THE OHIO STATE UNIVERSITY

OFFICIAL PROCEEDINGS OF THE

TWELFTH MEETING OF THE

WEXNER MEDICAL CENTER BOARD

Columbus, Ohio, June 2, 2015

The Wexner Medical Center Board met on Tuesday, June 2 at the Richard M. Ross Heart Hospital, Columbus, Ohio, pursuant to adjournment.

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Minutes of the last meeting were approved.

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June 2, 2015 meeting, Wexner Medical Center Board

Ms. Link called the meeting of the Wexner Medical Center Board to order on Tuesday, June 2, 2015 at 10:04am.

Present: Leslie A. Wexner, Chairman, Janet B. Reid, William G. Jurgensen, Cheryl L. Krueger, Abigail S. Wexner, Stephen D. Steinour, John F. Wolfe, Jeffrey Wadsworth, Michael V. Drake, Geoffrey S. Chatas, E. Christopher Ellison, Michael A. Caligiuri, and Marti C. Taylor.

Ms. Link:

Good morning. I would like to convene the meeting of the Wexner Medical Center Board and note that a quorum is present.

The minutes of the April meeting of the Wexner Medical Center Board were distributed to all members, and if there are no additions or corrections, the minutes are approved as distributed.

First, I will call on Dr. Chris Ellison for the CEO update and we will start with the recognition of a donor.

Dr. Ellison:

Before I give the CEO update, I have a special announcement to make. An extraordinary member of the Wexner Medical Center family is joining us by phone. I would like to welcome Stan Ross.

Many of you know Stan and his wife Jodi from their engagement in so many facets of the community. They have been active and ardent supporters of the university and the Wexner Medical Center for many years. Through their philanthropy, the Ross' have fueled the growth and development of leading-edge research and clinical excellence. The Ross' serve as co-chairs of the neuroscience committee in the *But for Ohio State* campaign and they generously funded a faculty chair in neuromodulation in 2011.

Today, it is my great honor to announce that they have made a truly transformational investment. Jodi and Stan Ross have committed $10 million to create the Stanley D. and Joan H. Ross Center for Brain Health and Performance in the Neurological Institute. This Center will leverage the university's unmatched academic breadth to become the leading authority on building and preserving brain health and performance.

Inspired by Dr. Ali Rezai's world-renowned, path-breaking work in the neurosciences, the Ross' are enabling researchers to strengthen cognitive capacities throughout life, stave off the effects of neurodegeneration, and optimize brain function using individualized and precision medicine

With their strategic vision and profound commitment to furthering science and health, the Ross' are key partners in the university's determination to advance the frontiers of understanding and unlock the secrets of the human brain. Their investment will set us apart as innovators. It will distinguish us as international leaders in the field of neuroscience. It will make miracles happen and it will change lives.

Jodi and Stan, everyone in this room and well beyond is deeply grateful to you. You are making us better in ways that will improve the lives of countless patients. Thank you.

It is my pleasure now to introduce Dr. Ali Rezai, who will share the vision of the Stanley D. and Joan H. Ross Center for Brain Health and Performance and the Neurological Institute.

Dr. Rezai:

Thank you Dean Ellison and thank you Stan and Jodi for your support, commitment, and generosity to the Wexner Medical Center and the Neurological Institute. I am honored to hold your chair in neuromodulator.

Historically, brain health for all across the country has been focused on the study and management of Alzheimer's, for example, or strokes and other brain conditions. The importance of brain health and function is far reaching and critical throughout all of our lives and not limited to only those who suffer from neurological conditions.

Brain health is about the healthy aging adults wanting to maintain their abilities and for anyone at any age who wants to optimize and maximize their brain function and performance. We try to take better care of ourselves. We exercise, eat well, maintain good heart and overall body health and fitness, however, how many focus everyday on improving and optimizing their brain health?

Some of you may have heard about a company called Lumosity. Lumosity is a multi-million dollar gaming company and millions of people participate every day with the brain games. It is good gaming, but unfortunately there is not much science behind Lumosity, in fact, zero. Fortunately for all of us, there is a growing body of neuroscience knowledge regarding brain health and that is why this is a great opportunity here at The Ohio State University Wexner Medical Center.

Over the past year, our team has been developing a strategic plan and foundational elements to create a unique initiative here at the Wexner Medical Center focusing on studying and improving the well-being and function of our brains from youth to the advanced age. We have been collaborating with brain health experts across the country and our colleagues at The U.S. Air Force Research Lab, the Human Performance Laboratory in Dayton, to develop specific research and programs related to the concepts of improving cognitive aging, cognitive reserve fatigue, neurocapacity, and self-regulatory strength; the context of all of our lives whether it is genetics, environmental interplay, stress, inflammation, sleep nutrition, and other variables that impact our day-to-day lives.

Our goal in this center is to have a scientific based personalized assessment and intervention to promote brain wellness and optimize performance for the general population, athletics, and our military. We have a strong initiative for corporate brain health and executive brain health.

This one of a kind center in the country will use research and neuroscience to regain, retain, and optimize brain health and performance for people at all ages. We will recruit national leaders in this field, conduct research, create personalized brain health programs for the population, and hold an annual Ohio State University Wexner Medical Center Brain Health Summit.

At The Ohio State University Wexner Medical Center, we are addressing brain health in the context of disease every day, but now we have the opportunity to look at maintenance and enhancement of brain health for the general population without a brain disorder.

We are grateful to Stan and Jodi Ross for sharing our vision and partnering with us to make the Wexner Medical Center the premier go-to place for brain health and performance. We look forward to sharing our research and discoveries in clinical programs in the future.

Stan and Jodi, thank you very much for your generosity for this $10 million gift that will provide a strong foundation for the future of brain health for the population. Thank you.

(See Appendix XXXIII for background information, page 1235)

Mr. Wexner:

Stan, we wish you could be here. Do you have any comments you would like to make? You should be glowing with appreciation.

Mr. Ross:

I wish I could be there too. I had an emergency surgery on May 1st. I am doing well.

Anything else I could say would probably be redundant at this point. You have a great inspirational leader at Ohio State with Ali Rezai. Jodi and I are excited to be a part of this. It is a wonderful thing. I think it will benefit generations to come and make Ohio State a real leader to improve prospects for health in general, throughout the world.

President Drake:

I want to say, on behalf of the entire university, community, and all of the people here and beyond our vision, we couldn't be more appreciative. Thank you for your vision and your support.

Mr. Ross:

It is certainly our pleasure. We are happy to be a part of it. It is exciting.

Mr. Wexner:

Stan, thank you and hope to see you driving around soon.

Mr. Ross:

I was cleared to drive as of yesterday.

Mr. Wexner:

Good. Look forward to seeing you soon. Everyone thanks you and appreciates your help. Get well.

Mr. Ross:

Thank you.

Dr. Ellison

I will now continue with the CEO report. Dr. Retchin sends his apologies to the board.

First, we will look at the scorecard, line by line, and address inpatient mortality. As you can see, our fiscal year 2015 year to date actual is 0.66. The target is 0.65. We are currently ranked sixth in UHC (University Health Systems Consortium) in mortality. The variance is caused by an extra seven deaths that occurred this year relative to the entire system last year. Dr. Moffatt-Bruce has reviewed all of the deaths and there are no quality issues relative to their occurrences.

President Drake:

I would like to say that 0.66 observed to actual inpatient mortality rate is outstanding. The difference between 0.66 and 0.65, to me, is not a green to red kind of difference on the scorecard. It is outstanding to outstanding. If it were 0.8 or a real significant change,

I would agree to the scorecard shaded red. I am not quiveling but will say, for the reading, that is would be better shaded as yellow.

**The difference between an observed:expected (O:E) ratio of 0.65 (goal) and 0.66 (actual) is the "seven deaths"*

Dr. Ellison:

We did discuss this yesterday internally and felt the same way.

President Drake:

Good, then we agree.

Dr. Ellison:

Yes, we agree.

Mr. Wexner:

Dr. Moffatt-Bruce, are you a tough grader?

Dr. Moffatt-Bruce:

No sir.

President Drake:

There is an area of which there is a statistical difference that is meaningful and matters and this is an area that is not the case. As we glance at these things, it would help to be a little bit more robust if it would say that this is not where we were targeting.

Dr. Moffatt-Bruce:

These are self-imposed metrics.

Dr. Ellison:

Thank you Dr. Drake. Moving on to patient satisfaction. Our overall rating performance for the health system on inpatient HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) was above 90% in January and February marking the first time being in the top decile for two consecutive months. In March, we dipped slightly to 85%. However, I would like to report that in April we moved back to 90% again for overall patient satisfaction.

Are there any questions?

Mr. Wexner:

The notion that we are one of the safest places on earth, in terms of patient satisfaction, can we say that, in our region, patients are also the happiest?

Dr. Ellison:

We would love to be able to say that.

Mr. Wexner:

Is that legitimate in terms of a measure?

Dr. Ellison:

I think HCAHPS is something that we are measured on nationally and is publically recorded information. It is clearly important to have our patients feel safe and also feel comfortable in our environment. That is what drives the patient satisfaction. We are working diligently to enhance that measurement. I am not sure we can say that we are the happiest place. I think that when we get to the 95% to 97% we can think that but we have some work to do. It takes a lot of work by many people to make these changes happen.

President Drake:

It would be interesting to look at data and compare patient's safety, outcomes, and satisfaction at other institutions. They don't necessarily correlate. It would be interesting to see how we are doing. First, we want to make sure we are safe and effective. Then we would focus on making sure our patients are happy and receiving appropriate client services as well. Without naming places, it would be interesting to look at a few of our peer institutions to see what they look like.

Mrs. Wexner:

One of the biggest indicators is wait time. Doesn't that effect the satisfaction ranking? People tend to be very sensitive to that.

Dr. Ellison:

It is and the other one is noise in the environment.

Mrs. Wexner:

The correlation is tenuous.

Dr. Ellison:

It is. Also communication. We have improved in all of these. We still lag a little behind quiet and cleanliness but have made significant improvements, particularly since the opening of the new hospital.

Moving on to outpatient satisfaction. We measure outpatient performance in our ambulatory sites which includes hospital services that are ambulatory in nature, such as radiology, specialty care network, and OSUP (Ohio State University Physicians, Inc.). In March, we were at 90.6% for a definite referral. This is a tight curve and skewed to the right. We are 63% overall. We have improvement in that area and have charged our leaders of the ambulatory initiatives to move the bar forward with this. We have focused on communication. We focused on wait times of patients arriving to the clinics. We also focused on providing timely test results to them. We are moving the bar on all of these with the exception of timely test results, which has been an issue, and we continue to struggle with that. We are optimistic that with some of the new programs we have in place, we will move the bar in that area as well.

Dr. Reid:

Do we have a sense of what percentage of our patients have signed up to MyChart?

Dr. Ellison:

We have many patients signed up. I would say about 65% to 70% of our patients are signed up for MyChart. They are able to log on and get their test results sent to them.

Dr. Reid:

And they get an email when there is a new test result to look at?

Dr. Ellison:

Yes.

Dr. Reid:

Even with that, we are still having an issue. Is it an issue that the test results are not released to MyChart quickly enough?

Dr. Ellison:

That is one of the issues. The test results are held in certain areas, particularly if they are abnormal or significant findings, to allow the physician time to review them and communicate with the patient. That is one of the contributing factors.

I think some of the other factors are that some patients have not taken the opportunity to sign up for MyChart even though it is offered well over 90% of the time. This past year, we had record numbers. Susan, do you recall the numbers for MyChart?

Dr. Moffatt-Bruce:

About 130,000 people have signed up for it. I don't know what the usability of that is.

Dr. Reid:

When MyChart came online and as people signed up, did you see an uptake in patient satisfaction and communication?

Dr. Ellison:

I think that the patients in MyChart are very satisfied. They get great communication. I use MyChart for myself all of the time. It is easy to use. I make sure that all of my patients are signed up for it.

U.S. News Best Hospitals numbers of specialty ranks will be reported in July 2015. We have some time before that is released.

Recently, *U.S. News & World Report* released the Best Hospitals for Common Care rankings. They ranked hospitals in five common procedures: coronary artery bypass, congestive heart failure, COPD (chronic obstructive pulmonary disease), hip replacement, and knee replacement. The Ohio State University Wexner Medical Center ranked average in coronary artery bypass, congestive heart failure, and in hip and knee replacement, and ranked high performing in COPD.

To give you a comparison of how we ranked with our peers in the community, Riverside Ohio Health ranked average in coronary artery bypass, COPD, hip replacement, high performing in congestive heart failure, and below average in knee replacement. I have the rankings for Grant and Mount Carmel as well.

Mrs. Wexner:

They outperformed us in heart. What was the second category you mentioned?

Dr. Ellison:

They were above average in congestive heart failure.

Mrs. Wexner:

And we were average.

Dr. Ellison:

This is a new index for us in metric to look at. I don't think we understand how the data was actually collected and how they created the grading system.

Any questions concerning that?

Mr. Wexner:

I am curious, how is Michigan ranked in these kinds of things?

Dr. Ellison:

I don't know but will make a note to get that.

Looking at our financial liability with the days cash on hand in the health system. Volumes were excellent with excellent revenue and strong cash position on patient accounts. Strong expense management has led to a continued successful financial year.

Days cash on hand at OSUP are on budget and we are satisfied with that.

Are there any questions?

Dr. Wadsworth:

The 2019 targets are already being met. How are we thinking about setting future targets? How does that take place?

Mr. Geier:

Once the budget is done for the following year, we update the five year forecast. We will need to update these numbers and will talk about it later. One of the things we will do different this year is to do a five year forecast for not only the health system, but for the faculty group practice and for the College of Medicine together. That generally begins to take place once the budgets are approved in the fall. We use an outside model, a Kaufman Hall model that helps us model the trends in healthcare. We will have to restrike all of these targets.

Dr. Wadsworth:

Thank you.

Dr. Ellison:

We will move on to revenue enhancement and scale. Looking at the health system total operating revenue per adjusted admission which is increasing. The CMI (case-mix index) is 1% higher than budget. We are beginning to see the impact of our rate negotiations, specifically with Anthem and Cigna, and better that expected revenue from the specialty retail pharmacy developed with the James Cancer Hospital.

Development Dollars. We have made remarkable progress in April. The $10 million gift we recognized from the Ross family to the neurosciences measured the difference for us. Patti and her team are accelerating during the end of the year with over $21 million in open asks. I would like to comment that there is an art and science to fundraising and timing to our business that is outside of our control. I think everyone appreciates that. Donor lives and circumstances definitely dictate the timing of their philanthropy. We hope that we will close many of these gifts by June 30, but if not, we know that we are off to a strong fiscal year 2016 in development.

Patti is continuing to make critical additions to fill the front line fundraising team, especially with hiring fundraisers with strong academic medicine experience, and all of the fundraising work is tied to the articulation and vision in academic priorities. I have been actively working on this with the other leaders at the medical center. In particular, we have engaged the alumni of the College of Medicine, particularly in the last six months. I have met with them on several occasions and participated in a strategic plan at the board retreat and I think we have an excellent opportunity to enhance advancement from our alumni in the College of Medicine as well as other donors.

Any questions on either of those topics?

Dr. Wadsworth:

It would be useful if we saw the accumulative total under the billion and whether we are in the top 10 or 15 institutions. What are the numbers we are shooting for? It would be a helpful way to report out.

When we look at NIH (National Institutes of Health) awards, what are the top 15 numbers? It is not obvious here if we are at a factor of $2 million or $5 million away. It would help the board.

Dr. Ellison:

Our total endowment is approximately $383 million. The top five of the bottom top 20 medical schools is at about $1.5 billion. We have quite a ways to go.

Dr. Wadsworth:

It would be helpful is that was on the chart. Thank you.

Dr. Ellison:

Thank you. Any other questions on those topics?

Looking at our cost management and the health system total operating expenses per adjusted admission. The total expense is $15 million or 0.9% below budget. The FTE (full-time equivalents) have a 3.6% positive budget variance, supplies are $4 million or 1.8% below budget, and services are at $5 million or 2.2% below budget. Management of expenses have played a significant role in the fiscal health of the medical center.

Regarding the total NIH Awards. Year-to-date, the awards stand at $155 million, which is a 2.4% increase over the same period of time in fiscal year 2014. This is largely due to the timing of a $4.2 million cancer center support grant which came in April 2014 compared to the same quarter of this year. I would like to note that we have had an 18% increase in NIH submissions this year and our NIH success rate has ranged between 14% and 15%. Our overall success rate in grants, including other sectors such as industry, Department of Defense, and other federal programs, is 31%. Approximately one in three of all the grants submitted, including all the other sources of funding, will be awarded.

We continue to grow and will surpass what we had last year in terms of NIH funding. I think the research teams have really done a tremendous amount of work on their productivity enhancing the number of grants submitted and also being successful.

Dr. Wadsworth:

This is tough competition. We don't know the federal budget yet for next year but think we have some clues. Does anyone know? I think it is a modest increase.

Dr. Caligiuri:

Very modest.

Dr. Reid:

Are we seeing any particular areas where we are more successful in receiving grants than others?

Dr. Ellison:

The major institute where we receive our funding is from NCI (National Cancer Institute). We have had a tremendous increase from the National Institute of Allergy and Infectious Diseases and from the Division of Rheumatology. The Division of Rheumatology and Immunology in the Department of Internal Medicine is very successful this year with their grant requests. That has been a major change over the past years.

Dr. Wadsworth:

Why is that? Is it new people joining?

Dr. Ellison:

I think it is building the team and allowing them to congeal and develop a mature approach to science within that space. I met with Wael Jarjour yesterday and think that he and his team have done a phenomenal job in terms of developing programs in their area.

President Drake:

We also have an increase in number of submissions. That is a good investment for the future because even if they are not successful, you learn from them and do better next time.

Dr. Ellison:

Absolutely. I would like to comment, Mr. Wexner, the University of Michigan was ranked average in all five of the common care categories. Thank you, Dr. Thomas.

The Medical School is doing well. The *U.S. News & World Report* rankings came out in March. We were ranked 31, an improvement from 34. We were ranked 11 in terms of public colleges of medicine.

We have opportunities to enhance our scores. Two metrics combine the major ratings. One is the peer and residency assessment score and the other is NIH dollars. Forty percent of the score is due to residency directors and peer assessment, 30% is due to NIH dollars. We currently are ranked 44 in NIH funding and the gap between us and the top 20 is significant. We are dedicated to the process and will grow research programs.

Mrs. Wexner:

I assume we will alter this goal as well in the next assessment.

Ms. Marsh:

All of these will be altered during the strategic planning.

Dr. Ellison:

In addition, I would like to state that we have almost completed the seating for the fiscal year 2015 class in the College of Medicine. We had 5,782 applicants and in the previous year we had 5,476. We went up about 300 applicants. We have seated the class right now with 50% of the students from Ohio, 53% are female, 16% are underrepresented minorities compared to 19% last year, but we have 15 MedPath (Medical Careers Pathway Post Baccalaureate Program) students, all underrepresented minorities, who are taking the MCAT (Medical College Admission Test) currently. If they reach their benchmark, they will matriculate into the entering class of 2015 so we think we will be closer to 20% for underrepresented minorities in the next class.

The average GPA (grade point average) jumped from 3.7 to 3.75 and the MCAT from 33.6 to 34.3. These numbers will vary a little as students change their mind. They do have some time to pull out and go to different schools as they still wait for acceptances. I think that if we seat the class as-is, it will be one of the strongest classes in the College of Medicine.

Dr. Wadsworth:

What is the size of the class?

Dr. Ellison:

It will be 200.

We will discuss talent management at the next board meeting. There is nothing to report in this area today.

Mr. Wexner, this ends my report. I am happy to answer any questions.

(See Appendix XXXIV for background information, page 1236)

Mr. Geier:

Good morning. The financial report for the Wexner Medical Center Health System is for the 10 months, ending April 30. There are many of the same trends as previously reported.

I have a couple of comments on volume items and then will comment on the year-over-year performance on the budget from last year.

Admissions are off and this is solely from Harding Hospital. We are off 300 admissions. We would have been over budget. We have previously talked about some of the impact of the Medicaid expansion. The length of stay is up in Harding Hospital. It is a small base but has a very sick population. With the Medicaid expansion, we began to see people who did not have insurance and are now coming with mental health issues. The hospital is full but they are staying longer to get stabilized and then be released.

Surgical volume has been strong across the board. To give you a break down, 38% of our surgeries are inpatient and has grown by 2%, 62% is now on an outpatient basis and has grown 10%. The mix has changed.

Breaking this down by hospital: approximately 40% of the total surgeries are done at University Hospital, 20% of our total surgeries are done at University Hospital East, 18% of the total is done at the James Cancer Hospital, 10% is done at Ross Heart Hospital, and 15% is done at the Eye and Ear Institute and is all outpatient. We have had growth in surgical volume in all of our units this year.

Looking at emergency department visits. We had a discussion on this earlier in the year relative to not meeting budget on emergency visits at University Hospital. We have two emergency departments: 60% of the visits come to University Hospital and 40% go to University Hospital East. University Hospital East has been over budget and in the last two months, the main emergency department has been significantly over budget. It is one of the areas we have talked about in terms of divert time and throughput. There has been a lot of effort from Dr. Thomas, in particular, on working the throughput. In fact, last month, the University Hospital Emergency Department was over their volume budget by 15%. We are starting to see their trend reverse itself a little bit. We will be tracking this. It is the first time we have been on budget for a comprehensive emergency department.

When you look at the volume adjusted metrics, we are down on adjusted admissions. This really is solely the 300 admissions in Harding Hospital. Revenue adjusted admission is up over last year by 6%. Our volume expense per adjusted admission is up 1.8%. Across the system, a lot of work has been done and continues to.

When the volume and expense are combined you can see our gain from operations from the first 10 months is $262 million. Our forecast will probably have that number at about $300 million at the end of June 30.

Our metric for the year, days cash, is a little over 85. I think it will probably finish at 85. We have cash outs that typically happen in June from the departments, but I don't see it finishing any lower.

On some perspective on the year-over-year expenses and looking back to when the budget was prepared a year ago. We had four or five areas we were nervous about and unsure as to how quickly they would work and what impact they would have. The first was bringing on a lot of new surgeons. We recruited surgeons that were billing the practice but weren't sure if the volume would ramp-up. This has occurred in the hospitals. The second big unknown was the opening of the new James Cancer Hospital. We talked a lot about being cautious with it because the national track record is that things don't always work the way you want. We were conservative on our volume assumptions, not only for the opening of the new hospital, but for how the back-fill would begin in what we now call the 'old' James Cancer Hospital.

Another area was working with expense management initiatives within the medical center's management. We are beginning to see some benefit but it was difficult to see how we would add it, dollar-for-dollar, in the budget. There was also a lot of work on access and previewed access. We have had a major initiative in centralizing scheduling in the call center with the physicians to improve wait times and cancelation rates and is working its way through physician practices right now.

Dissecting the $81 million change from a year ago, where the bottom line was $179 million to $263 million, looking at the improvement in the bottom lines of the respective hospitals. Year-over-year for the same period, University Hospital is up with improvement of $15 million, Ross Heart Hospital is up $14 million, and James Cancer Hospital is up $30 million. University Hospital East has changed from a loss a year ago at this time of $920 thousand to a gain of $16 million. There is a significant swing at University Hospital East. A lot of that has been volume related; surgical volume has been

very strong, the hospital is full, and Elizabeth Seely, the executive director, is probably one of the best at watching her costs and has helped the profitability of University Hospital East.

Our shared services, which are our back rooms like accounting and legal, are down $3 million over a year ago. If you look at what has contributed to the delta from the actual bottom line a year ago to where we are sitting through the first 10 months, this is some of the breakdown of the gain within the hospital operations.

That concludes my report. I am happy to answer any questions.

Dr. Wadsworth:

How sustainable is the improvement?

Mr. Geier:

We are having that discussion at the finance committee now. I don't think you will see that kind of pick-up in another year. One, all of the hospitals are full so the admissions gains are not going to be as robust. We will go through some of the assumptions that are imbedded. I think we should continue to see gains going into next year's budget. I don't think they will be quite this magnitude just for that very reason.

Dr. Wadsworth:

Do you think we will sustain the gains though?

Mr. Geier:

I think we will see gains next year and sustain them.

Mr. Steinour:

Pete, there were a number of expense initiatives that management and the medical staff undertook this year. A corollary question to Jeff's is the ability to sustain those into next year and have that translate into this extraordinarily good bottom line. This is terrific performance.

Mr. Geier:

There are additional expenses next year that aren't shown here this year. Our buildings are fully loaded. We have higher interest and higher depreciation so there will be expenses into next year.

The breakdown of the expense savings for this year, bucketed roughly: 40% of it would be in our supply chain efforts in purchasing and the other 60% would have been in labor. A lot of that was the staffing models used in the hospitals and setting in place review processes to review all staffing. We have set another target for the supply chain this year of another 40%. It is always tough to hold the gains on the human resource side. I think that is the area we will have to double down and watch that is doesn't creep back into the system.

President Drake:

In one of the other pieces of my life, I am on the board of a bank. I sit with my colleagues and have a goal to return profit to the system. We look at that carefully.

Here, we have different goals. We exceeded our financial stability goals as dramatically as they have probably ever been exceeded. It is really in a whole different area. We find

ourselves a little short on some of our other goals like patient satisfaction. I think we need to look and make sure we are doing everything to meet our patient satisfaction goals. Not to say this in the wrong way but if that meant that we exceed our financial goals by a smaller margin, I think that is ok.

Mr. Geier:

I agree.

Mr. Wexner:

Would you recast this and in the future, express budget variances as percentage and dollars?

Mr. Geier:

Sure.

Mr. Wexner:

I am looking at this and it isn't obvious. The debt service increased from 4.5% to 6.5%. That is a significant increase, 50%. But in dollars, the 2% is how much?

Mr. Geier:

I would have to look at the exact dollars.

Mr. Wexner:

Would we know about how much the debt is?

Mr. Geier:

The debt is about $885 million advertised over 20 years.

Mr. Wexner:

I am looking at debt service cost as a percent of operations. Can you swag it Geoff? We are mixing a balance sheet and P&L (profit and loss report). I don't know how much debt I have and I don't know what it costs.

Mr. Chatas:

For just the hospital, it's about $900 million.

Mr. Jurgensen:

If the calculation of debt service coverage is off of gain from operations, you divide 262 by 6.4 and it tells you what it is. We have covered the amount we are required to put on debt 6.4 times.

If the numerator is 262, the denominator is the result of that calculation.

Mr. Geier:

I would have to go back and look.

Mr. Wexner:

Geoff, do you know approximately how much total debt the hospital has.

Mr. Chatas:

The hospital has over $800 million.

Mr. Jurgensen:

Give or take, I think the debt service is about 80.

Mr. Geier:

It is a little lower than that on principal. The interest runs through the P&L. This is not calculating coverage to interest. This is principal coverage because it is a cash flow number.

If there is $100 million in depreciation, for 10 months, the EBIDA (earnings before interest, depreciation, and amortization) is about 363. Covering that, you would divide by six. The principal is about $50 million.

Mr. Jurgensen:

What would probably be helpful for everyone is to know the formula.

Mr. Geier:

The EBIDA for 10 months is about $360 million because you are adding back depreciation.

Mr. Wexner:

I am asking a different question.

Mr. Geier:

The debt services is not in the total expenses. The interest is in the total expense. The principal is in the cash flow coverage.

Mr. Wexner:

I understand the difference between cash flow and expenses. The total expenses are $1,665 million to date. What is the interest cost on this debt?

Mr. Chatas:

It is about $40 million to $50 million. If you recall, opening the new hospital added about $50 million a year of debt service, if I recall, total. We had to cover that $50 million.

Mr. Geier:

The interest expense is about $20 million and will go up about $15 million in next year's budget because we will have a full year of it.

Mr. Wexner:

So, the cost on a go-forward basis is about $55 million?

Mr. Geier:

Principal and interest.

Mr. Wexner:

In interest expense, ok. I think we should look at this.

I am not arguing about debt coverage. This isn't a terrible expense against revenue.

Mr. Chatas:

We started this exercise a few years ago. Seven and a half to eight times is consistent with our overall university rating. We were projecting to get down to three times of coverage when the hospital opened. We are actually at 6.4 times coverage. The point of this measure is how much is covering the interest payments relative to the new revenue and expense management. The answer is that we are doing significantly well in that one measure. The interest coverage is improving relative to what we thought.

Mr. Wexner:

Right. I wanted to know the number because most of the university doesn't make money on its debt. This is a business that actually earns income. If you look at debt against income, you come out probably different in the medical center than in football. If you lump it all together, you have fruit salad, watermelons and peaches. I am trying to understand it.

Mr. Geier:

I can break this out for the next meeting; the debt service coverage, the interest, and how it grows. I understand what you are asking for.

Mr. Jurgensen:

Pete, what is the forward flow of major contract renegotiations look like?

Mr. Geier:

We have the major ones. We completed our negotiations with Aetna.

Mr. Jurgensen:

How did we do with Aetna?

Mr. Geier:

I think we came out in a good place. We are probably at our target.

United Healthcare is next for negotiation. That contract is due in December. We are working with them now and trying to do creative things, they are our largest payer.

Next year, we will go through contract negotiations with Anthem.

Mr. Jurgensen:

Those are the big ones. My point is, in this whole conversation around budget, this is a pretty important issue to understand. These numbers will catch some attention.

(See Appendix XXXV for background information, page 1237)

Ms. Link:

Next, we will hear from Dr. Nash.

Dr. Nash:

Good morning. Thank you for having me here today to give a brief update on nursing at The Ohio State University Wexner Medical Center. One of the things that makes our organization great are the people. There are thousands of people that come to work here every day; employees and medical staff that really want to improve people's lives and make a difference. I will start with describing the staff nurses here at the medical center.

These are nurses that are not part of management. We have 3,680 nurses to cover all of our hospitals, clinics, and other areas. Interestingly enough, almost 70% of those individuals have a bachelor's degree in nursing. Briefly, nurses in United States are prepared through a two-year program or a four-year program. The movement in the United States is to move them to a four-year degree. Actually, it is also a Magnet requirement. We are moving in that direction and support the national initiative which is the reason it is important to report this number.

I want to congratulate the James Cancer Hospital. They have exceeded this goal by having 87% with baccalaureate prepared nurses.

Here is a snapshot of our years of service done in five-year increments. Our distribution is skewed towards the number of individuals here from zero to five years, almost 50%. This is primarily due to our growth in a number of areas, including the opening of our new James Cancer Hospital and our critical care tower. We had about 175 nurses retire in the last three years. We had 10% turnover, which is normal. This is a reasonable amount of turnover, especially in an academic medical center. One thing that is exciting is that the number of new nurses we have been able to hire from our own College of Nursing are included in this number. It is nice to have the opportunity to hire our own.

This next slide describes another group of practice providers called advanced practice providers. We have about 500 of these providers in various roles. I will describe these roles briefly.

The certified nurse practitioner is an advanced practice nurse who has completed advanced course work and clinical education beyond the generalist nurse. The nurse midwives provide support for women and help deliver babies here at the medical center. The certified registered nurse anesthetists is a nurse that works with an anesthesiologist in various sites to provide anesthesia service. Physician assistants, also known as PA's, provide service for our patients and families with our medical staff. Clinical nurse specialists are unit based and provide care at the unit in terms of care coordination and staff education.

What do these individuals do? They see patients, almost all of them, and help physicians with productivity so that physicians can see more patients either on rounds or in a clinic setting. Because they are prepared at the master's level and certified nationally, it helps with our quality indicators.

We have received numerous awards. The most recognizable, of course, is the Magnet award. We recently received redesignation for University Hospital and Ross Heart Hospital. James Cancer Hospital is also Magnet. This designation has to be renewed every four years. There are currently 414 hospitals in the United States with Magnet status. I want to point out that the Ross Heart Hospital and the University Hospital have been designated three times and only 33% of all the Magnet hospitals have been designated for Magnet three times.

The Beacon Award is an award that is given at the unit level. It is for sustained unit performance and outcome. It is something that you apply for. Generally it is in the critical care area. There are 19 units in the state of Ohio. We have five, Case Western has five, and the rest are distributed throughout the state. Our bone marrow transplant unit was our most recent Beacon Award winner. We are very proud of that unit.

We also have something called certification for individuals which is a national certification. We have 1,100 nurses that are certified in this regard. That is validating their qualifications, knowledge, and expertise on a national level.

One thing we know about patient experience is nurse communication is a high correlate with the overall patient experience. When the patients receive a patient experience survey, they have 21 different questions about the patient's perspective on care. You can see questions on this slide around nursing: 1. Did the nurses treat you with respect; 2. Did they listen carefully to you; and 3. Did they explain things in a way you could understand. We have 81% 'Always', because that is the top box. This places us in the top 20 of our UHC peers.

Although that is a good number, it is not good enough. We are working every day to make it a better number. We would like to be in the top 10 of our UHC peers.

Mrs. Wexner:

What would that require in terms of the 'Always' percentage? What would you have to reach to be able to do that?

Dr. Nash:

I don't have that number but would need to be at least 91%.

We have nurses providing shift reports at the bed side, nurse to nurse, the hand-off report. The patients like that because they know what is happening. We also have a real emphasis on our MD rounding that Dr. Thomas has helped with. It is working well and the patients also appreciate it.

In terms of quality and safety, we have nurse sensitive indicators. These are markers of national quality. They are indicators that most hospitals have to report. They are also important to our Magnet status. Eighty-two percent of our hospitals outperform national benchmarks in hospital-acquired pressure ulcers. That is a skin breakdown. As you know, nurses are with a patient 24 hours a day. We are responsible for their skin integrity by moving patients and making sure they don't have a breakdown in their skin that could cause an infection or complications.

Seventy-nine and a half percent of our units outperformed the national benchmark in central line infections. That is a catheter that is placed in a large vein and is used for medication fluids, blood, and things like that. Again, we have to prevent infection, it is a very important part of our care.

Seventy-four percent of our units outperformed the national benchmark on falls with injury. This is a measure different from routine falls.

All of this is important because we can't help patients get better if there are complications while they are hospitalized. We feel strongly that these numbers will continue to improve with our good effort.

Dr. Reid:

These are great numbers and knowing that the numbers will increase is even better. Are there any categories where we are performing poorly and need to improve significantly?

Dr. Nash:

There is always an opportunity for improvement. A lot of patients have a urinary catheter during their hospitalization. This becomes challenging, in terms of the way patients are positioned and moving them around. We have started something called 'nurse protocol', where nurses can remove the catheter from patients under criteria without a physician's order. We are finding that it is helping because the longer the catheter is in the patient, the more opportunity for infection. That is one example of something that we are working on and are making great improvement.

Dr. Reid:

Were we way below average on that? What are the metrics?

Dr. Nash:

No, not way below average. I am only showing those that are close to 75% and above on this slide.

As a Magnet organization, we are held to very high standards. There are three things that Magnet focuses on. One is quality of care and all of the nurse sensitive indicators. They have to be at a certain level to maintain our Magnet status. The other two are nurse satisfaction and patient satisfaction. We call these the big three and are an ongoing focus.

Mr. Jurgensen:

When you spend a lot of time here in a room, you see things. One of my suggestions, and maybe we do this already, as close to the moment as possible, conduct exit interviews with the patient's family members and loved ones, particularly if they are in there a lot. There are two perspectives: the person in the bed and their family or loved ones.

The point of this is making sure we are asking the right questions. Are these three questions that we are rated against really the right questions relative to satisfaction? Are they the patient's questions or are they the family or loved ones questions?

Dr. Nash:

That is a great question and will answer it in two ways.

The three questions are from the national HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey. These are something that the federal government said they want every hospital to ask. You are correct in stating that this really doesn't give us the information we need but I think they thought it was a fair general measure that every hospital could answer.

One thing we emphasize is for our nurse management to make daily rounds. This is the opportunity for the nurse manager to go in and talk with a family member to talk about the experience, are we meeting their expectations, is there anything we can do better, is there someone you would like to recognize during the hospital stay, and a number of other questions. We monitor the frequency of nurse managers speaking with patients and families. Again, it is an expectation, perhaps not daily because of the length of stay, but on a routine basis. It gets at those questions that are different than the general government required questions.

The next slide shares the fact that many agencies, including The Joint Commission, require that nurses have an opportunity to have input into the running of the organization for those areas that they have input and are responsible for.

It starts with my opportunity to be on the Qualify and Professional Affairs Committee of the Wexner Medical Center Board as well as a voting member of the Credentials Committee. This goes for all of the nurses, down to the staff nurses. On this slide you will see a large number of opportunities, both governance councils and operational councils. Our staff have the opportunity for input.

Most recently, we started an early recognition team where nurses are involved in the scoring of patients to escalate care quickly before the patient would need it in terms of a code. We also have a Call Light Committee that is important in terms of responsiveness to our patients. We are putting in a new system that will be driven by what the staff nurses feel is the best system. Whenever we bring a new product into the organization that will directly impact the bedside nurse such as an IV pump, feeding tube, or syringe, they have an opportunity to look at the product and make sure it is the kind of product they feel is going to be beneficial.

Our collaboration with the College of Nursing is extraordinary. Most recently, Dean Melnyk and I received a National Collaboration Award in Washington D.C. It is important that we work together for a variety of reasons. We are fortunate to have such a great school.

Another requirement for Magnet is to have ongoing research studies. A lot of them occur in the College of Nursing but we also have some in the medical center. We have also received some funding. Although it doesn't look like the kind of funding we would normally see for large projects, when the Magnet appraisers were here recently, they were impressed that we had funding studies going on within a hospital setting rather than the traditional academic setting.

We have a wonderful research study in our intensive care units. You can imagine, on a regular basis, there are challenges for all of the staff who work there and are stressful. We have Mindfulness Intervention study in our SICU (Surgical Intensive Care Unit) and in our NICU (Neonatal Intensive Care Unit).

We have recently received some publicity and media release. I will share this video with you and then will summarized it.

VIDEO

Dr. Nash:

We do have some challenges. Although things, on most days, run well, we also have opportunities in front of us.

One is rapid growth. I know I don't need to tell this group how much we have grown in the last few years. We are working daily to open up additional capacity to meet our patient's needs. This is not only in the inpatient side but in our ambulatory clinics in terms of appointments. I personally stay involved to make sure we are staying abreast with having the right nurses, enough nurses, and that we have access for patients to be able to receive their care here at OSU.

Another challenge is working to 'top of license'. This means that when we have individuals, as I have mentioned, that have skills and knowledge, we don't want them doing things that are not within their responsibility. You will be paying people more and it is dissatisfying to work on things that are not part of your skill set.

The third challenge is cost control while maintaining quality. The nursing group has spent a lot of time in the last 18 months looking at staffing ratios, care delivery, things that can be eliminated, things that are duplicated, and try to make it more effective while delivering care. We are working with our human resource department on what we call span of control. We will look at all of the various managers and directors and make sure

we are maximizing the opportunity to have our leaders working in a variety of different areas with staff.

Thank you for this opportunity. I know that the joint commission requires that I give you a report on a regular basis but thank you for allowing me to tell you what is going on at the medical center. I am very proud to work here and work with great staff.

Mr. Wexner, this is the end of my report. I am happy to answer any questions.

Dr. Reid:

Going back to the first slide with the high percentage of nurses that have been here between zero to five years. This isn't atypical. How do you transfer the wisdom and knowledge that comes from years of experience to the newer nurses that only have the book knowledge?

Dr. Nash:

This is a great question because it is hard to quantify because you can see the movement. It means that we have lost some experts without a doubt.

The zero to five in that category means that they haven't worked here more than five years. We do hire a number of experienced nurses. It is a combination of experienced nurses. We have been very lucky. Most of the time, any job posting we have, we receive multiple applicants with a lot of experience.

This year, we want to also focus on our own graduates. We hired the largest number of Ohio State College of Nursing students who will start at various points during the summer.

Dr. Reid:

Thank you.

Mrs. Wexner:

I want to congratulate you on this excellent work. Clearly, these are the people that touch patients the most and is one of the most important things we can do and you continue to do it well. Thank you.

Dr. Nash:

Thank you Mrs. Wexner. I appreciate that.

Ms. Krueger:

Mary, I know that the class size has been pretty stable over the last few years but there seems to be a nursing shortage overall in the country. Is there any way we can increase class size to help fill that gap with our students? I know we get far more applicants than we have openings for.

Dr. Nash:

I think if Dean Melnyk were here, she would say yes, I want students and lots of them. I think some of the rate limiting factors on the baccalaureate degree are from having enough faculty and clinical sites for individuals to have a clinical experience. Here at the Wexner Medical Center, we make sure that our Ohio State students have first placement within our clinical sites and that has helped.

I think that when we talk about a national shortage, Ohio looks pretty good at this point. Part of the issue is when moving to the baccalaureate degree in the state of Ohio, we have only 40% of our nurses baccalaureate prepared. This is another initiative we are working on in the community and throughout the state. Our preference is to have as many students as we possibly can. We turn away several hundred students every year. We don't want to do that but again, we do have things that prevent us from having larger classes at this point.

Ms. Krueger:

Thank you.

Mr. Wexner:

You have one of the largest nursing schools in America?

Dr. Nash:

Yes. We have 1,900 students in our College of Nursing and graduate degree programs. Certainly, those individuals that I mentioned earlier that are advanced practice providers, the largest majority are from our own college.

Mr. Wexner:

I was joking earlier about the ranking and beating Michigan but I do think we should beat Michigan. I respect them, I really do, in everything. A large measure for academic institutions that are in the business is their reputation. We invest a lot of money to build reputation. As a land grant, we are highly involved as a university in education Ohio's sons and daughters and taking care of patients in central Ohio where the hospitals are located.

I am relentless about this and you will hear this into the future: when it comes to nursing schools, Michigan is ranked sixth, Illinois is ranked 13, and Purdue is ranked 19. We are doing well to be ranked 22 but the curiosity that I have is the other's ranking of the same size. I have the same type of curiosity in everything we do in the hospital system and the university. The rankings do matter. They are what they are and there are multiple rankings.

My intention is to put more emphasis on improvement everywhere.

Dr. Nash:

I think one thing I can tell you regarding the hospital is that the University of Michigan Hospitals and clinics are not Magnet certified. The reason why Michigan has been able to do what they have done is all about nursing research and their dollars. For years, they have been in the top five and it is hard to penetrate because their funded faculty don't move. Dean Melnyk has done a great job in recruiting and I think if we continue to have her in her role for another five years, we are going to get closer to those such as Penn and Michigan who have been at the top for a long time. It is hard to knock them off the ladder.

Mr. Wexner:

I think the rankings do matter and it is important for the board to understand. If we are producing great nurse practioners and are Magnet certified but aren't doing research, the research we aren't doing probably correlates to other research projects that integrates between all fields of medicine.

Dr. Nash:

Dean Melnyk probably knows that a little bit better than I do. We have a nurse scientist here at the medical center and are fortunate to engage with the college. Sometimes with grants, as you know, they are looking for opportunity to see more than just the school professor. They are looking for collaboration. I know she is working with the vet school, the dental school, and putting out grants that are more inter-professional and probably have a larger opportunity to be funded.

Mr. Wexner:

This is a very good report and appreciated. Thank you.

Dr. Nash:

Thank you very much for the opportunity.

(See Appendix XXXVI for background information, page 1238)

Ms. Link:

The board will now recess into executive session to discuss business sensitive trade secret matters required to be kept confidential under federal and state statutes, to discuss personnel matters regarding the appointment, employment, and compensation of public officials, and to discuss the purchase and sale of real property.

May I have a motion?

Upon motion of Dr. Wadsworth, seconded by Mrs. Wexner, the Wexner Medical Center Board members adopted the foregoing motion by unanimous roll call vote, cast of board members Mr. Chatas, Dr. Drake, Dr. Wadsworth, Mr. Wolfe, Mr. Steinour, Mrs. Wexner, Ms. Krueger, Mr. Jurgensen, Dr. Reid and Mr. Wexner.

Attest:

Leslie H. Wexner	Heather Link
Chairman	Associate Secretary

(APPENDIX XXXIII)

Thank you Stan and Jodi Ross, 10 million times!

With a gift of $10 million, Stan and Jodi Ross have established the Center for Brain Health and Performance in the **Neurological Institute** at Ohio State's Wexner Medical Center.

This is big news and an important step in understanding and unlocking the secrets of the human brain. The Rosses' foresight and generosity will fund important research to enrich the lives of countless patients across the globe.

Their gift makes a difference today, tomorrow, and far into the future.
We could not be more grateful.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

(APPENDIX XXXIV)

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

June 2015 Board Meeting
FY15 YTD | Through April 2015

MEDICAL CENTER PERFORMANCE	FY14 Actual	FY15 YTD Actual	FY15 Target *(YTD Target)*	Current Status	2019 Target
A. Quality and Service					
1. Inpatient Mortality [1]	0.64	0.66	0.65	▼	Top 5 of UHC Hospitals
2. Overall Patient Satisfaction [2]					
2a. Inpatient: HCAHPS	73.8%	75.1%	79.0%	▲	Top Decile
2b. Outpatient: CG-CAHPS/Physician Offices Sat	91.0%	90.7%	95.0%	▼	Top Decile
3. USNWR Best Hospitals: Number of Specialties Ranked	5	To be reported July 2015	7	DATA PENDING	11
4. USNWR Best Hospitals: Number of Specialties in Top 20	1	To be reported July 2015	2	DATA PENDING	6
B. Financial Viability					
1. Days Cash on Hand: Health System	69.0	85.8	72.0 *(78.3)*	▲	84.1
2. Days Cash on Hand: OSUP	60.8	64.9	52.5 *(64.9)*	▲	61.6
C. Revenue Enhancement and Scale					
1. Health System Total Operating Revenue per Adjusted Admission	$20,294	$21,536	$20,484 *($20,518)*	▲	$21,479
2. Development Dollars (excluding OSP)	$89.8M	$86.1M	$100M	▲	$1.0B Cumulative
D. Cost Management					
1. Health System Total Operating Expenses per Adjusted Admission	$18,207	$18,606	$18,792 *($18,751)*	▼	$20,240
E. Research Excellence					
1. Total NIH Awards [3]	$108.7M	$69.7M	$97.0M	▲	Top 15 Public
F. Education Excellence					
1. USNWR Best Medical Schools	#34	#31	#33	◀▶	Top10 Public
G. Talent Management					
1. Workforce Engagement: Staff	4.05	To be reported 2015	4.15	DATA PENDING	Top Decile
2. Workforce Engagement: Faculty	3.93	To be reported 2015	4.15	DATA PENDING	Top Decile

1 Inpatient Mortality Data through March 2015
2 Patient Satisfaction Data through March 2015
3 Total NIH Awards exclude Nationwide Children's awards

Meets or Exceeds Goal
Caution
Below Goal - Action Needed
Data Pending

▲ Performance Up from last Board report
◀▶ No Performance Change from last Board report
▼ Performance Down from last Board report

(APPENDIX XXXV)

The Ohio State University Wexner Health System
Operating and Financial Highlights
FOR THE YTD ENDING: APRIL 30, 2015

	ACTUAL	BUDGET	BUDGET % VAR	PRIOR YEAR	PY % VAR	ANNUAL BUDGET
Inpatient Admissions	48,184	48,308	-0.3%	47,279	1.9%	58,621
Patients in Beds including Obs Area	62,662	62,438	0.4%	61,002	2.7%	75,686
Patient Discharges	47,940	47,765	0.4%	47,163	1.6%	57,987
Total Surgeries	34,046	31,985	6.4%	31,859	6.9%	38,721
Outpatient Visits	1,383,805	1,350,158	2.5%	1,316,805	5.1%	1,626,123
ED Visits	102,867	102,826	0.0%	97,581	5.4%	124,002
Adjusted Admissions	89,528	89,632	-0.1%	86,596	3.4%	108,604
Oper. Rev. / Adjust. Admit	$ 21,536	$ 20,518	5.0%	$ 20,307	6.1%	$ 20,484
Expense / Adj. Admit	$ 18,606	$ 18,751	0.8%	$ 18,282	-1.8%	$ 18,792
(in millions)						
Operating Revenues	$ 1,928.0	$ 1,839.0	4.8%	$ 1,758.5	9.6%	$ 2,224.7
Total Expenses	$ 1,665.8	$ 1,680.7	0.9%	$ 1,583.1	5.2%	$ 2,040.8
Gain from Operations	$ 262.2	$ 158.3	65.7%	$ 175.4	49.6%	$ 183.8
Excess Rev.Over Exp.	$ 263.0	$ 159.5	64.9%	$ 179.5	46.5%	$ 185.2
			Y/E Target			
Operating EBIDA Margin	19.2%	14.1%	14.1%	14.1%		
Days Cash on Hand	85.8	78.3	72.0	74.9		
Debt Service Coverage	6.4	4.6	4.3	7.5		

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

State of Nursing at The Ohio State University Wexner Medical Center

June 2, 2015

Mary G. Nash, PhD, RN, FAAN,
FACHE, NEA-BC
Chief Nurse Executive, Health System
Associate VP, Health Sciences
Assistant Dean, OSU College of Nursing

THE OHIO STATE UNIVERSITY
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Nursing and Patient Care Services Profile

Number of Staff Nurses

3,680

69.9% of staff nurses at Ohio State have a bachelor's degree or higher.

Our goal is 80% by 2020.

THE OHIO STATE UNIVERSITY
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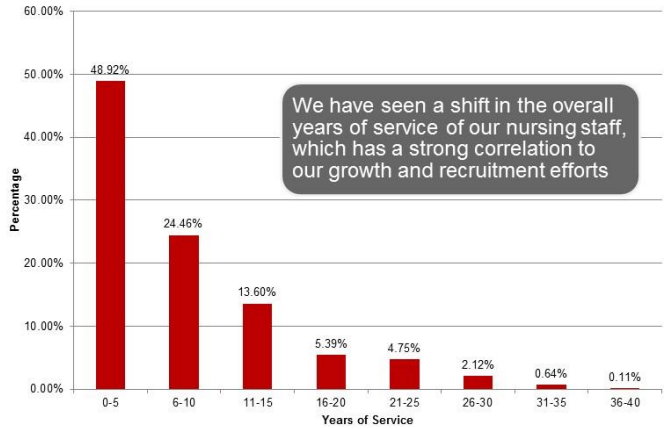
Nursing and Patient Care Services Profile

RN Years of Service at OSU Wexner Medical Center



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Creating a Culture of Quality and Excellence

Advanced Practice Providers

500+ Advanced Practice Providers

Who are they?	Certified nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, physician assistants and clinical nurse specialists
What do they do?	See patients, help physician productivity, advance quality of care through their training
Where are they?	Multiple settings, including hospitals and ambulatory clinics

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Creating a Culture of Quality and Excellence
National Recognition

- 3 Magnet-designated hospital
- 5 Beacon quality award-winning units
- More than 1,100 specialty certified nurses

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

BEACON FOR AWARD EXCELLENCE

CERTIFIED NURSES Credentials Matter

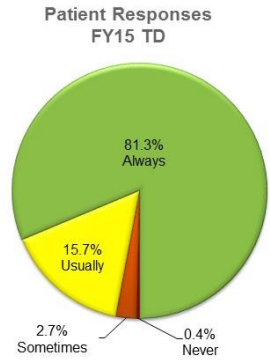
THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

Creating a Culture of Quality and Excellence
Patient Experience

Nurse communication with patients is highly correlated with overall patient experience. 81.3% Always places us in the top 20 of our UHC peers.

During this hospital stay, how often (Never, Sometimes, Usually or Always) did nurses:

1. Treat you with courtesy and respect?
2. Listen carefully to you?
3. Explain things in a way you could understand?



Data Source: OSU Medical Center Patient Experience Department

Creating a Culture of Quality and Excellence

Quality & Safety

82.10% Our units outperform the national benchmarks in hospital-acquired pressure ulcers (stage 2 and above)

79.50% Our units outperform the national benchmarks in central line-associated blood stream infections

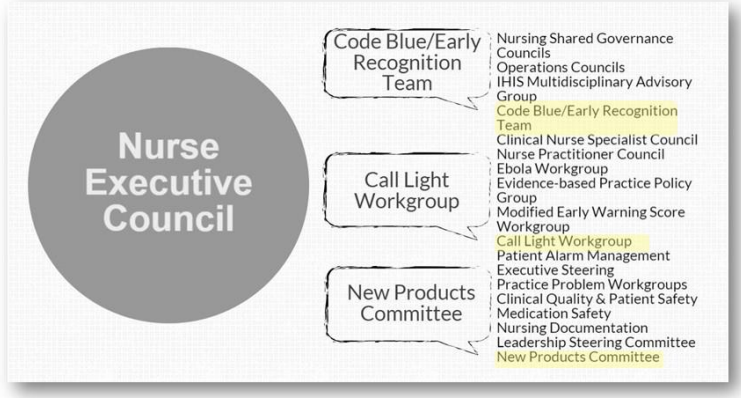
74.40% Our units outperform the national benchmarks in inpatient falls with injury

Data as of Dec. 31, 2014
Data Source: National Database of Nursing Quality Indicators

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Creating a Culture of Quality and Excellence

Nursing Has a Voice



Creating a Culture of Quality and Excellence

Discovery & Innovation

- Collaboration with College of Nursing
- Established the Tradition of Research Day


A Small Randomized Pilot Study of a Workplace Mindfulness-Based Intervention for Surgical Intensive Care Unit Personnel: Effects on Salivary α-Amylase Levels

FUNDED studies 2014-2015

- *A Systematic Oral Care Program in Post Mechanically Ventilated, Post-Intensive Care Patients*, **$78,849**
- *A Pilot Study of Responses to Suctioning Among Neonates on Bubble Nasal Continuous Positive Airway Pressure*, **$4,500**
- *Dynamic Patient Events: Impact On Nursing Workload, Staffing, Adverse Events, and Omissions in Nursing Care*, **$4,500**
- *Improving the Efficiencies of Nursing Flowsheet Documentation*, **$25,000**

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Ohio State Study: ICU Nurses Benefit From Workplace Intervention To Reduce Stress

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Challenges

Rapid Growth

- We're working daily to open additional capacity to meet our patients needs

Work to "Top of License"

- As we change care models we need to ensure staff are able to do the work they are trained and licensed to perform

Cost Control While Maintaining Quality

- Deliver care more effectively while maintaining high quality and patient satisfaction

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