hiring of one or more investment consultants to assist in policy development, asset allocation, investment structure, investment manager or fund manager selection, manager performance review, and other specialized investment topics with respect to the LTIP. The senior vice president for business and finance may also approve the hiring of one or more custodian banks or other trust institutions to custody and report on the assets of the LTIP. The senior vice president for business and finance may terminate the university's engagement with any such investment manager, fund, investment consultant, or custodian and may partially liquidate any fund position or reduce strategy exposure. The senior vice president for business and finance will determine the annual administrative charge and the portion of the LTIP to which such annual administrative charge will be applied in determining the share account valuation.
 4. Chief investment officer. The chief investment officer is responsible for managing the LTIP's investment program, operations, and reporting. The chief investment officer must review and recommend policies and procedures that are consistent with the investment objectives of the LTIP. The chief investment officer must report to the senior vice president for business and finance and the Investment Committee, at least quarterly. An advisory committee to the senior vice president for business and finance, chief investment officer, and vice president and treasurer exists to provide advice on the university's investment program. The chief investment officer will approve, together with the senior vice president for business and finance, the hiring of external investment managers for the LTIP and the making of investments in funds and of direct investments other than those for which the chief investment officer has authority as set forth below and may, once an investment manager has been engaged or an investment has been made in a fund as aforesaid, approve additional investments with such investment manager or into the applicable fund. In addition, the chief investment officer may approve the hiring of one or more investment consultants for the purposes described above and may also approve the hiring of one or more custodian banks or other trust institutions to custody and report on the assets of the LTIP. The chief investment officer may terminate the university's engagement with any such investment manager, fund



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

manager, investment consultant or custodian and may partially liquidate any fund position or reduce strategy exposure. In addition, the chief investment officer may invest directly in exchange traded products and publicly traded securities, foreign currency exchange transactions, open-end mutual funds, and US treasury and agency securities.

E. Account valuation and distribution policy

1. Generally, each named fund is assigned a number of shares in the LTIP based on the value of the gifts, income-to-principal transfers, or transfers of operating funds to that named fund. At the end of each month LTIP investments are valued and a share value is calculated based on the aggregate number of shares assigned to each LTIP fund. The share value calculation ~~also takes into account earnings, as well as (i) fees and expenses for investment management, and investment administration and, to the extent applicable, (ii) an annual administrative charge that is up to 1.0%, as determined by the senior vice president for business and finance, of the average monthly market value over the most recent five-year period of that portion of the LTIP as determined by the senior vice president for business and finance from time to time, which annual administrative charge will be applied to such portion of the LTIP development activities.~~ New LTIP funds and additions/withdrawals from established funds are processed at the end of each month using the previous month's market value per share. Additions will be allocated shares only with the addition of cash and marketable securities. Non-marketable gifts will be liquidated first, and shares allocated based on cash proceeds. Withdrawals may be made only from invadable funds upon the written request of the applicable dean or vice president in accordance with requirements of other applicable university policies.
2. Generally, each component fund of the LTIP has a separate distribution account. Distributions will be credited to a fund's distribution account at the beginning of each fiscal year using the share method of accounting for pooled investments. According to a formula approved by the Board of Trustees, the annual distribution per share is 4.5% of the average monthly market value per share of the LTIP over the most recent five-year period.
3. Distributions may be reinvested into principal; however, any reinvested distribution cannot be redistributed or withdrawn at another time except as stated above and in accordance with requirements of other applicable university policies.

F. Asset allocation and guidelines

1. Time horizon. The LTIP's investment horizon is perpetual; therefore, interim performance fluctuations should be viewed with this perspective. Similarly, the underlying capital market assumptions of the university's asset allocation plan for the LTIP are based on this long-term perspective.
2. Risk tolerance. The Board of Trustees, the Investment Committee, senior vice president for business and finance, and the chief investment officer recognize the challenge of achieving the LTIP's investment objectives in light of the uncertainties and complexities of investment markets. They also recognize that prudent levels of investment risk are necessary to achieve the stated investment goals.
3. Asset allocation and rebalancing. The Investment Committee and the Board of Trustees will periodically evaluate the LTIP's asset class strategies and opportunities and establish a long-term asset allocation plan. After a thorough study of the available asset class opportunities, return objectives, and risk tolerance, the Board of Trustees and Investment Committee approved the following asset classes and allocations for the LTIP:

<u>Asset Class</u>	<u>Range</u>
Public Equity	30% - 55%
Private Equity	15% - 40%
Real Estate & Infrastructure	5% - 15%
Legacy Natural Resources	N/A
Hedge Funds	0% - 25%
Cash & High-Grade Bonds	0% - 25%



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

4. Futures, options, forward contracts, and swap agreements may be used in a manner that is consistent with the policies and objectives contained within this LTIP Investment Policy. Such instruments should be used to hedge risk in the LTIP portfolio or to implement investment strategies more efficiently and at a lower cost than would be possible in the cash market. Such instruments should not be used for purely speculative purposes. Notwithstanding the foregoing, fund managers may use such instruments in accordance with their stated fund policy and objectives.
- G. Governance
1. Benchmarks. The Board of Trustees is responsible for approving performance benchmarks to evaluate the performance of the LTIP program. The chief investment officer will review the benchmarks annually and recommend changes, if any, to the senior vice president for business and finance. Based on such recommendations by the chief investment officer, the senior vice president for business and finance may recommend to the Investment Committee changes to the benchmarks. If the Investment Committee approves such recommendations, then the Investment Committee will bring the recommendations forward for a vote by the Board of Trustees.
 2. Investment monitoring process. The LTIP's investment managers, fund managers, and consultants will be monitored for consistency of investment philosophy, return relative to objectives, and investment risk. The Office of Investments will monitor the overall LTIP results and investment portfolios, but results will be evaluated on a long-term basis.
- H. Economic development fund. The university recognizes a duty to support societal needs and strategic objectives and, in part, to further those objectives has established an economic development fund. The goal of the economic development fund is to catalyze the university's startup and innovation ecosystem through investment and the creation of a permanent and sustainable source of funding for the university's and region's entrepreneurship and technology commercialization efforts.
1. ~~The executive vice president for research, innovation and knowledge, the executive vice president and chancellor for health affairs, and the senior vice president for business and finance (together, the "ED Executive Committee") may direct that the following funds be invested as set forth in this Section H:~~
 - a. ~~Certain funds that are transferred from operating funds, up to a cumulative maximum amount of \$100 million,~~
 - b. ~~Net cash proceeds from the underlying investments of the economic development fund, and~~
 - c. ~~Gifts made to or for the benefit of the university that have been designated by the president as made for the purpose of furthering the university's efforts to catalyze the university's startup and innovation ecosystem through the investment of the economic development fund, be invested at their discretion as set forth in this Section H.~~
 - 1-2. ~~The president will approve economic development fund investments in excess of \$10 million. Proceeds from the underlying investments may be reinvested as set forth in this Section H.~~
 - 2-3. ~~The economic development fund will not be allocated units in the LTIP and any investments made using funds from the economic development fund will not be included in the unit value calculation referred to above. The economic development fund will not be subject to the asset allocation or benchmark provisions of the LTIP Investment Policy.~~
 - 3-4. ~~The economic development fund will receive distributions in the amount of and only to the extent of distributions on the underlying investments made using such funds and will not be subject to the distribution policy set forth herein. Distributions received from the underlying investments, less fees and expenses for investment management and administration, may be distributed in such amount, at such time and for such purpose, as approved by the ED Executive Committee.~~
 - 4-5. ~~Each member of the ED Executive Committee and the president are fiduciaries with respect to the economic development fund as are the Board of Trustees and the Investment Committee members. The ED Executive Committee has oversight and management responsibility for the economic development fund investment program, operations, and reporting and must review operations and reporting to ensure compliance with established university policies and procedures.~~



Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

I. Exercise of shareholder rights

1. The university recognizes that publicly traded securities and other assets of the LTIP may include certain ancillary rights, such as the right to vote on shareholder resolutions at companies' shareholders' meetings and the right to assert claims in securities class action lawsuits or other litigation. The university requires of itself and its external managers the prudent management of these LTIP assets for the exclusive purpose of enhancing the value of the LTIP. The chief investment officer has the authority to delegate proxy voting to external managers to maximize fund value, reserving the right to direct the voting on specific issues as needed. The chief investment officer will make best efforts to implement this Investment policy in a socially and environmentally responsible manner.

J. Review and modification of LTIP Investment Policy

1. This LTIP Investment Policy is in effect until modified by the Board of Trustees. While material changes are expected infrequently, the chief investment officer will review the LTIP Investment Policy at least annually for continued appropriateness and recommend any changes to the senior vice president for business and finance. Based on such recommendations by the chief investment officer or the ED Executive Committee with respect to economic development funds, the senior vice president for business and finance may recommend such changes to the Investment Committee. If the Investment Committee approves such recommendations, then the Investment Committee will bring the recommendations forward for a vote by the Board of Trustees.

K. Exceptions and Divestment Process

1. Modifications and exceptions to this LTIP Investment Policy must be authorized by resolution of the Board of Trustees or as provided herein.
2. Divestment for non-economic reasons should be recommended through an appropriate university governance process, i.e., student government, University Senate, or another appropriate committee or decision-making body. That recommendation must be brought forward for a vote by the Board of Trustees, accompanied by an impact review report from the senior vice president for business and finance regarding the potential impact of the proposed divestment on the LTIP.

L. Conflicts of interest

1. It is critical that there be no conflicts of interest or perceptions of conflicts of interest when making investment decisions related to the management of the LTIP. Generally and to the extent required by law, the university will not invest in any privately held limited partnership, limited liability company or corporation in which a fiduciary, family member, business associate, or related entity of such fiduciary has a material interest, financial or otherwise. Fiduciaries and university staff who oversee or approve the university's LTIP investment program or who manage or report on LTIP investment operations must comply with all applicable university policies and federal and Ohio laws, including the restrictions and prohibitions of the Ohio Ethics Laws. Generally, fiduciaries and university staff will not be prohibited from making investments in annuity contracts, bank deposits, exchange traded products and publicly traded securities, foreign currency exchange transactions, open-end mutual funds, or US treasury and agency securities.

II. Operating Funds Portfolio Investment Policy

A. Background

1. The Operating Funds Portfolio represents funds of or in support of the university's mission. The portfolio is to be invested in a diversified manner with the intention of obtaining a reasonable yield, while adhering to a prudent level of risk, and retaining sufficient liquidity to meet cash flow requirements of the university.

B. Components of the Operating Funds Portfolio

1. The Operating Funds Portfolio consists of operating funds (excluding operating funds invested in the LTIP) and certain other non-LTIP funds which are separately invested and are under the control and/or supervision of the vice president and treasurer.



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

C. Operating Funds Portfolio fiduciary standards

1. The Board of Trustees, Investment Committee members, senior vice president for business and finance, and the vice president and treasurer are fiduciaries with respect to the Operating Funds Portfolio. Accordingly, these individuals are required to:
 - a. Act with the duty of loyalty.
 - b. Act in good faith with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims.



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

- D. Duties and responsibilities of the Operating Funds Portfolio fiduciaries
1. Board of Trustees. The university Board of Trustees has overall responsibility for this Operating Funds Portfolio Investment Policy and approval of the Investment Committee members. The Board of Trustees votes on items brought forth by the Investment Committee.
 2. Investment Committee of the Board of Trustees. The Investment Committee has strategic oversight responsibility for the Operating Funds Portfolio investment program and operations of the Operating Funds Portfolio. The committee must work with the senior vice president for business and finance and the vice president and treasurer to ensure operating funds are well managed, in accordance with this Operating Funds Portfolio Investment Policy. The Investment Committee must meet at least quarterly.
 3. Senior vice president for business and finance. The senior vice president for business and finance has oversight responsibility for the Operating Funds Portfolio investment program, operations, and reporting. The senior vice president for business and finance must review operations and reporting within the Office of the Treasurer to ensure compliance with established policies and procedures. An advisory committee to the senior vice president for business and finance, chief investment officer, and vice president and treasurer exists to provide advice on the university's investment program. The senior vice president for business and finance will approve, together with the vice president and treasurer, the hiring of external investment managers for the Operating Funds Portfolio and may, once an investment manager has been hired as aforesaid, approve additional investments with such investment manager. In addition, the senior vice president for business and finance may approve the hiring of one or more investment consultants to assist in policy development, asset allocation, investment structure, investment manager selection, manager performance review, and other specialized investment topics for the Operating Funds Portfolio. The senior vice president for business and finance may terminate the university's engagement with any such investment manager or investment consultant and may reduce strategy exposure.
 4. Vice president and treasurer. The vice president and treasurer is responsible for managing the Operating Funds Portfolio investment program, operations, and reporting. The vice president and treasurer must review and recommend policies and procedures that are consistent with the investment objectives of the Operating Funds Portfolio. The vice president and treasurer must report to the senior vice president for business and finance and the Investment Committee, at least quarterly. An advisory committee to the senior vice president for business and finance, chief investment officer, and vice president and treasurer exists to provide advice on the university's investment program. The vice president and treasurer will approve, together with the senior vice president for business and finance, the hiring of external investment managers for the Operating Funds Portfolio and may, once an investment manager has been hired as aforesaid, approve additional investments with such investment manager. In addition, the vice president and treasurer may approve the hiring of one or more investment consultants for the purposes described above. The vice president and treasurer may terminate the university's engagement with any such investment manager or investment consultant and may reduce strategy exposure.
- E. Asset allocation and guidelines for university operating funds
1. Structure. Operating funds are managed through two pools, a short-term working capital pool (Tier 1 Capital) and an intermediate-term investment pool (Tier 2 Capital).
 2. Duration. Operating funds are used to maintain adequate liquidity within an appropriate risk profile. The short-term working capital pool's weighted average duration may not exceed one (1) year. The intermediate-term investment pool's weighted average duration may not exceed five (5) years.
 3. Risk tolerance. The Operating Funds Portfolio fiduciaries recognize the challenge of achieving the Operating Funds Portfolio investment objectives in light of the uncertainties and complexities of investment markets. They also recognize that prudent levels of investment risk are necessary to achieve the stated investment goals. Operating funds will be invested in securities that, in aggregate, represent a credit quality of "A" or better (on a weighted average basis). Not more than five percent (5%) of operating funds will be invested in below investment grade securities.



Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

4. LTIP allocation. The book value of operating funds invested in the LTIP at any time cannot exceed 60% of the book value of the aggregate of operating funds. No bond proceeds will be transferred to the LTIP.
 5. Policy restrictions. Market fluctuations, cash flows, and liquidity issues will cause the actual asset allocations to fluctuate. The university operating funds must maintain compliance with the following:
 - a. Liquidity.
 - i. Operating funds available for liquidity will exclude operating funds invested in the LTIP, bond proceeds, and certain other funds as designated by the vice president and treasurer.
 - ii. A minimum of 90 days liquidity will be maintained at all times. A minimum of 30 days liquidity will be maintained in the short-term working capital pool.
 - iii. Liquidity calculation will be based on the most recent Board of Trustees' approved university budget's total expenditures.
 - b. Other requirements.
 - i. Ohio Revised Code Section 3345.05(c)(i). At least 25% of the average amount of the operating funds over the course of the previous fiscal year will be invested in securities of the U.S. government or of its agencies or instrumentalities, the treasurer of Ohio's pooled investment program, obligations of Ohio or any political subdivision of Ohio, certificates of deposit of any national bank located in Ohio, written repurchase agreements with any eligible Ohio financial institution that is a member of the federal reserve system or federal home loan bank, money market funds, or bankers acceptances maturing in 270 days or less which are eligible for purchase by the federal reserve system as a reserve. Eligible funds above the funds that meet the foregoing condition may be pooled with other university funds, including the LTIP, and invested in accordance with Ohio Revised Code Section 1715.52.
 - ii. The amount of operating funds must be greater than or equal to 110% of all variable rate debt including commercial paper.
- F. Governance
1. Investment monitoring process. The Operating Funds Portfolio investment managers and consultants will be monitored for consistency of investment philosophy, return relative to objectives, and investment risk. The vice president and treasurer and the senior vice president for business and finance will monitor the overall results and investment portfolios of the Operating Funds Portfolio, but performance will be evaluated on a long-term basis.
 2. Benchmarks. The Board of Trustees is responsible for approving performance benchmarks to evaluate the performance of the operating funds. The vice president and treasurer will review the benchmarks annually and recommend changes, if any, to the senior vice president for business and finance. Based on such recommendations by the vice president and treasurer, the senior vice president for business and finance may recommend to the Investment Committee changes to the benchmarks. If the Investment Committee approves such recommendations, then the Investment Committee will bring the recommendations forward for a vote by the Board of Trustees. Other separately managed funds' benchmarks will be separately approved by the vice president and treasurer in consultation with the senior vice president for business and finance.
- G. Separately invested funds
1. Certain separately invested funds may have additional goals and policies specific to their use. Such policies will be in writing and approved by the senior vice president for business and finance. Asset allocations for certain other separately invested funds will be approved by the vice president and treasurer.
- H. Exercise of shareholders rights
1. The university recognizes that publicly traded securities and other assets of the Operating Funds Portfolio may include certain ancillary rights, such as the right to vote on shareholder resolutions at companies' shareholders' meetings, and the right to assert claims in securities class action lawsuits or other litigation. The university requires of itself and its external managers the prudent management of these assets for the



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

exclusive purpose of enhancing the value of the Operating Funds Portfolio. The vice president and treasurer has the authority to delegate proxy voting to external managers to maximize fund value, reserving the right to direct the voting on specific issues as needed. The vice president and treasurer will make best efforts to implement this Investment policy in a socially and environmentally responsible manner.

- I. Review and modification of Operating Funds Portfolio Investment Policy
 - 1. This Operating Funds Portfolio Investment Policy is in effect until modified by the Board of Trustees. While material changes are expected infrequently, the vice president and treasurer will review this Operating Funds Portfolio Investment Policy at least annually for continued appropriateness and recommend any changes to the senior vice president for business and finance. Based on such recommendations by the vice president and treasurer, the senior vice president for business and finance may recommend such changes to the Investment Committee. If the Investment Committee approves such recommendations, then the Investment Committee will bring the recommendations forward for a vote by the Board of Trustees.
- J. Exceptions
 - 1. Modifications and exceptions to this Operating Funds Portfolio Investment Policy must be authorized by resolution of the Board of Trustees or as provided herein.
- K. Conflicts of interest
 - 1. It is critical that there be no conflicts of interest or perceptions of conflicts of interest when making investment decisions related to the management of the operating funds. Fiduciaries and university staff who oversee or approve the university's Operating Funds Portfolio investment program or who manage or report on the Operating Funds Portfolio investment operations must comply with all applicable university policies and federal and Ohio laws, including the restrictions and prohibitions of the Ohio Ethics Laws. Generally, fiduciaries and university staff will not be prohibited from making investments in annuity contracts, bank deposits, exchange traded products and publicly traded securities, foreign currency exchange transactions, open-end mutual funds, or US treasury and agency securities.

Responsibilities

Position or Office	Responsibilities
Board of Trustees (BOT)	<ol style="list-style-type: none"> 1. Assume overall responsibility for the Investment policy. 2. Evaluate the LTIP's asset class strategies and opportunities and establish a long-term asset allocation plan periodically. 3. Approve performance benchmarks to evaluate the LTIP portfolio and Operating Funds Portfolio. 4. Authorize modifications and exceptions to the LTIP Investment Policy and Operating Funds Portfolio Investment Policy. 5. Approve divestment for non-economic reasons. 6. Evaluate the allocation between the LTIP and short-term operating fund for appropriateness periodically.
Fiduciaries (BOT, Investment Committee members, staff)	<ol style="list-style-type: none"> 1. Act solely in the interest of the university, for the purposes of providing income and maintaining the real purchasing power of the principal. 2. Act with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims. 3. Comply with all applicable university policies and federal and Ohio laws, including Ohio Ethics Laws.
Investment Committee	<ol style="list-style-type: none"> 1. Provide strategic oversight for the investment program, the funds, and LTIP operations. 2. Work with the SVP-B&F to ensure the LTIP is well managed. 3. Work with the SVP-B&F and VP/treasurer to ensure the operating funds are managed consistent with this policy. 4. Meet at least quarterly.



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

Position or Office	Responsibilities
	<ol style="list-style-type: none"> 5. Evaluate the LTIP's asset class strategies and opportunities and establish a long-term asset allocation plan periodically. 6. Approve changes to LTIP and operating funds performance benchmarks to bring to the BOT for a vote. 7. Review and approve changes to the LTIP Investment Policy and Operating Funds Portfolio Investment Policy; bring to the BOT for a vote. 8. Evaluate the allocation between the LTIP and short-term operating fund for appropriateness periodically.
Senior VP for Business and Finance (SVP-B&F)	<ol style="list-style-type: none"> 1. Provide oversight for the LTIP and operating funds investment operations and reporting. 2. Review operations and reporting in the Office of Investments to ensure compliance with established policies and procedures. 3. Review operations and reporting in the Office of the Treasurer to ensure compliance with established policies and procedures. 4. Approve, with the chief investment officer or vice president and treasurer, the hiring of investment managers and certain fund investments, as well as additional investments with such investment managers or into such funds, as set forth in the policy. 5. Approve the hiring of investment consultants and custodial banks or other trust institutions as set forth in the policy. 6. Terminate the university's engagement with investment managers, funds, consultants, or custodians as appropriate. 6-7. <u>Determine the annual administrative charge and the portion of the LTIP to which such annual administrative charge will be applied.</u> 7-8. <u>Partially liquidate any fund position or reduce strategy exposure as appropriate.</u> 8-9. <u>Recommend changes to LTIP and operating funds performance benchmarks to the Investment Committee as needed.</u> 9-10. <u>Recommend changes to the LTIP Investment Policy and Operating Funds Portfolio Investment Policy to the Investment Committee based upon recommendations by the chief investment officer or vice president and treasurer.</u> 10-11. <u>Approve written policies for separately invested funds as appropriate.</u> 11-12. <u>Consult with vice president and treasurer on separately managed funds' benchmarks.</u>
Chief investment officer	<ol style="list-style-type: none"> 1. Manage the LTIP investment operations and reporting. 2. Review and recommend policies and procedures consistent with the investment objectives of the LTIP. 3. Report to the SVP-B&F and the Investment Committee at least quarterly. 4. Approve, with the SVP-B&F, the hiring of investment managers for the LTIP and certain fund investments for the LTIP, as well as additional investments with such investment managers or into such funds, as appropriate. 5. Approve the hiring of investment consultants and custodians for the LTIP as appropriate. 6. Terminate the university's engagement with such investment managers, consultants, or custodians as appropriate. 7. Invest directly in exchange traded products and publicly traded securities, foreign currency exchange transactions, open-end mutual funds, and US treasury and agency securities as appropriate. 8. Partially liquidate any fund position or reduce strategy exposure as appropriate. 9. Review LTIP performance benchmarks annually and recommend changes, if any, to the SVP-B&F. 10. Delegate proxy voting as appropriate. 11. Make best efforts to implement the Investment policy in a socially and environmentally responsible manner. 12. Review the LTIP Investment Policy at least annually and recommend changes to the SVP-B&F. 13. Invest in diversified portfolios as described in this policy.
Office of Investments	Monitor the overall LTIP results and investment portfolios.
Vice president and treasurer (VP/treasurer)	<ol style="list-style-type: none"> 1. Manage the Operating Funds Portfolio investment operations and reporting. 2. Review and recommend policies and procedures consistent with the investment objectives of the Operating Funds Portfolio. 3. Report to the SVP-B&F and the Investment Committee at least quarterly. 4. Approve, with the SVP-B&F, the hiring of investment managers for the Operating Funds Portfolio and additional investments with such investment managers as appropriate.



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

Position or Office	Responsibilities
	5. Approve the hiring of investment consultants for the Operating Funds Portfolio as appropriate. 6. Terminate university's engagement with such investment managers and consultants as appropriate. 7. Reduce strategy exposure as appropriate. 8. Review operating funds performance benchmarks annually and recommend changes, if any, to the SVP-B&F. 9. Approve, in consultation with the SVP-B&F, separately managed funds' benchmarks as appropriate. 10. Approve asset allocations for certain separately invested funds as appropriate. 11. Delegate proxy voting as appropriate. 12. Make best efforts to implement the Investment policy in a socially and environmentally responsible manner. 13. Review the Operating Funds Portfolio Investment Policy at least annually and recommend changes to the SVP-B&F.
Dean/VP	Make written requests for withdrawals from invadable funds as appropriate.
ED Executive Committee	1. Oversee and manage the economic development fund investment program, operations, and management. 2. Review operations and reporting to ensure compliance with established university policies and procedures. 3. May direct that certain transferred operating funds be invested at their discretion with approval of the president as set forth in the policy. 4. Approve economic fund distributions as appropriate.
President	1. Approve ED Executive Committee's recommended investments as appropriate. 2. Designate a gift as made for the purpose of furthering the university's efforts to catalyze the university's startup and innovation ecosystem through the investment of the economic development fund.

Resources

Financial Code of Ethics, busfin.osu.edu/sites/default/files/financial-code-of-ethics.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Business and Finance	614-292-7970	busfin@osu.edu busfin.osu.edu/
Investment questions	Office of Business and Finance, Office of Investment	614-292-7887	prospects@osu.edu busfin.osu.edu/investments

History

Investments

Issued:	09/04/1981	Approved by BOT, 09/04/1981, Resolution #82-24
Revised:	06/07/1985	Approved by BOT, 06/07/1985, Resolution #85-147
Revised:	04/07/1989	Approved by BOT, 04/07/1989, Resolution #89-91
Revised:	06/01/1990	Approved by BOT, 06/01/1990, Resolution #90-125, Revision of Comprehensive, Endowment and Non-endowment policy
Revised:	11/04/1994	Approved by BOT, 11/04/1994, Resolution #95-56
Revised:	03/03/1995	Approved by BOT, 03/03/1995, Resolution #95-93, Revision of Endowment Fund Income Distribution section
Revised:	09/02/1998	Approved by BOT, 09/02/1998, Resolution #99-34, Revision of Endowment Funds Investment, Total Return Operating Fund Investments, and Operating Funds Investments policies



Investment University Policy

Applies to: The Board of Trustees and members of Board of Trustees' committees and university staff who oversee or approve the university's investment programs or who manage or report on investment operations

Endowment Fund Investments

- Revised: 03/01/2002 Approved by BOT, 03/01/2002, Resolution #2002-93
- Revised: 07/11/2003 Approved by BOT, 07/11/2003, Resolution #2004-16
- Revised: 11/03/2006 Approved by BOT, 11/03/2006, Resolution #2007-55
- Revised: 12/07/2007 Approved by BOT, 12/07/2007, Resolution #2008-71
- Revised: 06/06/2008 Approved by BOT, 06/06/2008, Resolution #2008-122, Renamed to Long-Term Investment Pool

Long-Term Investment Pool

- Edited: 11/01/2008
- Revised: 04/03/2009 Approved by BOT, 04/03/2009, Resolution #2009-77, Revision of Distribution Policy section
- 04/03/2009 Approved by BOT, 04/03/2009, Resolution #2009-78, Revision of Asset Allocation and Guidelines Section
- Revised: 06/05/2009 Approved by BOT, 06/05/2009, Resolution #2009-94
- Revised: 08/30/2013 Approved by BOT, 08/30/2013, Resolution #2014-10, Combined with Operating and Agency Funds Investment, Policy 5.30 into Investment, Policy 5.90

Non-Endowment Investments

- Revised: 05/02/1997 Approved by BOT, 05/02/1997, Resolution #97-119
- Revised: 12/05/1997 Approved by BOT, 12/05/1997, Resolution #98-79
- Revised: 05/03/2002 Approved by BOT, 05/03/2002, Resolution #2002-124, Operating Fund Investment and Total Return Operating Fund Investment policies combined into Non-Endowment Investments policy
- Revised: 07/11/2003 Approved by BOT, 07/11/2003, Resolution #2004-16, Revision of Authorized Investments section
- Revised: 06/06/2008 Approved by BOT, 06/06/2008, Resolution #2008-123, Renamed to Operating and Agency Funds Investment

Operating and Agency Funds Investment

- Revised: 06/05/2009 Approved by BOT, 06/05/2009, Resolution #2009-98
- Revised: 08/30/2013 Approved by BOT, 08/30/2013, Resolution #2014-10, Combined with Long-Term Investment Pool, policy 6.10 into Investment, policy 5.90

Investment, 5.90

- Issued: 08/30/2013 Approved by BOT, 08/30/2013, Resolution #2014-10, Combined Long-Term Investment Pool, policy 6.10 and Operating and Agency Funds Investment, policy 5.30 into Investment, policy 5.90
- Revised: 07/01/2014 Approved by BOT, 08/29/2014, Resolution #2015-12
- Revised: 07/01/2016 Approved by BOT, 04/08/2016, Resolution #2016-108
- Revised: 06/03/2016 Approved by BOT, 06/03/2016, Resolution #2016-130

Investment

- Edited: 06/01/2019 Number removed from title
- Edited: 06/01/2020 Added Financial Code of Ethics to the Resources section
- Revised: 07/01/2021 Approved by BOT, 05/20/2021, Resolution #2021-144
- Revised: 07/01/2022 Approved by BOT, 05/19/2022, Resolution #2022-138
- Revised: XX/XX/2024 Approved by BOT, XX/XX/2024, Resolution #2024-XXX

APPENDIX XIX

	Amount Establishing <u>Endowment*</u>	Total <u>Commitment</u>
<u>Establishment of Named Designated Professorship (University)</u>		
The NetJets Designated Professor of Aviation Established August 22, 2024, with gifts from NetJets Aviation, Inc.; supports a professorship position for a period of four years. The professorship holder shall be a junior or senior faculty member focusing on advancing the field of aviation research and education, with a focus on aviation safety, human factors, and system reliability in the commercial and general (business) aviation environment. Should the position be vacated before the four-year term is completed, a new position holder shall be appointed to complete the four-year term. This designated professorship position shall cease to exist when annual funding ends.	\$170,000.00	\$170,000.00 (\$42,500 per year for four years)
<u>Establishment of Named Endowed Funds (University)</u>		
Frank and Carol Ray Scholarship in Honor of Sherman and Dawna Davies Established August 22, 2024, with a fund transfer by the Michael E. Moritz College of Law at the request of Lincoln L. Davies, former dean of the college, of an unrestricted gift from Frank A. Ray (BA 1970, JD 1973) and Carol Ray and additional college monies; provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law and demonstrates characteristics of grit, resilience, or perseverance. Scholarship recipients shall be known as the Sherman and Dawna Davies Scholars. Additional positive considerations may include students who are the first in their family to attend college, and students who have earned or are earning their undergraduate or a non-law graduate degree from one of these institutions: Ohio Wesleyan University, the University of Utah, Weber State University, San Jose State University, Brigham Young University, the University of Hawaii, Utah State University, Southern Utah University, Utah Valley University, Utah Tech University, the University of Michigan, Stanford University, or The Ohio State University. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college.	\$118,828.31	\$118,828.31
The College of Veterinary Medicine Class of 1974 Scholarship Challenge Fund Established August 22, 2024, with gifts from members and friends of the College of Veterinary Medicine Class of 1974; provides one or more scholarships to third or fourth year DVM students who are enrolled in the College of Veterinary Medicine. Preference shall be given to students who demonstrate leadership and a passion for veterinary medicine. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the college.	\$103,165.00	\$103,165.00

<p>Chris Zacher Lecture Support Fund Established August 22, 2024, with gifts from friends, family, and colleagues of Dr. Christian Zacher and a transfer from the College of Arts and Sciences; supports lectures in the College of Arts and Sciences focused on topics relating to The Humanities Institute (or successor).</p>	<p>\$100,330.00</p>	<p>\$100,330.00</p>
<p><u>Change in Description of Named Endowed Fund (University)</u></p>		
<p>The Academy of Pharmacy of Central Ohio Scholarship Fund for Pharmacy</p>		
<p>The Gerald E. Ermlich Memorial Scholarship Fund</p>		
<p>Margaret L. White Scholarship in the College of Education</p>		
<p><u>Pre-Approval of Named Endowed Deanship (Foundation)</u></p>		
<p>The Rita Jean Wolfe Deanship in the College of Veterinary Medicine Pre-approved August 22, 2024, with a commitment from the Robert F. Wolfe and Edgar T. Wolfe Foundation. Upon receipt of the first gift, the fund shall support an endowed deanship fund in the College of Veterinary Medicine. Annual distribution from this fund supports an endowed deanship in the College of Veterinary Medicine if the gifted principal balance reaches \$10,000,000 on or before December 31, 2028. Prior to full funding, or if full funding is not reached, fund may be used to support the college at the discretion of the highest ranking official in the college or his/her designee</p>		<p>\$10,000,000.00</p>
<p><u>Establishment of Named Endowed Fellowship (Foundation)</u></p>		
<p>William G. and Ernestine R. Lowrie Endowed Chemical Engineering Fellowship Established August 22, 2024, with gifts from Ernestine R. Lowrie; provides fellowships to graduate students who are enrolled in the William G. Lowrie Department of Chemical and Biomolecular Engineering and are pursuing research in an energy-related field. It is the intention of the donor that this fund be used as a student recruitment tool. If no students meet the selection criteria, these fellowships will be open to any students who are enrolled in the department.</p>	<p>\$3,000,580.62</p>	<p>\$3,000,580.62</p>
<p><u>Establishment of Named Endowed Funds (Foundation)</u></p>		

<p>Dr. Tom Mack Endowed Global One Health Fund Established August 22, 2024, with gifts from Dr. Thomas R. Mack (BS 1957, DVM 1961); supports veterinary students who are involved or interested in global health programs. Expenditures may be used for, but are not limited to, scholarships, summer research stipends, and travel for students. Additionally, these funds can be used to support faculty, staff and graduate students involved in Global One Health research, education, outreach and capacity building. All annual distributions can be used locally, within Ohio, regionally, nationally or internationally.</p>	<p>\$1,628,580.69</p>	<p>\$1,628,580.69</p>
<p>The Luther G. Ensminger Sr. Endowed Scholarship Fund Established August 22, 2024, with gifts from Mrs. Lee Rose Olson-Ensminger and Luther G. Ensminger Jr. and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the College of Food, Agricultural, and Environmental Sciences, studying a major in the Department of Food Science and Technology, demonstrate financial need, have a minimum 2.7 grade point average on a 4.0 scale, and graduated from a high school in Perry County, Ohio. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college and are studying a major in the department, with preference given to students who graduated from a high school in Perry County, Ohio. Scholarships are renewable as long as recipients remain in good academic standing and continue to meet the selection criteria.</p>	<p>\$230,936.84 As of July 31, 2024</p>	<p>\$230,936.84</p>
<p>Frederick and Barbara Glover Family Athletics Scholarship Fund Established August 22, 2024, with gifts from Frederick Steven Glover (BS 1978, MS 1979) and Barbara Ott Glover (BS 1979, MS 1983) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; supplements the grant-in-aid costs of undergraduate student-athletes.</p>	<p>\$219,017.51</p>	<p>\$219,017.51</p>
<p>William and Eleanor Fotis Family Endowed Scholarship Fund Established August 22, 2024, with gifts from William P. Fotis Jr. and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are majoring in aviation and demonstrate financial need. If no students meet the selection criteria, scholarship(s) will be open to all undergraduate students who are enrolled in the College of Engineering.</p>	<p>\$188,000.00 As of July 31, 2024</p>	<p>\$188,000.00</p>

<p>Maliszewski-Herr EmpowerED Scholarship Fund Established August 22, 2024, with gifts from Douglas E. Herr and Jane F. Maliszewski and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more non-renewable scholarships to sophomores or juniors who are enrolled in the College of Engineering. First preference shall be given to students who are involved in the Academic Enrichment and Career Development for Undergraduates (ACCELERATE) program or in similar programming offered by the Community, Access, Retention and Empowerment Office (CARE) in the college (or its successor). Second preference shall be given to students who are first generation college students and/or have overcome substantial educational or economic obstacles. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college.</p>	<p>\$165,568.32 As of July 31, 2024</p>	<p>\$165,568.32</p>
<p>John and Cindy Heller Undergraduate Scholarship Fund Established August 22, 2024, with gifts from John F. Heller III (MHA 1984, MPA 1984) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the College of Public Health and display an interest in healthcare policy.</p>	<p>\$160,000.00</p>	<p>\$160,000.00</p>
<p>James Humphreys Scholarship Fund in Political Science Established August 22, 2024, with gifts from James Floyd Humphreys and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are majoring in political science. Preference shall be given to candidates who graduated from a high school in West Virginia.</p>	<p>\$157,784.20</p>	<p>\$157,784.20</p>
<p>Frederick Luis Aldama Inclusive Excellence Scholarship Fund Established August 22, 2024, with gifts from Dr. Frederick L. Aldama and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are affiliated with programs and services in the Office of Diversity and Inclusion. The donor desires that when awarding this scholarship, special consideration be given for students who have encountered substantial educational or economic obstacles and/or have participated in volunteer service that is reflective of The Ohio State University's shared values and/or have participated in at least one leadership development program. Essays submitted by applicants may be taken into consideration by the Office of Diversity and Inclusion for selection purposes.</p>	<p>\$150,000.00 As of July 31, 2024</p>	<p>\$150,000.00</p>
<p>Dr. Ronald M. and Judith L. Thompson Endowed Scholarship Fund in Veterinary Medicine Established August 22, 2024, with gifts from Dr. Ronald M. Thompson (DVM 1976) and Judith L. Thompson; provides one or more scholarships to third-year DVM students who demonstrate financial need. First preference shall be given to candidates who graduated from a high school in West Virginia and demonstrate an interest in mixed animal practice. If no students meet the selection criteria, the scholarship(s) will be open to all DVM students who demonstrate an interest in mixed animal practice.</p>	<p>\$147,367.72</p>	<p>\$147,367.72</p>

<p>Dan and Cindy Kimmet Scholarship Fund Established August 22, 2024, with gifts from Daniel Eugene Kimmet (BS 1971, MS 1972) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the College of Engineering, are majoring in mechanical engineering, demonstrate financial need, and are in good academic standing. Candidates must have graduated from a high school in Allen, Putnam, or Lucas Counties, Ohio, or Jackson County, Michigan. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college, are majoring in mechanical engineering, demonstrate financial need, and are in good academic standing. The donor desires to provide two scholarships annually.</p>	<p>\$145,000.00</p>	<p>\$145,000.00</p>
<p>Mary Sue MacNealy English Scholarship Fund Established August 22, 2024, with gifts from the Mary Sue MacNealy Trust; provides scholarships to students who are studying rhetoric or professional/technical writing, or the successor programs. Candidates must have and maintain a minimum 3.0 with preference given to candidates who demonstrate financial need.</p>	<p>\$125,000.00</p>	<p>\$125,000.00</p>
<p>Central States Conference Breath of Life Fund Established August 22, 2024, with a gift from Central States Conference Breath of Life Foundation; supports research, education, clinical and other needs related to mesothelioma in the Department of Medical Oncology at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James). If the need for mesothelioma support diminishes or ceases to exist, the annual distribution shall support cancer research at the OSUCCC – James.</p>	<p>\$104,000.00</p>	<p>\$104,000.00</p>
<p>James H. & Deborah K. Becht Endowed Scholarship Fund Established August 22, 2024, with gifts from James H. Becht (JD 1979) and Deborah K. Becht; provides one or more scholarships to students who are enrolled in the Michael E. Moritz College of Law and graduated from a high school in the Akron, Ohio Metropolitan Area. If no students meet the selection criteria, the scholarship(s) will be open to all students who are enrolled in the college.</p>	<p>\$103,333.10</p>	<p>\$103,333.10</p>
<p>Cathy and Jeff Konkler Physical Therapy Scholarship Fund Established August 22, 2024, with gifts from Jeffrey Charles Konkler (BS 1985) and Cathy Jane Konkler (BS 1980); provides support to candidates who are enrolled in the Clinical Doctorate in Physical Therapy program in the School of Health and Rehabilitation Sciences and who demonstrate financial need. Preference shall be given to candidates who are caregivers. The donors' desire that support be used for tuition and fees, room and board, books, and additional educational expenses.</p>	<p>\$100,683.33</p>	<p>\$100,683.33</p>

<p>Pamela J. Conrad Endowed Scholarship Fund Established August 22, 2024, with gifts from Pamela J. Conrad (BA 1980); provides one or more scholarships to students who are enrolled in the John Glenn College of Public Affairs. It is the Donor's desire to provide significant financial support to scholarship recipients, rather than provide smaller scholarships to several recipients.</p>	<p>\$100,234.11</p>	<p>\$100,234.11</p>
<p>Dr. Craig and Deborah Anderson Family Men's Tennis Scholarship Fund Established August 22, 2024, with grants from The Columbus Foundation as recommended by Dr. Craig Warren Anderson (MD 1976) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; supplements the grant-in-aid costs of undergraduate student-athletes. Preference shall be given to members of the men's tennis team.</p>	<p>\$100,000.00</p>	<p>\$100,000.00</p>
<p>Dr. Craig and Deborah Anderson Family Women's Tennis Scholarship Fund Established August 22, 2024, with grants from The Columbus Foundation as recommended by Dr. Craig Warren Anderson (MD 1976) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; supplements the grant-in-aid costs of undergraduate student-athletes. Preference shall be given to members of the women's tennis team.</p>	<p>\$100,000.00</p>	<p>\$100,000.00</p>
<p>The Beuth-Whittington Family Scholarship Fund Established August 22, 2024, with gifts from The Whittington Family Foundation of Morgan Stanley Global Impact Funding Trust Inc as recommended by Melinda Dawn Whittington and Steven Scott Whittington (BS 1993) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to first-generation undergraduate college students who are enrolled in the Max M. Fisher College of Business. Preference shall be given to candidates who are enrolled in any dual-major program between the Max M. Fisher College of Business and the College of Engineering or any candidates minoring in the College of Engineering. Scholarships are renewable as long as recipients remain in good academic standing. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the Max M. Fisher College of Business.</p>	<p>\$100,000.00</p>	<p>\$100,000.00</p>
<p>Gawronski Family Scholarship Fund Established August 22, 2024, with gifts from Patricia J. Gawronski and Grant L. Gawronski and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students.</p>	<p>\$100,000.00</p>	<p>\$100,000.00</p>

<p>The Kamen Family Medical Endowed Scholarship Fund Established August 22, 2024, with gifts from Rebecca M. (McCrea) Kamen, in memory of her late husband, Dr. Alan R. Kamen (BA 1959, MD 1963), and two brothers-in-law, Dr. Sheldon D. Kamen (MD 1960) and Norman Kamen, JD; provides one or more scholarships to second or third-year medical students who are enrolled in the College of Medicine, demonstrate financial need, and graduated from a high school in the greater Cleveland, Ohio area. If no students meet the selection criteria, the scholarship(s) will be open to all medical students who are enrolled in the college and graduated from a high school in the state of Ohio. It is the donor'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.</p>	<p>\$100,000.00</p>	<p>\$250,000.00</p>
<p>Shanks Family Football and Air Force ROTC Endowed Fund Established August 22, 2024, with gifts from Stephen E. Shanks (BS 2001); 50% shall be transferred to the Air Force ROTC Alumni Society Endowed Scholarship Fund (current fund no. 640020). 50% supplements the grant-in-aid costs of student-athletes participating on the men's football team.</p>	<p>\$100,000.00</p>	<p>\$100,000.00</p>
<p>Patti Steinoor Scholarship in Honor of Annie and John Glenn Established August 22, 2024, with gifts from the Steinoor Family Foundation, as funded by Stephen D. Steinoor, and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more housing scholarships to undergraduate students participating in the Washington Academic Internship Program (WAIP) through the John Glenn College of Public Affairs. Preference shall be given to candidates who demonstrate financial need. It is the donor's desire to provide two housing scholarships annually. The number of scholarships awarded annually may vary 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>	<p>\$100,000.00</p>	<p>\$100,000.00</p>
<p>Kristin L. Watt Scholarship Fund Established August 22, 2024, with gifts from Rhonda H. Watt in honor of Kristin L. Watt (BS 1986, JD 1989); provides one or more scholarships to third-year students who are enrolled in the Michael E. Moritz College of Law and demonstrate financial need. Scholarships shall be awarded following order of preference to candidates who are:</p> <ul style="list-style-type: none"> • former Ohio State varsity basketball player • former Ohio State student-athletes in any sport • former Big Ten athletes <p>It is the donor'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 for two consecutive years, the scholarship(s) will be open to all students who are enrolled in the college, until such time that a candidate who meets the selection criteria above is identified.</p>	<p>\$100,000.00</p>	<p>\$100,000.00</p>

The Dr. Carlton Triolo-Sapp Fund Established August 22, 2024, with gifts from Dr. Carlton M. Triolo-Sapp (PhD 1999) and Michael Triolo-Sapp; used at the discretion of the highest ranking official in the College of Social Work.	\$50,000.00	\$50,000.00
<u>Change in Name and Description of Named Endowed Fund (Foundation)</u>		
From: The Peart Conservatory Fund at Ohio State ATI To: The Peart Fund		
From: The Wolfe Foundation Endowed Athletics Director To: The Wolfe Foundation -- Eugene Smith Endowed Athletics Director		
<u>Change in Name of Named Endowed Fund (Foundation)</u>		
From: Animal Clinic Northview Endowed Scholarship Fund To: Dr. Randall Hutchison and Dr. Brian Greenfield Animal Clinic Northview Endowed Scholarship Fund		
From: The Virginia Grama Schmidt and Hubert Conrad Schmidt Scholarship Fund for Somatic Studies To: The Virginia Grama Schmidt and Hubert Conrad Schmidt Scholarship Fund		
<u>Change in Description of Named Endowed Fund (Foundation)</u>		
The Bruno Family Scholarship Fund		
The Judith and Philip Eggers Fund for the Support of Social Work Practice Within the Aging Population		
Albert O. and Anne K. Myers Surveying Scholarship Fund		
Dr. Joel Goodnough and Family Fellowship in Medicine		
Dr. Joan M. Herbers Scholarship Fund		
Shi-Chuan and Shwu-Ching Lee Engineering Scholarship Fund		
Dr. Gay Y. Miller (BS 1977, DVM 1981, PhD 1991) and Dr. Joseph Rosenblatt Music Scholarship		
Paul and Marnette Perry Scholarship Fund		
The Helen and Paul Smeltzer Endowed Fund		
Total	\$8,068,409.75	

*Amounts establishing endowments as of June 30, 2024, unless notated otherwise.