

April 4, 2018, Wexner Medical Center Board meeting

Dr. Thompson called the meeting of the Wexner Medical Center Board to order on Wednesday, April 4, 2018 at 9:00 a.m.

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

Dr. Thompson:

I'll convene the meeting of the Wexner Medical Center Board. I will note that a quorum is present. In order to conduct the business of the meeting in an orderly fashion, I would ask any sound on cell phones and other devices be turned off at this time. I would ask that all members of the audience observe rules of decorum proper to conducting the business at hand. First item on the agenda would be the minutes of the January 31, 2018, meeting of the board. They were distributed to all members. If there are no additions or corrections, the minutes are approved as distributed. Mr. Wexner, I turn it over to you and Dr. Drake for the next item on the agenda.

Dr. Drake:

The next item is Teaching and Learning: Medical Education and Service. Dr. Kent?

Dr. Kent:

Thank you. As you know, we always begin our meeting by highlighting a fantastic program that we have at the Wexner Medical Center, and I'm really excited about today's presentation. The theme of this board meeting is Teaching and Learning, and when you think about medical school, you imagine a classroom where a student learns anatomy and physiology or a hospital or ambulatory center where a student learns clinical care. But in today's world, being a medical professional goes beyond this — way beyond the health of an individual patient. Health care providers today have a responsibility to their community because we all know that a healthy community leads to healthy patients. So, in the College of Medicine at The Ohio State University, we teach our students how to support the health of their community. We have specific curriculum designed for this purpose. Medical students are asked to participate in community service curriculum that includes 30 hours in the first year of medical school, and then an additional 30 hours in the second year of medical school. Many of these students continue on in the third and fourth years of medical school with these initiatives. In fact, students from all of the health professional disciplines provide community service, including those in physical and occupational therapy.

Through our curriculum in the medical school, collectively, our students provide an amazing 20,000 hours of community service each year. That's an incredibly impressive number. The curriculum calls for our students to develop and implement specific health initiatives to assist underserved populations at community sites throughout Columbus and the state. On average, our medical students develop and participate in 30 community projects each year. Around the table, you have a booklet that shows all of the initiatives we developed last year and this year, a total of 60 different initiatives. These projects range from programs that target childhood obesity to creating paradigms

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that allow seniors to better navigate a very complex health care system. Through these efforts, our students touched over 9,000 individuals in the community each year. Again, an incredibly amazing number.

We have with us today four of our students who are eager to tell you about their projects, their teams that they've created and how they participated in the medical school curriculum. Please give a warm welcome to our students Kyle Smith, Grace Lartey, Jaron Hansen and Lauren Chen. Thanks for coming.

Mr. Smith:

Good morning, everyone. My name is Kyle Smith. I'm a third-year physical therapy student here at Ohio State. I'm here today to highlight the Ohio State Student Therapy Clinic, which is a pro bono therapy clinic run by physical therapy students under the supervision of PT faculty. All of our experiences in the clinic are part of the physical therapy service-learning curriculum. How the clinic actually functions is second-year students are the ones actually treating patients in the clinic, while third-year students provide supervision and guidance during those treatment sessions. So this really provides a great opportunity for second-year students to get hands-on clinical experience, while giving the third-years a chance to take on more of a mentorship role and see patient care from a different perspective. The overall mission of the clinic is to improve lives by providing pro bono therapy services to those who are underserved and underinsured around the Central Ohio area. The clinic opened in 2015, in collaboration with PrimaryOne Health, and is located on Parsons Avenue. Being located in that area gives us a great opportunity to reach out to a wide variety of individuals around Columbus from different socioeconomic and educational backgrounds. Many of these individuals don't have the means to obtain sufficient health care or maybe have run out of therapy visits through their insurance companies. That's where we can step in and provide an avenue that may otherwise not be available to these patients.

During my second year there, I was lucky enough to work with a 45-year-old gentleman who was eight months out from having a stroke. He had used up all of his therapy visits through his insurance company, but was still really motivated to get better. He was living by himself, needed a cane to get around, had difficulty getting up and down his stairs and carrying his groceries, and was really struggling to complete all his daily activities. We were able to work with him for the entire year and saw great improvements. By the end of the year, he no longer needed his cane in his house, and he felt comfortable and safe with all of his daily activities. This is just one example of the kind of impact we can have on those who come to see us at the clinic, and it really provides us with a great feeling that we are reaching out to help the community.

This year alone, we provided close to 200 therapy sessions, which is a number that has grown each year of the clinic's existence. For me, personally, I'm just really thankful that Ohio State allows us, through our PT program, to be a part of this clinic and it has inspired me to continue treating this patient population going forward, as I graduate and move forward in my career. Thank you.

Ms. Lartey:

Hello everyone, my name is Grace Lartey. When I was 15 years old, back in Ghana, my mom told me the story of how she lost my twin brother seven months into the pregnancy, due to pregnancy-related complications for which she could not access health care right away. While this story encouraged me to go into health care, it also points out the fact that due to lack of access to health care, as well as cultural disparities, people of African descent have trouble accessing health care and do not usually get health care until it is a matter of life and death. As a result, when I moved to Columbus, I resolved to — through health care — do something about access to health care. I was fortunate enough to become a part of an organization known as Sisters Across Borders, where the main aim was to bridge the gap and health disparities through health care as well as screening for preventative medicine. As a medical student, I was fortunate enough to be in a place like Ohio State, which gives us the opportunity to impact our society through the community health education part of our curriculum.

As part of that, some of my classmates and I went and worked with Sisters Across Borders in the Ghanaian community here in Columbus. We were interested in cardiovascular disease, which as you may know is the No. 1 killer of people of African descent here in the United States. We organized screening programs where we screened for hypertension, high blood pressure and high blood glucose, which predispose people to cardiovascular disease. We also provided education on diet and exercise aimed at helping them improve their risk factors. Through this, an old lady who had recently emigrated from Ghana was able to find out that she not only had high blood pressure, but also had developed diabetes, having gone from being very active on her farm in Ghana to becoming sedentary while taking care of her grandchildren. We not only screened her for those things, but also got her connected to the health care system to prevent the further complications associated with her disease.

As a result, we were able to reach quite a number of people. This goes to show that people in these neighborhoods, as well as such backgrounds, actually do benefit a lot from programs such as the one that we organized, and I look forward to continuing this throughout my medical career. Thank you.

Mr. Hansen:

Hello, my name is Jaron Hansen. I am also a second-year medical student here at The Ohio State University College of Medicine. Like Grace, I had the opportunity to be involved in a community health education project. In 2013, a cooperative that included the city of Columbus and The Ohio State University known as Partners Achieving Community Transformation found that less than 60% of East Side resident adults achieved post-high school education, and as a result had the accompanying health and socioeconomic results. In 2015, this same cooperative launched a program known as Health Sciences Academies. This was implemented in seven East Side schools and with a specific focus on preparing graduates for post-high school education and careers, especially in the health sciences and health industries. This is a really exciting program designed to gear them toward these careers and provide some success in their lives. Our group had the opportunity to work at East High School and we went to the newly founded board there and proposed a program where we would bring young professional students from the health sciences to meet with these students. We met with about 20 students over about four months and provided some hands-on activities and interactive experiences with them.

For example, we shared all the instruments doctors use during a physical exam and for taking vitals and blood pressure, and they loved getting their hands on those tools and doing something they probably never thought they could do. In the beginning, a lot of the students weren't that interested, but as we were able to mentor them and be there for them, their attitudes really changed. They expressed a lot of confidence that they could achieve those kind of professions, that they could change their lives and do something like this. They were asking very interesting questions and type of questions like, "What can I do now to prepare? How will I know what would be a good fit for me? What can I do to get some help financially, to get some help academically, so that I can do this and be like you guys?" It was really inspiring to me and I'm happy that OSU gave me the opportunity to be involved in this community. As a future physician, I am very excited to take a more active role in my community and in shaping future health professionals that may just need an encouraging role model to succeed. Thank you.

Ms. Chen:

Hello, my name is Lauren Chen. I'm a second-year medical student at The College of Medicine here at OSU. Last summer, I had the opportunity to work on a community health project in collaboration with a nonprofit called Healthy Asian Youth. This program is an after school and summer program that provides a safe and environmental education for children from low-income families in primarily Cambodian communities around Franklin County. Since undergrad, I've really gotten to know these kids from my time spent as a teacher for this program's summer camp, and I realized that many of them lacked access to quality health care and education, and this puts them at a higher risk of developing unhealthy lifestyles and, later on, health complications.

Coming back as a medical student, one of my goals was to tackle these obstacles by implementing a series of workshops focused on nutrition, mental wellness, physical fitness and substance abuse prevention. Our data has shown that this initiative was successful and led to real behavior changes among the kids in the form of decreased amount of TV watched, decreased consumption of sugary beverages and an increase in reported amount of exercise. But, more so than the data, one moment that I want to leave with you guys from my experience was our workshop on mental wellness.

A group of the little Cambodian girls at the camp had recently lost their 12-year-old brother to suicide. When we did our workshop on mental wellness, we had all the kids practice self-relief strategies in the form of yoga, making stress balls and passing along written compliments to each other. At one point, we allowed all of the kids to share their experience with stress at home, or in the family, or at school. At that point, I thought the girls were really engaged in the activity and it was a very cathartic moment for them.

After the summer, our group wanted to continue building our relationships with the almost 80 kids at the summer camp, so we were able to establish a medical students' club and I'm happy to report that we've not only been able to continue our fun activities with the kids, but we are able to set up a health screening event and distribute personal hygiene kits to over 50 kids and their families. So, in the end, I am grateful and I'm proud to be part of a medical school that has afforded me the opportunity to continue my passion for caring for the kids that I love, and helping them grow up to become advocates for their own health. Thank you.

Dr. Kent:

Thank you to all of you. I just want to re-emphasize a couple of statistics. The first is 20,000 hours of contribution by our students to the community each year, and 9,000 individuals in the community that are touched by these students every year. It is really impressive. I also want to recognize Deb Larsen and Dan Clinchot who are the genesis behind the curriculum that's been developed. Dan, would you like to say a few comments here as the person who really created this program and has moved it forward?

Dr. Clinchot:

Members of the board, I just want to thank you for having us here. As you can see, and in your book, if you look at some of the titles of the amazing things that our students do — they are a powerful workforce to fight against health disparities. They work with community agencies throughout Franklin County and southern Delaware County to really try to impact the lives of those less fortunate, and they make a big difference as evidenced here because we require them in the curriculum to actually study the impact of their efforts. Across the College of Medicine and the School of Health and Rehabilitation Sciences, we really, I think, make a huge difference for the community and instill that in the graduates that we have. Thank you.

Dr. Kent:

Thanks, Dan. We have time for a few questions.

Mr. Schottenstein:

I have a comment and a question. My comment is — these are four of 60 initiatives that represent outreach into the community; I've been involved at Ohio State for a long time, and I had no idea we were doing this. It's absolutely extraordinary. We talk about the importance of telling our story and properly marketing our achievements within the greater community, and I think that there's certainly a place for this to be told. I think it's just absolutely wonderful. The question I have is how common is this in colleges of medicine across the country? How old is this program here at Ohio State? You mentioned several years ago that we really ramped this up. If we looked at other benchmark institutions and their respective colleges of medicine, would we find this kind of outreach and engagement by the college?

Dr. Kent:

Great question. Dan, do you want to take that?

Dr. Clinchot:

There is no doubt, when you look at colleges of medicine, most have a requirement for volunteer activity. This is very different. This is service learning, where the students actually have a curriculum that supports it. We initiated this in 2012, and we were actually one of the leaders in this community health education project back then. We've produced workshops nationally to show other schools how to do it, and I would say there's no other school that has a program like this, that requires as many hours over two years to work through the entire process with a community agency. So we actually are bringing free work to those agencies to impact the health care of the people they serve.

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Dr. Kent:

Dan is being only slightly modest. I think we're the national leader. It's something that's been very creative and I think we've been able to diffuse to medical colleges throughout the country. This is a really fantastic place to be.

Mr. Schottenstein:

It's outstanding. It's just really terrific.

Dr. Wadsworth:

Those were four great presentations, thank you, and they were all quite different. The education one, in particular, I'm really taken by because sometimes a simple intersection with somebody that introduces the vision for what could be is a turning point. My question is, as you meet all these people who need help, there must be occasions when great complexities arise as to the backgrounds they're in, the families they're in, maybe drug-related or violence — how do you deal with that kind of additional issue?

Ms. Lartey:

At least for the project that we were engaged in, it was not just a collaboration between Sisters Across Borders and The Ohio State University College of Medicine, but it also connected health professionals of African descent to those communities. So those people were still available to them. We connected them to the health care system through those people, as well as organizations like the Central Ohio Diabetes Association, who gave us the supplies as well as reached out to the people who were found to have some of these conditions.

Dr. Wadsworth:

The reason I ask is, we hear these tragedies about families and homes that nobody's aware there's a problem and it's just something to be aware of and how far do you carry that responsibility?

Dr. Kent:

The students are connected to the social network of Columbus and the communities that they're involved with so ...

Dr. Wadsworth:

So there are places to turn.

Dr. Kent:

When they exit, there are others that continue on with the care.

Dr. Clinchot:

That's exactly right. For example, the current first-year students are working on some opioid projects with the Columbus health department. What happens is, as the students

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interface, they then know how to access free or low-cost resources and how to refer those individuals. So, it's not as if the students are out there alone on an island, they have their list of people who will help them.

Dr. Wadsworth:

Terrific stuff. That's great.

Dr. Kent:

Other questions?

Mr. Steinour:

Just one if I could? Do we sustain involvement over the years with these organizations or do you try and rotate with emerging needs?

Dr. Clinchot:

The specific criteria for these projects is that the students have to create it in a way that is self-sustaining by the actual agency itself, or something that becomes an ongoing project for students that they would pass on to the next year of students. We have a combination of both — some that the agency itself can continue to run; some that we commit our students will pick up the project, like the Health Sciences Academies.

Mr. Steinour:

It's remarkable work. Thank you all very much.

Dr. Kent:

Could I have another round of applause for Dan, Deb and our students?

Ms. Hill-Callahan:

Another way that we showcase the wonderful things that are happening at the Wexner Medical Center is by telling the story of our researchers. WexMed Live is a TED Talk-style event that the Wexner Medical Center does in partnership with the Alumni Association, and it's our opportunity to bring the Wexner Medical Center on the road to the community, to our supporters and to our friends. We've held five events, one in Columbus, Cleveland and Cincinnati and two in Naples. We've trained 17 faculty in this TED Talk style and we have shared 10 areas of research expertise. We wanted to bring a bit of WexMed Live to you today, so here is a quick snapshot.

Video Plays

What you may not have gotten from that video is the energy in the room from not only the presenters, but also the individuals who were in the audience. Following the talks, guests are invited to discovery areas where they are able to have a little bit of food and continue the conversation with the researchers.

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I wanted to share with you one quick story about Dr. Ian Valerio. He is one of our surgeons. He is also a commander with the United States Navy Reserve. He had two tours in Afghanistan and he absolutely wowed the crowd in Naples. He was talking about his research and how he was inspired by our wounded warriors, and he shared stories through his research, about how patients are able to jump, walk and dance, and the crowd leapt to their feet when he spoke and were truly, truly inspired. It really sent a message to all of us that people need to know the story of our researchers at the medical center. To date, 800 individuals have attended these events. We've had 1,000 views on Facebook Live. We've been able to get our brand out to different constituencies that we wouldn't normally be able to reach. One thing that surprised us is how excited the faculty are to be trained in this new way of presenting and how, in the beginning, they're a little like, "That's not normally how I present my research," but by the end, they are grateful.

My call to action to all of you is that we are bringing WexMed Live to Columbus on June 13. There will be four presenters at the Ohio Union. Save-the-date cards have gone out, and we hope that all of you will be there.

Now, I would like to give the mic to Dean Kent to make a special announcement about a couple who has taught us a lot about many things, including philanthropy.

Dr. Kent:

Thank you, Patty. Today, I'm going to introduce a couple that I couldn't be more grateful for what they have given to our university and our medical center. More than 6 million Americans live with heart failure and about 8 million Americans have irregular heart rhythms. Patients with heart failure often have arrhythmias, and people that have arrhythmias have heart failure, so the treatments are really complex because of the interaction between these two diseases.

At Ohio State, we have probably one of the best electrophysiology programs in the country. It's one of the highest-volume programs and it's really fantastic. We also have one of the best heart failure programs in the country. It's nationally known and has had an incredible amount of innovation. We leveraged the strength of these two programs and created a unique, one-of-a-kind center that's focused on clinical care and research, and it intersects these two diseases. We believe that with this intersection and this center, which combines research in these two diseases, we'll be able to make dramatic discoveries. It's my pleasure to share with the board today a transformational gift by two generous donors whose relationship with The Ohio State University and the Wexner Medical Center can be accurately described as family.

They've become familiar faces to many of us, must notably Dr. Ralph Augostini, Dr. Peter Mohler, Dr. Tom Ryan, Dr. Bill Abraham, as well as myself. I'm pleased to introduce Corrine and Bob Frick and announce the creation of the Corrine and Bob Frick Center for Heart Failure and Arrhythmia. Bob and Corrine, would you stand up and wave to everyone?

Thank you for that applause, but I'm not done yet. Over the past year, I've come to know Bob and Corrine, and if there is anything I can say about these two individuals, it's that they are incredibly humble. The gift is being made from their hearts and with their belief that no patient should die of heart disease. This extremely generous gift in the amount of \$18 million will move the needle in so many ways. The mission of the center that they've created is to provide collaborative, innovative and coordinated clinical care,

research and education in the specialties of heart failure and arrhythmia. The funds will be used to support a large and diverse research laboratory with innovative technology. Three new endowed chairs will be created — the Corrine Frick Research Chair in Heart Failure and Arrhythmia, the Bob Frick Research Chair in Heart Failure and Arrhythmia, and the Bernie Frick Research Chair in Heart Failure and Arrhythmia. Last year, with the support of this gift, we opened the Frick Hybrid Electrophysiology Suite, which is one of the only dedicated hybrid operating rooms in the nation. And for those of you who don't know what a hybrid operating room is, in this procedural room, you can do a catheter-based intervention to affect an arrhythmia at the same time that you do open heart surgery. In fact, we've done quite a number of these innovative procedures since the opening of the room, and we're one of the leaders in the nation in this type of therapy.

Bob's late brother, Bernie — one of the research chairs is named in his honor — died of sudden cardiac arrest at the age of 60, after battling issues with arrhythmia for years. Bernie was an educator, adored by his family and missed dearly by his wife, Diane Frick. Diane and her four daughters are with us today as well as Amy, Bob Frick's daughter. Would all of you please stand and be recognized?

The Bob and Corrine Frick Center for Heart Failure and Arrhythmia will be transformational in advancing the care of patients with cardiovascular disease. As a result of this gift, I'm confident that progress will be made in the treatment of these two very severe conditions. Bob and Corrine, you're creating a future of cardiovascular medicine that will improve people's lives. People will live to see tomorrow because of the treatments that you've made possible. They will live to see their children and their grandchildren grow up because of the innovation that you created. The legacy you are leaving is truly remarkable. So, please join me in thanking Corrine and Bob for their generous philanthropy and their tremendous contributions to The Ohio State University.

Dr. Drake:

Thank you very much. We are fortunate to have a chance to work with many people in our lives and we are fortunate to have many supporters of this university. But I've had a chance to spend many hours with you, Bob and Corrine, over the last couple of years, and one of the things that touched me most about your support is that you are real people. You have worked to put yourselves in the position that you are in, and you have created the opportunities you have had to be able to contribute in the way that you do, by your own focus, work and values over the decades. I appreciate that very much. I also appreciate the thoughtfulness of your own research and how you have looked into what we can do as a university to make a difference. The pointed nature of your gift has identified and focused on areas where we can really make that marginal progress and take the step from A to A-plus. The reason you focused on this area in which to make us better is that you understand and can see the effect that this will have on people far beyond our vision, far beyond our horizon. There will be many, many thousands of people in our community and across the country who benefit from your focus and your hard work, your dedication and your generosity, and I want to say — on behalf of all of us — how much we appreciate your support and look forward to working with you for many years to come. Thank you very much.

Now, we have a report on the James and the Comprehensive Cancer Center. We will start with Dr. Farrar.

Dr. Farrar:

Thank you, Mr. President. I appreciate the opportunity to make some brief comments on what's been happening at the James over the past few months, and I'll be followed by Dr. Pollock. One thing that Dr. Pollock and I have tried to do since moving into our positions is in regards to communication. Both of us have had numerous meetings with not only faculty, but staff around the James, to see what issues we need to address in order to improve in the near future. We've also had great communication with Mr. McQuaid, Mr. Larmore, Dr. McPherson and Dr. Kent. We meet on a regular basis and it's been a pleasure getting to know them, but also getting to know and identify areas that we can cooperate and streamline operations for the entire medical center. Personally, I've been very pleased and honored to take part in those meetings and communications.

In regards to hospital operations, just last month, the James was awarded Magnet designation for nursing. This was the second time; the first time was in 2013. This is the American Nurses Association's highest and most prestigious distinction that a health care organization can receive for high quality of care, nursing excellence and innovation, and nursing practice. We turned in all of our required information last August, and this January we had a site visit from the Magnet team and we really just blew them away. They could not imagine how caring our nurses were to the patients and their families. They were impressed that 92 percent of our nurses had a BSN. And our nurses, over the past four years, published in 64 publications and they just raved about all of those attributes. Only 8 percent of hospitals obtain this designation, so we're pleased that the James was able to re-get this award.

Along the same line, our recent patient satisfaction scores have been outstanding. Our inpatient score was 98 percent, our ambulatory score was 94 percent, and I have to throw in mammography since I'm close to the Breast Center, and they had a 99 percent satisfaction score. It doesn't take many negative comments to bring down those numbers, so this speaks highly not only of our nursing staff, but also our faculty that take care of the patients in the James.

The other thing to talk about is our clinical trials. We have a great clinical trials team led by our Clinical Trials Office. This year, it appears that 19 percent of our patients will be put on clinical trials. That may not sound like much, but the national average is between 4 percent and 5 percent, so we do a fantastic job of putting patients on clinical trials.

The other thing that I want to mention, before turning it over to Dr. Pollock, is many of you have probably heard of our effort in digital pathology. Dr. Parwani was hired in 2015 from the University of Pittsburgh to head this program with Inspirata, the company that helped developed a lot of the scanners. Digital pathology is converting traditional glass slides into high-resolution digital images. So in the near future, pathologists will not be looking at the conventional glass slide — it will be on a computer. They call it the pathology cockpit, where they'll have a screen with the patient's information and the digital pathology and different diseases, molecular studies and everything.

This digital pathology makes turnover time a lot faster, so you may not have to wait six or seven days to get a report back, it may be back within 48 hours. It's also easy to get molecular studies. A good example is what's called the AQUA score, which is a test we use on breast cancer patients once they have their surgery to determine if they will benefit from chemotherapy. It takes three weeks to get that test back. If you're a patient waiting to know if you're going to get chemotherapy or not, that's a big deal. With this

digital pathology, they feel that within a very short period of time we'll be able to do a very similar study with the molecular pathology and molecular studies, and we'll have that same information in two to three days. So that's just the type of research that's going on, and you're going to hear more and more about digital pathology in the coming years. It's really going to make an impact on how we treat patients and how effectively and quickly we can treat patients.

Just a couple other things. We're working very hard on two items — a strategic plan, which is occupying quite a bit of our time, as well as a West Campus ambulatory building. We're working on finalizing a lot of things for that. So there's a lot of activity going on at the James. I also just want to point out our development team. I was able to participate in the Buckeye Cruise for Cancer, which happened about two months ago, and it was a very successful cruise. Last year, they broke a record, raising \$2.5 million on a five-day cruise, which is pretty outstanding. This year, they raised \$3 million, so every year it goes up and I think that speaks highly of our development team, which really put on a fantastic cruise. As you know, Pelotonia, is up and running. I'm sure we're all already signed up for Pelotonia, but if you haven't, please do. Also, our development team recently participated and attended the National Association of Cancer Centers Development Officers' meeting and our development team was recognized as having a banner year last year in terms of raising money. The final numbers aren't out yet, but the thought is that we'll be among the top five cancer centers in raising money, so they just continue to do a fantastic job. I'll quit there, my five minutes is up. Now, I'll turn it over to Dr. Pollock.

Dr. Pollock:

Bill, thank you for those kind words, and Mr. Wexner, I appreciate the opportunity to provide the board with a brief update on some of the things that have been happening in the cancer center itself. A very careful fund flow analysis was conducted over the past several months to look at how funds potentially flow from the James Cancer Hospital to the cancer center for support. It was certainly a learning experience and I appreciate Dr. Drake and Dr. McPheron conducting this. It enabled us to ultimately learn much about how this can be handled going forward, and it resulted in a very strong package of resources that Ohio State has offered in support of the cancer center and its research programs. I'm grateful to both of you for having conducted this and for making these resources available.

It is always a little bit tricky inheriting an administrative structure, so we have had to prioritize what our most important tasks are. We have created a committee within the cancer center that is aggressively pursuing the Cancer Centers Core Grant renewal, which will be site-visited in 22 months.

There are two strategic plans that are being developed. One is the larger university effort led by Gail Marsh. And then, one is in a little bit more granular detail for the cancer center itself over an even longer timeframe. We've created the infrastructure to do that analytic work and ultimately produce the written documents that demonstrate our conclusions. We have also completed the recruitment of our external advisory board. This is a 12-member group that provides us with direct advice on an annual visit basis, as well as in between. Ten of the 12 members are directors of other National Cancer Institute Comprehensive Cancer Centers including for the first time ever, the president and CEO of Sloan Kettering, who is graciously giving his time to be of help to us.

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A number of faculty recruitments involving several colleges have been launched and some have been concluded, including the College of Engineering, the College of Pharmacy, the College of Veterinary Medicine, the College of Nursing and most importantly, the College of Medicine. I want to give Craig [Kent] and his associates credit. We have worked out very tight communication mechanisms. We are back and forth in person and with email exchanges on an almost daily basis to keep tabs on the many recruits that have shared interests that straddle the cancer center and the College of Medicine. This has been very, very important, not only in the retention of some very prominent senior faculty, but in terms of planning for recruitments going forward. Craig, I really appreciate it, it has made the job a lot easier, certainly.

Administratively, as Bill [Farrar] alluded to, we have created a new entity. We call it the G8 because there are eight of us and it straddles both the cancer center as well as the James Cancer Hospital. We meet every Friday morning for two hours to look strategically at issues and how we can best position both of these now separated administrative entities on behalf of the cancer program as a whole. We've also created a cancer center executive committee that meets for an hour before the G8 meetings, so Friday mornings are busy with administrative meetings.

Several new programs are now in the process of being developed, including a cancer immunotherapy center and a cancer engineering program that will pull on not only the College of Medicine but also the College of Engineering and others of the 11 colleges with which the cancer center has active faculty sharing in collaboration. I would like to acknowledge that the James Foundation Board has made a very generous commitment to helping fund the cancer immunotherapy effort going forward. So, it's been a busy couple of months, but I'm deeply enjoying the opportunity. I very much enjoy reporting to Bruce [McPheron] as my boss and Dr. Drake at the next level up and this has actually been a lot of fun. Thank you very much for the opportunity.

Dr. Wadsworth:

Just as a question of curiosity. You know that digital image processing, image recognition, automated counting has been around quite a while. I was wondering what the particular challenges are with the molecular study that you're researching — is it irregular-shaped statistics?

Dr. Farrar:

I'm not sure. Right now, they have gone back and copied or scanned about 500,000 slides on 39,000 patients.

Dr. Wadsworth:

It's not a question of starting or ... it's not the process of doing the imaging, it just hasn't been addressed up to now?

Dr. Drake:

A lot of it, Jeff [Wadsworth], has been moving from the 20th to the 21st century. The technology has been there for quite a while in different ways. But adapting it to pathology slides, getting the right slide collection, making those things available in a way that an average pathologist can use them in his or her practice on a regular basis, has really

been a change in the culture. What made you a great pathologist in the past was what you carried in your brain and how you could look at the slides faster and better than somebody else. Now what you can do is have — on digitized slide banks — the best examples in the world of what you want to look at, and compare those side-by-side with the material from which you wish to make the diagnosis. And you can have the most recent studies nearby to help you in choosing the right diagnosis and ways that you might guide the therapy going forward. So it's pulling all of the things we have together into a place where the pathologist has them right at his or her fingertips, and then it's constantly updated — like a Google Maps sort of thing — that lets you know which way you can move forward fast.

Dr. Wadsworth:

So that's consistent with other histories, where the human ability to recognize something ... it has taken a long time for the digital process to accurately repeat that.

Dr. Drake:

Right. So there is the concept of the robotic system being able to get a pretty good idea, but then layering over that the aspects of judgement and nuance, which are the aspects that the pathologist offers.

Dr. Wadsworth:

Thank you.

Dr. Farrar:

It has become a very good tool for helping other hospitals, not only around this area, but also across the country and internationally. It used to be if a pathologist in China couldn't identify something, and there's an expert in the United States, they'd have to mail the slides over. Now, in a matter of minutes, the pathologist can look at the slides on the computer, call that person back, and have a conversation to make a diagnosis a lot quicker.

Mr. Schottenstein:

I have a question for Dr. Pollock. First of all, both reports were great reports. Your leadership is very much appreciated on all fronts. This is a governance question about this external advisory board you mentioned that's in place for the comprehensive cancer center. Briefly, could you explain to us, did we have that before? And if not, why not, and what will be the role of this board? How do you see them functioning going forward? What sort of a big picture will they play in the journey of our cancer center?

Dr. Pollock:

We did have such a board before, but there's always turnover in the membership. About two-thirds of the members of the board needed to be replaced. They function as a peer group, if you will, to give us very specific advice, particularly about the Core Grant and how we should position programs within the Core Grant. But also, it's an informal network. We have many questions that will come up where we want input from other cancer center directors about some of the day-to-day operational issues, strategic

issues and interfacing inside the beltway. Those types of questions become very important. So having a ready group of peer experts who you can turn to for advice, and who turn to you for advice, positions us as an institution with a cancer program that has very high national visibility.

Mr. Wexner:

Everyone, I think, communicates the appreciation of the university and the medical center board. Both of you came into a very tense situation, and the fact that you both understood the university hospital system and the cancer hospital, and in such a short period of time had grabbed it by the horns and are leading so effectively, is very appreciated. The quality of your leadership is most appreciated, the quality of your report is appreciated, and anything that we can do to help you be more effective, speaking for the board, we are at your disposal. So, Bill and Raph, thank you very much.

Dr. Pollock:

Thank you.

Dr. Drake:

Thanks very much, appreciate it. College of Medicine, Dr. Kent?

Dr. Kent:

I'll begin by expressing my enjoyment and appreciation in working with both Bill and Raph. It has been tremendous. We have these Thursday afternoon meetings and we get so much accomplished, it's incredible. I get great advice about the college and I'm able to provide insight to the cancer center, and it has been a really collaborative relationship, so thank you both for allowing that to happen.

For the College of Medicine report, I have a couple of things. The first is that you remember, probably several board meetings ago, Dr. Fujita asked, "What do you do well at the Wexner Medical Center?" He asked us to come up with a list of our research programs that were nationally known, visible and in our top group. At our last board meeting, we handed out that list, and I hope you've had a chance to review and see that we're excelling in a number of really fantastic areas. For this board meeting, we created a separate list, which is of our top differentiated clinical programs, or what we'll call clinical programs of distinction. I think you all have this list in your board books. There's 14 programs, and I'm sure I'm in trouble with someone because you know there's one that I didn't include, so consider this a work in progress. As some of our other programs continue to grow and become nationally recognizable, we will certainly add to the list.

It was an enjoyable process to create this list. The first thing we had to do was create a definition of what we would think of as a clinical program of distinction, so we used a number of different criteria. The first is volume. One of the things that's very clear is the more you do of something, the better you are at it, and there are quite a number of different diseases and treatments that we have incredibly high volume. A second area that differentiates a program is one where you have a certain technical expertise. For example, our electrophysiology program, we do over 5,000 procedures a year, and our EP interventionists are extraordinarily talented and have better outcomes than the average interventionist just because of the high volume and the skill that they've created.

A third area that differentiates the program is the ability to integrate research, or clinical innovation, along with clinical care, and we do that very well and it's really a center point to many of the programs that we've included in the list. So, please have a chance to review the list, you know I'm available to have conversation about any of these programs, but we're very proud of all of these programs and the leadership that's been able to create this for the Wexner Medical Center.

Now I'm going to move on and tell you about one of those programs. At each of our board meetings, I like to feature one of our research or clinical programs. This time, I want to talk about our Robotic Surgery program. Innovation is a key part of our strategic plan, and robotic surgery is a very innovative technique that's being used at a number of centers around the country to provide a level of very differentiated care. There is no doubt that our robotic program at Ohio State is a national leader. You may or may not know much about robotic surgery, so we will play the video that will give you a sense of what it's all about.

Video Plays

It's somewhat of an alien concept that the surgeon is not next to the patient, right? There's almost a Star Wars sort of element, moving the levers and the operation is going on maybe five or six feet away. As you can see, though, our surgeons do it very well. So why has robotic surgery been an advance? There are a number of different reasons. One is that with many types of procedures that the robotic surgeons perform, there are fewer complications, and the death rate is actually reduced in these kinds of minimally invasive interventions. A second reason is because it's less traumatic. The length of stay is reduced, the number of long-term complications is diminished and people can return to work at a faster rate and be able to resume their normal lives.

The other point that was alluded to in the video is that you can get into smaller spaces. If you could imagine operating on the larynx — that's the place right between the mouth and the trachea — and if you wanted to approach that from the mouth, it's pretty hard to get at, unless you have very, very fine instruments, which a robot provides. So our ENT surgeons, one is sitting next to me now, have become experts at laryngeal surgery using a robot, which really differentiates us nationally in terms of what we can perform.

If you look at our specific program at the Wexner Medical Center, we have a total of 40 surgeons that represent 11 different specialties that are involved in the robotic program. Two-hundred residents or fellows each year are trained by our robotic surgeons, so these people come from all over the country to learn these techniques. Over the last 10 years, the robotic surgery program has expanded into one of the highest volume programs in the country. In 2012, we did over 1,600 cases a year, which put us second worldwide. Over the past five years, that number has continued to expand, and now we do 1,900 robotic procedures at the Wexner Medical Center each year. Our current volume puts us in the top five of all academic medical centers in the country. Our surgical training program is best in class. In fact, every year we have several institutions, this past year it was Dartmouth and UCLA, that come to visit us and see how we train our surgeons.

We have research efforts that are ongoing. We're constantly trying to expand robotic surgery so that we can use it in other spaces and techniques and in different diseases. We're also in the process of developing new instruments and techniques for the existing procedures. In February of last year, OSU hosted a symposium called the Integration of

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Robotic Surgery in Academic Medical Centers, and over 200 surgeons and administrators from various parts of the country came to Ohio State to learn how to be successful in robotic surgery. We are fortunate today to have the program's leader, Jeff Fowler. He is a professor in the Department of Obstetrics and Gynecology, and it's really Jeff's innovation and his 40 surgeons that have made this program tremendous. So Jeff, would you please stand and be recognized by the board?

That concludes my report, and I'm happy to take any questions.

Dr. Reid:

Robotic surgery is just amazing. You know, pretty soon, hips, shoulders and all that will be done through robotic surgery. But I know one of the research areas has been to try to get tactile sensation, so that when you're operating and moving those tools around, you can actually feel if a tumor is firm or soft. Are we doing that kind of research?

Dr. Kent:

Jeff, do you want to take that question?

Dr. Fowler:

Thank you, I appreciate that Dr. Kent. It's really a team effort. This type of complicated surgery requires a lot of support. The reason we're successful is a lot of experienced surgeons that are homegrown here and the teams that support them, and so that's what the program supports.

To answer your question, which is excellent, the visual enhancement in high-definition 3D really overcomes a lot of that lack of haptic feedback, which is the ability to feel. So you can see what you're doing and with experience, you can tell how hard you're pulling on things and whatnot. To your point about consistency of a tumor, and feeling that that still needs further development — each few years, there are progressive advancements in the technology, so we have increasingly better ability to perform more complicated procedures and have the tools that you're mentioning.

Dr. Reid:

Thank you.

Dr. Wadsworth:

I'm familiar with the da Vinci Surgical System. Do you have other machines? Are other machines starting to compete with the da Vinci, which has dominated the field, I think, for many years? Just curious about the competition space for developing new tools.

Dr. Fowler:

The only vendor for the procedures that Dr. Kent mentioned is Intuitive Surgical, which makes the da Vinci Surgical System, and they've been out since the late 1990s and the early 2000s. There's a lot of chatter or discussion about other big companies being out there, but we really haven't seen even their beta products yet. One of the big problems is that the individual robotic system that you saw is, it's not one patent, it's hundreds of

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patents within it, so it's very complicated. So we don't have a competitor yet. It'd be nice as far as cost; it's a very expensive system. There are other robotic technologies used in medicine and orthopedic surgery for separate types of procedures or robotic-automated technology, you mentioned digital pathology. As far as the procedures that Dr. Kent was speaking to, it's Intuitive Surgical only.

Dr. Wadsworth:

I know they survived a class-action lawsuit last year through the claim that there were tiny metal particles that were moving around. That was a big case, but it's a wonderful machine and congratulations on having so many people involved in it.

Dr. Kent:

I do think it's a matter of time, though. There will be other technologies that come along.

Dr. Wadsworth:

I thought the Canadians were developing a competitor.

Dr. Kent:

Oh, I think there's a number of different innovations that are underway. I suspect within the next three or four years, it is Intuitive Surgical that we will see competition, which will be great because it will lower the cost. The machine we currently have, though, is tremendous as you can see from the results.

Dr. Wadsworth:

Yeah, and we were involved in the software development of the early machines at the Oakridge Lab, by the way.

Dr. Porter:

What we know with robotic surgery, too, is that it's not the robot. It's really the skill of the surgeon doing the procedure, and that volume matters in terms of outcome, right? So tell me about the credentialing process you have to assure that your 40 surgeons are doing a minimum number of procedures and becoming facile so that outcomes really do improve.

Dr. Fowler:

That's an excellent question. Nationally, that's a big issue and has been an issue of litigation either against the company or individual surgeons. So it is a big issue and a tough health system responsibility. Here at Ohio State we have specific credentialing criteria, even for the students that come into the room. We have credentialing criteria for the surgical trainees, the residents or fellows. They have to pass computer simulation tests, online tests, and sit in didactic live and dry labs. For the attending surgeons, they have to be credentialed to perform the analogous surgical procedures, open or laparoscopic. In other words, via some other technique other than robotic. The attending surgeons also have to go through prescribed online and on-site live training course on

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animals or cadavers. And then, we have to go through at least five proctored procedures where a surgeon with experience is watching them do the case.

Dr. Kent:

It is a very sophisticated process, but we're the place where people come to train. I would say we are probably one of the top centers in the country in terms of training, where people will come to learn robotic techniques. So I think your surgeons are pretty well credentialed.

Dr. Fowler:

Yes, fortunately, we have great staff at Ohio State and that helps a lot in those regards.

Dr. Kent:

Well, thank you. Another round of applause for Jeff, and that concludes my report.

Mr. Wexner:

David?

Mr. McQuaid:

Yes, good morning, everyone. I want to spend my time this morning in the operations report to continue on the theme of teaching and learning, and to spend some time in the graduate medical education space. Across the country, 120,000 residents and fellows train in our medical centers and health systems. Here at Ohio State, we have 886 residents across 142 programs. I've asked Dr. Scott Holliday to join me this talk about what's referred to as the Main Residency Match, and how we recruit residents into our programs and talk about that big day in March every year. That's exciting for graduating medical students and we have some great and interesting statistics on that. Importantly for the health system, these residents are on the front lines of patient care. In their learning through our teaching and training, they have to be able to cite quality and safety issues, and they need to intervene as appropriate. They need to be able to work on interdisciplinary teams and, for example, learn transitions of care. So we take deep pride in the training that we give our residents and that clinical learning environment is really, really important.

I've asked Dr. Holliday to spend a little bit of time talking about how, through the Accreditation Council for Graduate Medical Education, we just went through a clinical learning environment review. Dr. Holliday is the associate dean for Graduate Medical Education and he's also a clinical associate professor of both internal medicine and pediatrics. Scott?

Dr. Holliday:

Thank you for the time to chat with you today. For those of you who are not familiar with the match process, it is a pretty exciting time when everyone across the country learns their fate when it comes to residency and fellowship training programs. Our medical students receive letters, and they all open them at the same time across the country,

and everyone finds out where they're going and where the computer has matched them based on their interviews and their preferences through the process.

We are excited to share that we had an outstanding match this year. We had set some metrics around match this year and the quality of applicants that we're attracting here. As we look at attracting applicants, we are competing with all of the other institutions to get the best and the brightest across the country. We set a goal of getting at least 27 percent of our new residents and fellows across the institution who were either from a top 30 *US News & World Report* top research institution or Alpha Omega Alpha, which is the national honors society for medical schools across the country. We met and exceeded that goal. We had 29.3 percent of our new incoming residents and fellows who met those metrics.

In addition to that, we also had a lot of other great qualities in some of our other applicants, from members of the Gold Humanism Honor Society and folks who have demonstrated great interpersonal and communication skills. We have attracted many people from Ohio who will likely stay in Ohio and take care of our patients and our communities here in the state. And then, lastly, we reached out more broadly across the country. Each year for the past several years, we've actually increased our reach of residents from outside of the Midwest, so we are starting to show a lot more penetration of our residents coming from outside of the Midwest. So we are really starting to show our national presence in graduate medical education.

As Mr. McQuaid mentioned, I'll also talk about the clinical learning environment. We had a review from the ACGME, which is the Accreditation Council for Graduate Medical Education, just a few weeks ago, March 13th through the 15th. What they do is they come here and they look at our institution — and they do that with all of the institutions — to show how we can put a mirror up to us and let us see what we're doing well, but it also pushes us to do a little bit better. The goal of the program is to encourage six focus areas. First, patient safety, so how well we're keeping our patients safe while they're here getting excellent care from all of those potential pitfalls that could happen, whether it's medication errors or communication errors, or other things that may impact the care of the patient and safety. The second metric is health care quality and health care disparities. They look at how we're teaching the next generation of physicians to understand that data is important when you're managing patients, and the importance of applying that data and improving based on what you know.

Supervision of residents and fellows, what is our landscape around supervision? Transitions of care, so when patients are traveling from different areas of our hospital, from the ICU to a medical-surgical floor, or from the OR to the PACU. How is that communication made so that we're ensuring our patients are kept safe, and that the high quality of care continues as the patient moves throughout our system? But also, how do we ensure that we're providing excellent communication as providers change at end of duty shifts, etc.

The fifth category is wellbeing, and that's a new category for the ACGME and not something that had been stressed in the past. This was brought on by a lot of literature that shows burnout rates among physicians, residents and fellows, as well as other health care professionals, has continued to increase. We've sadly seen institutions who have lost multiple residents and fellows in the span of a year to suicide, so it's not a light issue. We want to make sure that we're paying attention to wellbeing. And finally, the last issue that they look at is professionalism. When they come and do these site visits,

they're designed to be formative, so they come in very frequent cycles. So, every 18 to 24 months, the ACGME comes in with a team to give us a very thorough, kind of quick biopsy of our environment and the learning environment and how we're meeting expectations in those six areas. It's not really a site visit that anyone ever does. It's designed to push us to not sit on our laurels and continue to be the best that we can.

We had had our last site visit back in July of 2016, and we focused on a few areas in response to some of the feedback we received then. We focused on how we onboard our new residents and fellows, indoctrinating them into quality and safety and cultural changes and expectations for our trainees. We spent time on quality improvement education, making sure that they understand the importance of data to their regular, daily clinical habits, and providing some resources around support and wellbeing.

We had our site visit a few weeks ago, and I'll quickly go through those six focus areas and what they identified as some of our successes. On patient safety, they commented a lot about how our priorities were very aligned. They met with residents, they met with fellows, they met with faculty members, they met with nurses and they really talked about how people were on the same page and aligned around the corporate enterprise scorecard around areas that we want to improve in patient safety. They saw that our residents had a strong working knowledge of safety science and were able to really have in-depth conversations when it came to things like root-cause analyses and things that really allow them to demonstrate firm knowledge and working knowledge in health care or in patient safety. And they saw that we've increased in our resident and fellow reporting of safety issues and concerns, and good catches to prevent issues across the institution. Certainly, as they identify successes, they also identify opportunities that we have to improve. One of the things they mentioned in the area of patient safety was looking at how we share local fixes. We're an institution where folks are very busy and when they have a problem, they want to find a local solution that fixes the problem, and they do a great job of that. But how do we help share that knowledge from that local fix so that others in other units who might be experiencing the same issues learn to improve as well? And how do we increase opportunities for experiential learning for our residents and fellows, getting them involved in projects and committees or activities while they're busy with other clinical activities?

In health care quality, some of the successes they identified were residents and fellows again had a great working knowledge of quality improvement and had some good exposure to the quality improvement process. They saw where some of our programs were providing great data on health care quality and the care they're providing, and really, we got the opportunity to highlight some of our healthy communities work around health care disparities and areas we're trying to improve within the community. They identified some opportunities we have for better integrating residents and all of our front line staff into some of those quality improvement initiatives. When you think about a lot of the work that's done in our quality improvement area, it is done in committee work and in meetings during the day when folks are taking care of patients. So it's important to try to find ways to pull all those front line care providers, like the residents, fellows, nurses and busy young clinicians, into those discussions and share their expertise and their experiences to help things improve.

When they talked about care transitions, they saw that we very effectively communicated around patient transitions from place to place when patients were going from the OR to the PACU, or other areas within our institution. And they commented on our crew resource management and our simulation training around team-based communication,

and saw that as a way to continue to push forward effective team communication. They also saw that we had some opportunities where some of our folks demonstrated expertise when it comes to communication at the time of handout between providers. We could share some of those best practices across other areas to improve some of that communication.

Around supervision, they saw that residents felt adequately supervised. In fact, in some situations, they felt over-supervised — not surprisingly there — and they felt the faculty was very accessible to the needs of the residents and fellows. Some of the opportunities we saw in that area, from the information they provided, was that we need to look at mitigating some of the supervising challenges, when faculty members are providing care in clinical settings away from the medical center. So at some of our distance sites, how do we coordinate that so we have better oversight over the residents? And then, as we look at a busy institution with high acuity and high volume of patients, we also want to look at how we better counterbalance work intensity with wellbeing, and how do we monitor that for our trainees moving forward, to set them up for their future?

Moving to wellbeing, the next area, they saw that we have been doing small pilots to improve resiliency amongst residents. We have reduced burnout in those small groups by about 22 percent in some of the earlier inventions that we have been involved with. They saw some of our resources from our GME Ombuds Program, and our stress, trauma and resilience program in our employee assistance program to help support folks that are having challenges in the workplace. And then planning around our medical center-wide health and wellness program. We're able to talk with Dr. Gabbe as well as some of our other members of the team that's working on how we roll out a better support system for our entire medical center.

So, for opportunities, they saw that we need to continue to work on that program and really bring that to the institution, and also provide some screening tools for identifying early at-risk individuals. And finally, the last piece was on professionalism, and they saw that we had done a lot of work around professional behavior in the onboarding of our residents and fellows. They felt we were doing a great job when it came to mitigating and intervening when unprofessional behavior relapses did occur, in rare situations. In other opportunities, they felt that increasing some of our inter-professional activities would be beneficial for community and teamwork across teams.

Mr. McQuaid:

Great. Any questions for Dr. Holliday?

Dr. Drake:

In looking at things like average length of stay and operations in the hospital, one of the places where the residents are particularly critical is in things like timely submission of orders to keep the whole flow going. So it's an important addition to their education and their patient care for them to understand operations, so that it doesn't gum up the works. It's good to see that we're working on it.

Mr. McQuaid:

Yeah, I just want to thank Dr. Holliday and the entire faculty that has spent so much time in the area of teaching and learning for this next generation of clinicians. Their deep

commitment to their success is palpable, and their energy and their thought and the time they put in is critically important to us. So I'm very grateful to you, Dr. Clinchot, and the team in the educational space. Thank you very much.

Dr. Drake:

Great, and now we're on to Mr. Larmore.

Mr. Larmore:

Good morning, everyone. I'm pleased to report our financial results as of the end of February, eight months through our year. My first slide has four statistics. As you can see, our admissions and surgeries continue to track ahead of our budget and prior year. To highlight on the surgeries, you can see almost 30,000 surgeries through eight months. About 40 percent of that is on the inpatient side and 60 percent on the outpatient. The good news is our inpatient surgery, year-over-year, has grown 5 percent and our outpatient is up about 0.5 percent. So the focus on bringing more elective surgeries in-house is turning out well.

Our outpatient visits are growing year-over-year, just slightly behind our budgeted number. On the bottom right, our worked hours per adjusted admission is actually up three hours over the prior year, and one over our budget. The main driver here is we have been struggling this year with length of stay. But I am happy to report, although we've not closed the books for March, that our length of stay in March was the best that it has been all year, so there has been a lot of focus on that.

On the next slide, operating revenue is running 2.8 percent above budget and 10 percent above prior year. The good news is that our controllable costs year-over-year are growing at 8.5 percent, which yield our margin. You can see that we're actually running 12.8 percent ahead of budget and 43 percent ahead of prior year. So, we did anticipate most of that in the budget, but we're actually tracking ahead of that. And then, as we continue to plan for the major capital program that we have coming on board, you can see that days cash on hand year-over-year has grown from 120 days to 144 days, or an increase of about \$225 million in cash, so good results there.

The next slide is for the health system. There is a \$155 million bottom line compared to the budget of \$137 million, so we are \$17 million ahead of budget. We were at \$108 million last year, so we are \$46 million ahead. You can see some variances went to our budget, which is good news actually. Our revenue is running \$54 million ahead and our volume is ahead, so we're spending a little bit more on salary costs. As we're bringing new beds online, the challenge of how fast we can hire always exists. So, there's a little more spend on agency nurses than we had anticipated. The big number below that is the drug spend, and clearly as the cancer program continues to grow on the ambulatory side, the last two to three years we've seen significant increase in drug pricing, especially in the cancer field, so we're seeing that. But that expense actually yields revenue, so it's an explainable variance. A couple of new treatments have hit the market in the last year, which have put a strain on the expense side, but we are dealing with each one of those. The cost of these therapies or drugs are so high that we're actually having to negotiate case-by-case with the insurance companies to make sure we get paid for them. So there's an administrative burden for that, but so far, it's going well.

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The next slide is the combination of all three enterprises. Each one of the business units is showing a financial improvement year-over-year. The margin rate in the business unit varies, but it varies in all medical centers. My challenge to each one of the operating officers is to improve their bottom line each year and we're seeing that this year, so that's great news.

The physician practice is running about \$8 million ahead of target, a little soft on the revenue side but the expenses are running below target. The College of Medicine is running about \$4.6 million ahead of where we had expected. Net at the medical center combined is about \$30 million ahead of where we had expected to be. The last slide is the balance sheet, and again this is the medical center, so all three entities together. All good news. I spoke about the growth in cash; we continue to pay down debt. Since the beginning of the year, we've paid down \$39 million of debt and our net assets have grown about \$185 million. So, all in all, positive results on the balance sheet.

I'll take any questions that you have on the financials.

Mr. Steinour:

A great job, obviously, on this. I know there have been a number of initiatives and the entire team has been involved in delivering those initiatives. There have also been some payer challenges, which periodically we've had conversations around. I don't know if, either on the initiatives side or on the challenge side, there's some information in this session that you'd want to share.

Mr. Larmore:

Most of our commercial contracts we try to do in three-year increments. We are in negotiations with two of our large payers currently. Each payer always feel that they pay us too much money, and we always feel like we need increases from them. We talked a lot earlier in the meeting about data, and who has data, and how much data is out there. The large insurance companies have data now and with all the coordination of benefits, it's hard to keep a secret what your rates are between your payers. So, part of our challenge is making sure that we keep all of our commercial carriers in line, because they actually feel it. As they lose a contract with a large employer, they feel that it's because they're paying too much and the health systems are giving other payers better rates. So, it's a challenge we deal with every year, but it's all good. A work in progress.

Mr. Steinour:

You've just done a terrific job, Mark [Larmore] and the finance team. The coordination and collaboration that's going on across the enterprise now is very much appreciated. Obviously, these are outstanding results and that's coming off a record year. To see a plus 10 off a record year is very unusual, so congratulations to the entire team.

Mr. Larmore:

Definitely a team effort.

Mr. Wexner:

Jay, you have a couple of proposals to make to the board?

Mr. Kasey:

Yes, thank you, Mr. Wexner. The next two items on the agenda support the university and the Wexner Medical Center's strategic plans to create innovative health care delivery models. We're requesting a recommendation to the University Board of Trustees for approval on both items, which are on the Finance and Master Planning & Facilities committee agendas this week.

The first item is a request to acquire vacant land for development of additional ambulatory care facilities in Franklin County. The proposed property is located on the southeast corner of State Route 161 and Hamilton Road in Columbus. The total land area is about 31.5 acres. The site is zoned commercial planned development and the university has filed a rezoning application to obtain entitlements allowing construction of medical facilities. The acquisition price is \$11 million and is consistent with being below two appraisals, which the university received for the same property.

APPROVAL FOR ACQUISITION OF UNIMPROVED REAL PROPERTY

Resolution No. 2018-78

**LOCATED AT STATE ROUTE 161 AND HAMILTON ROAD
IN FRANKLIN COUNTY, OHIO**

Synopsis: Authorization to purchase approximately 31.59 acres of unimproved real property located at the southeast corner of State Route 161 and Hamilton Road in Columbus, Franklin County, Ohio, is proposed.

WHEREAS the property is located at the southeast corner of State Route 161 and Hamilton Road in Columbus, Ohio; and

WHEREAS the property will be utilized for the construction of an ambulatory care facility, which is a key component of the Wexner Medical Center's strategic plan; and

WHEREAS the acquisition will be contingent upon the university obtaining entitlements allowing construction of medical facilities; and

WHEREAS it has been recommended by the Office of Planning and Real Estate, in coordination with the Wexner Medical Center, that the university purchase the land; and

WHEREAS funds for the acquisition will be provided by the Wexner Medical Center:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center hereby approves and proposes that the purchase of said property 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 take any action required to effect the sale of the property and to negotiate a purchase contract containing terms and conditions deemed to be in the best interest of the university.

(See Attachment XVII for background information, page 35)

Dr. Drake:

I would like to make a comment. We appreciate the support that we receive broadly throughout the community and, in this particular case, we really appreciate the contribution that the Wexners are making of real property to make it possible for the university to move forward. That gift is a very important part of this and we appreciate that support so much, so thank you.

Mr. Kasey:

The second request is a recommendation to the University Board of Trustees for professional services to begin the actual design of the facilities anticipated for the regional ambulatory site that we just described. This is a \$4 million request, which will allow for design through design development of a community-based ambulatory center. The program is approximately 200,000 gross square feet consisting of ambulatory surgery, endoscopy, primary care, specialty medical and surgical clinics, and related support services. The design, with adjustments, may also be deployed on future ambulatory sites as the medical center moves forward with its strategic plans. Those are the two requests at this time.

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

Resolution No. 2018-79

WEXNER MEDICAL CENTER REGIONAL AMBULATORY FACILITIES

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

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

	Prof. Serv. Approval Requested	Total Project Cost	
WMC Regional Ambulatory Facilities	\$4.0M	TBD	Auxiliary Funds

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the professional services contracts for the project listed above be recommended to the University Board of Trustees for approval.

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

(See Attachment XVIII for background information, page 36)

April 4, 2018, Wexner Medical Center Board meeting

Dr. Thompson:

I'll entertain a motion to recommend both of these resolutions to the University Board of Trustees. And I will now call the roll.

Upon the motion of Mr. Schottenstein, seconded by Mr. Shumate, the Wexner Medical Center Board members adopted the foregoing motion by voice vote. Mr. and Mrs. Wexner abstained.

Dr. Thompson:

The motion carries. The next item on the agenda, Ms. Krueger.

Ms. Krueger:

Thank you. Last week, the Quality and Professional Affairs Committee met, which is also known as QPAC, to discuss a variety of items. Beth Bolyard walked us through a detailed look at the amendments to the bylaws and rules and regulations of the medical staff at the UH and the James. Members of QPAC voted to approve these amendments. To give you a little more detail, I've asked Dr. Thomas if he would give us a brief overview.

Dr. Thomas:

Thanks, Ms. Krueger. There are two separate medical staffs within the medical center, due to the need for the James PPS exemption, so we have two different sets of bylaws and rules and regulations. However, we have one joint bylaws committee, so a lot of those items are parallel in both sets of bylaws. We try to move forward and group the changes together when we do this. These amendments have been reviewed by the bylaws committee as well as the individual medical staff administrative committees for the James and University Hospitals, and then as Ms. Krueger mentioned, this resolution was approved at a meeting of the Quality and Professional Affairs Committee.

Many of the changes, which you have in your packet — it's a document that's 43 pages long — many of the changes are really housekeeping items, changes in titles, changes in structure. There are a couple of key items. One relates to the retention of medical records. You could imagine, in the olden days when we did not have electronic medical records, we needed to keep paper charts for an extended period of time. We used to keep those for 21 years, and what had become the industry standard is we rent a large warehouse to store them in. What has become a national standard is to have a 10- year retention policy. This change will allow us to move to a 10-year retention policy. For minors, however, we do retain them for the full 21 years, age of majority, plus a couple of years just for legal purposes. Obviously, with electronic medical records, each year then we're able to get rid of one year's worth of medical records, since they're now stored digitally for that 10-year period.

Obviously, we are not purging things out of our digital electronic medical records, but there are advances like that that allow these changes in our bylaws to move forward. I'd be happy to take any questions. Since this has been reviewed by many committees, I wasn't going to go through much more detail.

April 4, 2018, Wexner Medical Center Board meeting

**AMENDMENTS TO THE BYLAWS AND RULES AND REGULATIONS
OF THE MEDICAL STAFF OF UNIVERSITY HOSPITALS**

Resolution No. 2018-80

Synopsis: The amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals are recommended for approval.

WHEREAS the proposed amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by a joint University Hospitals and James Bylaws Committee on October 9, 2017; and

WHEREAS the proposed amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Administrative Committee on December 13, 2017; and

WHEREAS the proposed amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff on January 5, 2018; and

WHEREAS the proposed amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals were approved by the Quality and Professional Affairs Committee of the Wexner Medical Center Board on March 27, 2018:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Board hereby approves and proposes that the attached amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Ohio State University Hospitals be recommended to the University Board of Trustees for approval.

(See Attachment XIX for background information, page 38)

**AMENDMENTS TO THE BYLAWS AND RULES AND REGULATIONS
OF THE MEDICAL STAFF OF THE ARTHUR G. JAMES CANCER HOSPITAL
AND RICHARD J. SOLOVE RESEARCH INSTITUTE**

Resolution No. 2018-81

Synopsis: The amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff* of The James Cancer Hospital were approved by a joint University Hospitals and James Bylaws Committee on October 9, 2017, and the James Bylaws Committee on December 1, 2017; and

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff* of The James Cancer Hospital were approved by the James Medical Staff Administrative Committee on December 8, 2017; and

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff* of The James Cancer Hospital were approved by the James Medical Staff on December 22, 2017; and

April 4, 2018, Wexner Medical Center Board meeting

WHEREAS the proposed amendments to the *Bylaws and the Rules and Regulations of the Medical Staff* of The James Cancer Hospital were approved by the Quality and Professional Affairs Committee of the Wexner Medical Center Board on March 27, 2018:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the attached amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute be recommended to the University Board of Trustees for approval.

(See Attachment XX for background information, page 51)

Mr. Wexner:

Andy, thank you.

Dr. Thompson:

All I need is a motion to recommend these resolutions to the University Board of Trustees. This can be done by voice vote.

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

Dr. Thompson:

The motion carries.

Ms. Krueger:

Great, thank you. QPAC also voted to approve this resolution with regard to the trauma program verification that resides with the Wexner Medical Center Board, which is required by both the University Hospitals as well as University Hospital East. Andy, do you want to tell us a little bit more about this as well?

Dr. Thomas:

Yes, thank you, Ms. Krueger. Every three years, the American College of Surgeons Committee on Trauma does a site visit for every designated trauma center around the country. This is one of many re-designated programs for us. The burn program goes through a similar review. One of the requirements in that accreditation process is that the governing body of the organization provide an endorsement of that application.

One new item this year, you'll notice in the resolution it mentions a Level 3 trauma program at University Hospital East. That is a new change for us to have a trauma program there. You could imagine there are a number of patients who may have a trauma in the vicinity of East Hospital and currently those folks are being taken to Grant Hospital or to another facility because, by state law, if there is a trauma involved EMS has to take the patient to an actual trauma center. Or, if a patient were to walk in and have a trauma, they have to be transferred to another hospital. Just to give you a sense of the scale of our current trauma program, this is before even the addition of the Level 3 program at East, in calendar year 2017, we had 2,738 total trauma patients. Just under 1,000 of those actually came from the scene of the trauma; 1,250 of those came as a

April 4, 2018, Wexner Medical Center Board meeting

referral from another hospital. We get patients from all over the state that are sent here either by air or by ground ambulance. We obviously get local patients that are brought to us by ground ambulance, but the opening of a Level 3 trauma center at East will substantially change the nature of that hospital, because EMS drives by it for certain things. We've already seen the change with the opening of a program for heart attacks and a stroke program there. EMS is finding we have more and more resources there that will help the hospital over time in a great way.

Mary Howard and Elizabeth Seely, in her time prior at East, have been really wonderful to work with. The medical staff has really been engaged in this as well as our trauma program leadership. I think it will be a terrific project to change the trajectory of East Hospital over time.

UNIVERSITY HOSPITALS TRAUMA CERTIFICATION

Resolution No. 2018-82

Synopsis: Applications for a Level 1 trauma verification for University Hospitals and a Level 3 trauma verification for University Hospitals East by the American College of Surgeons-Committee on Trauma, are proposed.

WHEREAS the Ohio State University Wexner Medical Center's mission includes teaching, research and patient care; and

WHEREAS the Wexner Medical Center is committed to maintaining the high standards required to provide optimal care for all trauma patients at University Hospitals emergency departments; and

WHEREAS the Wexner Medical Center is cognizant of the resources needed to support a Level 1 Trauma Program at University Hospitals and a Level 3 Trauma Program at University Hospitals East, and the contributions of these programs to its tripartite mission; and

WHEREAS on February 12, 2018, the University Hospitals Medical Staff Administrative Committee approved the proposed applications for a Level 1 trauma verification for University Hospitals and a Level 3 trauma verification for University Hospitals East by the American College of Surgeons-Committee on Trauma; and

WHEREAS on March 27, 2018, the Quality and Professional Affairs Committee of the Wexner Medical Center Board approved the proposed applications for a Level 1 trauma verification for University Hospitals and a Level 3 trauma verification for University Hospitals East by the American College of Surgeons-Committee on Trauma:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the applications for a Level 1 trauma verification for University Hospitals and a Level 3 trauma verification for University Hospitals East by the American College of Surgeons-Committee on Trauma.

Mr. Wexner:

Thank you.

April 4, 2018, Wexner Medical Center Board meeting

Dr. Thompson:

Comments? I'll entertain a motion to approve the resolution. This requires a roll call vote because the approval resides with the Wexner Medical Center Board.

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

Dr. Thompson:

The motion carries.

Mr. Wexner:

Before we adjourn, let's take a couple of minutes. Our second son was a high school varsity rower, and he is now in his junior year at college and he strokes an eight-person boat. I don't know how many of you know about rowing, but that's about what I know. What he tells me is when the boat is in harmony, there's all kind of great vibrations and it just feels better and they happen to go faster, too. There's a great book called "The Boys in the Boat," which talks about that experience. It's focused on the experiences of all the boys in the boat, the coach, the stroke and what they did and what they accomplished. In the spirit of getting all the boys and girls in the boat rowing together, I think that's what we're seeing today. First of all, it took us a while to get through an agenda on time, and we've been practicing this for multiple years, but we actually had an agenda end on time, which is one measure of growing together.

Also, when you look at the performance, whether it's improvement in reputation, NIH grants, clearly the financial performance, it means a lot of people are in the boat and rowing together. You saw with Dr. Farrar and Dr. Pollock that they are stroking their boat and not only how they report, but just the fact that they really know each other, shook hands afterwards. I thought you and Raph were going to kiss each other, but there's actually real human relations and real tangible proof of working together.

When you look at the financial support, and I thought the gift that was announced today, all these gifts are significant and many people that make large gifts would prefer to make them anonymously and if not anonymously, do it very quietly. We implored our donors to be present, because if gifts are made and no one knows, then there's no standard. It's the tree that falls in the forest and no one hears. So I appreciate not only the gift, but the fact that they gave it publicly. In that same spirit of their \$18 million gift, we had broad support in the community for the medical center, by individual gifts of time and money, the support for Pelotonia, the success of the cancer cruise. So, in terms of the community supporting us and individuals supporting us, there's strong evidence in the broad community that the work of the medical center and the university is really appreciated. Not only are boys and girls in the boat stroking, but there is an audience that is visible and appreciates the work that we're doing.

Another example is that a lot of time and effort went into the strategic plan, and when people reference the strategic plan as this is guiding our work, this is what we said we would do, these are the deliverables, and then you know the strategic plan is alive and well and is a functioning part of the university. It is particularly in the medical center.

We've all experienced strategic plans that were made, shelved and then things just went back to normal, and the work that went into the strategic plan had nothing to do with the tactics and strategy on a day-to-day basis. The board has been supportive, put an enormous amount of time into it; the staff and administration of the medical center and the university have worked towards this. There's real evidence of the leadership and the followership, whether it's the med students, the doctors or the community being supportive. We're beginning to feel, at least I'd ask you to think about it, if it doesn't feel more like we're in rhythm and the boat is going faster. I think we're just at the beginning of the beginning and that's a remarkable accomplishment.

I want to shift to the support. The role of the medical center board, and I think all public boards, we have a fiduciary responsibility and we also have a responsibility not to park our brains when we come into these meetings. We actually can think things through, understand things, challenge things, be a supportive force.

I was talking to David and I was thinking back not that many years ago, when the medical center board took a pretty courageous step in supporting the development of the neighborhood facility in Kingsdale. How big should it be? Should we do it? Is it too close to the campus? Is it a good idea or bad idea? It turned out to be a spectacular idea. If that decision wasn't supported by the board, that 100,000-square-foot facility wouldn't have proved the ability of the medical center to operate these neighborhood facilities, which provide great services to the community, but also provide a theater here at the physical center of the medical center. That leads to the work that collectively we've done to build, to begin to plan, these many community hospitals or facilities around the city, which will probably be between 150,000 to 200,000 feet. Those buildings will change the trajectory of our support in the community and our support for the community. And so, by understanding and taking the time to understand, we've been a supportive force, and we've been a supportive force for other easy decisions and some of the tough ones.

When the medical center board was formed, both Janet [Reid] and Jerry [Jurgensen] were there at the first meetings and have had damn near perfect attendance and 100 percent participation. I worked with Jerry when I was on the board of The Ohio State University, and him being on the board of the medical center has been vital. Jerry and I don't always agree, which is a good thing. I respect his opinion and his judgement and certainly the dedication that he has had to The Ohio State University. It is not his alma mater. Likewise, Janet, when recruited to the board of The Ohio State University and then asked to serve on the medical center board, she's commuting up regularly from Cincinnati and has been tremendously influential to the university board, as has Jerry, but her experience at Mercy, her experience with HR, has been a major contributor to what we've done. On a personal basis, having been on the board of the university and known a number of its trustees, in the life of a trustee — which is nine years — the time put in is at a minimum 3,200 hours. If you want to divide 3,200 hours or 4,000 hours, it's in that range by nine years, by eight hour days and it's a couple or 2.5 days a month between phone calls and committee meetings and board meetings. You're talking about at least a year of one's life in working days. I appreciate those contributions and I particularly appreciate Jerry's and Janet's because it was more than perfect attendance, it was damn near perfect work. I know you're about to retire from the university board and from this board, and for all of us, we appreciate your contribution and personally, I appreciate it very much and I want to thank you.

Neither of you are generally at a loss for words.

Dr. Reid:

First of all, thank you for the kind words. Health care has been something that I have been involved with for many, many, many years, and being on this board in particular was a great joy to see it start from the beginning and then to shape it into what it is now. To produce a meeting like what we had today, and to see the harmony and the boat rowing, and you know all of that from where it started is just, I mean what a great time to step away because it's in a great place. I want to thank all of you. You know, we've gone through a lot together and we're in an excellent place.

Mr. Jurgensen:

Just to echo everything Janet said, actually, the medical center board was about the first thing that I got an opportunity to do when I got to Columbus in 2000. I was recruited by Hagop Mekhjian to this board and it was very interesting for me. I grew up in a medical family. My father was a physician and my brother is an OBGYN. I wasn't smart enough to get into medical school; otherwise, there would have been three Dr. Jurgensens. But, it has been great and we've seen a lot. When I first joined the university board with Les, that was a billion dollars and a new tower was just happening and it has been terrific. As you all know, and Andy [Thomas] maybe a little more than anybody else, I had the opportunity to experience what we do firsthand with what Patty [Jurgensen] went through, and I just couldn't be more thankful for how everyone treated her and the quality of care that she got here. I'll never forget that, so it's been great.

Dr. Drake:

That brings us to the close of the public session, and I wanted to echo a couple of things. First, thank you very much, Mr. Wexner, for your thoughtful comments, which really did reflect the things I'm going to echo. One is the very hard work of the people sitting to my left over this past year. There were real, actual decisions made. There were real, actual administrative changes made. There was a real, actual different direction plotted. It took hundreds of hours of work. I'm thinking of Bruce [McPheron] and the hundreds of hours of work that the provost put into this, which wouldn't have been the case normally. And the hundreds of hours of work as we go down the line and look at Craig [Kent] and David [McQuaid] and Mark [Larmore] in particular during this last year. It's important to focus on how well it's going now, and how much better this is than it was before. And that's with all of this work going on over just the past year. I want to make a real acknowledgement of the teamwork of the entire group. It has been amazing. And then the work of the board to be supportive, ask the right questions and elevate this discussion is something that brings us to this great place. And then the wonderful work of our retiring members as great exemplars of the best that we can be.

We would be exactly on time with our agenda, had we not had prolonged applause, so I'm going to count that as bonus time and say it has been great and we will call to an end this part of the meeting, thank you.

Dr. Thompson:

At this time I will entertain a motion to recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes, to discuss quality matters required to be kept confidential under Ohio law, to

April 4, 2018, Wexner Medical Center Board meeting

consult legal counsel regarding pending or imminent litigation, to discuss the purchase of real property and personnel matters of public officials. May I have that motion?

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

Dr. Thompson:

Motion carries. You are in executive session.

Attest:

Leslie H. Wexner
Chairman

Blake Thompson
Secretary

**APPROVAL FOR PURCHASE OF UNIMPROVED REAL PROPERTY
STATE ROUTE 161 AND HAMILTON ROAD
COLUMBUS, FRANKLIN COUNTY, OHIO**

Background

The Ohio State University's Wexner Medical Center (WMC) seeks to acquire vacant land for development of additional ambulatory care facilities in Franklin County, Ohio. Acquisition of this land is important in meeting the objectives of the WMC's ambulatory care strategy, which is in turn a key component of the WMC strategic plan and its mission to improve health in Ohio and across the world through innovation in research, education and patient care.

Location and Description

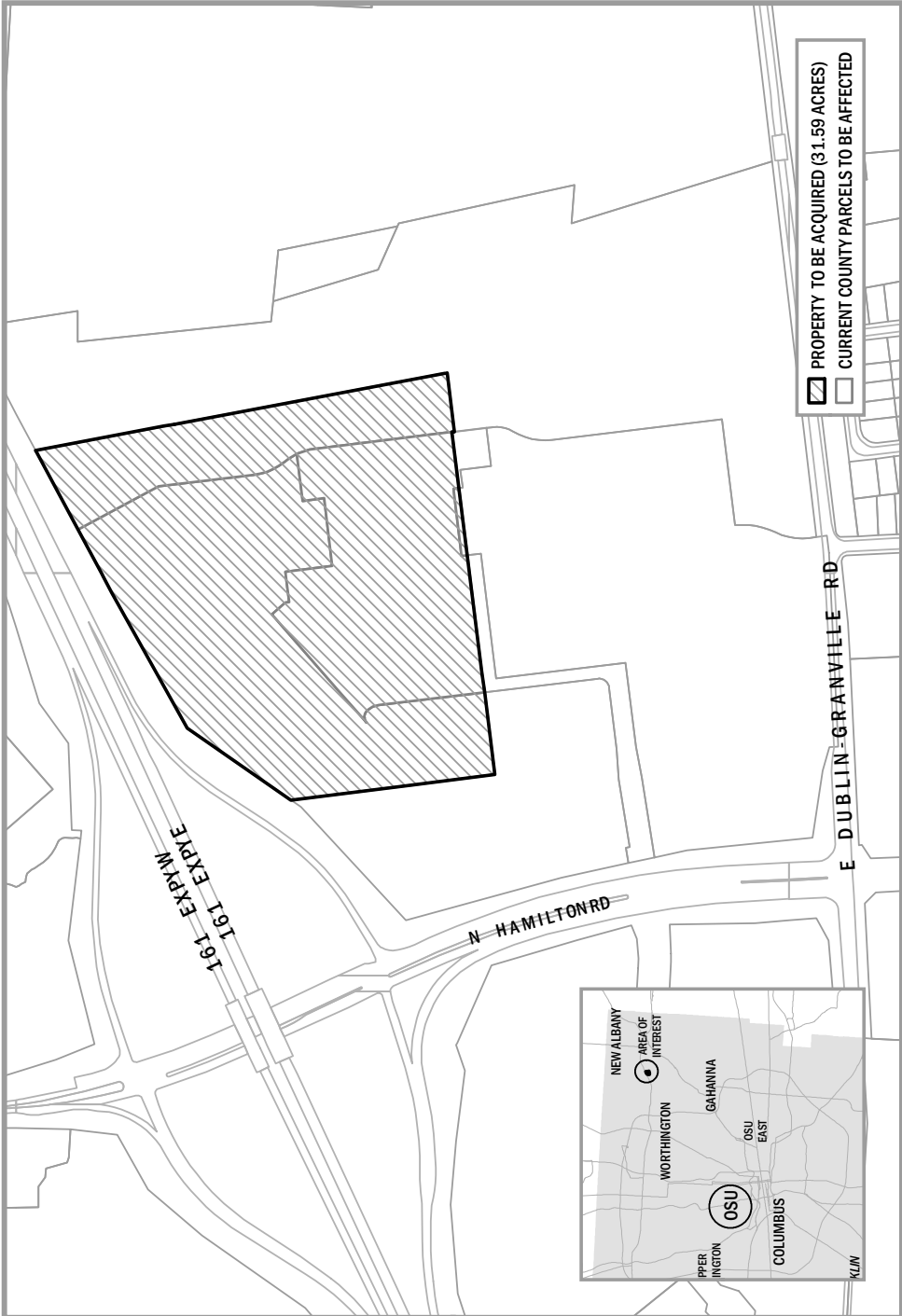
The property is located at the southeast corner of State Route 161 and Hamilton Road. The total land area being acquired is approximately 31.59 acres. The site is zoned CPD (Commercial Planned Development) and a rezoning application has been filed by The Ohio State University to obtain entitlements allowing construction of medical facilities. The purchase contract shall contain a contingency permitting the university to terminate the contract if it does not obtain the desired entitlements and shall also obligate the seller to perform certain site balancing work to elevate portions of the site out of the floodplain and additional infrastructure work.

Property History

The +/- 31.59 acres is currently comprised of portions of four legal parcels, and title to the properties is vested in HC Office Sub 6 LLC, Stephen L. Harper, Trustee, and Target Corporation. Prior to WMC's acquisition of the property, title will be consolidated to HC Office Sub 6 LLC, which will be the seller.

Purchase of Property

WMC recommends that the +/- 31.59 acres of unimproved real property described above be acquired on terms and conditions that are in the best interest of the university. The source of funding for the acquisition and subsequent development of the property will be the Wexner Medical Center. The acquisition price is \$11,000,000, subject to appropriate adjustments and pro-rations at closing.



Prepared By: The Ohio State University
Office of Planning and Real Estate
Issue Date: February 22, 2018
The Ohio State University Board of Trustees

**PURCHASE OF 31.59 ACRES OF REAL PROPERTY
SR-161 & HAMILTON RD
COLUMBUS, FRANKLIN COUNTY, OHIO 43054**

Project Data Sheet for Board of Trustees Approval

WMC Regional Ambulatory Facilities

OSU-180636

Project Location: TBD

- **approval requested and amount**

professional services	\$4.0M
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- **project budget**

professional services	\$4.0M
construction w/contingency	TBD
total project budget	TBD

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

- **project schedule**

BoT professional services approval	4/18
design	4/18
construction	TBD

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

- **planning framework**
 - consistent with the strategic plans of the university and Wexner Medical Center to provide medical services within community-based ambulatory facilities
 - conceptual site plan completed March 2018
 - the FY 2018 Capital Investment Plan will be amended to include the professional services amount

- **project scope**
 - design approximately 200,000 square foot ambulatory building that will include ambulatory surgery, endoscopy, primary care, specialty medical and surgical clinics, and related support
 - site planning for a potential phase II is included in the scope
 - the design is intended to provide a branded identity which could be deployed to additional future sites

- **approval requested**
 - approval is requested to amend the FY2018 Capital Investment Plan
 - approval is requested to enter into professional services contracts

-
- **project team**

University project manager:	Paul Lenz
AE/design architect:	TBD

(ATTACHMENT XIX)



UH Bylaws Committee: 10.09.2017
MSAC: 12.13.2017
Medical Staff Vote: 01.05.2018
Quality & Professional Affairs: 3.27.2018
MC Board: 4.04.2018
UBOT: 4.06.2018

**Bylaws of the Medical Staff
The Ohio State University Hospitals
Chapter 3335-43**

3335-43-01 Medical staff name.

No change.

3335-43-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state university Wexner medical center board for the quality of care provided to the patients of the Ohio state university hospitals, shall be:

(A) - (D) No change.

(E) To govern medical staff and credentialed practitioners these bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014)

3335-43-03 Patients.

No change.

3335-43-04 Membership.

(A) Qualifications

- (1) No change.
- (2) All members of the medical staff of the Ohio state university hospitals shall, except as specifically provided in these bylaws, be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry, and shall, All members, except for physician scholar medical staff, shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their profession, dedication to educational and research goals, and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at university hospitals will be given the high quality of medical care provided at university hospitals, shall be qualified for membership on the medical staff of the Ohio state university hospitals.

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THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

UH Bylaws Committee: 10.09.2017
MSAC: 12.13.2017
Medical Staff Vote: 01.05.2018
Quality & Professional Affairs: 3.27.2018
MC Board: 4.04.2018
UBOT: 4.06.2018

All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The chief medical officer of the medical center, medical directors, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant. All members of the medical staff and licensed health care professionals will comply with medical staff and the Ohio state university policies regarding employee and medical staff health and safety; uncompensated care; and will comply with appropriate administrative directives and policies to avoid disrupting those operations of the Ohio state university hospitals which adversely impact overall patient care or which adversely impact the ability of the Ohio state university hospitals employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety, annual education and training (list approved by the medical staff administrative committee and maintained in the chief medical officer's office), conflict of interest, HIPAA compliance, and access and communication guidelines. Medical staff members and licensed health care professionals with clinical privileges must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

- (3) [All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental health care programs.](#)
 - (a) [It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental programs.](#)
 - (b) Exclusion of any medical staff member or [licensed health care professional/credentialed provider](#) from participation in any federal or state government program or suspension from participation, in whole or part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the Ohio state university hospitals and the immediate lapse of clinical privileges at the Ohio state university hospitals as of the effective date of the exclusion or suspension. [Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.](#)
 - (c) If the medical staff member's or [credentialed provider's](#) [licensed health care professional's](#) participation in [these all governmental](#) programs is fully reinstated, the affected medical staff member or [licensed health care professional/credentialed provider](#) shall be eligible to apply for

{00269471-1}



UH Bylaws Committee: 10.09.2017
MSAC: 12.13.2017
Medical Staff Vote: 01.05.2018
Quality & Professional Affairs: 3.27.2018
MC Board: 4.04.2018
UBOT: 4.06.2018

membership and clinical privileges at that time. ~~It shall be the duty of all medical staff members and licensed health care professionals to promptly inform the chief medical officer of any action taken, or the initiation of any process which could lead to such action taken by any of these programs.~~

(4) – (7) No change.

(B) – (F) No change.

(G) Resumption of clinical privileges following leave of absence.

- (1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the chief medical officer. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the chief medical officer provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the chief medical officer and the member or credentialed provider shall be placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the chief medical officer that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.
- (2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and quality and professional affairs committee of the Wexner medical center board. The credentials committee, the chief medical officer, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.
- (3) All members of the medical staff or credentialed providers who take a leave of absence for medical or non-medical reasons must be in good standing upon resumption of clinical activities. No member shall be granted leave of absence in excess of his or her current appointment and the usual procedures for appointment and reappointment, including deadlines for submission of application as set forth in this rule, will apply irrespective of the nature of the leave. Absence extending beyond his or her current term or failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

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WEXNER MEDICAL CENTER

UH Bylaws Committee: 10.09.2017
MSAC: 12.13.2017
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Quality & Professional Affairs: 3.27.2018
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3335-43-05 Peer review and corrective action.

(A) Informal peer review.

(1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the Ohio state university hospitals.

(2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.

~~The practitioner evaluation committee chair or his or her designee will consult with the affected medical staff member and obtain information or opinions from knowledgeable persons within the medical center as well as external peer review consultants pursuant to criteria outlined in these bylaws.~~

(3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

(2)(4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.

(3)(5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the chief medical officer. The chief of the clinical department and the chief medical officer shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:

(1) ~~(a)~~ The matter warrants no further action;

(2) ~~(b)~~ Informal resolution under this paragraph is appropriate. The chief of the clinical department and the chief medical officer shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

(3) ~~(c)~~ Formal peer review under paragraph (B) of this rule is warranted.

(6) In cases where the chief of the clinical department and chief medical officer cannot agree on the need for formal peer review, the matter shall be submitted for formal peer review and determined as set forth in paragraph (B) of this rule.

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(B) Formal peer review.

(1) – (4) No change.

- (5) The formal peer review committee shall investigate every request and shall deliver written findings and recommendations for action to the chief of the clinical department, ~~within 30 days~~. The formal peer review committee may recommend a reduction, suspension or revocation of the medical staff member's clinical privileges or other action as it deems appropriate. In making its recommendation the formal peer review committee may consider, relevant literature and clinical practice guidelines, the opinions and views expressed throughout the review process, information or explanations provided by the member under review, and other relevant information. Prior to making its report, the committee shall afford the medical staff member against whom the action has been requested an opportunity for an interview. At such interview, the medical staff member shall be informed of the specific actions or omissions alleged to constitute grounds for formal peer review and shall be given copies of any statements, reports, opinions or other information compiled at prior stages of the proceedings. The medical staff member may furnish written or oral information to the formal peer review committee at this time and shall be given an opportunity to discuss, explain, or refute the allegations and to respond to any statements, reports or opinions previously compiled in the proceedings. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action are expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.
- (6) Upon receipt of the written report and recommendation from the formal peer review committee, the chief of the clinical department shall ~~within seven days~~ make his or her own written recommendation for corrective action and forward that recommendation along with the findings and recommendations of the formal peer review committee to the chief medical officer.
- (7) The chief medical officer shall ~~have ten days to~~ decide whether to accept, reject or modify the recommendation of the chief of the clinical department. If the chief medical officer decides the grounds are not substantiated, the chief medical officer will notify the formal peer review committee, the chief of the clinical department, the person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

If the chief medical officer finds the grounds for the requested corrective action are substantiated, the chief medical officer shall promptly notify the affected medical staff member of that decision and the corrective action that will be taken. This notice shall advise the affected medical staff member of his or her right to request a hearing before the medical staff administrative committee pursuant to rule 3335-43-06 of the Administrative Code and shall also include a statement that failure to request a hearing in the timeframe prescribed in this rule shall constitute a waiver of rights to a hearing and to an appeal on the matter and the affected medical staff member shall also be given a copy of the rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the chief medical officer shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

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(8) – (9) No change.

(C) – (D) No change.

(E) Automatic suspension and termination.

(1) – (2) No change.

(3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member's appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-43-04 and automatically relinquish voluntarily terminated his or her appointment and privileges.

(4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall ~~be immediately and automatically terminate, unless resignation in lieu of automatic terminations is permitted to rule 3335-43-04(A)(3).~~ suspended until such time as the exclusion, debarment, or prohibition is lifted.

(5) – (9) No change.

(F) No change.

3335-43-06 Hearing and appeal process.

(A) Right to hearing and to an appeal.

(1) When a member of the medical staff who has exhausted all remedies under paragraphs (E) and (F) of rule 3335-43-04 of the Administrative Code on appointment or reappointments; or under rule 3335-43-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-43-05 of the Administrative Code, ~~or who receives notice of proposed action that will adversely affect membership on the medical staff or the exercise of clinical privileges (see paragraph (A)(6) of rule 3335-73-04 of the Administrative Code),~~ the staff member shall be entitled to an adjudicatory hearing.

(2) A medical staff member shall not be entitled to a hearing under the following circumstances:

(a) Denial by the Wexner medical center board to grant a waiver of board certification for a medical staff member.

(b) Termination of a medical staff member because of exclusion from participation in any government reimbursement program.

(c) Voluntary withdrawal of a medical staff application.

(d) Failure to submit a reappointment application.

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[\(e\) A leave of absence extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.](#)

[\(f\) Actions or recommendations resulting from an informal peer review.](#)

[\(g\) Termination of courtesy B medical staff appointments upon approval by the Wexner medical center board.](#)

(3) No change.

(B) - (E) No change.

3335-43-07 Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into seven categories: physician scholar medical staff; attending medical staff; courtesy A medical staff; courtesy B medical staff; community affiliate medical staff; consulting medical staff; and limited staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last two years and specific annual education requirements as outlined in the list maintained in the chief medical officer's office, but are otherwise subject to the provisions of these bylaws.

(A) Physician scholar medical staff.

- (1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.
- (2) Prerogatives: Members of the physician scholar medical staff have access to the Ohio state university hospitals and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.

[\(3\) Physician scholar medical staff must have either a full license or an emeritus registration by the state medical board of Ohio.](#)

(B) – (D) No change.

(E) Limited staff.

Limited staff are not considered full members of the medical staff, do not have delineated clinical privileges and do not have the right to vote in general medical staff elections. Except where expressly stated, members of the limited staff are bound by the terms of these bylaws, the rules and regulations of the medical staff, and the limited staff agreement.

(1) Qualifications

No change.

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(2) Responsibilities:

(a) - (d) No change.

(f) Appeal by a member of the limited staff of probation, lack of ~~reappointment promotion~~, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective department or training program and approved by the ~~medical program~~ director and the Ohio state university hospitals graduate medical education committee as delineated in the limited staff agreement ~~and by the graduate medical education policies~~.

Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-43-05 and 3335-43-06 of the Administrative Code.

(3) Failure to meet reasonable expectations.

~~Failure to meet reasonable expectations may result in sanctions including but not limited to probation, lack of reappointment, suspension or termination. Termination of employment from the limited staff member's residency or fellowship training program limited staff member status shall result in automatic termination of the limited staff member's residency or fellowship~~ appointment pursuant to these bylaws.

(4) Temporary appointments. No change.

(5) Supervision.

Limited staff members shall be under the supervision of an attending or courtesy A medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending or courtesy A medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending or courtesy A medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending or courtesy A medical staff member or the director of the training program.

(a) Limited staff members may ~~admit and~~ write admission, discharge and other orders for the care of patients under the supervision of the attending or courtesy A medical staff member.

(b) All records of limited staff member cases must document involvement of the attending or courtesy A medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.

(F) - (H) No change.

(I) Clinical privileges.

(1) Delineation of clinical privileges. No change.

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(2) Temporary privileges:

- (a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed health care professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department, and approval by the chief medical officer. The chief medical officer [acting as a member and on behalf of the Wexner Medical Center board](#), has been delegated responsibility by the Wexner medical center board to grant approval of temporary privileges. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient-care need, and shall be granted for a period not to exceed one hundred twenty days.

(3) – (11) No change.

3335-43-08 Organization of the medical staff.

No change.

3335-43-09 Elected officers of the medical staff of the Ohio state university hospitals.

(A) – (D) No change.

(E) Election of officers.

(1) – (3) No change.

(4) The committee's nominees shall be submitted to all voting members of the attending staff no later than [March-May](#) first of the election year.

(5) – (6) No change.

(F) – (G) No change.

3335-43-10 Administration of the medical staff of the Ohio state university hospitals

(A) Chief medical officer.

The [chief clinical officer functions as the chief medical officer as referred to herein these bylaws](#). The chief medical officer is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state university Wexner medical center board bylaws.

(B) Chief quality and patient safety officer.

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The chief quality and patient safety officer of the Ohio state university Wexner medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer, ~~for administrative and operational issues and has an independent reporting relationship to the executive vice president for health sciences regarding quality data and patient safety events.~~ The chief quality officer works collaboratively with clinical leadership of the medical center, including the director of medical affairs for the James cancer hospital, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(C) – (E) No change.

(F) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition:

The credentialing responsibilities of medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each health system hospital.

The credentialing committee of the hospitals of the Ohio state university shall be appointed by the chief medical officer. The chief of staff, director of medical affairs ~~er and~~ medical directors of each ~~health system~~ hospital shall make recommendations to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, who shall be appointed by the chief medical officer of the health system.

(2) Duties:

(a) – (d) No change.

(e) To make recommendations to the medical staff administrative committee through the ~~chief medical officer chairperson of the credentialing committee~~ regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;

(f) – (m) No change.

(3) No change.

(G) – (M) No change.

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3335-43-11 History and physical.

No change.

3335-43-12 Meetings and dues.

(A) Meetings.

The medical staff of the Ohio state university hospitals shall conduct scheduled meetings twice yearly. Notice of the meeting shall be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special [and/or electronic](#) meetings of the medical staff may be called at the option of the medical staff administrative committee.

3335-43-13 Amendments and adoption.

No change.

3335-43-14 Rules of construction.

No change.

APPENDIX I

No change.

APPENDIX II

No change.

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Quality and Professional Affairs: 3.28.18
MC Board: 4.4.18
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MEDICAL STAFF RULES AND REGULATIONS
The Ohio State University Hospitals

Updated September 2, 2016

84-01 Ethical pledge.

No change.

84-02 Admission procedures.

No change.

84-03 Attending assignment.

No change.

84-04 Consultations.

No change.

84-05 Privileges for giving orders.

No change.

84-06 Death and autopsy procedures.

No change.

84-07 Disaster plan.

No change.

84-08 Emergency care.

No change.

84-09 Surgical case review.

No change.

84-10 Tissue disposition.

No change.

84-11 Committees and policy groups.

No change.

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Quality and Professional Affairs: 3.28.18
MC Board: 4.4.18
UBOT: 4.6.18

MEDICAL STAFF RULES AND REGULATIONS
The Ohio State University Hospitals

Updated September 2, 2016

84-12 Medical records.

(A)(1) – (5) No change.

(6) Records storage and security.

In general, medical records shall be maintained by the hospital. Records on microfilms, paper, electronic tape recordings, magnetic media, optical disks, and such other acceptable storage techniques shall be used to maintain patient records for twenty-one years for minors and ten years for adults. In the case of readmission of the patient, all records or copies thereof from the past ten/twenty-one years shall be available for the use of the attending medical staff member or other health care providers.

(7) – (10) No change.

84-13 Operating room committee.

No change.

84-14 Pharmacy and therapeutics committee.

No change.

84-15 Transfusion and isoimmunization committee.

No change.

84-16 Standards of practice.

No change.

84-17 Mechanism for changing rules and regulations.

No change.

84-18 Adoption of the rules and regulations.

No change.

84-19 Sanctions.

No change.

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(ATTACHMENT XX)

The James



UH and James Bylaws Committee: 10.09.17
James Bylaws Committee: 12.01.17
MSAC: 12.08.17
Medical Staff Vote: 12.22.17
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Bylaws of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute Chapter 3335-111

3335-111-01 Medical staff name.

No changes.

3335-111-02 Purpose.

[\(E\) To govern medical staff credentialed practitioners and these Bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.](#)

3335-111-03 Patients.

No changes.

3335-111-04 Membership.

(A) Qualifications.

(1) Membership on the medical staff of the CHRI is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, in the state of Ohio. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, genetic information or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same policies and procedures as all other applicants for the medical staff.

(2) All members of the medical staff of the CHRI, except ~~community-associate-attending-staff~~ [physician scholar medical staff](#), shall be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry, and shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the respective state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their profession, dedication to educational and research goals and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at the CHRI will be given high quality medical care provided at CHRI, shall be qualified for

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The James



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James Bylaws Committee: 12.01.17
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eligibility for membership on the medical staff of the CHRI. ~~Except for community associate staff,~~ CHRI medical staff members shall also hold appointments to the medical staff of the Ohio state university hospitals for consulting purposes. Loss of such appointment shall result in immediate termination of membership on the CHRI medical staff and immediate termination of clinical privileges as of the effective date of the Ohio state university hospitals appointment termination. This consequence does not apply to an individual's suspension for completion of medical records. If the medical staff member regains an appointment to the Ohio state university hospitals medical staff, the affected medical staff member shall be eligible to apply for CHRI medical staff membership at that time. All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The director of medical affairs of the CHRI, the medical director of credentialing, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant.

(3) All members of the medical staff and licensed health care professionals will comply with medical staff and the CHRI policies regarding employee and medical staff health and safety, provision of uncompensated care, and will comply with appropriate administrative directives and policies which, if not followed, could adversely impact overall patient care or may adversely impact the ability of the CHRI employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety, annual education and training (list approved by the medical staff administrative committee and maintained in the chief medical officer's office), conflict of interest, HIPAA compliance and access and communication guidelines. Medical staff members and licensed health care professionals with clinical privileges must also comply with the university integrity program requirements including but not limited to billing, self referral, ethical conduct and annual education.

(4) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental healthcare programs. This includes any federal and state government programs.

(a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental program.

(b) Exclusion of any medical staff member or ~~allied health professional~~ credentialed provider from participation in any federal or state government program or suspension from participation, in whole or in part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the CHRI and the immediate lapse of clinical privileges at the CHRI as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical

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The James



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staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.

~~(a)(c)~~ If the medical staff member's or ~~allied health professional's~~ credentialed provider's participation in ~~these all governmental~~ programs is fully reinstated, the affected medical staff member or ~~allied health professional~~ credentialed provider shall be eligible to apply for membership and clinical privileges at that time. ~~It shall be the duty of all medical staff members and allied health professionals to promptly inform the director of medical affairs or medical director of credentialing of any action taken, or the initiation of any process, which could lead to such action taken by any of these programs.~~

(5) - (6) No Changes.

~~(7) Applicants for community associate attending medical staff category, practicing in a CHRI unit at another hospital, must have and maintain clinical privileges and active medical staff membership at that hospital.~~

(8) - (10) No Changes.

(B) Application for membership.

No Changes.

(C) Terms of appointment.

Initial appointment to the medical staff, except for the honorary category, shall be for a period not to exceed twenty-four months. An appointment or grant of privileges for a period of less than twenty-four months shall not be deemed an adverse action. During the first six months of the initial appointment, except medical staff appointments without clinical privileges, appointees shall be subject to focused professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by the clinical department chief with oversight by the credentials committee and the medical staff administrative committee. ~~In the case of community associate attendings, receipt of the positive evaluation provided by the clinical department chief in the primary hospital in which they hold privileges is required.~~

The provisional appointee identifies the primary hospital. Following the six month FPPE period, the clinical department chief may: (1) recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee; (2) extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a

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total of twelve months for purposes of further monitoring and evaluation; or (3) terminate the initial appointee's medical staff membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) Professional ethics.

No Changes.

(E) Procedure for appointment.

(1) - (3) No Changes.

(4) The clinical department chief shall be responsible for investigating and verifying the character, qualifications and professional standing of the applicants by making inquiry of the primary source of such information and shall within thirty days of receipt of the completed application, submit a report of those findings along with a recommendation on medical staff membership and clinical privileges to the applicant's respective CHRI department chairperson and/or division director~~section chief~~. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of applications for associates to the medical staff.

(5) The department chairperson and/or division director ~~section chiefs~~ shall receive all initial signed and verified applications from the appropriate clinical department chief and shall make a recommendation to the medical director of credentialing on each application. The medical director of credentialing shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information. The medical director of credentialing shall forward all completed applications to the credentials committee.

(6) - (11) No Changes.

(12) The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the respective department chairperson and/or division director~~section chief~~.

(13) No Changes.

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(14) The director of medical affairs, who may make a separate recommendation to the Wexner medical center board, shall directly communicate the final recommendation of the medical staff administrative committee to the Wexner medical center board. When the Wexner medical center board has acted, the director of medical affairs will transmit the final decision to the clinical department chief, the applicant, the respective department chairperson and/or division director section chief, and the Ohio state university board of trustees.

(F) Procedure for reappointment.

(1) No Changes.

(2) The reappointment application shall include all information necessary to update and evaluate the qualification of the applicant. The clinical department chief shall review the information available on each applicant for reappointment and shall make recommendations regarding reappointment to the medical staff and for granting of privileges for the ensuing appointment period. The clinical department chief's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the appropriate department chairperson and/or division director section chief at least forty-five days prior to the end of the individual's appointment. The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Only completed applications for reappointment shall be considered by the credentials committee.

(3) - (4) No Changes.

(5) The clinical department chief shall submit a report of those findings along with a recommendation on reappointment to the applicant's respective CHRI department chairperson and/or division director section chief. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of application for associates to the medical staff. The department chairperson and/or division director section chief shall review the reappointment application and forward to the medical director of credentialing with a recommendation for reappointment. The medical director of credentialing shall forward the reappointment forms and the recommendations of the clinical department chief and department chairperson and/or division director section chief to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority, as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for continuing clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that all medical staff members deliver the same level of quality of care with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

(6) - (8) No Changes.

(9) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for appointment to the medical staff and shall accept, reject, or modify the request for reappointment in the same manner and with the same

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authority as an original application. The recommendation of the medical staff administrative committee regarding reappointment shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the department chairperson and/or division director~~section chief~~.

(10) - (11) No Changes.

(G) Resumption of clinical activities following a leave of absence:

(1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the director of medical affairs. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the director of medical affairs provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the director of medical affairs and the member or credentialed provider shall be placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the director of medical affairs that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

(2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board. The credentials committee, the director of medical affairs, the medical director of credentialing, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

(3) All members or credentialed providers of the medical staff who take a leave of absence for medical or non-medical reasons must be in good standing on the medical staff upon resumption of clinical activities. No member shall be granted leave of absence in excess of his or her current appointment and the usual procedure for appointment and reappointment, including deadlines for submission of application as set forth in this rule will apply irrespective of the nature of the leave. Absence extending beyond his or her current term of failure to request reinstatement of clinical privileges shall be deemed a voluntary

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resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 2/6/2004, 11/4/2005, 8/6/2007, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 6/6/2014, 11/7/2014, 11/6/2015, 9/2/2016)

3335-111-05 Peer review and corrective action.

(A) Informal peer review.

(1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the CHRI.

(2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical sections-departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.

(3) -The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

~~The practitioner evaluation committee chair, or his or her designee, will consult with the affected medical staff member and obtain information or opinions from knowledgeable persons within the medical center as well as external peer review consultants, pursuant to criteria outlined in these bylaws.~~

(4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.

(5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the director of medical affairs. The clinical department chief and the director of medical affairs shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:

~~(1)-(a)~~ The matter warrants no further action;

~~(2)-(b)~~ Informal resolution under this paragraph is appropriate. The clinical department chief and the director of medical affairs shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the

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file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

~~(2)(c)~~ -Formal peer review under paragraph (B) of this rule is warranted. In cases where the clinical department chief and director of medical affairs cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule.

(B) Formal peer review.

(1) No Changes.

(2) Formal peer review may be initiated by the clinical department chief, the department chairperson and/or division director~~section chief~~, the director of medical affairs, any member of the medical staff, the chief executive officer of the CHRI, the dean of the college of medicine, any member of the Wexner medical center board, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the director of medical affairs, and shall be supported by reference to the specific activities or conduct which constitute grounds for the requested action.

(3) - (4) No Changes.

(5) The formal peer review committee shall investigate every request and shall report in writing ~~within thirty days~~ its findings and recommendations for action to the appropriate clinical department chief and notice given to the ~~section chief~~division director. In making its recommendation the formal peer review committee may consider as appropriate, relevant literature and clinical practice guidelines, all the opinions and views expressed throughout the review process, and any information or explanations provided by the member under review. Prior to making its report, the medical staff member against whom the action has been requested shall be afforded an opportunity for an interview with the formal peer review committee. At such interview, the medical staff member shall be informed of the specific activities alleged to constitute grounds for formal peer review, and shall be afforded the opportunity to discuss, explain or refute the allegations against the medical staff member. The medical staff member may furnish written or oral information to the formal peer review committee at this time. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action is expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.

(6) Upon receipt of the written report from the formal peer review committee, the appropriate clinical department chief shall ~~within seven days~~ make his or her own written determination and forward that determination along with the findings and recommendations of the formal peer review committee to the director of medical affairs, or if required by paragraph (B)(3) of this rule, to the executive vice president for health sciences or designee.

(7) Following receipt of the recommendation from the clinical department chief and the report from the formal peer review committee, the director of medical affairs, or the executive vice president for health sciences or designee, shall ~~have ten days to~~ approve or to modify the determination of the clinical department chief. Following receipt of the report of the clinical department chief, the director of medical

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affairs or executive vice president for health sciences or designee shall decide whether the grounds for the requested corrective action are such as should result in a reduction, suspension or revocation of clinical privileges. If the director of medical affairs, or executive vice president for health sciences or designee, decides the grounds are not substantiated, the director of medical affairs will notify the formal peer review committee; clinical department chief and if applicable, the academic department chairperson; ~~division director~~section chief; person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

In the event the director of medical affairs or executive vice president for health sciences or designee finds the grounds for the requested corrective action are substantiated, the director of medical affairs shall promptly notify the affected medical staff member of that decision and of the affected medical staff member's right to request a hearing before the medical staff administrative committee pursuant to rule 3335-111-06 of the Administrative Code. The written notice shall also include a statement that the medical staff member's failure to request a hearing in the timeframe prescribed in rule 3335-111-06 of the Administrative Code shall constitute a waiver of rights to a hearing and to an appeal on the matter; a statement that the affected medical staff member shall have the procedural rights found in rule 3335-111-06 of the Administrative Code; and a copy of the rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the director of medical affairs shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(8) - (9) No Changes.

(C) Composition of the formal peer review committee.

No Changes.

(D) Summary suspension.

(1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of clinical privileges immediately suspended or appointment terminated by the chief executive officer or ~~section chief~~department chairperson and/or division director, whenever such action must be taken when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the chief executive officer will subsequently notify the medical staff member in writing of the suspension. Such notice shall be by certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(2) No Changes.

(3) Immediately upon the imposition of a summary suspension, the chief executive officer in consultation with the appropriate ~~section chief~~department chairperson and/or division director, shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the hospital at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect,

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the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension and termination-

(1) - (2) No Changes.

(3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member's appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-111-04 and automatically relinquish ~~have voluntarily terminated~~ his or her appointment and privileges.

(4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member's appointment and privileges shall ~~be~~ immediately and automatically terminate unless resignation in lieu of automatic terminations is permitted pursuant to rule 3335-43-04(A)(4), suspended until such time as the exclusion, debarment, or prohibition is lifted.

(5) - (8) No Changes.

(Board approval dates: 9/1/1993, 5/2/1997, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2011, 4/8/2011, 11/7/2014, 11/6/2015)

3335-111-06 Hearing and appellate review procedure

(A) Right to hearing before the medical staff administrative committee and to appellate review.

(1) When a member of the medical staff has exhausted remedies under paragraph (F) of rule 3335-111-04 of the Administrative Code on reappointments; or under rule 3335-111-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-111-05 of the Administrative Code ~~receives notice of a proposed action by the chief executive officer or the director of medical affairs that will adversely affect reappointment as a member of the medical staff or the exercise of clinical privileges,~~ the staff member shall be entitled to an adjudicatory hearing.

(2) A medical staff member shall not be entitled to a hearing under the following circumstances:

(a) Denial of the Wexner medical center board to grant a waiver of board certification for a medical staff member.

(b) Termination of a medical staff member because of exclusion from participation in any government reimbursement program.

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(c) Voluntary withdrawal of a medical staff application.

(d) Failure to submit a reappointment application.

(e) A leave of absences extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.

(f) Actions or recommendations resulting from an informal peer review.

(g) Termination of courtesy B medical staff appointments upon approval by the Wexner medical center board.

(32) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.

(B) Request for hearing.

No Changes.

(D) Conduct of hearing.

No Changes.

(E) Appeal process.

(1) - (6) No Changes.

(7) Any final decision by the Wexner medical center board shall be communicated by the chief executive officer by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records. The chief executive officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief medical officer of OSU medical center, the vice president for health services, the director of medical affairs, chief of staff, ~~the section chief~~ department chairperson and/or division director, clinical department chief and the academic department chairperson and the person(s) who initiated the request for formal peer review. The chief executive officer shall take immediate steps to implement the final decision.

(Board approval dates: 9/1/1993, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2010, 4/8/2011, 11/7/2014, 11/6/2015)

3335-111-07 Categories of the medical staff.

The medical staff of the CHRI shall be divided into honorary, physician scholar, attending, associate attending, clinical attending, ~~community associate attending~~, consulting medical staff and limited designations. All medical staff members with admitting privileges may admit patients in accordance with state law and criteria for standards

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of care established by the medical staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last two years and specific annual education requirements as outlined in the list maintained in the chief medical officer's office, but are otherwise subject to the provisions of these bylaws.

(A) Honorary staff.

The honorary staff will be composed of those individuals who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature in an oncology field of interest. The honorary staff designation is awarded by the Wexner medical center board on the recommendation of the chief executive officer of the CHRI, executive vice president for health sciences, ~~section chief~~[department chairperson and/or division director](#), or the credentials committee after approval by the medical staff administrative committee. This is a lifetime appointment. Honorary staff are not entitled to patient care privileges.

(B) Physician scholar medical staff.

(1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.

(2) Prerogatives: Members of the physician scholar medical staff shall have access to the CHRI and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.

[\(3\) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.](#)

(C) Attending medical staff.

(1) Qualifications:

The attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who are licensed or certified in the state of Ohio, whose practice is at least seventy-five percent oncology and with a proven career commitment to oncology as demonstrated by the majority of the following:

Training, current board certification (as specified in paragraph (A)(5) of rule 3335-111-04 of the Administrative Code), publications, grant funding, other funding and experience (as deemed appropriate by the chief executive officer and the ~~section chief~~[department chairperson and/or division director](#)); and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

No Changes.

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(3) Responsibilities:

No Changes.

(D) Associate attending staff.

No Changes.

(E) Clinical attending staff.

(1) Qualifications:

The clinical attending staff shall consist of those clinical faculty members of the colleges of medicine and dentistry who have training, expertise, and experience in oncology, as determined by the chief executive officer in consultation with the ~~section chief~~ department chairperson or division director and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

No Changes.

(3) Responsibilities:

No Changes.

~~(F) Community associate attending staff.~~

~~(1) Qualifications:~~

~~The community associate attending staff shall consist of those applicants who do not have faculty appointments in any of the academic units of the Ohio state university and who are licensed in the state of Ohio and who satisfy the requirements and qualifications for membership set forth in rule 3335 111 04 of the Administrative Code. All applications for appointment and reappointment to the community associate attending staff shall be made to the chief executive officer for initial evaluation. The chief executive officer shall consult with the clinical department chief and the chairperson of the appropriate academic department and when appropriate may refer each application for completion of the appointment procedure in accordance with pertinent requirements of paragraph (E) or (F) of rule 3335 111 04 of the Administrative Code. The approval of the clinical department chief and the academic department chairperson or section chief shall not be required.~~

~~(2) Prerogatives:~~

~~The community associate attending staff members may:~~

~~(a) Provide consulting services to James patients.~~

~~(b) Admit patients when the primary diagnosis is cancer or cancer-related.~~

~~(c) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.~~

~~(d) Attend all meetings of the medical staff as non voting members and attend any and all medical staff or hospital education programs. The community associate attending staff member may not hold elected office in the medical~~

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~~staff organization except to serve as a non-voting, ex-officio member of medical staff committees if appointed pursuant to these rules.~~

~~(3) Responsibilities:~~

~~The community associate attending staff members shall:~~

~~(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.~~

~~(b) Retain responsibility within their care area of professional competence for the continuous care and supervision of each patient for whom the member is providing care, or arrange a suitable alternative for such care and supervision.~~

~~(c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.~~

~~(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at staff meetings and meetings of those committees of which they are a member.~~

~~(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs.~~

~~(G)~~ Consulting medical staff.

No Other Changes.

~~(G)~~ Limited staff.

Limited staff are not considered members of the medical staff, do not have delineated clinical privileges, and do not have the right to vote in general medical staff elections. Except where expressly stated, limited staff are bound by the terms of these bylaws, rules and regulations of the medical staff and the limited staff agreement.

(1) Qualifications:

No Changes.

(2) Responsibilities:

The limited staff shall:

(a) No Changes.

(b) No Changes.

(c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending medical staff based

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on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending, associate attending, ~~or~~ clinical attending ~~or community associate attending~~ medical staff. The limited staff member shall follow all rules and regulations of the service to which he or she is assigned, as well as the general rules of the CHRI pertaining to limited staff.

(d) No Changes.

(e) No Changes.

(f) Appeal by a member of the limited staff of probation, lack of ~~reappointment~~ promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective academic department or training program and approved by the program director ~~of medical affairs~~ and the Ohio state university's graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies.

Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-111-05 and 3335-111-06 of the Administrative Code.

(3) Failure to meet reasonable expectations:

~~Failure to meet reasonable expectations may result in sanctions including but not limited to probation, lack of reappointment, suspension or termination. Termination of employment from the limited staff member's residency or fellowship training program limited staff member status shall result in automatic termination of the limited staff member's residency or fellowship appointment pursuant to these bylaws.~~

(4) Temporary appointments:

(a) No Changes.

(b) No Changes.

(5) Supervision:

Limited staff members shall be under the supervision of an attending, associate attending, ~~or~~ clinical attending ~~or community associate attending~~ medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending, associate attending, ~~or~~ clinical attending ~~or community associate attending~~ medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending, associate attending, ~~or~~ clinical attending ~~or community associate attending~~ medical staff member. Any

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concerns or problems that arise in the limited staff member's performance should be directed to the attending, associate attending, or ~~clinical attending~~ or community associate attending medical staff member or the director of the training program.

(a) Limited staff members may write admission, discharge and other orders for the care of patients under the supervision of the attending, associate attending, or clinical attending or community associate attending medical staff member.

(b) All records of limited staff member cases must document involvement of the attending, associate attending, or clinical attending or community associate attending medical staff member in the supervision of the patient's care to include co-signature of the admission order history and physical, operative report, and discharge summary.

~~(H)~~ Associates to the medical staff.

No Other Changes.

~~(I)~~ Temporary medical staff appointment.

No Other Changes.

~~(J)~~ Clinical privileges.

(1) Delineation of clinical privileges:

(a) No Changes.

(b) Each clinical department and CHRI ~~section department and/or division~~ shall develop specific clinical criteria and standards for the evaluation of privileges with emphasis on invasive or therapeutic procedures or treatment which represent significant risk to the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.

(c) - (i) No Changes.

(2) Temporary and special privileges:

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed allied health professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of

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the chief of the clinical department, and approval by the director of medical affairs. The director of medical affairs, ~~acting as a member and on behalf of the Wexner medical center board~~, has been delegated responsibility by the Wexner medical center board to grant approval of temporary privileges. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient care need and shall not be granted for a period not to exceed one hundred twenty days.

(b) - (g) No Changes.

(3) Expedited privileges:

No Changes.

(4) Podiatric privileges:

No Changes.

(5) Psychology privileges:

No Changes.

(6) Dental privileges:

No Changes.

(7) Oral and maxillofacial surgical privileges:

No Changes.

(8) Licensed allied health professionals:

No Changes.

(9) Emergency privileges:

No Changes.

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(10) Disaster privileges:

No Changes.

(11) Telemedicine:

No Changes.

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 8/6/2006, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015)

3335-111-08 Organization of the CHRI medical staff.

(A) The chief executive officer.

No Changes.

(B) The director of medical affairs (physician-in-chief/chief medical officer of the James cancer hospital).

(1) Method of appointment:

The director of medical affairs shall be appointed by the executive vice president for health sciences upon recommendation by the chief executive officer [of the James Cancer Hospital](#). The director of medical affairs is the physician-in-chief and shall be the chief medical officer of the CHRI and must be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The director of medical affairs shall [report](#) to the chief executive officer, ~~the executive vice president for health sciences, the CHRI hospital board,~~ and the [Wexner](#) medical center board for the quality of patient care provided in the CHRI. The director of medical affairs shall assist the chief executive officer in the administration of medical affairs including quality assurance and credentialing. [In addition, the director of medical affairs will decide determinesthe initial attending status-medical staff category appointments, and reappointments and any changes in categories of the medical staff. ongoing categorization of CHRI faculty.](#)

(C) The chief medical officer of the Ohio state university medical center.

The chief medical officer of the Ohio state university medical center is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority,

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and responsibilities of the chief medical officer shall be as outlined in the Ohio state medical center board bylaws.

The director of medical affairs will work collaboratively with the chief medical officer and medical directors of each hospital of the medical center for the: coordination and supervision of patient care and clinical activities, responsibility for the clinical organization of his or her respective hospital, and to establish priorities, jointly with the chief executive officer or executive director of his or her respective hospital, for capital medical equipment, clinical space, and the establishment of new clinical programs, or the revision of existing clinical programs.

(D) The chief quality officer of the Ohio state university medical center.

The chief quality and patient safety officer of the Ohio state university medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer ~~for administrative and operational issues and has an independent reporting relationship to the executive vice president for health sciences regarding quality data and patient safety events.~~ The chief quality officer works collaboratively with clinical leadership of the medical center, including medical director of quality for the CHRI, director of medical affairs for the CHRI, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(E) Medical director of credentialing.

No Changes.

~~(F) Associate physician in chief.~~

~~The associate to the physician in chief oversees the alignment of clinical service lines within the cancer program. The associate serves at the direction of the physician in chief to further the global cancer mission at OSU. The role functions as a key strategic liaison between the physician in chief, chief of staff and the medical staff to strategically grow the footprint of the cancer program. The associate physician in chief reports to the physician in chief of the James.~~

~~(G) Medical director of surgical services, James surgical services.~~

The ~~chief of surgical services~~medical director, James surgical services has oversight of all James designated perioperative services and procedural suites. Working collaboratively with the administrator of perioperative services, the ~~chief of surgical services~~medical director, James surgical services facilitates the timely sharing of OR resources (including personnel and equipment) across the medical center in order to maximize the efficiency of OR services. The ~~chief of surgical services~~medical director, James surgical services works with clinical service lines and clinical leadership to coordinate OR services in a manner that enhances the quality of care and safety of services for patients. The ~~chief of surgical services~~medical director, James surgical services reports to the ~~physician in chief~~Director of medical affairs of the James.

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~~-(H) The sections: Professional assignments~~

Each member of the attending, associate attending, clinical, limited, physician scholar and honorary staff shall be assigned to a CHRI section, division and/or department by the chief executive officer upon the recommendation of the appropriate academic department chairperson and the credentials committee.

~~There are four clinical sections: medical oncology, surgical oncology, radiation oncology and pathology.~~
Appointment to a specific section, department and/or division is based on the clinical specialty of the applicant for medical staff membership. Each section, department and/or division is headed by a section chief, department chairperson or division director who has the responsibility to oversee all research and clinical activities conducted by members of the section, department and/or division. Specifically, the section chief, department chairperson or division director shall be responsible for the following: the development and implementation of policies and procedures that guide and support the provision of service; recommendations re: staffing needs and clinical privileges for all members appointed to the section, department and/or division; the orientation and continuing surveillance of the professional performance of all section, department and/or division members; recommendation for space and other resources needed. ~~The section chiefs appointed by the chief executive officer.~~

(I) Clinical department chief.

No Changes.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/01/2013, 6/6/2014, 11/6/2015)

3335-111-09 Elected officers of the medical staff of the CHRI.

(A) Chief of staff.

The chief of staff shall:

(1) - (3) No Changes.

(4) Make medical staff committee appointments jointly with the physician-in-chief, director of medical affairs and chief of staff-elect for approval by the CHRI medical staff administrative committee.

(5) - (6) No Changes.

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(B) Chief of staff-elect.

No Changes.

(C) Delegates at-large.

Up to two additional at-large member(s) may be appointed to the ~~medical staff administrative committee at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis every two years. There shall be two delegates at large that are members of the medical staff. Each delegate at large shall be a member of the medical staff administrative committee and shall serve on those committees of the medical center board as appointed by the chairperson of the medical center board.~~

(D) Qualifications of officers.

(1) Officers must be members of the attending or associate attending staff at the time of their nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) The chief executive officer and director of medical affairs, chiefs of the clinical departments, ~~department chairperson or division director~~ section chiefs, medical directors, associate and/or assistant medical directors are not eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their CHRI administrative role during the period of their term of office.

(E) Election of officers.

(1) - (3) No Changes.

(4) The committee's nominees will be submitted by electronic or written ballot to all voting members of the medical staff no later than ~~April~~ May.

(5) Candidates for the office of chief of staff-elect will be listed and each attending ~~or associate attending staff member may vote for one. Candidates for the at large positions will be voted upon as a group. Each voting member of the medical staff may vote for two at large candidates. The two candidates with the highest number of votes will be elected. A majority of the votes is not necessary.~~

(6) No Changes.

(F) Term of office.

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No Changes.

(G) Vacancies in office.

(1) - (2) No Changes.

(3) Vacancies in the at-large representatives' positions will be filled by appointment by the ~~chief of staff~~ chief executive officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 2/11/2011, 4/8/2011, 6/6/2014, 9/2/2016)

3335-11-10 Administration of the medical staff of the CHRI

Medical staff committees.

(A) - (B) No Changes.

(C) Medical staff administrative committee:

(1) Composition:

(a) Voting membership includes: chief of staff, chief of staff-elect, immediate past chief of staff, section chiefs, clinical department chief, chairperson or division director of medical oncology, radiation oncology, surgical oncology, and anatomic pathology and molecular pathology; division chiefs of department chairperson or division director of hematology, gynecologic oncology, otolaryngology/head and neck, hospital medicine, human genetics, infectious diseases, surgical oncology, thoracic surgery, neurological oncology, orthopaedic oncology/sarcoma, pulmonary, critical care and sleep medicine and urology; medical director of James emergency services; clinical department chiefs of anesthesia, physical medicine and rehabilitation, plastic surgery, psychiatry, and radiology; CHRI medical director of quality, CHRI medical director of credentialing, CHRI chief executive officer, CHRI director of medical affairs, director of the division of palliative medicine, chairperson of the cancer subcommittee, CCC director for clinical research, and CCC director for cancer control, and medical director of the James surgical services and associate director of James surgical services. Up to two additional at-large member(s) may be appointed to the MSAC at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis. If a division or section head ~~chairperson or director~~ is a member by

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leadership position, he or she will also fulfill the role of division ~~or section~~ ~~department~~ ~~chief~~ ~~director~~ appointment. The director of medical affairs shall be the chairperson and the chief of staff shall be the vice-chairperson.

(b) Ex-officio non-voting membership includes: the CHRI executive director, ~~the CHRI associate director for professional education~~, the CHRI chief nursing officer, ~~CHRI executive director of patient services~~, the medical director of university hospital and/or the chief medical officer of the medical center, the dean of the Ohio state university college of medicine ~~and~~ the executive vice president for health sciences, ~~and the associate director for medical staff affairs~~.

(c) - (e) No Changes.

(2) - (4) No Changes.

(D) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition:

The credentialing responsibilities of the medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each hospital.

The chief medical officer of the medical center shall appoint the credentialing committee of the hospitals of the Ohio state university. The ~~chief of staff~~ director of medical affairs and medical director of credentialing shall make recommendation to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, whom shall be appointed by the chief medical officer of the medical center.

(2) Duties:

(a) - (d) No Changes.

(e) To make recommendations to the medical staff administrative committee through the medical director of credentialing regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (~~division and/or department~~ ~~division/section~~), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;

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(f) - (l) No Changes.

(3) Licensed health care professionals subcommittee:

No Changes.

(E) Medical staff bylaws committee:

(1) Composition.

(F) Committee for practitioner health.

No Changes.

(G) Cancer subcommittee:

(1) Composition:

Required to be included as members of the cancer subcommittee are physician representatives from surgery, medical oncology, ~~diagnostic~~ radiology, radiation oncology, anesthesia, plastic surgery, urology, otolaryngology/head and neck, hematology, gynecologic oncology, thoracic surgery, orthopaedic oncology, neurological oncology, emergency medicine, palliative medicine and pathology, the cancer liaison physician and nonphysician representatives from the cancer registry, administration, nursing, social services, and quality assurance. Other disciplines should be included as appropriate for the institution. The chairperson is appointed at the recommendation of the chief executive officer of the CHRI and the director of medical affairs, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis.

(2) - (3) No Changes.

(H) Ethics committee.

No Changes.

(I) Practitioner evaluation committee.

No Changes.

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(J) Professionalism consultation committee.

No Changes.

3335-111-11 History and physical.

No changes.

3335-111-12 Amendments and Adoption

No changes.

3335-111-13 Meetings and dues.

(A) Meetings.

The medical staff of the CHRI shall conduct scheduled meetings semi-annually. Notice of the meetings will be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. ~~A~~Special or electronic meetings may be called at the option of the medical staff administrative committee.

(B) No Changes.

3335-11-14 Rules of construction.

No Changes.

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The James



Quality and Professional Affairs: 3.28.18
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Medical Staff Rules and Regulations – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated September 2, 2016

- 01 Ethical pledge.
No Change
- 02 Admission procedures.
No Change
- 03 Attending assignment.
No Change
- 04 Consultations.
No Change
- 05 Order writing privileges.
No Change
- 06 Death procedures.
No Change
- 07 Emergency preparedness.
No Change
- 08 Surgical case review (tissue committees).
No Change
- 09 Tissue disposition.
No Change

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The James



Quality and Professional Affairs: 3.28.18
MC Board: 4.4.18
UBOT: 4.6.18

Medical Staff Rules and Regulations –

Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
10 Medical records.

(A) (1)-(5) No Change

(6) Records storage, security, and accessibility.

All patient's records, pathological examinations, slides, radiological films, photographic records, cardiographic records, laboratory reports, statistical evaluations, etc., are the property of the CHRI and shall not be taken from the CHRI except on court order, subpoena or statute duly filed with the medical record administrator or the hospital administration. The hospital administration may, under certain conditions, arrange for copies or reproductions of the above records to be made. Such copies may be removed from the hospital after the medical record administrator or the proper administrative authority has received a written receipt thereof. In the case of readmission of the patient, all previous records or copies thereof shall be available for the use of the attending medical staff member.

In general, medical records shall be maintained by the hospital. Records on microfilms, paper, electronic tape recordings, magnetic media, optical disks, and such other acceptable storage techniques shall be used to maintain patient records for twenty-one years for minors and ten years for adults. In the case of readmission of the patient, all records or copies thereof from the past ten/twenty-one years shall be available for the use of the attending medical staff member or other health care providers.

(7) – (11) No Change

11 Committees.

No Change

12 Standards of practice.

No Change

13 Mechanism for changing rules and regulations.

No Change

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The James



Quality and Professional Affairs: 3.28.18

MC Board: 4.4.18

UBOT: 4.6.18

Medical Staff Rules and Regulations –

Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

14 Adoption of the rules and regulations.

No Change

15 Sanctions.

No Change

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