

**TUESDAY, MARCH 3, 2026  
WEXNER MEDICAL CENTER BOARD MEETING**

Leslie H. Wexner, chair  
Gary R. Heminger  
Tomislav B. Mitevski  
Juan Jose Perez  
George A. Skestos  
Kara J. Trott  
Kendall C. Buchan  
Robert H. Schottenstein  
Stephen D. Steinour  
Cindy Hilsheimer  
Amy Chronis  
Hiroyuki Fujita  
John W. Zeiger (ex officio, voting)  
Walter E. Carter Jr. (ex officio, voting)  
Ravi V. Bellamkonda (ex officio, voting)  
Michael Papadakis (ex officio, voting)  
John J. Warner (ex officio, voting)

Location: Sanders Grand Lounge, Longaberger Alumni House  
2200 Olentangy River Road, Columbus, Ohio 43210

Time: 2:00-5:00 p.m.

**Public Session**

**2:00-2:45 p.m.**

1. Approval of December 2025 Wexner Medical Center Board Meeting Minutes
2. *CEO Report – Dr. John Warner* 2:00-2:10 p.m.
3. *James Cancer Hospital Report – Dr. Kimryn Rathmell* 2:10-2:20 p.m.
4. *Wexner Medical Center Financial Report – Mr. Richard Silveria* 2:20-2:30 p.m.
5. Recommend Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts – Ms. P’Elizabeth Koelker 2:30-2:35 p.m.
  - a. BSH Lower-Level Renovation
  - b. MMP Concourse Renovation
  - c. Stefanie Spielman Comprehensive Breast Center Linac Replacement
  - d. Outpatient Care East Clinic Renovations and Relocations
  - e. UH-Doan Hall Sprinkler Installation
6. Recommend for Approval for Acquisition of Real Property – 6515 Pullman Drive – Ms. P’Elizabeth Koelker 2:35-2:40 p.m.
7. Quality and Professional Affairs Committee: Items for Approval – Dr. Andrew Thomas 2:40-2:45 p.m.
  - a. Ratification of Committee Appointment FY2026
  - b. Obstetrical Services Standards for FY2026

**Executive Session**

**2:45-5:00 p.m.**



**SUMMARY OF ACTIONS TAKEN**

*December 2, 2025 – Wexner Medical Center Board Meeting*

**Members Present:**

Gary R. Heminger  
Tomislav B. Mitevski  
Juan Jose Perez  
George A. Skestos  
Kara J. Trott

Robert H. Schottenstein  
Stephen D. Steinour  
Cindy Hilsheimer  
Amy Chronis  
John W. Zeiger (ex officio)

Walter E. Carter Jr. (ex officio)  
Ravi V. Bellamkonda (ex officio)  
Michael Papadakis (ex officio)  
John J. Warner (ex officio)

**Members Present via Zoom:**

Kendall C. Buchan

Hiroyuki Fujita

**Members Absent:**

Leslie H. Wexner

**PUBLIC SESSION**

The Wexner Medical Center Board convened for its 56th meeting on Tuesday, December 2, 2025, via Zoom and in person at Longaberger Alumni House on Ohio State's Columbus campus. Board Secretary Jessica A. Eveland called the meeting to order at 1:59 p.m.

**Item for Action:**

1. Approval of Minutes: No changes were requested to the August 19, 2025, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

**Items for Discussion:**

Mr. Rick Lucas, president and executive director of the Ohio Nurses Association and, joined the Board to share concerns related to the safety of healthcare providers within the medical center in the areas surrounding it. He related alleged incidents and called for enhanced accountability of leadership, greater investments in safety infrastructure and staffing, additional protocols to protect staff and patients, and the hiring of additional healthcare staff.

2. Chief Executive Officer's Report: Dr. John Warner, chief executive officer of the Wexner Medical Center and executive vice president at Ohio State, noted that this meeting would be the Board's last prior to the opening of the new University Hospital. Staff and healthcare providers held their first of three "dress rehearsals," opportunities to run different scenarios to learn how to move and work in the new space, in October. The second will occur on December 4. The medical center is on track to meet its hiring goals for the new facility, having filled 2,030 of 2,178 planned positions.

Dr. Warner celebrated the 25th anniversary of the Dorothy M. Davis Heart and Lung Research Institute as well as the awarding of the Jay and Jeanie Schottenstein Prize in Cardiovascular Surgery to Dr. Joseph Wu of the Stanford Cardiovascular Institute. He then thanked Dr. Carol



# THE OHIO STATE UNIVERSITY

Bradford for her contributions to the College of Medicine following an announcement on December 1 that she will be stepping down from her leadership post at the end of the year. Dr. Warner closed by recognizing the record \$29.2 million raised by Pelotonia this year.

(See Attachment X for background information, page XX)

- 3. James Cancer Hospital Report: Chief Executive Officer Kimryn Rathmell began her remarks by recounting the longstanding success of Pelotonia. Including the \$29.2 million raised this year, the organization has raised \$339 million over the past 17 years to fund lifesaving cancer research and care. She then explained the need for an expanded, more audacious vision for The James driven by a four-part framework: enabling a curiosity-driven culture, expanding our reach, providing ultimate individualized care and learning from every encounter. Work is already underway to empower providers and staff at The James to achieve these aims.

(See Attachment X for background information, page XX)

- 4. Wexner Medical Center Financial Report: Chief Financial Officer Richard Silveria provided a high-level report out of the medical center's financial results. The first quarter of FY26 was positive for the Wexner Medical Center, setting a strong foundation for the year. Driven by strong surgical volumes, infusion activity as well as a favorable service mix, the health system's total operating revenue during this period was \$1.38 billion, compared to the budget of \$1.35 billion. This puts the health system 2.3% ahead of budget and 16.3% ahead of FY25. The health system ended the quarter with \$1.25 billion in expenses compared to the budget of \$1.24 billion, or 0.4% above budget driven by the strong volumes in FY26. Overall, the health system's expense and labor management were solid and in line with volumes for the fiscal year. The medical center closed Q1 with 126 days cash on hand compared to the target of 121.5.

(See Attachment X for background information, page XX)

### Items for Action:

- 5. Resolution No. 2026-50. Recommend Approval to Enter Into/Increase Professional Services and Increase Construction Contracts:

**APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS**  
EAST HOSPITAL- TOWER – ELEVATOR RENOVATIONS

**APPROVAL TO INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS**  
EAST HOSPITAL – FIRE SUPPRESSION

**APPROVAL TO INCREASE CONSTRUCTION CONTRACTS**  
WMC OUTPATIENT CARE POWELL

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	
East Hospital – Tower – Elevator Renovations	\$1.7M	\$1.7M	Auxiliary funds



# THE OHIO STATE UNIVERSITY

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

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital – Fire Suppression	\$0.6M	\$6.8M	\$7.4M	Auxiliary funds

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

	Construction Approval Requested	Total Requested	
WMC Outpatient Care Powell	\$4.7M	\$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 projects listed above be recommended to the University Board of Trustees for approval.

BE IT FURTHER RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to enter into professional services 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 Attachment X for background information, page XX)

6. Resolution No. 2026-51, Approval of the East Hospital Level III Trauma Center Verification:

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the triennial review of the Level III Trauma Center for East Hospital, is proposed.

WHEREAS, the mission of 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 East Hospital, 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 III Trauma Center verification at East Hospital and support its Trauma Program, including ensuring that the necessary personnel, facilities, and equipment are made available to support a Level III Trauma Center at East Hospital; and

WHEREAS, the triennial review of a Level III Trauma Center at East Hospital was approved by the Ohio State University Hospitals Medical Staff Administrative Committee on October 8, 2025; and



## THE OHIO STATE UNIVERSITY

WHEREAS, the triennial review of a Level III Trauma Center at East Hospital was approved by the Quality and Professional Affairs Committee on October 28, 2025:

NOW THEREFORE

BE IT RESOLVED, That The Ohio State University Wexner Medical Center Board and The Ohio State University Board of Trustees hereby commit to maintain the high standards needed to provide optimal care to all trauma patients and supports the East Hospital Level III Trauma Center verification by the American College of Surgeons Committee on Trauma.

(See Attachment X for background information, page XX)

7. Resolution No. 2026-52, Approval of Amendments to the *Bylaws of the Medical Staff* – Ohio State University Hospitals d/b/a OSU Wexner Medical Center:

### OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

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 Administrative Committee on September 10, 2025; and

WHEREAS on October 28, 2025, 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:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve 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 X for background information, page XX)

8. Resolution No. 2026-53, Approval of Amendments to the *Bylaws of the Medical Staff* – The Ohio State University Comprehensive Cancer Center, Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:

### THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER 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

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 September 19, 2025; and

WHEREAS on October 28, 2025, 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 and The Ohio State University Board of Trustees hereby approve the amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital.

(See Attachment X for background information, page XX)

9. Resolution No. 2026-54, Approval of Amendments to the *Medical Staff Rules and Regulations* – The Ohio State University Comprehensive Cancer Center, Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER  
ARTHUR G. JAMES CANCER HOSPITAL AND  
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: The amendments to the *Medical Staff Rules and Regulations* 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 *Medical Staff Rules and Regulations* of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on September 19, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Medical Staff Rules and Regulations* for The James.

(See Attachment X for background information, page XX)

**Action:** Upon the motion of Mr. Perez, seconded by Dr. Warner, the Wexner Medical Center Board recommended these items for approval by roll-call vote with the following members present and voting: Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Ms. Trott, Dr. Buchan, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.



## **EXECUTIVE SESSION**

It was moved by Dr. Warner and seconded by Mr. Zeiger that the Wexner Medical Center Board recess into executive session to consider business-sensitive trade secrets and quality matters required to be kept confidential.

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

The Wexner Medical Center Board entered executive session at 2:40 p.m. and adjourned at 5:35 p.m.

DRAFT



# OSUCCC – James Wexner Medical Center Board Presentation

**March 3, 2026**

**W. Kimryn Rathmell, MD, PhD**

**Chief Executive Officer**

**The James**

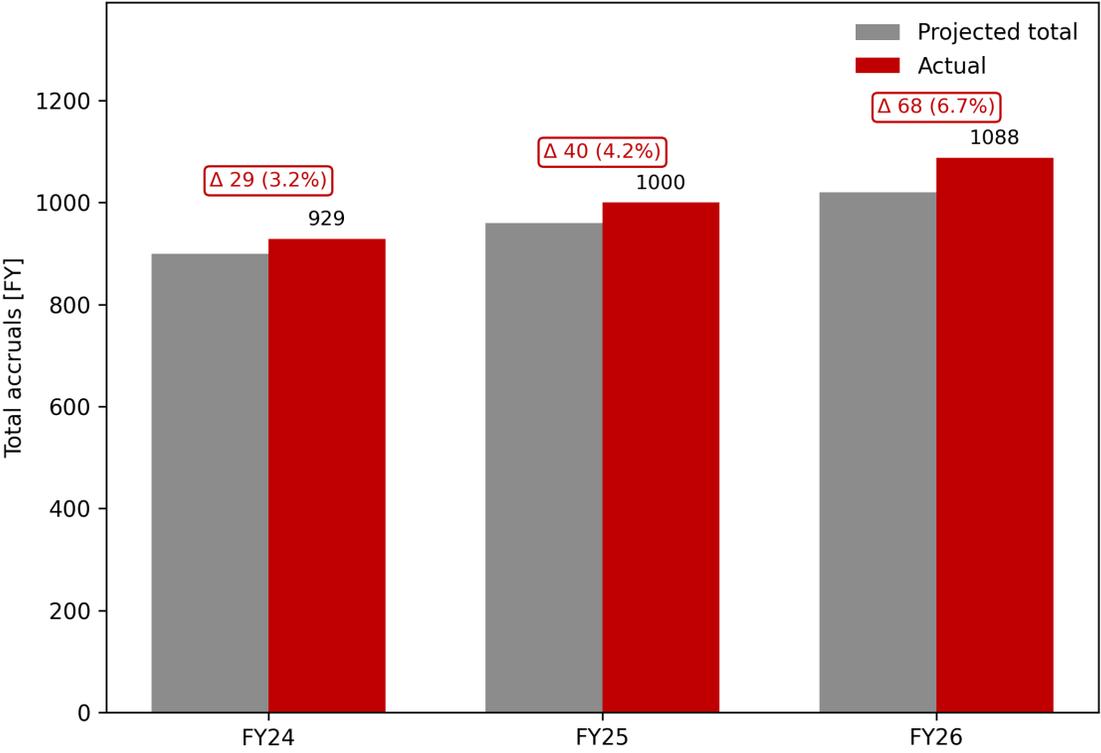


**THE OHIO STATE UNIVERSITY**

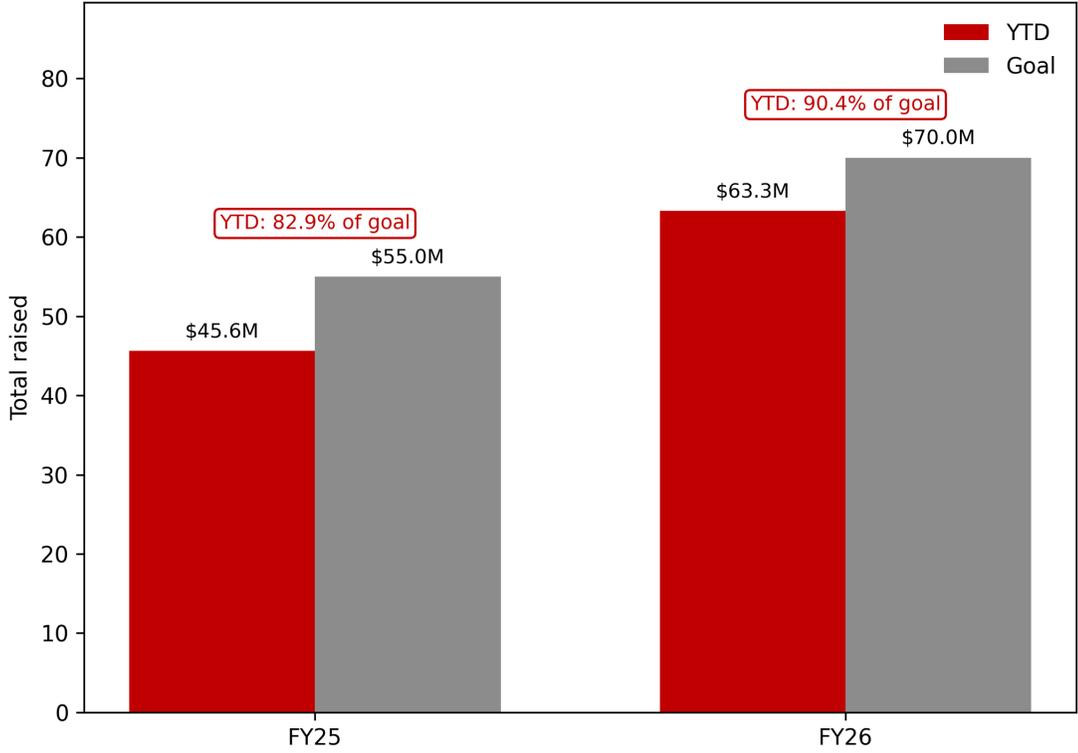
COMPREHENSIVE CANCER CENTER

# Overall Health Check-Up

Actual accruals to clinical trials exceeded projections in all three fiscal years, with the gap widening each year.



Fundraising efforts are showing the support for our work



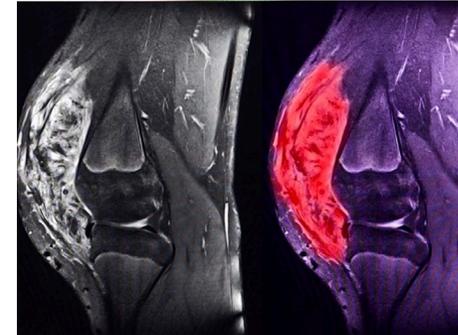
The James



# Recent Wins

## Recent Scientific & Clinical Advances at The James

- Custom 3D-printed surgical models improve tumor-removal accuracy (92% vs 74%).
- New national study to evaluate best treatment for rare sarcomas (\$6M).
- Research reveals how biotin supplements may interfere with cancer care.





# New Program!

**BRIDGE: Building Research, Innovation,  
and care Delivery for Groups with Early  
onset cancers**

The James



**THE OHIO STATE UNIVERSITY**

WEXNER MEDICAL CENTER

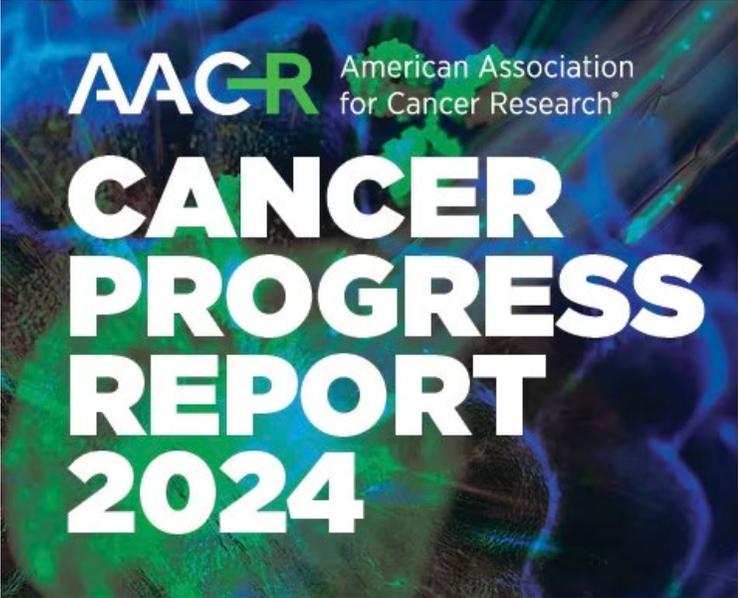
# Incidence of young adult and early onset cancers is rising

BBC

'These are people in the prime of life':  
The worrying puzzle behind the rise in  
early-onset cancer

5 October 2024

Share Save



The AACR Progress Report indicates a rise in early onset cancers *several* cancer types:

- Melanoma
- Breast
- Plasma cell
- Kidney
- Gastric
- Pancreatic
- Cervical
- Testicular
- Bone
- Uterine
- Lymphoma

HEALTHWATCH

Cancer deaths are down, but cancer in women and young people is up, yearly study finds



By Sara Moniuszko  
Edited by Allison Elyse Gualtieri  
January 16, 2025 / 8:01 AM EST / CBS News



The James

 THE OHIO STATE UNIVERSITY  
WEXNER MEDICAL CENTER

# Special cases: Early-onset GI cancers on the rise

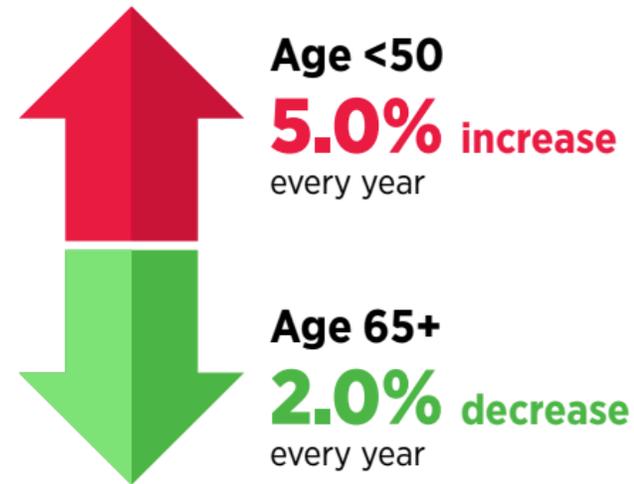
Annual percent change in incidence (2010-2019)

Cancer type	15–29 years old	30–39 years old	40–49 years old
Colorectal	-0.26	1.69	1.71
Pancreatic	7.05	7.59	1.25
Stomach	1.57	1.33	1.38

Shiels MS, et al. Trends in Cancer Incidence and Mortality Rates in Early-Onset and Older-Onset Age Groups in the United States, 2010-2019. Cancer Discovery. 2025 Jul 3;15(7):1363-1376.

## Colorectal Cancer in the United States (2017–2021)

INCIDENCE (2018–2022)

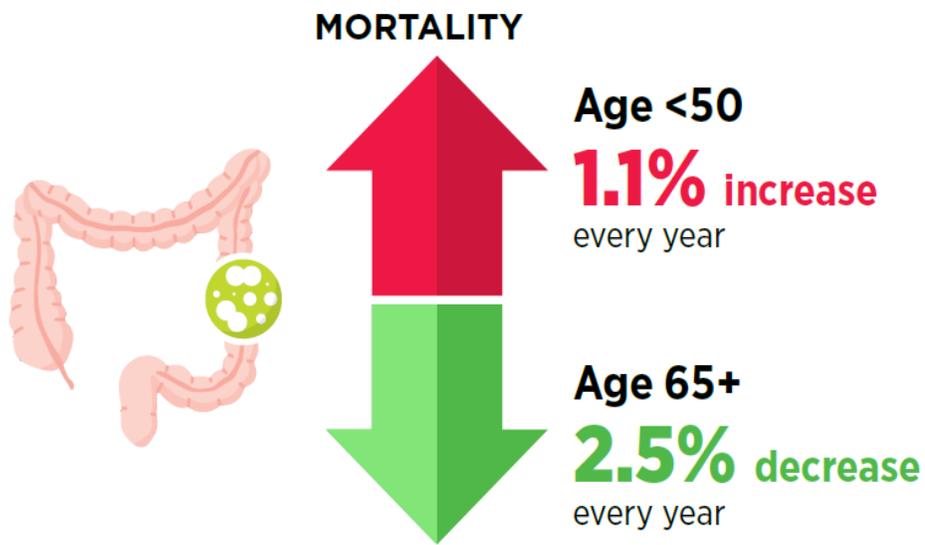


Source: (4).

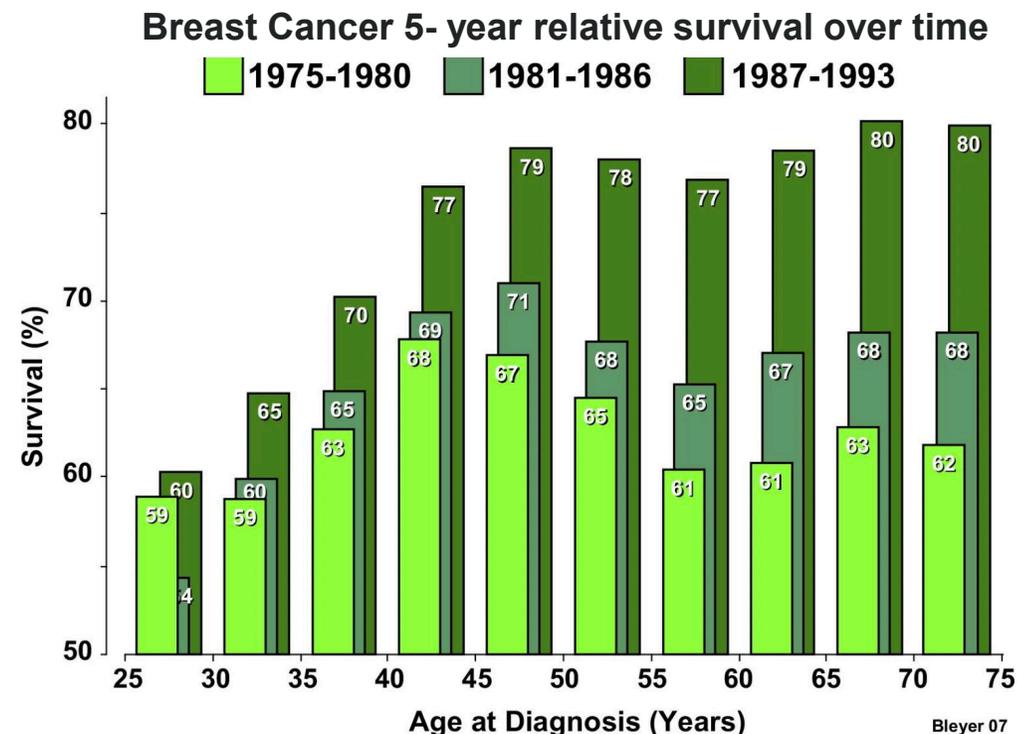
AACR Cancer Progress Report 2025

The James

# Those with early onset diagnoses are less likely to survive



W7



The “Young Adult Gap”: Survival outcomes are worse for those with early onset cancers and have not improved to the extent that they have for older patients

The James has the opportunity to become a national leader in young adult and early onset oncology care

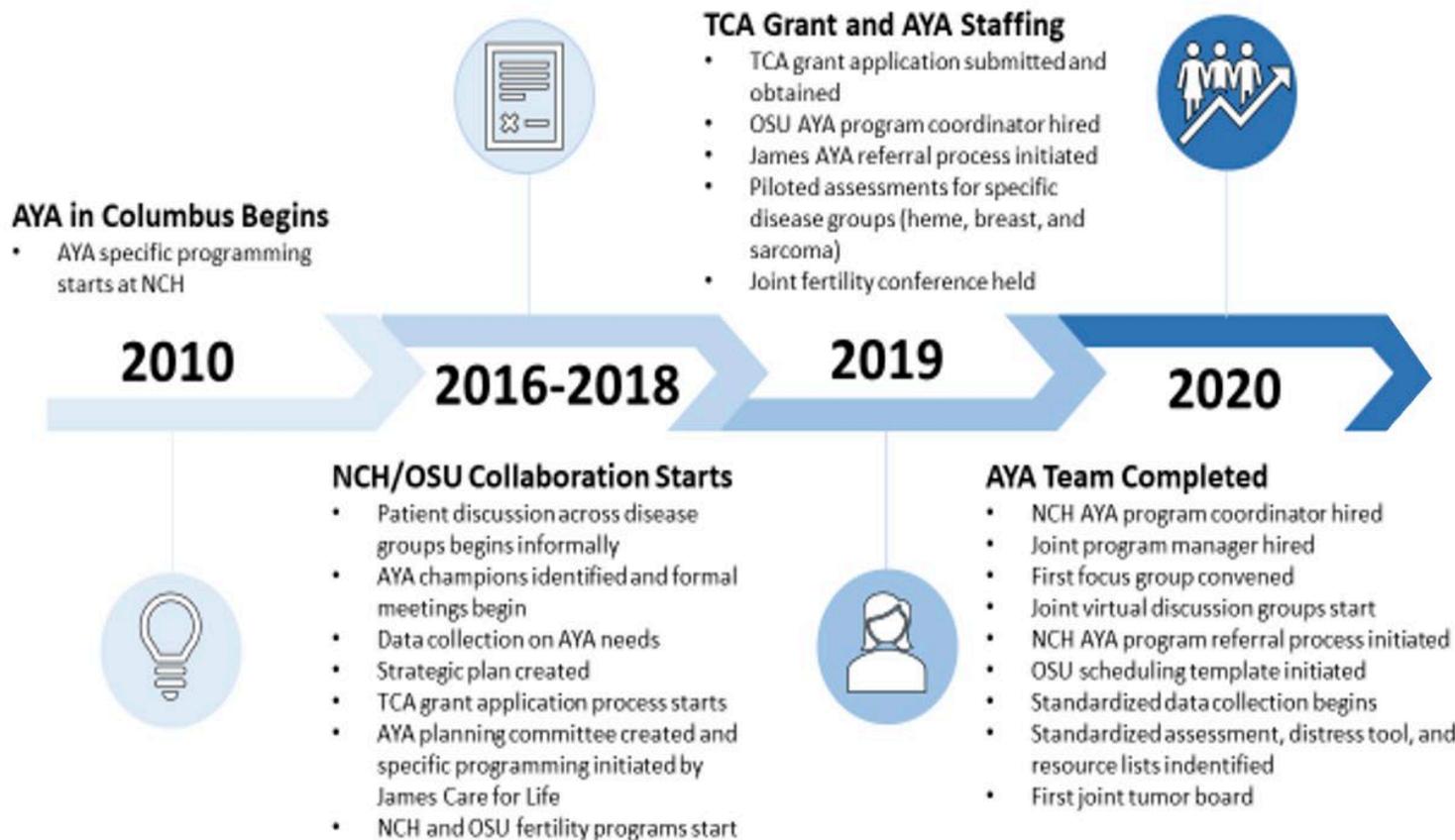
The James



# Definitions: Adolescent and Young Adult Cancer (AYA) vs Early Onset Cancer (EOC)

## Common AYA Cancers:

Testicular Cancer  
Many Sarcomas  
Many Leukemias  
Some brain tumors  
Thyroid cancer



# Let's BRIDGE the gap

**BRIDGE: Building Research, Innovation, and Care Delivery for Groups with AYA and Early Onset Cancers at The James**

**Vision:** To be a national leader in providing comprehensive and innovative care tailored specifically for young people diagnosed with cancer

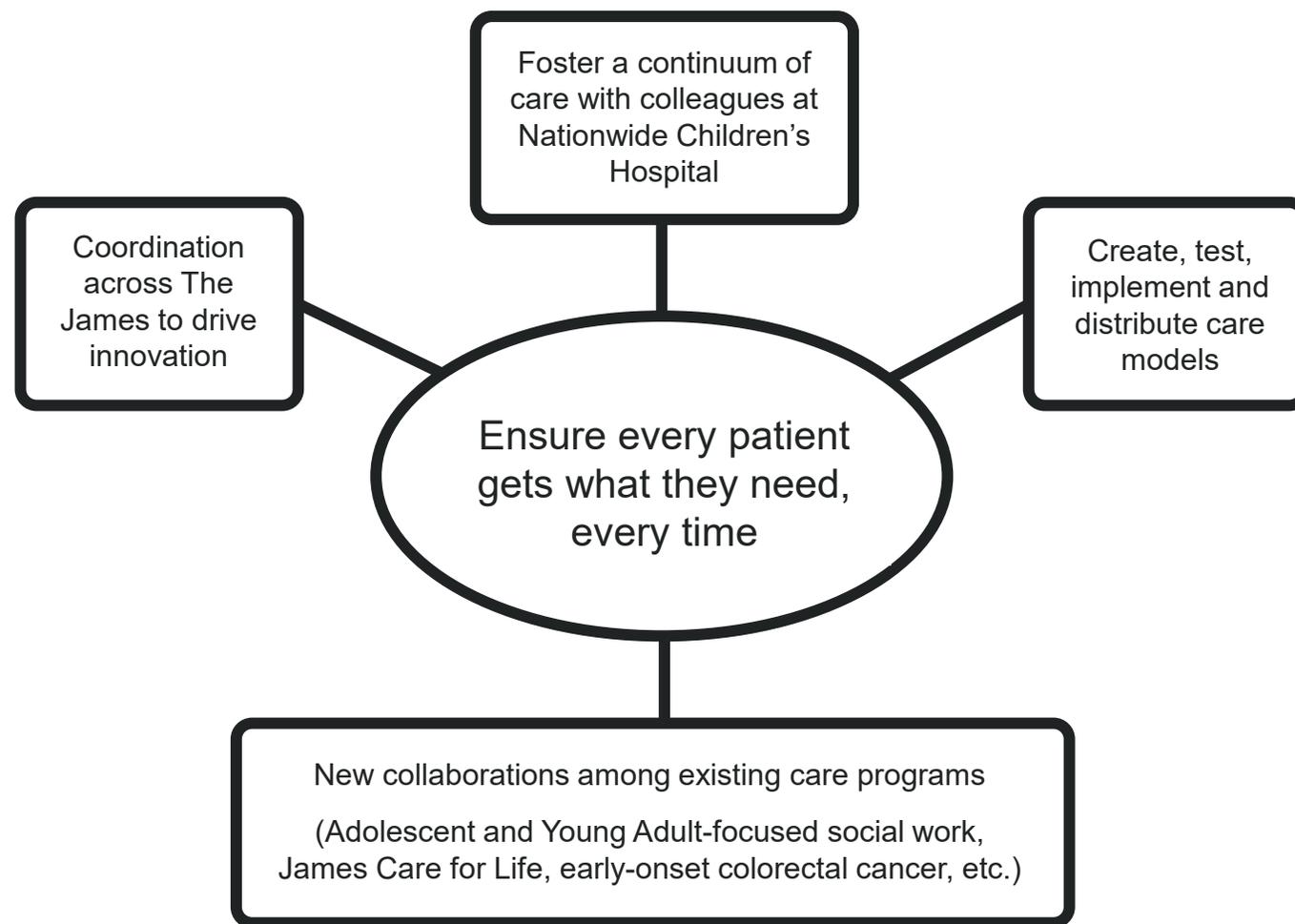
**Mission:** To improve health outcomes and quality of life for young patients through interdisciplinary care, research, education, and community engagement

The James

# BRIDGE program



Integrates clinical excellence, advocacy, and research into a cohesive framework to give our patients the best possible care throughout their cancer journey

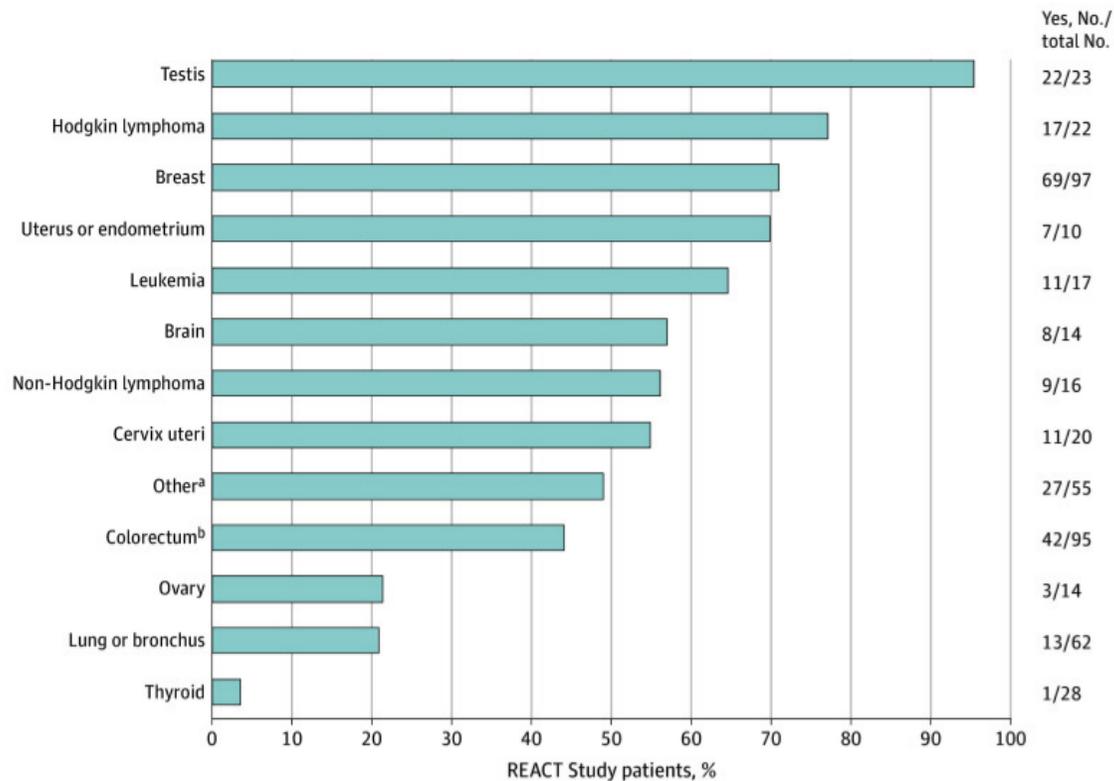


The James

# BRIDGE Strategic Plan

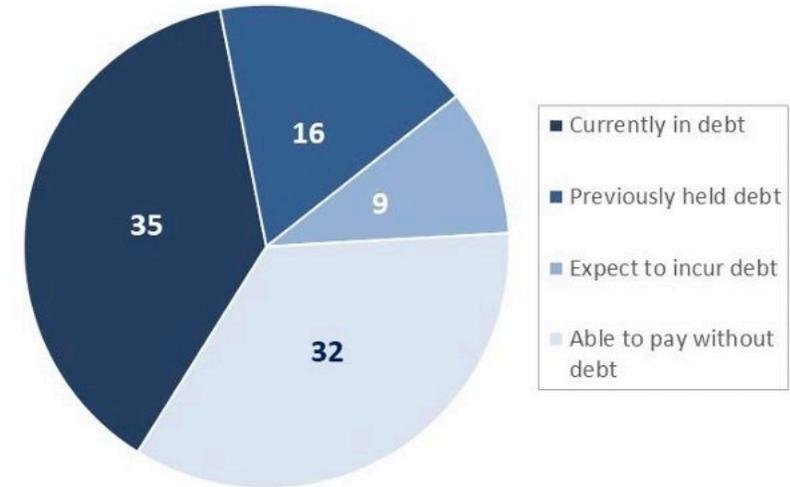
Initiative	Objectives
<b>Advance research and innovation</b>	<ul style="list-style-type: none"><li>-Create research opportunities</li><li>-Collaborate with national oncology networks</li><li>-Leverate existing data sources</li><li>-Expand comprehensive genetic/genomic testing efforts</li><li>-Increase clinical trial enrollment</li></ul>
<b>Enhance clinical care</b>	<ul style="list-style-type: none"><li>-Establish multidisciplinary age-specific oncology teams</li><li>-Develop age-appropriate treatment and survivorship protocols</li><li>-Identify and partner with primary care champions</li></ul>
<b>Improve patient and family support</b>	<ul style="list-style-type: none"><li>-Expand on psychosocial support services</li><li>-Create educational resources of patients and families</li><li>-Optimize navigations systems (i.e., fertility, financial)</li></ul>
<b>Increase awareness and outreach</b>	<ul style="list-style-type: none"><li>-Launch community outreach initiatives</li><li>-Establish community partnerships</li></ul>
<b>Ensure program sustainability</b>	<ul style="list-style-type: none"><li>-Identify and secure funding sources through grants, philanthropy, and industry partnerships</li></ul>

# Early areas demanding focus:



Patterns of patient-reported discussions on fertility preservation by cancer

## 51% HAVE INCURRED MEDICAL DEBT



IN A RECENT STUDY OF CHILDHOOD CANCERS  
**50% OF THE CANCERS CARRIED  
 A GENETIC ALTERATION THAT CAN  
 BE USED AS A POTENTIAL DRUG TARGET.**

Source: (157).

W12

The James

# BRIDGE model



Data and discovery

Secondary prevention and detection

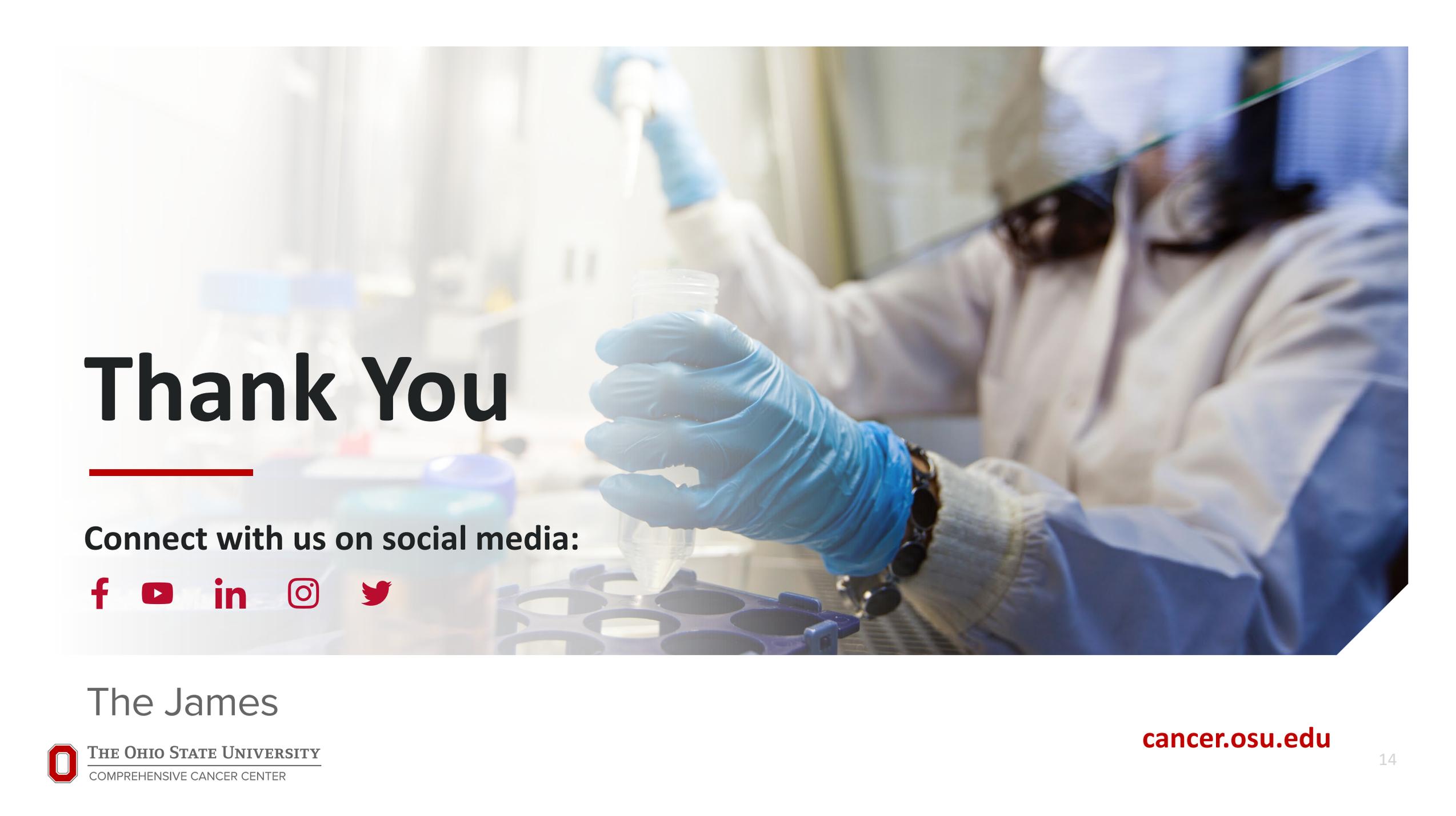
Oncofertility

Coordinated treatment discussions

Financial toxicity mitigation

Specialized survivorship care planning

The James



# Thank You

---

Connect with us on social media:



The James



# **Wexner Medical Center Board Financial Report Public Session**

March 3, 2026



## December Financial Results

# The Ohio State University Health System

Consolidated Statement of Operations

For the YTD ended: December 31, 2025

(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
<b>OPERATING STATEMENT</b>						
Total Operating Revenue	2,797,950	2,709,461	88,489	3.3%	2,435,159	14.9%
Operating Expenses						
Salaries and Benefits	1,077,361	1,080,607	3,246	0.3%	985,849	-9.3%
Resident/Purchased Physician Services	149,801	148,965	(836)	-0.6%	127,865	-17.2%
Supplies/Pharmaceuticals/Other	1,162,872	1,121,413	(41,459)	-3.7%	989,605	-17.5%
Depreciation	134,548	134,548	-	0.0%	129,775	-3.7%
Interest	24,046	24,046	-	0.0%	25,595	6.1%
Total Expense	2,548,628	2,509,579	(39,049)	-1.6%	2,258,689	-12.8%
Gain (Loss) from Operations (pre MCI)	249,322	199,882	49,440	24.7%	176,470	41.3%
Medical Center Investments	(158,526)	(155,526)	(3,000)	-1.9%	(121,341)	-30.6%
Income from Investments	31,481	26,296	5,185	19.7%	34,572	-8.9%
Other Gains (Losses)	28,661	29,005	(344)	-1.2%	18,845	52.1%
Excess of Revenue over Expense	\$ 150,938	\$ 99,657	\$ 51,281	51.5%	\$ 108,546	39.1%
Margin Percentage	5.4%	3.7%	1.7%	46.7%	4.5%	0.9%
EBIDA	\$ 309,532	\$ 258,251	\$ 51,281	19.9%	\$ 263,916	17.3%
EBIDA Margin Percentage	11.1%	9.5%	1.6%	16.1%	10.8%	0.3%

# The Ohio State University Wexner Medical Center

## Combined Statement of Operations

For the YTD ended: December 31, 2025

(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
<b>OPERATING STATEMENT</b>						
Total Operating Revenue	3,688,661	3,593,197	95,464	2.7%	3,268,880	12.8%
Operating Expenses						
Salaries and Benefits	1,923,617	1,931,984	8,367	0.4%	1,751,693	-9.8%
Resident/Purchased Physician Services	149,801	148,965	(836)	-0.6%	127,865	-17.2%
Supplies/Pharmaceuticals/Other	1,367,916	1,328,252	(39,664)	-3.0%	1,190,524	-14.9%
Depreciation	136,733	136,809	75	0.1%	132,192	-3.4%
Interest	24,158	24,159	0	0.0%	25,717	6.1%
Total Expense	3,602,226	3,570,169	(32,058)	-0.9%	3,227,992	-11.6%
Gain (Loss) from Operations	86,434	23,028	63,406	275.3%	40,888	111.4%
Income from Investments	36,257	32,739	3,518	10.7%	39,522	-8.3%
Other Gains (Losses)	26,627	31,374	(4,748)	-15.1%	17,284	54.1%
Excess of Revenue over Expense	\$ 149,318	\$ 87,142	\$ 62,176	71.4%	\$ 97,694	52.8%
Margin Percentage	4.0%	2.4%	1.6%	66.9%	3.0%	1.0%
EBIDA	\$ 310,210	\$ 248,109	\$ 62,100	25.0%	\$ 255,604	21.4%
EBIDA Margin Percentage	8.4%	6.9%	1.5%	21.8%	7.8%	0.6%

\* Combined Medical Center includes Health System, OSUP, and College of Medicine.

\*\* 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: December 31, 2025

(in thousands)

	Dec 2025	June 2025	Change
<b><u>Assets</u></b>			
Cash	\$ 1,430,474	\$ 1,592,347	\$ (161,873)
Net Patient Receivables	847,680	839,574	8,106
Other Current Assets	267,171	244,749	22,422
Assets Limited as to Use	862,503	842,180	20,323
Property, Plant & Equipment - Net	4,194,040	4,049,573	144,467
Other Assets	651,060	630,290	20,770
<b>Total Assets</b>	<b>\$ 8,252,928</b>	<b>\$ 8,198,714</b>	<b>\$ 54,214</b>
<b><u>Liabilities &amp; Net Position</u></b>			
Current Liabilities	\$ 650,684	\$ 709,652	\$ (58,968)
Other Liabilities	423,029	420,478	2,551
<b>Total Debt</b>	<b>1,305,592</b>	<b>1,348,084</b>	<b>(42,493)</b>
<b>Net Position</b>	<b>5,873,623</b>	<b>5,720,499</b>	<b>153,123</b>
<b>Liabilities and Net Position</b>	<b>\$ 8,252,928</b>	<b>\$ 8,198,714</b>	<b>\$ 54,214</b>
Days Cash on Hand	119.1	133.8	(14.7)
Net Days in Accounts Receivable	51.9	52.7	0.8
Debt to Capital	18.2%	19.1%	0.9%

\* Combined Medical Center includes Health System, OSUP, and College of Medicine.

\*\* 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](http://Wexnermedical.osu.edu)

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

**APPROVAL TO INCREASE PROFESSIONAL SERVICES CONTRACTS**  
BSH – LOWER-LEVEL RENOVATION

**APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS**  
MMP CONCOURSE RENOVATION  
STEFANIE SPIELMAN COMPREHENSIVE BREAST CENTER LINAC REPLACEMENT

**APPROVAL TO ENTER INTO CONSTRUCTION CONTRACTS**  
OUTPATIENT CARE EAST CLINIC RENOVATIONS AND RELOCATIONS  
UH-DOAN HALL SPRINKLER INSTALLATION

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 increase professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
BSH – Lower-Level Renovation	\$2.0M	\$2.0M	Auxiliary funds

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

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
MMP Concourse – Renovation	\$0.5M	\$5.3M	\$5.8M	Auxiliary funds
Stefanie Spielman Comprehensive Breast Center Linac Replacement	\$0.2M	\$4.7M	\$4.9M	Auxiliary funds

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

	Construction Approval Requested	Total Requested	
Outpatient Care East – Clinic Renovations and Relocations	\$3.9M	\$3.9M	Auxiliary funds
UH-Doan Hall Sprinkler Installation	\$8.8M	\$8.8M	Auxiliary funds

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

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

# Project Data Sheet for Board of Trustees Approval

## BSH - Lower-Level Renovation

OSU-230598 (REQ ID# WMC240002)

Project Location: Brain and Spine Hospital (0372)

- **Approval Requested and Amount**

Professional services	\$2.0M
Total requested	\$2.0M

- **Project Budget**

Professional services	\$2.3M
Construction w/contingency	TBD
Total project budget	TBD

- **Project Funding**

Auxiliary funds

- **Project Schedule**

BoT prof. services approval (partial)	08/25
BoT prof. services approval (increase)	03/26
Design	04/26 – 11/26
BoT construction approval	9/26
Construction	11/26 – 08/27
Facility opening	09/27

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

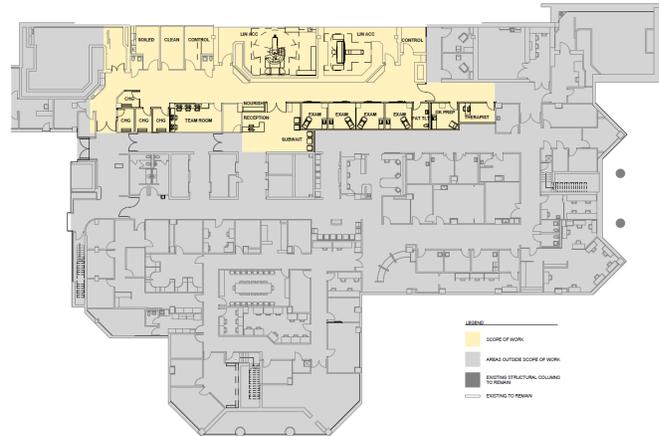
- The project is included in the FY25 Capital Investment Plan, with cash flow budgeted and projected across multiple fiscal years.

- **Project Scope**

- The lower level of the Brain and Spine Hospital (UH Pavilion) is undergoing major renovation to expand clinical services.
- Project scope includes two new linear accelerators and creates a comprehensive Theranostics Nuclear Medicine suite featuring new infusion bays, imaging, and pharmacy spaces.
- Total project cost and scope will be validated during design.

- **Approval Requested**

- Approval is requested to increase professional services contracts.



---

- **project team**

University project manager: Brown, Vanessa  
AE/design architect: BHDP  
CM at Risk or Design Builder: Messer Construction

# Project Data Sheet for Board of Trustees Approval

---

## MMP Concourse – Renovation

OSU-240653 (REQ ID# COM240002)

Project Location: Morehouse Medical Plaza - Concourse (0882)

- **Approval Requested and Amount**

Professional services	\$0.5M
Construction w/contingency	\$5.3M
<hr/>	
Total requested	\$5.8M

- **Project Budget**

Professional services	\$0.5M
Construction w/contingency	\$5.3M
<hr/>	
Total project budget	\$5.8M

- **Project Funding**

Auxiliary funds, University funds

- **Project Schedule**

Design	06/25 – 02/26
BoT professional services approval	03/26
BoT construction approval	03/26
Construction	04/26 – 01/27
Facility opening	02/27

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

- The project is included in FY25 Capital Investment Plan, with cash flow budgeted and projected across multiple fiscal years.

- **Project Scope**

- This project will replace an aging air handling unit including associated ductwork in the Martha Morehouse Pavilion Concourse basement.
- Renovation scope includes team huddle rooms, new offices, and support spaces for the Imaging Center of Excellence (radiology research).
- The original project was for renovation scope only that was below board threshold allowing design to commence. Health system funded infrastructure upgrades were added to the scope requiring board approval for the overall project.

- **Approval Requested**

- Approval is requested to increase professional services and enter into construction contracts.



---

- **project team**

University project manager: Kauser, Tayyiba  
AE/design architect: Wellogy LLC  
CM at Risk or Design Builder: Pepper Construction Pvt.

# Project Data Sheet for Board of Trustees Approval

## Stefanie Spielman Comprehensive Breast Center Linac Replacement

OSU-255559 (REQ ID#WMC240003)

Project Location: Stefanie Spielman Comprehensive Breast Center (0874)

- **Approval Requested and Amount**

Professional services	\$0.2M
Construction w/contingency	\$4.7M
<b>Total requested</b>	<b>\$4.9M</b>

- **Project Budget**

Professional services	\$0.2M
Construction w/contingency	\$4.7M
<b>Total project budget</b>	<b>\$4.9M</b>



- **Project Funding**

Auxiliary funds

- **Project Schedule**

BoT professional services approval	03/26
BoT construction approval	03/26
Design	04/26 – 07/26
Construction	09/26 – 11/26
Facility opening	03/27

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

- The project is included in the FY26 Capital Investment Plan, with cash flow budgeted and projected across multiple fiscal years.

- **Project Scope**

- This project replaces the linear accelerator in room 1951 at Stefanie Spielman Comprehensive Breast Center. The current equipment and infrastructure have reached the end of their useful life.
- Scope includes structural and utility upgrades to support the new accelerator, including modification of the existing slab-on-grade for a new equipment base plate, and installation of a dedicated circuit breaker, power conditioning system, and chiller to ensure reliable operation.

- **Approval Requested**

- Approval is requested to enter into professional services and construction contracts.

---

- **project team**

University project manager: Cashman, Catie  
AE/design architect: TBD  
CM at Risk or Design Builder: TBD

# Project Data Sheet for Board of Trustees Approval

## Outpatient Care East – Clinic Renovations & Relocations

OSU-255996 (REQ ID# WMC240003)

Project Location: Outpatient Care East (0837)

- **Approval Requested and Amount**

Construction w/contingency	\$3.9M
Total requested	\$3.9M

- **Project Budget**

Professional services	\$1.1M
Construction w/contingency	TBD
Total project budget	TBD

- **Project Funding**

Auxiliary funds

- **Project Schedule**

BoT professional services approval	08/25
Design	09/25 – 06/26
BoT construction approval (Optometry)	03/26
BoT construction approval	06/26
Construction (Optometry)	07/26 – 09/26
Construction	09/26 – 09/27
Facility opening (Optometry)	10/26
Facility opening	10/27

- **Project Delivery Method**

Construction Manager at Risk

- **Planning Framework**

- The project is included in the FY26 Capital Investment Plan, with cash flow budgeted and projected across multiple fiscal years.

- **Project Scope**

- The project renovates and relocates healthcare services within Outpatient Care East to include primary care, new optometry services, urgent care, lab services and non-oncology infusion spaces.
- Project construction will be phased beginning with the renovation of the optometry suite. Completion of the optometry scope by September 2026 is required to comply with provisions of equipment specific grant funding.
- Design work will continue as total project costs are validated. A second approval for remaining construction is anticipated for June 2026.

- **Approval Requested**

- Approval is requested to enter into construction contracts.



---

- **project team**

University project manager: Radabaugh, Alexandra  
AE/design architect: NAC  
CM at Risk or Design Builder: Barton Malow

# Project Data Sheet for Board of Trustees Approval

---

## UH-Doan Hall Sprinkler Installation

OSU-255353 (REQ ID# WMC240001)

Project Location: Doan Hall (0089)

- **Approval Requested and Amount**

Construction w/contingency	\$8.8M
<hr/> Total requested	<hr/> \$8.8M
- **Project Budget**

Professional services	\$1.2M
Construction w/contingency	\$8.8M
<hr/> Total project budget	<hr/> \$10.0M
- **Project Funding**

Auxiliary funds
- **Project Schedule**

BoT professional services approval	05/25
Design	12/25 – 09/26
BoT construction approval	03/26
Construction	06/26 – 06/28
Facility opening	07/28
- **Project Delivery Method**

Construction Manager at Risk (CMR)



- **Planning Framework**
  - The project was included in the FY24 Capital Investment Plan, with cash flow budgeted and projected across multiple fiscal years.
- **Project Scope**
  - This project will complete critical life safety updates by installing sprinklers in portions of Doan Hall previously without sprinklers.
  - This work is to meet new code requirements, with compliance required by July 2028.
  - The project also includes decommissioning medical gas and plumbing fixtures in inpatient areas on floors 6-11 which are now vacant.
- **Approval Requested**
  - Approval is requested to enter into construction contracts.

- 
- **project team**

University project manager: Radabaugh, Alexandra  
AE/design architect: TBD  
CM at Risk or Design Builder: TBD

**RECOMMEND FOR APPROVAL FOR ACQUISITION OF REAL PROPERTY**

3.384 +/- ACRES AT 6515 PULLMAN DRIVE,  
LEWIS CENTER, DELAWARE COUNTY, OHIO

Synopsis: Authorization to purchase real property located at 6515 Pullman Drive, Lewis Center, Ohio, is proposed.

WHEREAS The Ohio State University seeks to purchase approximately 3.384 acres of improved real property located at 6515 Pullman Drive, Lewis Center, Ohio, identified as Delaware County parcel number 318-220-01-058-026 at a purchase price of \$7,500,000; and

WHEREAS the purchase of this property supports the Wexner Medical Center's long term strategic plans:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the purchase of said property be recommended to The Ohio State University Board of Trustees for approval; and

BE IT FURTHER RESOLVED, That the president and/or senior vice president for business and finance shall be authorized to take any action required to effect the purchase of the aforementioned property upon the terms and conditions deemed to be in the best interest of the university and at a purchase price at or below the appraised value.

**APPROVAL FOR PURCHASE OF REAL PROPERTY  
6515 PULLMAN DRIVE, LEWIS CENTER,  
DELAWARE COUNTY, OHIO  
BOARD BACKGROUND**

**Background**

The Ohio State University Wexner Medical Center has been leasing the property at 6515 Pullman Drive since 2010 for Outpatient Care Lewis Center. The lease includes an approximately 30,110 square foot building which is fully utilized by the WMC for serving the rapidly growing southern Delaware County in the areas of imaging and mammography, lab, orthopedics, physical therapy, primary care, rheumatology, and sports medicine. The current 20-year lease will expire in September 2030.

The lease contains a purchase option with a set purchase price of \$7,500,000. Acquiring the property in advance of expiration will secure the university's continued use and control future costs.

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**

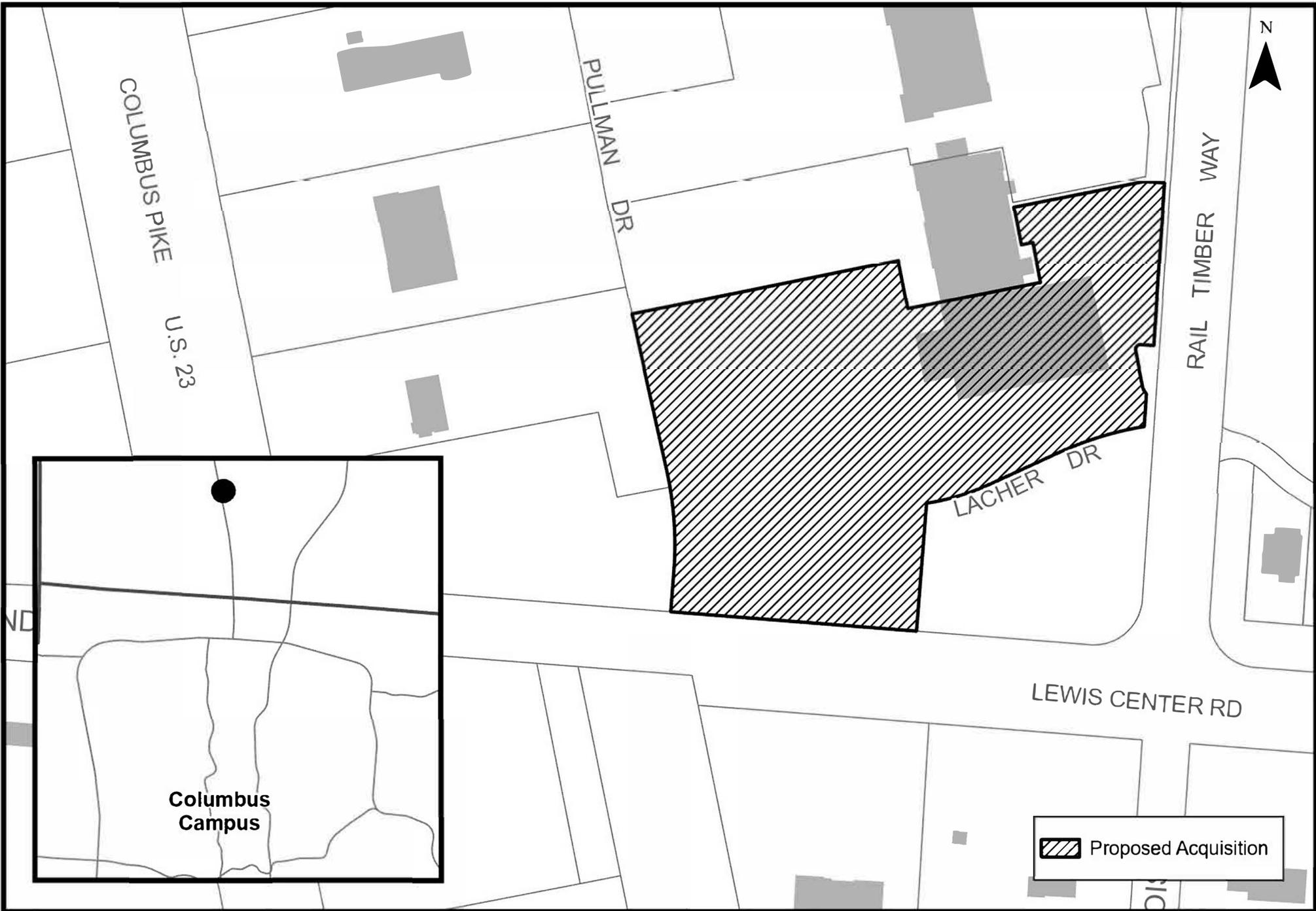
The subject property consists of approximately 3.384 acres at 6515 Pullman Drive, Lewis Center, Delaware County, Ohio. The Delaware County parcel identification is 318-220-01-058-026. The property includes a two story 30,110 square foot medical office and asphalt parking lot.

**Property History**

The premises are currently owned by Olentangy Crossings Medical Office LLC.

**Purchase of Property**

Planning, Architecture and Real Estate, together with WMC, recommends that the university proceed with the acquisition of land upon terms and conditions deemed to be in the best interest of the university. WMC will provide the acquisition funds.



3.384 Acres  
6515 Pullman Drive Acquisition  
Lewis Center, Delaware County, Ohio

Prepared By: The Ohio State University  
Office of Planning, Architecture and Real  
Estate Issue Date: 3/5/2026  
The Ohio State University Board of Trustees

**RATIFICATION OF COMMITTEE APPOINTMENT FY2026**

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for FY2026 are as follows:

**Quality and Professional Affairs Committee**

Juan Jose Perez, Chair  
George A. Skestos  
Ravi V. Bellamkonda  
Michael Papadakis  
John J. Warner  
Eric Bourekas  
Stacy A. Brethauer  
David E. Cohn  
Scott A. Holliday  
Kami Maddocks  
**Traci Mignery**  
Elizabeth Seely  
Corrin Steinhauer  
Andrew M. Thomas

**OBSTETRICAL SERVICES STANDARDS FOR FY2026**

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the annual review of the Obstetrical Services Standards for FY2026 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 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 Obstetrical Services Standards for FY2026 ensure the appropriate evidence-based protocols, adequate provisions and equipment, qualified staffing, delineated obstetrical privileges and comprehensive faculty and staff training, supported by the Quality Assessment and Performance Improvement (QAPI) program, necessary to safely and effectively manage all aspects of obstetrical care, including emergencies, complications and immediate postdelivery care, in accordance with the scope and complexity of the services offered; and

WHEREAS the Obstetrical Services Standards for FY2026 are incorporated into and reflected within the Scope of Care documents for the Department of Emergency Services — University Hospital, the Department of Emergency Services — The Ohio State University Wexner Medical Center, East Hospital, and the Labor and Delivery/Antepartum/OB Emergency Department (attached); and

WHEREAS the board recognizes that federal regulations require the governing body to identify and document which staff must complete the required obstetrical training and acknowledges its responsibility to ensure such requirements are incorporated into the Scope of Care documents for the Department of Emergency Services — University Hospital, the Department of Emergency Services — The Ohio State University Wexner Medical Center, East Hospital, and the Labor and Delivery/Antepartum/OB Emergency Department (attached); and

WHEREAS the annual review of the Obstetrical Services Standards for FY26 was reviewed by the Quality and Professional Affairs Committee on February 24, 2026:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the Obstetrical Services Standards for FY2026, which are incorporated into the Scope of Care documents for the Department of Emergency Services — University Hospital, the Department of Emergency Services — The Ohio State Wexner Medical Center, East Hospital, and the Labor and Delivery/Antepartum/OB Emergency Department (attached) for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and East Hospital, which include the provisions necessary to ensure compliance with applicable federal regulatory requirements.

## Scope of Care Clinical Departments

Approved by *Jillian Maitland* 2/1/2026  
Administrator/Director Date  
*M J* 2/4/2026  
Medical Director Date

---

**Department/ Patient Care Unit Name:**

Department of Emergency Services – University Hospital

---

**Types (and age range) of patients served:**

The University Hospital Emergency Department (ED) offers comprehensive emergency care 24 hours per day/7 days per week for all age ranges from the neonate to the geriatric patient. 86 treatment spaces are located in the ED. Provisions exist to add an additional 12-18 treatment spaces as required or as determined appropriate for certain patient populations.

The ED maintains capability to provide care to a broad spectrum of medically ill and/or injured patients. The ED is an integral component of multiple specialty care service lines inherent to the organization to include, but not limited to:

- Trauma/Burn patients
- Hematology/Oncology patients
- Complex cardiology patients
- Post-Organ Transplant patients
- Mental Health patients
- Stroke patients
- Hyperbaric patients

Patients present for care to the ED by variable means:

- Ambulatory
- Privately-owned vehicles
- Emergency Medical Services (EMS)
- Aeromedical transport agencies
- Private transport agencies
- Ohio Department of Rehabilitation and Corrections transport

**Scope and complexity of patient's care needs:** (i.e. most frequent diagnosis; admission/discharge criteria, if appropriate)

The annual ED volume is observed at approximately 75,000-80,000 patients. Approximately 38% of patients presenting to the ED are admitted to the organization for ongoing evaluation and/or treatment of illness and/or injury.

Major and frequent diagnoses observed in the ED include, but are not limited to, the following: Myocardial infarction, poly trauma secondary to falls, motor vehicle collisions, acts of violence, industrial accidents, and farm/agriculture injuries, acute stroke, sepsis, acute respiratory failure, hematology/oncology emergencies.

The ED is provisioned and skilled to address any medical, surgical, pediatric, obstetric, gynecologic, mental health, trauma and/or orthopedic illness or injury. Multiple diagnostics and/or therapeutic modalities is/are available within the ED to include, but not limited to:

- Emergent care of critically ill and injured patients (e.g. multiple traumas, cardio-respiratory arrest, burn injuries, medical-surgical emergencies and dental emergencies, as well as care to non-emergent patients)
- Radiological services (e.g. radiographs, computed tomography, magnetic resonance imaging, and ultrasound)
- Emergency procedures (e.g. endotracheal intubation, invasive hemodynamic monitoring, electrical cardioversion, temporary pacemaker insertion, thoracotomy tube placement, peritoneal lavage, reduction and splinting of fractures, and multiple other procedures as needed on an emergency basis)
- A thirty-two bed Observation Unit allowing for an observational medicine modality
- Hyperbaric oxygen facility located within the ED footprint

---

**Methods used to assess and meet patient's care needs:** (includes services most frequently provided; policies/procedures; case management; team rounds; pathways)

### **ED Nursing**

The ED Nursing leadership team includes:

- Director of Nursing
- Nurse Manager
- Assistant Nurse Managers
- Nursing Educators
- Clinical Nurse Specialist
- Staff Development Coordinators

The ED Nursing Care team reporting to the ED Nursing leadership team includes:

- Registered Nurses
- Patient Care Associates
- Emergency Medical Technicians
- Psychiatric Care Technicians
- Unit Clerical Associates
- Administrative Assistants

ED Nursing master staffing plans are reviewed and maintained by ED Nursing leadership. The master staffing plan outlines acceptable staffing levels for registered nurses and unlicensed nursing assistive personnel and is driven by departmental volume and acuity trends and identifies minimal acceptable staffing levels for all shifts and weekends.

### **Emergency Medicine**

Medical care is provided by board certified (or board eligible) attending Emergency Medicine (EM) physicians, as well as EM resident physicians (PGY 1-3), EM/IM resident physicians (PGY 1–5) and advanced practice providers. EM attending physicians are available 24-hours per day/7-days per week with a staffing pattern that is responsive to the daily volume pattern and trend. EM care is supplemented by rotational resident physicians from internal medicine, orthopedics, anesthesiology, and other depending on availability.

Certified Nurse Practitioners and Physician Assistants are employed through the spectrum of services and collaborate with the attending Emergency Medicine physicians in the provision of care.

### **Additional Medical Resources**

In-hospital physician coverage and the ability for immediate specialty consultations are available for the following specialties: internal medicine (all sub-specialties), surgery, radiology, obstetrics/gynecology, orthopedics, psychiatry, oral surgery, neurosurgery, otolaryngology, urology, thoracic surgery vascular surgery, cardiac surgery, anesthesiology and neonatology. Sub-specialty back-up is available within 30 minutes for plastic surgery and ophthalmology. Telephone consult(s) is/are available immediately from all services.

---

### **Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral:**

Direct and referral services are determined through a multidisciplinary approach based upon the patient's condition and the response to the care plan during the ED encounter. Established policy and procedures, clinical practice guidelines, and the response to the plan of care are substantial and driving factors. A collaborative effort is initiated and encouraged throughout all disciplines involved to optimize the delivery of patient care. Integration of continuous feedback from patients, families, and care team members exists as an essential component for the ED's approach to a team-centric continuous improvement paradigm.

Regular meetings/sessions with physician leaders, nurse leaders, organization leadership, and other integral departments contribute to the departmental quality improvement effort through collaboration and communication. The Emergency Services Operations Council and subgroups are unit-based, multidisciplinary groups which evaluate effectiveness of care and offer suggestions for improvement.

---

**Extent to which the level of care or service meets patient's needs:** (availability of necessary staff, list any contracted staff, hours of operation if other than 24 hours/day, 7 days/week and method used for ensuring hours of operation meet the needs of the patients to be served with regard to availability and timeliness. **Please include the basic TYPES of quality metrics measured for your area.**)

The Emergency Department is operational 24 hours / 7 days per week.

Quality data and metrics and measures include, but are not limited to:

- Patient falls
- Patient falls with injury
- Patient satisfaction

- Blood culture contamination rates
- Medication safety events
- Medication barcode scanning rates
- Sepsis-related metrics
- Stroke-related metrics
- STEMI-related metrics
- Door-to-EKG mean times
- Median Time (in minutes) from ED Arrival to ED Departure for Admitted ED Patients
- Median Time (in minutes) from Admit Decision Time to ED Departure Time for Admitted Patients
- Median Time (in minutes) from ED Arrival to ED Departure for Discharged ED Patients
- Door to Diagnostic Evaluation by Qualified Medical Personnel
- Left Without Being Seen

---

**Standards of practice/ practice guidelines, when available:** (skill level of personnel/ complex or high level technical skills expected)

### **ED Nursing**

The major determinants for the acceptable standards of care include, but are not limited to:

- The organizational Clinical Practice Guidelines
- Organizational and Emergency Department policies and procedures
- The Emergency Nurse's Association's "*Emergency Nursing: Scope and Standards of Practice*"

The emergency nursing plan of care is coordinated by the registered nurses with assistance provided by nursing assistive personnel (e.g. patient care associates, psychiatric care technicians, etc.). Emergency Department nursing staff complete yearly competency reviews as well as review of basic cardiac arrhythmia information, and time critical diseases that contribute to proficiency for identified care standards. Emergency Department staff complete annual computer-based learning modules as assigned by nursing leadership and/or nursing education. All Emergency Department registered nurses and nursing assistive personnel possess certification for basic life support (American Heart Association). All registered nurses possess certification in pediatric life support (American Heart Association). Emergency Department nursing provides and maintains sexual assault nurse examiner (SANE) providers comprising approximately 10% of all registered nurses. Emergency Department registered nurses receive introductory and ongoing education and training (e.g. classroom, practical/performance, high-fidelity simulation, etc.) for various pathophysiology's (e.g. trauma care, stroke, STEMI, etc.) to assure competency within the clinical environment. All emergency services nurses complete required annual training to address topics identified as focus areas per the organizational quality and performance improvement processes. All newly hired emergency services nurses will complete this training at time of hire and annually thereafter. Documentation of training will be maintained in staff personnel records.

### **Emergency Medicine**

Emergency Medicine attending physicians are all board-certified emergency physicians or board-eligible.

Advanced Practice Providers (APP's) assigned to Emergency Medicine are board certified in their respective specialty.

All Emergency Medicine providers complete required annual training to address topics identified as focus areas per the organizational quality and performance improvement processes. All newly hired Emergency Medicine providers will complete this training at time of hire and annually thereafter. Documentation of training will be maintained in staff personnel records.

## Scope of Care Clinical Departments

Approved by S. Sherman MD 1/29/26  
Administrator/Director (date)

[Signature] 1/29/26  
Medical Staff (date)

---

### Department/ Patient Care Unit Name:

Department of Emergency Services – The Ohio State Wexner Medical Center, East Hospital

---

### Types (and age range) of patients served:

The Emergency Department (ED) offers comprehensive emergency care 24 hours per day/7 days per week for all age ranges from the neonate to the geriatric patient. 28 treatment spaces are located in the ED.

The ED maintains the capability to provide care to a broad spectrum of medically ill and/or injured patients. The ED is an integral component of multiple specialty care service lines inherent to the organization to include, but not limited to:

- Trauma/Burn patients
- Hematology/Oncology patients
- Complex cardiology patients
- Post-Organ Transplant patients
- Mental Health patients
- Stroke patients

### Patients present for care to the ED by variable means:

- Ambulatory
- Privately-owned vehicles
- Emergency Medical Services (EMS)
- Aeromedical transport agencies
- Private transport agencies
- Local law enforcement agencies

### Scope and complexity of patient's care needs: (i.e. most frequent diagnosis; admission/discharge criteria, if appropriate)

The annual ED volume is observed at approximately 46,000 patients. Approximately 25% of patients presenting to the ED are admitted to the organization for ongoing evaluation and/or treatment of illness and/or injury.

Major and frequent diagnoses observed in the ED include, but are not limited to, the following:

- Myocardial infarction
- Poly trauma secondary to falls, motor vehicle collisions, acts of violence, industrial accidents, and farm/agriculture injuries
- Acute stroke
- Sepsis
- Acute respiratory failure

- Hematology/Oncology emergencies

The ED is provisioned and skilled to address any medical, surgical, pediatric, obstetric, gynecologic, mental health, trauma and/or orthopedic illness or injury. Multiple diagnostic and/or therapeutic modalities is/are available within the ED to include, but not limited to:

- Emergent care of critically ill and injured patients (e.g. multiple traumas, cardio-respiratory arrest, medical-surgical emergencies and non-emergent medical care.
- Radiological services (e.g. radiographs, computed tomography, magnetic resonance imaging, and ultrasound)
- Emergency procedures (e.g. endotracheal intubation, invasive hemodynamic monitoring, electrical cardioversion, temporary pacemaker insertion, thoracostomy tube placement, peritoneal lavage, reduction and splinting of fractures, and multiple other procedures as needed on an emergency basis)

---

**Methods used to assess and meet patient's care needs:** (includes services most frequently provided; policies/procedures; case management; team rounds; pathways)

### **ED Nursing**

The ED Nursing leadership team includes:

- Director of Nursing
- Nurse Manager
- Assistant Nurse Manager
- Nursing Educator

The ED Nursing Care team reporting to the ED Nursing leadership team includes:

- Registered Nurses
- Patient Care Associates
- Paramedics
- Student Nurse Assistants
- Unit Clerical Associates

ED Nursing master staffing plans are reviewed and maintained by ED Nursing leadership. The master staffing plan outlines acceptable staffing levels for registered nurses and unlicensed nursing assistive personnel and is driven by departmental volume and acuity trends and identifies minimal acceptable staffing levels for all shifts and weekends.

### **Emergency Medicine**

Medical care is provided by board certified (or board eligible) attending Emergency Medicine (EM) physicians, as well as EM resident physicians (PGY 1-3) and advanced practice providers. EM attending physicians are available 24-hours per day/7-days per week with a staffing pattern that is responsive to the daily volume pattern and trend. EM care is supplemented by rotational resident physicians from OB/GYN, Internal Medicine, Surgery, Family Practice, Oral Surgery, and Anesthesiology.

Certified Nurse Practitioners and Physician Assistants are employed through the spectrum of services and collaborate with the attending Emergency Medicine physicians in the provision of care.

### **Additional Medical Resources**

In-hospital physician coverage and the ability for immediate and on-call specialty consultations are available for

the following specialties: internal medicine (all sub-specialties), surgery, radiology, , orthopedics, psychiatry (Tele-Psych or NP), anesthesiology. Patients sustaining trauma level 1 and 2 injuries, colo/rectal emergencies, hematology/oncology, and some otolaryngology, urology, plastic surgery, vascular surgery, neurosurgery, thoracic surgery, cardiac surgery, obstetrics/gynecology, pediatric, neonatal emergencies are stabilized and transferred by the appropriate level of care ambulance to the main campus ED for ongoing care. Patients requiring care from certain sub-specialty services are stabilized and transferred by the appropriate level of care ambulance to the main campus ED for Sub-specialty back-up is available within 30 minutes for plastic surgery, otolaryngology, urology, Telephone consult(s) is/are available immediately from all services.

---

**Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral:**

Direct and referral services are determined through a multidisciplinary approach based upon the patient's condition and the response to the care plan during the ED encounter. Established policy and procedures, clinical practice guidelines, and the response to the plan of care are substantial and driving factors. A collaborative effort is initiated and encouraged throughout all disciplines involved to optimize the delivery of patient care. Integration of continuous feedback from patients, families, and care team members exists as an essential component for the ED's approach to a team-centric continuous improvement paradigm.

Regular meetings/sessions with physician leaders, nurse leaders, organization leadership, and other integral departments contribute to the departmental quality improvement effort through collaboration and communication. The Emergency Services Operations Council and subgroups are unit-based, multidisciplinary groups which evaluate effectiveness of care and offer suggestions for improvement.

---

**Extent to which the level of care or service meets patient's needs:** (availability of necessary staff, list any contracted staff, hours of operation if other than 24 hours/day, 7 days/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 Emergency Department is operational 24 hours / 7 days per week.

Quality data and metrics and measures include, but are not limited to:

- Patient falls
- Hand hygiene
- Patient satisfaction
- Blood culture contamination rates
- Medication safety events
- Medication barcode scanning rates
- Sepsis-related metrics
- Stroke-related metrics
- STEMI-related metrics
- Door-to-EKG mean times
- Median Time (in minutes) from ED Arrival to ED Departure for Admitted ED Patients
- Median Time (in minutes) from Admit Decision Time to ED Departure Time for Admitted Patients
- Median Time (in minutes) from ED Arrival to ED Departure for Discharged ED Patients
- Door to Diagnostic Evaluation by Qualified Medical Personnel
- Left Without Being Seen

---

**Standards of practice/ practice guidelines, when available:** (skill level of personnel/ complex or high level technical skills expected)

## **ED Nursing**

The major determinants for the acceptable standards of care include, but are not limited to:

- The organizational Clinical Practice Guidelines
- Organizational and Emergency Department policies and procedures
- The Emergency Nurse's Association's "*Emergency Nursing: Scope and Standards of Practice*"

The emergency nursing plan of care is coordinated by the registered nurses with assistance provided by nursing assistive personnel (e.g. patient care associates, psychiatric care technicians, etc.). Emergency Department nursing staff complete yearly competency reviews as well as review of basic cardiac arrhythmia information, and time critical diseases that contribute to proficiency for identified care standards. Emergency Department staff complete annual computer-based learning modules as assigned by nursing leadership and/or nursing education. All Emergency Department registered nurses and nursing assistive personnel possess certification for basic life support (American Heart Association). All registered nurses possess certification in pediatric life support (American Heart Association). Emergency Department nursing provides and maintains sexual assault nurse examiner (SANE) providers comprising approximately 10% of all registered nurses. Emergency Department registered nurses receive introductory and ongoing education and training (e.g. classroom, practical/performance, high-fidelity simulation, etc.) for various pathophysiology's (e.g. trauma care, stroke, STEMI, obstetrical and gynecological topics, etc.) to assure competency within the clinical environment.

All emergency services nurses complete required annual training to address topics identified as focus areas per the organizational quality and performance improvement processes. All newly hired emergency services nurses will complete this training at time of hire and annually thereafter. Documentation of training will be maintained in staff personnel records

## **Emergency Medicine**

Emergency Medicine attending physicians are all board-certified emergency physicians or board eligible.

Advanced Practice Providers (APP's) assigned to Emergency Medicine are board certified in their respective specialty.

All Emergency Medicine providers complete required annual training to address topics identified as focus areas per the organizational quality and performance improvement processes. All newly hired Emergency Medicine providers will complete this training at time of hire and annually thereafter. Documentation of training will be maintained in staff personnel records.

---

## Scope of Care Clinical Departments

Approved by: Signed by: Tracy Bruder 2/3/2026  
7B18E3A0FF0A4F2  
Administrator/Director Date

DocuSigned by: Patrick Schneider 2/3/2026  
0BE46B7677054EC...  
Medical Staff Date

Effective 2/22/26

---

**Department/Patient Care Unit Name:**

Labor and Delivery / Antepartum/ OB Emergency Department

### Antepartum

The Antepartum unit is an 18-bed unit on the 23<sup>rd</sup> floor of the University Hospital at OSU Wexner Medical Center. 2 rooms within the Antepartum unit meet facility requirements for ICU level of care.

**Types (and age range) of patients served:**

Patients admitted to the Antepartum area include:

- Women with obstetrical complications, from teen through mature childbearing ages.
- Postpartum patients, from teen through mature childbearing ages with additional monitoring needs not met on the postpartum unit.
- Gynecological patients with select conditions or procedures, from teen through older adult ages.
- Patients undergoing cervical ripening procedures.

**Scope and complexity of patient's care needs:**

Common medical diagnoses include but are not limited to multiple gestations, preterm labor, pregnancy induced hypertension, Preeclampsia, and diabetes in pregnancy. Patients may be placed for observation of conditions requiring less than 24 hours to resolve admitting decisions.

### Labor and Delivery/ OBED

The Labor and Delivery unit is a 16-bed unit on the 23<sup>rd</sup> floor of University Hospital. It also contains 4 Operating rooms capable of delivering multiples, 3 recovery bays, and an 8 room OB Emergency Department (OBED). 2 rooms within the labor & delivery unit meet the facility requirements for ICU level of care.

**Types (and age range) of patients served:**

Labor and Delivery provides services to:

- Obstetrical patients 16 weeks gestation or greater with obstetrical complaints with or without comorbidities. Ages range from teen through mature childbearing ages.
- Newborns

Patients presenting unscheduled with concerns during pregnancy at 16 weeks gestation or greater and in the immediate postpartum period up to 6 weeks are seen and evaluated in the OBED as an outpatient to determine if admission or observation is required for their obstetrical care needs.

**Scope and complexity of patient's care needs:**

Common medical diagnoses include but are not limited to intrauterine pregnancy at term, preterm labor, pregnancy induced hypertension, preeclampsia, and diabetes in pregnancy. Immediate stabilization is provided to low and high-risk newborns. Pregnancy terminations for patients at risk for obstetrical complications are also provided. Pre-operative, Operative and post-anesthesia care provide for cesarean births, tubal ligations, and other obstetric or postpartum procedures.

As the Tertiary Region IV Perinatal Center for Central Ohio, Ohio State University Hospital receives maternal transfer patients monthly from the region requiring a higher level of care.

---

**Methods used to assess and meet patient's care needs:**

An interdisciplinary team approach is used in planning and implementing patient care. Provider/Nurse assessment of patient needs and the determination of patient progress and response to care are made on an ongoing basis. Providers primarily include Obstetricians, Certified Nurse Midwives, Residents, Family Medicine physicians, Pediatricians, Neonatologists, Anesthesiologists, CRNAs, Intensivists, Maternal Fetal Medicine (MFM) specialists, and Fellows. Additional services are provided by Nursing Manager/ Assistant Nurse Managers, Lactation Consultants, Nursing Educators, Social Workers, Pastoral Care, Bereavement Counselors, Infection Control, Pharmacy, Respiratory Therapy, Decedent Affairs, and Dietary.

---

**Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral:**

Clinical care is determined through multidisciplinary evaluation and follow-up on the effectiveness of care provided. Trends are examined through quality improvement team review and recommended changes of practice originate through multidisciplinary collaboration.

Ongoing monitoring and evaluation of the process that addresses the important aspects of care is a shared responsibility among disciplines. Feedback from patients, families, physicians, regional referral sources and other health professionals is considered. Regulatory requirements such as the Ohio Department of Health (ODH) Maternity Licensure Rules, ODH

annual and other survey results, and Joint Commission on Accreditation of Health Care Organizations (JCAHO) standards and alerts are incorporated into the planning of services. Internal results from root cause analyses, failure mode effect analyses and monitoring of process measures also guide appropriateness of services.

---

**Extent to which the level of care or service meets patient's needs:**

L&D/ Antepartum/ OBED are 24-hour, 7 day-a-week clinical settings. Nursing care is provided by Registered Nurses and Patient Care Associates. Nursing staffing is budgeted on patient days or units of service and appropriate professional practice standards. Additional support is provided by Registration staff, Certified Scrub Technicians (CST's), Patient Experience representatives, and unlicensed clerical associates (UCA's). Staffing is based on patient acuity/activity/census. Volunteers from unit staffing are solicited for additional staffing needs. If no volunteers are available, supplemental staff from the Women & Infant's Float Pool or Internal Float Pool is solicited.

---

**Standards of practice/practice guideline, when available:**

Comprehensive obstetrics, gynecology and newborn care is provided by competent staff as determined by annually updated staffing plans, acuity determinations and American Academy of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) and AWHONN staffing recommendations. Nursing Division Standards of Practice as well as Department and Unit specific standards of practice apply. Registered Nurses are assisted by Patient Care Associates/Student Nurse Associates, and Unit Clerical Associates.

Registered Nurses demonstrate competency specific to the scope of service, including Neonatal Resuscitation and Advanced Cardiac Life Support (ACLS) in L&D and OBED. Competencies are maintained through annual training, simulation, divisional and departmental specific training, and attendance at relevant conferences. Certification specialties are recognized. Certification in Electronic Fetal monitoring (EFM) is required for RNs after 18 months of service.

All obstetrics and emergency services nurses and providers complete required annual training to address topics identified as focus areas per the organizational quality and performance improvement processes. All newly hired obstetrics and emergency services nurses and providers will complete this training at time of hire and annually thereafter. Documentation of training will be maintained in staff personnel records.

---

Admission criteria for L&D are labor, induction of labor, scheduled cesarean section, imminent delivery and/or complications of pregnancy. Discharge criteria included discharge from the recovery room post-partum or when complications are stabilized. Transfer to adult intensive care units may be indicated for complex multi-system care before or following delivery. Decisions regarding nursery admissions are based upon NICU admission criteria and level 1 well-baby nursery standards.

---

Unit and Department specific policies and procedures guide patient assessment and care. An interdisciplinary approach by the health care providers noted is used in standards development. Additionally, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Association of Perioperative Registered Nurses (AORN), American Academy of Anesthesia, Society of Obstetric Anesthesia Providers (SOAP), and American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) standards are used as well as OSUMC Division standards.

---

Rev. 1/3/07  
3/5/08  
3/23/09  
2/1/2010  
2/16/2024  
2/22/2026

## Scope of Care Clinical Departments

Approved by: Naresh Kumar MSURK 1/15/26  
Administrator/Director Date  
DR 1/20/26  
Medical Director Date  
Conrad Camp 1/26/26  
Medical Director Date

Effective: 2/22/26

---

### Department/ Patient Care Unit Name:

The Department of Women and Infant Nursing – Postpartum/ Nursery Unit

The Postpartum/ Nursery Unit at Ohio State Wexner Medical Center (OSUMC) has 49 Postpartum rooms on the 24<sup>th</sup> floor along with 48 nursery beds within the north and south nurseries and 49 nursery beds within the patient care rooms. The unit is capable of providing continuous cardiac monitoring for patients needing this type of service.

### Types (and age range) of patients served:

The Postpartum/ Nursery Unit provides care to women of teen to mature adult ages, seeking Obstetric and Gynecologic services. Additionally, normal and continuing newborn care is provided until discharge. The unit fulfills the following important aspects of care:

- Routine and high-risk Postpartum care
- Routine Newborn care
- Capability to resuscitate and stabilize newborns in the nursery consistent with NRP
- Transfer of the newborn to NICU when appropriate
- Management of unanticipated postpartum complications and emergencies
- Patient safety (newborn and adult)
- Post-procedure pain management
- Patient education (newborn care, postpartum/gynecology self-care, nutrition care, newborn feeding)
- Care of stable postpartum patients with IV Magnesium therapy
- Care of the non-infectious gynecological patient
- Non-infectious postpartum readmissions
- Stable non-viable antepartum patients not requiring continuous monitoring (based on bed availability on Maternal Special Care)
- Care of stable postpartum patients requiring continuous physiological monitoring.

**Scope and complexity of patient's care needs:** (i.e. most frequent diagnosis; admission/discharge criteria, and follow up referral if appropriate)

Range of diagnoses includes but not limited to post-partum, newborn, postpartum sterilizations, non-infectious gynecological, and stable postpartum complications. Postpartum patients may also have a variety of comorbidity diagnosis including Chronic hypertension, preeclampsia, diabetes, asthma, etc.

---

**Methods used to assess and meet patient's care needs:** (includes services most frequently provided) policies/procedures, clinical guidelines, Lippincott, case management, team rounds, and pathways.

Patients may arrive from: Labor and Delivery, the outpatient obstetrical (OB) clinics, home, the main operating room, the Emergency Department, referrals from outlying physicians and hospitals, or transferred from other areas within the Medical Center. An interdisciplinary team approach is used in planning and implementing patient care. Physician/Nurse assessment of patient needs and the determination of patient progress and response to care are made on an ongoing basis. Physicians (Attending, Fellow, and Resident) primarily include obstetricians, maternal fetal medicine specialists, anesthesiologists, pediatricians and neonatologists, Family Medicine Physicians, CRNA's, residents, and fellows. Certified Nurse Midwives and Nurse Practitioners may be credentialed to provide care. Additional services are provided by a Case Manager, Lactation Consultants, Nursing Educators, Social Workers, Pastoral Care Personnel, Bereavement Counselors, Infection Control Personnel, Pharmacists, Respiratory Therapists, Audiology Personnel, Occupational/Physical Therapists, Researchers, Decedent Affairs, and Dietary Personnel. Collaborative meetings occur to address individual needs.

Unit and Department specific policies and procedures guide patient assessment and care. An interdisciplinary approach by the health care providers noted is used in accepted professional standards and development. Additionally, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Association of Perioperative Registered Nurses (AORN), American College of Obstetricians and Gynecologists (ACOG), American Academy of Anesthesia, Society of Obstetric Anesthesia Providers (SOAP), and American Academy of Pediatrics (AAP) standards are important resources used to inform unit policies and standards.

---

**Methods used to determine the appropriateness, clinical necessity and timeliness of support services provided directly or through referral:** (determination and evaluation)

Ongoing monitoring and evaluation of the processes that address the important aspects of care is a shared responsibility among disciplines. Feedback from patients, families, physicians, regional referral sources and other health professionals is considered.

Regulatory requirements such as the Ohio Department of Health (ODH) Maternity Licensure Rules, ODH annual and other survey results, Centers for Medicare and Medicaid (CMS), and The Joint Commission (TJC) standards and alerts are incorporated into the planning of services.

Professional standards including AWHONN, ACOG, AORN, AAP, SOAP, and Magnet Accreditation are also used in planning and evaluating services.

Internal results from event reporting, root cause analyses, failure mode effect analyses, debriefing, and monitoring of process measures also guide appropriateness of services.

---

**Extent to which the level of care or service meets patient's needs:** (availability of necessary staff, list any contracted staff, hours of operation if other than 24 hours/day, 7 days/week and method used for ensuring hours of operation meet the needs of the patients to be served with regard to availability and timeliness)

Inpatient services are provided 24 hours per day, 7 days per week. Twenty-four-hour support includes in-house obstetrical, pediatric, anesthesia, lab, blood bank, radiology, lactation support, respiratory, biomedical engineering services and pharmacy services. Social workers are in-house or on-call, dietary support is provided via the Hospital Administrative Manager during the off-shifts; 7 days per week.

Nursing staff is budgeted based upon units of service/patient days and staffing is adjusted dependent upon patient census/acuity/activity. Volunteers from unit staff are solicited for additional staffing needs. If there are no volunteers, supplemental staff from the Women/ Infant's Float Pool or Internal Float Pool staff are solicited.

---

**Standards of practice/ practice guidelines, when available:** (skill level of personnel/ complex or high-level technical skills expected)

Staff provide comprehensive obstetrical, gynecological, and newborn care in a competent manner as determined by annual clinical proficiencies. Nursing Division Standards of Practice as well as Department and Unit specific standards of practice apply. Registered Nurses are assisted by Patient Care Associates, Student Nurse Associates and Unit Clerical Associates.

Registered Nurses demonstrate competency specific to the scope of service, including Neonatal Resuscitation and post resuscitation care, and BLS for the Health Care Provider. Certification specialties are recognized and Clinical Ladder 3 and 4 staff serve as clinical leaders. Competencies are maintained through annual trainings, simulations, departmental specific trainings, and attendance at relative conferences.

Opportunities are provided for medical students, residents, fellowships, and nursing students, for medical and nursing education. The department plays an active role in participating with clinical, obstetrical and neonatal research.

Rev. 1/31/07  
2/16/08  
2/14/09  
4/12/10  
2/2/2011  
11/24/14  
10/20/17  
11/3/24  
2/22/26



## **NATIONWIDE CHILDREN'S HOSPITAL NICU at The Ohio State University Wexner Medical Center**

### **I. SCOPE OF SERVICE**

Neonatal Network at Nationwide Children's Hospital provides clinical management to moderately and critically ill newborns locally, regionally and in some cases Nationally. The Nationwide Children's Hospital NICU at The Ohio State University Wexner Medical Center (hereinafter referred to as 'OSUWMC') is a level III NICU consisting of 51 of the Network's 305 NICU beds.

The Neonatal Network at Nationwide Children's Hospital operates a Transport Program to transport and medically manage premature or sick newborns during their transport from OSUWMC to Nationwide Children's Hospital. Professional education, case review and consultation are provided by Nationwide Children's Hospital.

Medical/Surgical conditions for patient admissions to the NICU at OSUWMC include but are not limited to prematurity, associated complications of prematurity (i.e., necrotizing enterocolitis, intraventricular hemorrhage, patent ductus arteriosus, bronchopulmonary dysplasia), sepsis, multiple birth, perinatal asphyxia, congenital heart defects, persistent pulmonary hypertension, surgical conditions, Neonatal Abstinence Syndrome, and congenital anomalies. Newborns requiring ECMO, surgery and post-operative care are managed in the NICU's at Nationwide Children's Hospital's Main Campus.

Patient care is managed by attending neonatologists and hospitalists, surgeons, pediatric subspecialists, fellows, residents, Neonatal/Pediatric Nurse Practitioners and Physician Assistants. Patient care staff includes the Program Manager, Clinical Leaders/Clinical Nurse Managers/Clinical Managers/Assistant Nurse Managers, Care Coordinators, Unit Based Educators, Registered Nurses, and Respiratory Therapists. Patient Support Assistant, Student Nurse Assistant, and Unit Clerks work under the direction of a Registered Nurse. Patient care is managed through a systematic team approach based on patient needs and the level of nursing skill needed. Additional interdisciplinary staff include nutritionists, clinical pharmacist, occupational/physical/speech pathology therapists(s), Child Life specialists, social worker(s), lactation consultants, milk technicians, chaplains and parent advisors.

The newborn's outcome is optimized through individualized developmental care, parent involvement, discharge planning and education. It is important that families possess the necessary skills and the personal and community support systems to adequately care for their baby. An interdisciplinary health care team works collaboratively to accomplish the medical needs of the baby and the educational, emotional and spiritual needs of the family.

### **II. CARE PROVIDED TO NEWBORNS**

1. Infants who require ventilatory support for respiratory distress, who require close observation, frequent ventilator changes and availability of physician, respiratory therapist, and nursing personnel familiar with ventilatory equipment.
2. Stabilization of newborns with surgical conditions who require close observation due to significant hemorrhage, hypotension, electrolyte imbalance, or respiratory insufficiency
3. Newborns with vital sign instability.

4. Newborns with hyperbilirubinemia for exchange transfusion will be monitored, transferred to Nationwide Children's Hospital Main Campus.
5. Newborns requiring service of subspecialists such as cardiologists, surgeons, cardiothoracic surgeons, urologists, geneticists.
6. Newborn infants requiring life support (i.e., ventilator, CPAP, nitric oxide, ECMO).
7. Newborn infants suffering from opiate and other substance withdrawal.
8. Infants with bronchopulmonary dysplasia

The above list is not all inclusive and there may be patients who do not meet the criteria who will be admitted to the NICU at the discretion of the NICU Unit's Medical Director.

### **III. FAMILY CENTERED AND DEVELOPMENTAL CARE**

1. Provide therapeutic positioning through appropriate body alignment and devices to reduce nursery-acquired positioning disorders.
2. Optimize the environment and care-giving techniques to enhance newborn sleep states.
3. Advance oral feedings based on newborn's phase of development and individual abilities.
4. Incorporate parents in the decision-making and care of their newborn.
5. Assist parents with the crisis of high-risk birth and NICU environment.
6. Assist parents with coping related to grief and loss
7. Assist parents with identifying individual behavioral cues exhibited by their newborn.
8. Provide overnight accommodation in a dedicated space for the parent and their infant to promote confidence in care-giving skills.
9. Provide comprehensive parent education.
10. Prematurity

Originated: 6/91

Revised: 8/92, 7/97, 1/02, 1/03, 12/06, 11/07, 12/09, 3/10, 9/12, 10/12, 11/12, 10/21, 1/26

Reviewed: 1/2026

1/5/2026

## Service Plan

Program	Description	Service Schedule	Coverage/Staffing	Coverage for Staff Shortages
<p>Newborn Intensive Care Unit (NICU) at The Ohio State University Wexner Medical Center (OSMC)</p>	<p>51 bed Level III NICU</p> <p><b>Number of Beds:</b> 51</p> <p><b>ADC:</b> 36</p> <p><b>Average Length of Stay:</b> Varies depending on diagnosis.</p> <p><b>Age of Population:</b> Neonatal Period</p> <p><b>Common Diagnoses:</b> Prematurity, Respiratory Distress, R/O Sepsis, NAS</p> <p><b>Common Procedures:</b> Radiology procedures, lumbar puncture, lab specimens, IV placements, central line maintenance, circumcision, chest tube, advance airway management, congenital anomalies, feeding disorders, EXIT deliveries in collaboration with the host Labor &amp; Delivery</p>	<p>Seven days a week, 24 hours a day</p>	<p>All patients have care delivery available by the following: Attending Physician, Fellow, 0-1 Residents (Obstetric or Family Practice Physician during elective rotation), and 1-3 Neonatal Nurse Practitioners.</p> <ul style="list-style-type: none"> <li>● The patient care staff consists of: Student Nurse Assistant (SNA), Registered Nurses (RN), Registered Respiratory Therapists (RRT), Patient Care Assistants (PCA), and Unit Coordinators.</li> <li>● The typical staffing ratio for caregivers is 1:2 to 1:4.</li> <li>● Other subspecialists available within the unit are clinical nutrition, human milk technician, lactation, case management, medical social services, occupational therapist, physical therapist that assesses developmental needs, pharmacist, nursing educator, pastoral care, Assistant Nurse Manager.</li> </ul>	<p>Staff shortages can be covered by the following:</p> <ol style="list-style-type: none"> <li>1. Discuss staffing needs with nursing supervisor at NCH</li> <li>2. Calling in IRP staff</li> <li>3. Utilizing part-time staff</li> <li>4. Utilizing overtime for full-time staff</li> <li>5. Utilizing incentive pay programs for all staff, in coordination with host hospital</li> <li>6. Agency staff</li> </ol>

## Service Plan

Program	Description	Service Schedule	Coverage/Staffing	Coverage for NNP Shortages
<p>Neonatal Nurse Practitioner at OSU Wexner Medical Center</p>	<p>Neonatal Nurse Practitioners (NNPs) care for newborns and their families in the 42 bed Level III NICU. The Neonatal Nurse Practitioner (NNP) is expected to provide case management of the patients in the NICU which includes a thorough physical assessment, review of laboratory and radiologic findings, development of a problem list and overall plan of care for the infant. The NNP also attends all high-risk deliveries and provides initial stabilization interventions as needed. The NNP follows procedures for advanced nursing skills (i.e., intubation, central line placement, chest tubes, labs, etc.)</p>	<p>Seven days a week, 24 hours a day</p>	<p>All patients have care delivery by the following:                      ●Attending Physician, Neonatal Fellow, Medical Residents, and NNP 24 hours a day / 7 days a week.</p>	<p>Staff shortages can be covered by the following:                      1. Rearranged scheduled day                      2. Variable scheduling                      3. Overtime                      4. Use of contingent staff                      5. Use of incentive programs for staff                      6. Medical staff “moonlighting”</p>