

WEXNER MEDICAL CENTER BOARD MEETING

Leslie H. Wexner
Abigail S. Wexner
Cheryl L. Krueger
Hiroyuki Fujita
Alan A. Stockmeister
John W. Zeiger
Anand Shah
Stephen D. Steinour
Robert H. Schottenstein
W.G. Jurgensen
Cindy Hilsheimer
Gary R. Heminger (ex officio, voting)
Kristina M. Johnson (ex officio, voting)
Harold L. Paz (ex officio, voting)
Bruce A. McPheron (ex officio, voting)
Michael Papadakis (ex officio, voting)

Livestream: <https://livestream.com/wosu/osubotmay2021> 1:00-5:00pm

Public Session

1. Approval of February 2021 Wexner Medical Center Board Meeting Minutes 1:00-1:05pm
2. Chancellor's Report – Dr. Hal Paz 1:05-1:15pm
3. James Cancer Hospital Report – Dr. William Farrar 1:15-1:20pm
4. Wexner Medical Center Financial Report – Mr. Mark Larmore 1:20-1:25pm
5. Recommend for Approval the Wexner Medical Center FY22 Budget – Mr. Mark Larmore 1:25-1:30pm
6. Recommend for Approval the Purchase of Real Property – Mr. Frank Aucremanne 1:30-1:35pm
7. Recommend for Approval to Increase Professional Services Contracts – Mr. Frank Aucremanne 1:35-1:40pm
8. Approval of Amendments to the Bylaws of the Medical Staff of University Hospitals and Approval of 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 – Dr. David Cohn, Dr. Andrew Thomas 1:40-1:45pm
9. Ratification of Committee Appointments 2021-2022 – Ms. Cheryl Krueger 1:45-1:50pm

Executive Session

1:50- 5:00pm

SUMMARY OF ACTIONS TAKEN

February 23, 2021 - Wexner Medical Center Board Meeting

Voting Members Present by Zoom Virtual Meeting:

Leslie H. Wexner
Abigail S. Wexner
Cheryl L. Krueger
Hiroyuki Fujita
John W. Zeiger

Stephen D. Steinour
Robert H. Schottenstein
W.G. "Jerry" Jurgensen
Cindy Hilsheimer
Gary R. Heminger (ex officio)

Kristina M. Johnson (ex officio)
Harold L. Paz (ex officio)
Bruce A. McPheron (ex officio)
Michael Papadakis (ex officio)

Members Absent:

N/A

PUBLIC SESSION

The Wexner Medical Center Board convened for its 37th meeting on Wednesday, February 23, 2021, virtually over Zoom. Board Secretary Jessica A. Eveland called the meeting to order at 1:00 p.m.

Item for Action

1. Approval of Minutes: No changes were requested to the November 18, 2020, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Items for Discussion

2. Chancellor's Report: Dr. Harold Paz began his report with a moment of silence for those whose lives have been lost during the COVID-19 pandemic. The day prior to the board meeting, the United States hit a grim milestone with more than 500,000 deaths as a result of the pandemic.

Dr. Paz continued his report by sharing significant achievements that had occurred around the Wexner Medical Center since the board's November meeting. *Forbes* recognized the Wexner Medical Center as No. 14 out of 500 employers nationally on its 2021 list of "America's Best Large Employers," ahead of such employers as Netflix, Microsoft and the University of Michigan. The medical center ranked second in the nation on this list among health systems, behind only the Mayo Clinic. This recognition indicates that not only does the medical center have an exceptional depth and breadth of talent, but its employees also feel supported and would recommend the medical center as a top place to work.

Dr. Paz also congratulated Daniel Lesman, a College of Medicine student in biomedical science, who was named a Rhodes Scholar in November. This honor marked the first time Ohio State has had a student earn a Rhodes in three consecutive years. The university has had nine Rhodes Scholars total.

The Blue Ridge Institute for Medical Research released its 2020 rankings – a compilation of National Institutes of Health (NIH) rankings for U.S. medical schools. In 2020, in spite of the pandemic, our direct NIH funding increased by 16% to reach \$160.2 million, which is a record for the College of Medicine. We have two top-10 programs and a total of four top-20 programs in the nation, highlighted by our Department of Surgery, which ranked No. 4 in the nation. We ranked No. 39 overall, which was a jump of nine spots in just two years. Additionally, the College of Nursing earned its highest NIH funding ever, rising to No. 13 in the country, up from No. 16 the year prior.

Items for Discussion (continued)

The Centers for Disease Control and Prevention recognized Ohio State with its Million Hearts designation. Million Hearts is a national, federal initiative to prevent 1 million heart attacks and strokes within five years. We are the first health system in the Midwest and one of just four in the nation to receive this honor. Dr. Paz thanked College of Nursing Dean Bernadette Melnyk for her leadership in spearheading this initiative with leaders across the medical center to develop innovative, evidence-based programs, such as a free online interprofessional education module that has been implemented in all 50 states, as well as the Ask a Buckeye Nurse program that provides heart healthy education in local barber shops.

Dr. Paz noted that our response to COVID-19 has been driven by our commitment as a land-grant institution to share our knowledge and expertise in order to keep our communities as safe and healthy as possible. And Ohio State is at the forefront of the global pandemic response. Dr. Paz shared that the media coverage from our vaccine distribution launch alone led to more than 2,100 positive media stories around the world, with a combined audience of 2.1 billion individuals. Dr. Paz thanked the entire team that was charged with coordinating our COVID-19 vaccination distribution at the Schottenstein Center – specifically Ryan Haley and Crystal Tubbs, who have provided extraordinary leadership to a large group of faculty, staff and volunteers. He also thanked the exceptional team of Buckeyes who care for our patients every day, as well as the community members and local businesses who have donated countless meals and more than \$1.9 million since the start of the pandemic to directly support the wellbeing of our healthcare workers on the frontlines. He then closed his report by sharing a video that highlighted the team's dedication and achievements. As Buckeyes, we have continued to rise to the occasion and meet every challenge that this pandemic has thrown our way.

3. COVID-19 Report: Dr. Peter Mohler, chief scientific officer; Elizabeth Seely, chief administrative officer; and Dr. Andrew Thomas, chief clinical officer; gave an overview of the Wexner Medical Center's COVID-19 research and innovation efforts, clinical testing efforts that have resulted in nearly 500,000 tests so far, the vaccination program at the Schottenstein Center, and more details on the innovative monoclonal antibody treatment protocol for COVID-19 patients.

Ohio State is truly a leader in its trials for therapeutics that are now being used in clinics, and also in research that identified two new viral strains in the United States. These newly identified strains pose significant health risks related to increased infectivity, and the medical center is testing the impact of current therapeutics on these new strains. The first vaccination in Ohio took place at the Wexner Medical Center on December 14, 2020. As of February 11, 2021, a total of 45,626 doses had been administered. The Schottenstein Center opened its vaccination site to the public on January 19.

Also as of February 11, the medical center had infused 1,200 patients with monoclonal antibody treatments (Bamlanivimab and Regeneron), with the first infusion at the medical center taking place on November 18, 2020. The advantage of this treatment is that it helps to greatly reduce the risks for patients who are at high-risk for severe disease and hospitalization.

4. James Cancer Hospital Report: Dr. William Farrar, CEO of the James Cancer Hospital, touched on how the pandemic negatively impacted cancer screenings and treatments in 2020, which can lead to worse outcomes and delayed diagnosis. In the U.S., studies have found that an estimated 22 million cancer screenings were cancelled or missed between March and June of 2020, and 35 percent of American adults missed a scheduled cancer screening during the pandemic. To address this concerning issue, the James has started a marketing campaign to promote cancer prevention and screenings across the region and state. The James has also joined 75 other cancer centers across the country to support Re-engage in Cancer Care, a program that encourages cancer prevention and screening efforts.

Items for Discussion (continued)

In spite of the pandemic, the James has had a variety of successes and accomplishments since the last board meeting. Several years ago, the Alliance of Dedicated Cancer Centers – which includes the PPS-Exempt Cancer Hospitals in the country – recognized the need for a program that addresses end-of-life care and increases communication between clinicians and patients. Under the direction of Dr. Jillian Rustin and in collaboration with several faculty and staff members, the medical center has instituted a four-point plan to improve goal-concordant care and enhance communication through end-of-life care.

Research at the James, while disrupted by the pandemic, has continued in earnest. In 2020, there were 104 new cancer-specific grants at the Comprehensive Cancer Center. We were awarded \$53.3 million from the NCI, which ranks us No. 15 in terms of NCI funding compared to other campus programs. For comparison, in 2018 we received \$40 million and ranked No. 25. We also have opened 114 new clinical research studies and enrolled 785 patients in therapeutic trials. In 2020, cancer center members also had 877 publications in peer-reviewed journals, including 178 in journals with an impact factor of 10 or higher.

In December, the James launched the statewide Turning the Page on Breast Cancer in Ohio, an initiative focused on breast cancer education, facilitating access to genetics counseling and ensuring appropriate screening and follow-up for abnormalities and treatment for Black women who are at an increased risk for breast cancer. Also in December, the James received a \$10 million gift from the Paula and Rodger Riney Family Foundation to establish the Riney Family Foundation Myeloma Center for Advanced Research Excellence. Led by Dr. Don Benson, the center will explore potential new treatments using specific molecular targets.

Finally, Dr. Farrar also highlighted the work of Pelotonia. During unprecedented circumstances and challenges, the Pelotonia community came together in 2020 and raised \$10.5 million after moving from an in-person event to a virtual platform. Pelotonia 2021 launched on February 18 and announced plans for a socially distanced ride the weekend of August 6-8.

5. Wexner Medical Center Financial Report: Wexner Medical Center CFO Mark Larmore reported on the financial results for the health system as of December 31, 2020, which was running nearly \$25 million ahead of budget with revenue growth of approx. 12.5 percent over the prior year. The combined Wexner Medical Center results, consisting of the health system, College of Medicine and OSU Physicians, was running \$39 million ahead of budget with revenue growth of 7.1 percent. Mr. Larmore also noted that, while overall cash has gone down on the medical center's balance sheet, this is an expected result of the medical center's plan to (among other things) move forward with its capital programs during the pandemic.



Items for Action

- 6. Resolution No. 2021-69, Recommend Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts

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

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

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
James – Halcyon Linear Accelerator	\$0.2M	\$5.7M	\$5.9M	Auxiliary Funds

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

	Construction Approval Requested	Total Requested	
Martha Morehouse Facility Improvements	\$37.0M	\$37.0M	Auxiliary Funds

NOW THEREFORE

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

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

(See Appendix X for background information, page XX)

Items for Action (continued)

7. Resolution No. 2021-70 Ratification of Committee Appointments 2021-2022

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for 2021-2022 are as follows:

Quality and Professional Affairs Committee

Cheryl L. Krueger, Chair
ALAN A. STOCKMEISTER, VICE CHAIR
ANAND SHAH
Harold L. Paz
Bruce A. McPheron
Michael Papadakis
David P. McQuaid
Andrew M. Thomas
David E. Cohn
Elizabeth Seely
Minka Schofield
Amit Agrawal
Scott A. Holliday
Iahn Gonsenhauser
Jacalyn Buck
Kristopher M. Kipp
Abigail S. Wexner (ex officio)

Action: Upon the motion of Mr. Wexner, seconded by Ms. Hilsheimer, the board adopted the foregoing motion for resolution No. 2021-70 by unanimous voice vote with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Mr. Shah, Mr. Steinour, Mr. Schottenstein, Mr. Jurgensen, Ms. Hilsheimer, Dr. Johnson, Dr. Paz, Dr. McPheron and Mr. Papadakis. Mr. Heminger was not present for this vote.

Items for Action (continued)

8. Resolution No. 2021-71 Amendments to the *Bylaws of The Ohio State University Wexner Medical Center Board*

Synopsis: Approval of the attached amendments to the *Bylaws of The Ohio State University Wexner Medical Center Board* is proposed.

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

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

WHEREAS the last revisions to the *Bylaws of The Ohio State University Wexner Medical Center Board* took place in November 2019:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby recommends approval by the University Board of Trustees of the attached amendments to the *Bylaws of The Ohio State University Wexner Medical Center Board*.

(See Attachment X for background information, page XX)

Action: Upon the motion of Mr. Wexner, seconded by Dr. Paz, the board approved the foregoing motions for resolutions No. 2021-69 and 2021-71 by majority voice vote with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Mr. Shah, Mr. Steinour, Mr. Schottenstein, Mr. Jurgensen, Ms. Hilsheimer, Dr. Johnson, Dr. Paz, Dr. McPheron and Mr. Papadakis. Mr. Heminger was not present for this vote.

EXECUTIVE SESSION

It was moved by Mr. Wexner, and seconded by Mr. Zeiger, that the board recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes, to consult with legal counsel regarding pending or imminent litigation, and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll call vote was taken, and the board voted to go into executive session with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Mr. Shah, Mr. Steinour, Mr. Schottenstein, Mr. Jurgensen, Ms. Hilsheimer, Dr. Johnson, Dr. Paz, Dr. McPheron and Mr. Papadakis. Mr. Heminger was not present for this vote.

The board entered executive session at 1:48 p.m. and adjourned at 5:02 p.m.



Wexner Medical Center Board Report

William B. Farrar, MD
May 18, 2021

The James



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Creating a Cancer-free World.
One Person, One Discovery at a Time.

President Biden Visits the OSUCCC – James

“A source of hope.”

On the 11th anniversary of the Affordable Care Act, President Joe Biden paid a special visit to The Ohio State University Wexner Medical Center.

The OSUCCC – James was awarded a \$100 million grant in 2010 to expand access to cancer care in Ohio. This grant was funded through the Affordable Care Act and allowed for the addition of a floor in the new hospital for Radiation Oncology.

In recognition of the 11-year anniversary of the signing of the Affordable Care Act, Joseph R. Biden, president of the United States of America, marked the occasion with a visit to The James on March 23. His visit included a tour of Radiation Oncology, and meetings with hospital, health system, and university leaders.



Disruptions brought by COVID-19 have significantly interrupted almost all aspects of cancer control and prevention infrastructures.

Recently published studies suggest that a substantial decline in cancer screenings nationwide is occurring as a result of the COVID-19 pandemic. Oncologists across the country consider this a troubling trend that could lead to more advanced disease diagnoses and poorer treatment outcomes.

The National Cancer Institute predicts the number of people who will die from breast and colon cancer in the U.S. will increase by nearly 10,000 over the next decade because of COVID-19's impact on cancer care.

There is no routine breast cancer.

Breast cancer is never logical or straightforward or routine. That's why fighting breast cancer with routine treatment just isn't enough. At The James, you get the expertise of a multidisciplinary team that specializes not just in cancer but breast cancer. They apply their collective thinking toward discovering the most effective diagnosis and delivering them at exactly the right time, for you — which means you can count on comprehensive breast cancer care that's far beyond routine.

The James
THE OHIO STATE UNIVERSITY
WOODEY MEDICAL CENTER

NEW! The James Grove City
5775 North Meadows Dr., Grove City, OH 43123

The James Grove City provides a variety of breast cancer services to patients and community members in and around Grove City. Services include, but are not limited to, oncology rehabilitation, mammography and our High-Risk Breast Cancer Program.

Call 800.988.6866 to schedule an appointment.

There is no routine mammogram.

When it comes to mammograms, routine just isn't enough. That's because routine applies only to what's predictable, straightforward and logical. And breast cancer simply isn't. At The James, our radiologists read only mammograms, all day, every day. They're trained to detect the nuances that people who don't read mammograms all day might miss. It's that level of expertise that results in prevention, detection and peace of mind that are far beyond routine.

NEW! The James Mammography Dublin
6750 Polaris Dr., Suite 200, Dublin, OH 43015

Call 800.345.4477 to schedule an appointment or visit cancer.osu.edu/dublin.

The James
THE OHIO STATE UNIVERSITY
WOODEY MEDICAL CENTER

There is no routine mammogram.

When it comes to mammograms, routine just isn't enough. That's because routine applies only to what's predictable, straightforward and logical. And breast cancer simply isn't. At The James, our radiologists read only mammograms, all day, every day. They're trained to detect the nuances that people who don't read mammograms all day might miss. It's that level of expertise that results in prevention, detection and peace of mind that are far beyond routine.

NEW!

The James Mammography Mill Run
3541 Ridge Mill Dr.
Hilliard, OH 43026

Call 800.345.4477 to schedule an appointment or visit cancer.osu.edu/millrun.

The James
THE OHIO STATE UNIVERSITY
WOODEY MEDICAL CENTER

The OSUCCC – James has invested in marketing and communications initiatives urging individuals not to delay recommended cancer screenings, doctor’s visits, and treatments.



Increased digital and TV advertising, including a new diagnostic center commercial.



Ran screening advertorials in the Sunday Dispatch.



Promoted cancer screenings on weekly 10TV and Local-12 Cincinnati segments.

The James Diagnostic Center offers patients expert evaluation and access to the appropriate diagnostic testing for a timely and precise cancer diagnosis.



Diagnostic testing
(CT scan, MRI
scan, ultrasound)



Blood and
lab tests



Biopsy to be
examined
under a
microscope



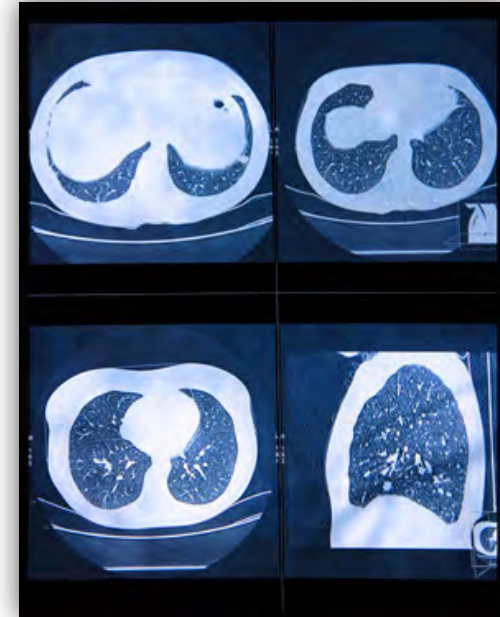
Referral to
cancer
specialists

The James

Two Studies Provide Evidence for Updated Lung Cancer Screening Guidelines

Two new studies published by investigators at The Ohio State University and the UNC Lineberger Comprehensive Cancer Center provide important evidence review and predictive modeling data to confirm recently updated lung cancer screening guidelines implemented by the U.S. Preventive Services Task Force (USPSTF).

The studies and the new screening guidelines were published in the *Journal of the American Medical Association (JAMA)* on March 9.



Updated Screening Guidelines

*The newly updated guideline recommends **annual low-dose CT lung cancer screening** for individuals of age 50 to 80 who have a 20-pack-a-year smoking history and currently smoke or have quit within the past 15 years.*

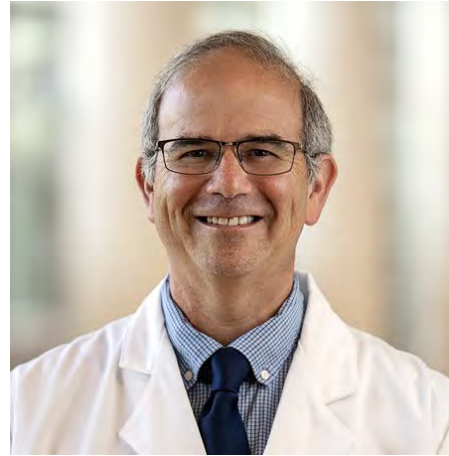
The James

Ohio State Cancer Faculty Gain National Awards and Honors



Leigha Senter-Jamieson, MS, CGC

Received 2020 Pitt Public Health Distinguished Alumni Award for Teaching and Dissemination



Matthew Ringel, MD

Appointed editor-in-chief of the journal *Endocrine-Related Cancer*



Payal Desai, MD

Selected as co-chair of the Sickle Cell Disease Coalition's (SCDC) Research & Clinical Trials Working Group




Heather Hampel, MS, LGC

Elected secretary/treasurer-elect for the National Society of Genetic Counselors (NSGC)

The James

President Johnson to Help Lead Team Buckeye for 2021

Ohio State University President Kristina M. Johnson, PhD, will serve as the honorary captain for Ohio State's super peloton, Team Buckeye. Dr. Johnson is the first president of the university to serve in this position.



“When we pool our resources, our knowledge and our research, we are far more likely to succeed in triumphing over life’s challenges. Together we will move forward and conquer cancer – one mile and one dollar at a time.” - President Johnson

Registration Update:

- 826 members
- 77 pelotons, including one led by Dr. Paz – Paz’s Pedalers
- Volunteering is up 37% over last year
- Fundraising is up 81% from same time last year

The COVID-19 pandemic has changed the world in many ways, but it has proven to be no match for the spirit of Pelotonia.

\$219,325,180

All-time funds raised

\$1,725,181

2021 funds raised *(year to date)*

4,123

2021 participants *(year to date)*





Thank You!

The James





Wexner Medical Center Financial Report Public Session

May 18, 2021

The Ohio State University Health System

Consolidated Statement of Operations

For the YTD ended: March 31, 2021

(in thousands)

OSUHS						
	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	\$ 2,637,861	\$ 2,589,951	\$ 47,910	1.8%	\$ 2,500,486	5.5%
Operating Expenses						
Salaries and Benefits	1,119,649	1,130,115	10,466	0.9%	1,106,942	-1.1%
Resident/Purchases Physician Services	94,290	93,569	(721)	-0.8%	87,485	-7.8%
Supplies	305,827	285,320	(20,507)	-7.2%	277,835	-10.1%
Drugs and Pharmaceuticals	345,565	334,057	(11,508)	-3.4%	319,069	-8.3%
Services	243,090	252,766	9,676	3.8%	242,729	-0.1%
Depreciation	132,734	132,739	5	0.0%	130,663	-1.6%
Interest	22,310	22,310	-	0.0%	24,132	7.6%
Shared/University Overhead	54,458	54,287	(171)	-0.3%	49,288	-10.5%
Total Expense	2,317,923	2,305,163	(12,760)	-0.6%	2,238,143	-3.6%
Gain (Loss) from Operations (pre MCI)	319,938	284,788	35,150	12.3%	262,343	22.0%
Medical Center Investments	(137,973)	(137,973)	-	0.0%	(130,301)	-5.9%
Income from Investments	17,555	13,538	4,017	29.7%	26,452	-33.6%
Other Gains (Losses)	17,239	18,796	(1,557)	---	13,596	---
Excess of Revenue over Expense	\$ 216,759	\$ 179,150	\$ 37,609	21.0%	\$ 172,090	26.0%

The OSU Wexner Medical Center

Combined Statement of Operations

For the YTD ended: March 31, 2021

(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Revenue	\$ 3,360,761	\$ 3,313,258	\$ 47,503	1.4%	\$ 3,195,005	5.2%
Operating Expenses						
Salaries and Benefits	1,764,770	1,790,999	26,229	1.5%	1,711,432	-3.1%
Resident/Purchases Physician Services	94,290	93,569	(721)	-0.8%	87,485	-7.8%
Supplies	336,919	319,933	(16,986)	-5.3%	313,832	-7.4%
Drugs and Pharmaceuticals	352,370	340,928	(11,442)	-3.4%	327,028	-7.7%
Services	362,661	386,922	24,261	6.3%	372,403	2.6%
Depreciation	146,131	149,335	3,204	2.1%	150,383	2.8%
Interest/Debt	22,497	22,503	6	0.0%	24,291	7.4%
Other Operating Expense	11,574	8,204	(3,370)	-41.1%	888	-1204.0%
Medical Center Investments	20,563	12,610	(7,953)	-63%	6,737	-205.2%
Total Expense	3,111,775	3,125,002	13,227	0.4%	2,994,479	-3.9%
Excess of Revenue over Expense	\$ 248,986	\$ 188,256	\$ 60,730	32.3%	\$ 200,526	24.2%
Financial Metrics						
Integrated Margin Percentage	7.4%	5.7%	1.7%	30.4%	6.3%	18.0%
Adjusted Admissions	96,311	103,160	(6,848)	-6.6%	100,815	-4.5%
Operating Revenue per AA	\$ 27,389	\$ 25,106	\$ 2,283	9.1%	\$ 24,803	10.4%
Total Expense per AA	\$ 24,067	\$ 22,346	\$ (1,721)	-7.7%	\$ 22,201	-8.4%
This statement does not conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.						

The OSU Wexner Medical Center

Combined Balance Sheet

As of: March 31, 2021

(in thousands)

	March 2021	June 2020	Change
Cash	\$ 1,776,785	\$ 1,745,208	\$ 31,577
Net Patient Receivables	435,221	378,653	56,568
Other Current Assets	693,623	621,211	72,413
Assets Limited as to Use	422,276	421,698	578
Property, Plant & Equipment - Net	2,010,640	1,776,952	233,687
Other Assets	510,283	500,035	10,247
Total Assets	\$ 5,848,828	\$ 5,443,757	\$ 405,071
Current Liabilities	\$ 1,004,771	\$ 786,467	\$ 218,303
Other Liabilities	137,760	134,798	2,962
Long-Term Debt	618,531	660,405	(41,874)
Net Assets - Unrestricted	3,322,564	3,089,692	232,872
Net Assets - Restricted	765,203	772,395	(7,192)
Liabilities and Net Assets	\$ 5,848,828	\$ 5,443,757	\$ 405,071

This Balance sheet is not intended to conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included.

Thank You

Wexnermedical.osu.edu



Wexner Medical Center FY22 Budget Public Session

May 18, 2021

The OSU Wexner Medical Center

*Combined Income Statement
For the Years ended June 30*

	Forecast 2021	Budget 2022	% Change
OPERATING STATEMENT (in thousands)			
Total Operating Revenue	\$ 4,595,934	\$4,795,754	4.3%
Operating Expenses			
Salaries and Benefits	2,439,845	2,605,248	6.8%
Supplies and Pharmaceuticals	918,643	952,283	3.7%
Services	498,806	535,804	7.4%
Depreciation	202,229	226,952	12.2%
Interest/Debt	39,925	37,245	-6.7%
Other Operating Expense	140,662	144,724	2.9%
Medical Center Investments	15,656	6,418	-59.0%
Total Expense	4,255,765	4,508,674	5.9%
Excess of Revenue over Expense	\$ 340,169	\$ 287,080	-15.6%

The OSU Wexner Medical Center

*Combined Income Statement
For the Years ended June 30*

(in thousands)	Forecast 2021	Budget 2022	% Change
Health System			
Revenues	\$ 3,559,422	\$ 3,685,068	3.5%
Expenses	<u>3,253,654</u>	<u>3,419,688</u>	<u>5.1%</u>
Net	305,768	265,380	-13.2%
OSUP			
Revenues	\$ 534,225	\$ 574,473	7.5%
Expenses	<u>524,268</u>	<u>570,596</u>	<u>8.8%</u>
Net	9,957	3,877	-61.1%
COM/OHS			
Revenues	\$ 502,287	\$ 536,213	6.8%
Expenses	<u>477,843</u>	<u>518,390</u>	<u>8.5%</u>
Net	24,444	17,823	-27.1%
Total Medical Center			
Revenues	\$ 4,595,934	\$ 4,795,754	4.3%
Expenses	<u>4,255,765</u>	<u>4,508,674</u>	<u>5.9%</u>
Net	340,169	287,080	-15.6%



Thank You

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RECOMMEND FOR APPROVAL PURCHASE OF REAL PROPERTY

0.373 ACRES ON HUGHES STREET,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to purchase property from the City of Columbus, described as Hughes Street between Hawthorne Avenue and Phale D. Hale Drive, Columbus, Ohio, and being 0.373 acres of land, is proposed.

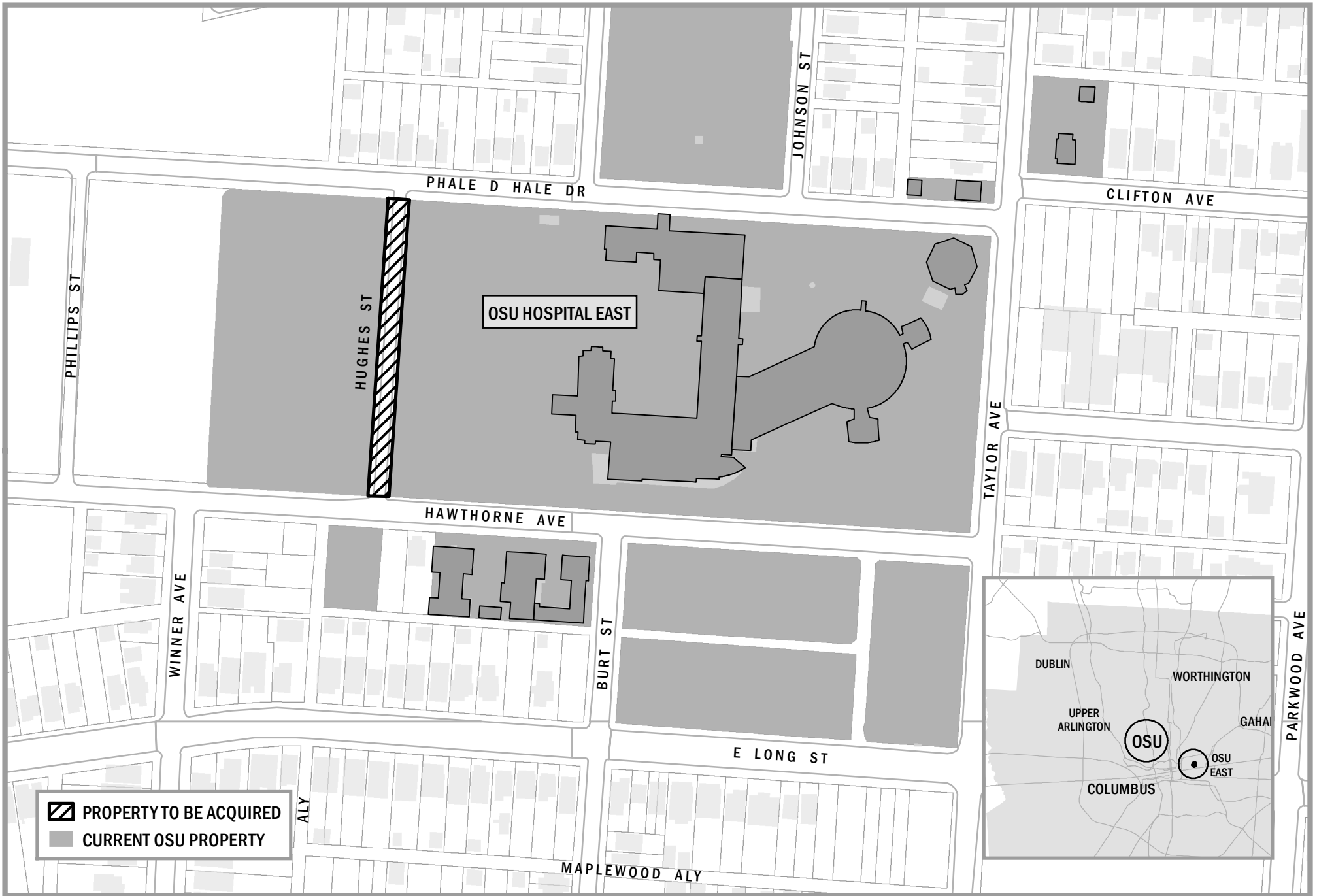
WHEREAS at the request of the university, the City of Columbus has offered to vacate and sell the above-described street for \$1.25 per square foot, subject to approval of the sale by the Columbus City Council; and



WHEREAS the purchase of this property supports the university's plan for redevelopment of land west of the current Hospital East; and

WHEREAS the appropriate university offices have determined that the purchase of this property would be in the best interest of the university:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proporses that the purchase of the aforementioned property be recommended to the University Board of Trustees for approval.



 PROPERTY TO BE ACQUIRED
 CURRENT OSU PROPERTY

**RECOMMEND APPROVAL TO
INCREASE PROFESSIONAL SERVICES CONTRACTS**

**APPROVAL TO INCREASE PROFESSIONAL SERVICES CONTRACTS
WMC Loading Dock Expansion and Renovation**

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

WHEREAS in accordance with the attached materials, the university desires to increase professional services contracts for the following project:

	Prof. Serv. Approval Requested	Total Requested	
WMC Loading Dock Expansion and Renovation	\$1.3M	\$1.3M	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.

Project Data Sheet for Board of Trustees Approval

WMC Loading Dock Expansion and Renovation

OSU-200238 (CNI#19000137)

Project Location: Doan Hall

- **approval requested and amount**
professional services \$1.3M

- **project budget**
professional services \$1.8M
construction w/contingency \$15.1M

total project budget \$16.9M

- **project funding**
 university debt
 fundraising
 university funds
 auxiliary funds

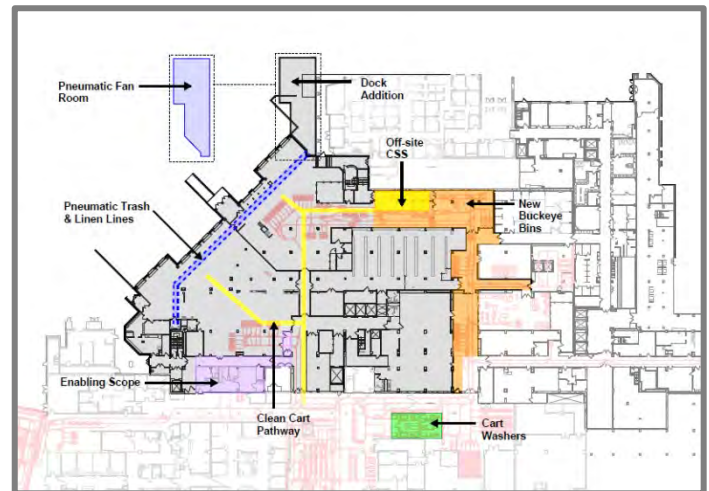
- **project schedule**
BoT professional services approval 11/19
design 6/20-2/22
construction enabling phase 11/21
construction 4/22-6/23
facility opening 7/23

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

- **planning framework**
 - a study of dock operations was completed in March 2018
 - this project is included in the FY 2020, FY 2021, and FY 2022 Capital Investment Plans; remaining project funding will be included in the FY 2023 Capital Investment Plan.

- **project scope**
 - the project will renovate 28,000 sf of the existing dock area and add 6,000 sf for a total dock area of 34,000 sf; the expanded dock will support the continued growth of the Wexner Medical Center.
 - the renovation will include the clean and soiled staging area; the expansion adds new soiled dock doors as well as space for pneumatic trash and linen fan room.
 - pneumatic trash and linen conveying system upgrades will accommodate the needs of the new University Hospital
 - the replacement of cart washers, dock levelers and dock door equipment will create a reliable and safe work area
 - project scope also includes structural, mechanical and electrical upgrades and design services for an enabling project to allow the expansion of the clean dock space

- **approval requested**
 - approval is requested to increase professional services



- **project team**
University project manager: Robin Faires
AE/design architect: Davis Wince
CM at Risk: Elford

**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**

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 a summary of the proposed amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the James Cancer Hospital is attached as Exhibit A; and

WHEREAS the proposed 2019 and 2020 amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital are attached as Exhibit B, and the proposed 2020 amendments to the *Rules and Regulations of the Medical Staff* of the James Cancer Hospital are attached as Exhibit C; and

WHEREAS the proposed 2019 amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital were approved by a joint University Hospitals and James Medical Staff Bylaws Committee on January 4, 2019; and

WHEREAS the proposed 2019 amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on January 18, 2019; and

WHEREAS the proposed 2019 amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital were approved by vote of the James Cancer Hospital Medical Staff on January 23, 2019; and

WHEREAS the proposed 2020 amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the James Cancer Hospital were approved by a joint University Hospitals and James Medical Staff Bylaws Committee on December 4, 2020; and

WHEREAS the proposed 2020 amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on January 15, 2021; and

WHEREAS the proposed 2020 amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the James Cancer Hospital were approved by vote of the James Cancer Hospital Medical Staff on February 19, 2021; and

WHEREAS on March 26, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the amendments to the *Bylaws and Rules and Regulations of the Medical Staff* of The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute.

Proposed Changes to the James Medical Staff Bylaws

(to Bylaws Committee, MSAC, Med Staff Vote, QPAC, WMC Board, UBOT)

Section	Change	Logic
<p>3335-111-07 Categories of the medical staff.</p>	<p>a. To change language under (D) Associate Attendings regarding voting privileges.</p> <p>(c) Vote on all matters presented at general and special meetings of the medical staff and at committees of which he or she is a member unless otherwise provided by resolution of the staff prohibited by these bylaws, clinical department or committee and approved by the medical staff administrative committee.</p>	<p>To clarify the voting eligibility of associate attendings.</p>
<p>3335-111-09 Elected officers of the medical staff of the CHRI.</p>	<p>(B) Chief of staff-elect.</p> <p>The chief of staff-elect shall:</p> <ol style="list-style-type: none"> 1. Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board. 2. Serve as the chairperson of the bylaws committee of the CHRI. 3. Carry out all the duties of the chief of staff when the chief of staff is unable to do so. 4. Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff. 5. Assist the Chief of Staff with duties outlined above in section (A) 1-6. <p>(D) Qualifications of officers.</p> <ol style="list-style-type: none"> 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, and division directors medical directors, associate and 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. 	<p>The changes related to 3335-111-09 passed James MSAC in January 2019.</p> <p>The change related to COS-elect addresses:</p> <ul style="list-style-type: none"> • COS elect duties to include assisting COS according to COS duties as described in the current bylaws. <p>The change related to the qualification of officers:</p> <ul style="list-style-type: none"> • Removes the eligibility of an associate attendings from being an officer. • Removes medical directors, associate and assistant medical directors from being ineligible for an officer's position.

<p>3335-111-10 Administration of the medical staff of the CHRI.</p>	<p>This removes the possibility for associate attendings to hold a seat on the bylaws committee.</p> <p>E. Medical staff bylaws committee:</p> <p>1. Composition.</p> <p>The committee shall be composed of at least four members of the attending or associate attending staff pursuant to paragraph (A)(3) of rule 3335-111-09 of the Administrative Code. The chairperson shall always be the chief of staff-elect.</p>	<p>Associate attendings cannot vote for officers or COS elect. This change aligns the current standards with this one.</p>
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Proposed Changes to the James Medical Staff Rules & Regulations
(to Bylaws Committee, MSAC, Med Staff Vote, QPAC, WMC Board, UBOT)

Section	Change	Logic
<p>11 Committees.</p>	<p>a. Change the committee names of the Leadership Council for clinical quality, safety and service. Quality Leadership Council</p> <p>b. Change the committee name of the Evidence based practice group. Clinical Practice Guideline Committee</p>	<p>a. Changes requested by the Committee Chairs and the Chief Quality and Patient safety Officer.</p>

Bylaws of the Medical Staff of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
(As of April 6, 2018)

3335-111-01 Medical staff name.

The board of trustees of the Ohio state university, by official action, established "the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI)." Hereinafter, the abbreviation "CHRI" shall mean the Arthur G. James cancer hospital and Richard J. Solove research institute; the term "medical staff" shall refer to the medical staff of the cancer hospital and research institute. "The medical staff of the Arthur G. James cancer hospital and Richard J. Solove research institute" shall be the name of the hospital's medical staff organization. In accordance with rules 3335-109-01 to 3335-109-20 and 3335-104-07 of the Administrative Code, the Ohio state university Wexner medical center board (herein called "Wexner medical center board") has delegated to the medical staff of the CHRI the responsibility to prepare and recommend adoption of these bylaws.

(Board approval dates: 9/1/1993, 2/5/1999, 9/6/2002, 2/6/2004, 11/4/2005, 2/11/2011, 11/7/2014)

3335-111-02 Purpose.

No change

3335-111-03 Patients.

No change

3335-111-04 Membership.

No change

3335-111-05 Peer review and corrective action.

No change

3335-111-06 Hearing and appellate review procedure.

No change

3335-111-07 Categories of the medical staff.

The medical staff of the CHRI shall be divided into honorary, physician scholar, attending, associate attending, clinical attending, consulting medical staff and limited designations. All medical staff members with admitting privileges may admit patients in accordance with state law and criteria for standards of care established by the medical staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, 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.

Bylaws of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (As of April 6, 2018)

(A) Honorary staff.

No change

(B) Physician scholar medical staff.

No change

(C) Attending medical staff.

No change

(D) Associate attending staff.

(1) Qualifications:

The associate attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who do not qualify for attending staff appointment.

(2) Prerogatives:

The associate attending staff may:

- (a) Admit patients consistent with the balanced teaching and patient care responsibilities of the institution. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the associate attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.
- (b) Be free to exercise such clinical privileges as are granted pursuant to the bylaws.
- (c) Vote on all matters presented at general and special meetings of the medical staff and at committees of which he or she is a member unless otherwise prohibited by these bylaws or provided by resolution of the staff, clinical department or committee ~~and~~ approved by the medical staff administrative committee.
- (d) The associate attending staff member may not vote on amendments to the bylaws.

(3) Responsibilities:

Associate attending staff members shall:

Bylaws of the Medical Staff of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
(As of April 6, 2018)

- (a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.
- (b) Retain responsibility within the member's care area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.
- (c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.
- (d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(E) Clinical attending staff.

No change

(F) Consulting medical staff.

No change

(G) Limited staff.

No change

(H) Associates to the medical staff.

No change

(I) Temporary medical staff appointment.

No change

(J) Clinical privileges.

No change

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 8/6/2006, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 4/6/2018)

Bylaws of the Medical Staff of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
(As of April 6, 2018)

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

No change

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

(A) Chief of staff.

The chief of staff shall:

1. Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.
2. Be a vice chairperson of the medical staff administrative committee and serve as liaison between university administration, CHRI administration, and the medical staff in all matters of mutual concern within the CHRI.
3. Call, preside, and be responsible for the agenda of all general staff meetings.
4. Make medical staff committee appointments jointly with the director of medical affairs and chief of staff-elect for approval by the CHRI medical staff administrative committee.
5. Be a spokesperson for the medical staff in its external professional and public relations.
6. Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

1. Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.
2. Serve as the chairperson of the bylaws committee of the CHRI.
3. Carry out all the duties of the chief of staff when the chief of staff is unable to do so.
4. Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.
5. Assist the Chief of Staff with duties outlined above in section (A) 1-6.^[MM1]

(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 approval of the medical staff administrative committee and subject to review and renewal every two years.

(D) Qualifications of officers.

1. Officers must be members of the attending ~~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, and division directors, ~~medical directors, associate and/or assistant medical directors~~ are not eligible to

Bylaws of the Medical Staff of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
(As of April 6, 2018)

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.[MM2]

(E) Election of officers.

1. All officers (other than at-large officers) will be elected by a majority of those voting by written or electronic ballot after the April meeting of the medical staff. If one candidate does not achieve a majority vote, there will be an election on a second ballot between the two receiving the greatest number of votes.
2. The nominating committee will be composed of five members. The chief of staff and the chief of staff-elect will serve on the committee and the chief of staff will be its chairperson. The chief of staff will appoint the three other members of the committee.
3. Nominations for officers will be accepted from the floor at the March meeting.
4. The committee's nominees will be submitted by electronic or written ballot to all voting members of the medical staff no later than May.
5. Candidates for the office of chief of staff-elect will be listed and each attending staff member may vote for one.
6. Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the CHRI, its goal and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.

(F) Term of office.

1. The chief of staff and chief of staff-elect will each serve two years in office beginning on the first of July. The chief of staff-elect will be elected in the odd years. The chief of staff may not be elected chief of staff-elect within one year of the end of the chief of staff's term in office.
2. The at-large representatives shall serve two years, beginning on the first of July. The delegate at large may succeed themselves for three successive terms (six years, total), if so elected. They may not serve again without a period of two years out of office as a delegate at large. The delegate at large may be elected chief of staff-elect at any time if they are members of the attending staff.

(G) Vacancies in office.

1. Vacancies in the office of chief of staff during the chief's term will be automatically succeeded and performed by the chief of staff-elect. When the unexpired term is one year or less, the new chief of staff will continue in office until the completion of the expected term in that office. When the unexpired term is more than one year, the new chief of staff will serve out the remaining term only.
2. Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of establishing the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The nominating committee will make nominations and a special meeting of the voting members of the medical staff will be called to add nominations and elect the replacement. The new chief of staff-elect will become chief of staff at the end of the term of the incumbent.

Bylaws of the Medical Staff of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
(As of April 6, 2018)

3. Vacancies in the at-large representatives' positions will be filled by appointment by the chief executive officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 2/11/2011, 4/8/2011, 6/6/2014, 9/2/2016, 4/6/2018)

3335-111-10 Administration of the medical staff of the CHRI.

Medical staff committees.

(A) No change

(B) No change

(C) Medical staff administrative committee:

No change

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

No changes

(E) Medical staff bylaws committee:

(1) Composition.

The committee shall be composed of at least four members of the attending ~~or associate~~ attending staff pursuant to paragraph (A)(3) of rule 3335-111-09 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

To review and recommend amendments to the medical staff administrative committee as necessary to maintain bylaws that reflect the structure and functions of the medical staff but not less than every two years. This committee will recommend changes to the medical staff administrative committee.

(F) Committee for practitioner health.

No changes

(G) Cancer subcommittee:

Composition:

Bylaws of the Medical Staff of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (As of April 6, 2018)

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

(1) Duties:

- (a) Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer.
- (b) Promote a coordinated, multidisciplinary approach to patient management.
- (c) Ensure that educational and consultative cancer conferences cover all major site and related issues.
- (d) Ensure that an active supportive care system is in place for patients, families, and staff.
- (e) Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes.
- (f) Promote clinical research.
- (g) Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up reporting.
- (h) Perform quality control of registry data.
- (i) Encourage data usage and regular reporting.
- (j) Ensure content of the annual report meets requirements.
- (k) Publishes the annual report by November first of the following year.
- (l) Upholds medical ethical standards.
- (m) Serve as cancer committee for commission on cancer program of the American college of surgeons.

(2) Meetings:

Bylaws of the Medical Staff of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
(As of April 6, 2018)

- (a) The subcommittee shall meet in collaboration with the medical staff administrative committee as a policy-advisory and administrative body with documentation of activities and specialties in attendance.
- (b) Any member anticipating an absence from the meeting should designate a representative to attend in their place.

(A) Ethics committee.

No Change

(B) Practitioner evaluation committee.

No change

(C) Professionalism consultation committee.

No change

3335-111-11 History and physical.

No change

3335-111-12 Amendments and adoption.

No change

3335-111-13 Meetings and dues.

No change

3335-111-14 Rules of construction.

No Change



MEDICAL STAFF RULES AND REGULATIONS

**Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
as of May 31, 2019**

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

10 Medical records.

No Change

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated May 31, 2019

11 Committees.

In addition to the medical staff committees, the medical staff shall participate in the following hospital and monitoring functions: infection control, clinical quality management, safety, and disaster planning and in other [quality](#) leadership council ~~for clinical quality, safety and service advisor~~ policy groups.

Operating Room Committee

(A) The operating room committee shall have representation from all clinical departments utilizing the operating room. Representation will include: medical director of the CHRI operating room, the section or division chief, or their designee, of: surgery, gynecologic oncology, urology, otolaryngology, radiation oncology, thoracic surgery, surgical oncology, neurological surgery, orthopedic surgery, anesthesia, and plastic surgery; epidemiology/infection control, the medical director of perioperative services for the Ohio state university, the CHRI medical director of quality, the director of perioperative services of the CHRI operating room, the manager of perioperative services, the director of admitting, the operating room coordinator, and the CHRI director of operations. The committee chair will be a CHRI surgeon selected by the nominating committee and shall serve a two-year term beginning on the first of July. The committee shall meet monthly and carry out the following duties:

- (1) Develop written policies and procedures concerning the scope and provision of care in the surgical suite in cooperation with the departments and services concerned, including allocation of operating room resources. Allocation of operating room time will be done by the director of medical affairs and approved by the operating room committee.
- (2) Monitor quality concerns and consider problems and improvements in operating room functions brought to its attention by any of its members.
- (3) Monitor medical staff compliance with operating room policies established for patient safety, infection control, access and throughput, and smooth functioning of the operating rooms.
- (4) Maintain written records of actions taken, and results of those actions, and make these available to each committee member, the vice president of health services, the director of medical affairs, and the executive director of the CHRI.

(B) Each member of the medical staff shall conform to the policies established by the operating room committee, including the following:

A member of the surgical attending staff and a member of the anesthesiology staff shall be present in person for crucial periods of surgical procedures and anesthetization, shall be familiar with the progress of the procedure, and be immediately available at all times during the procedure.

Pharmacy and Therapeutics Committee (P & T Committee)

The P & T committee shall be appointed in conformity with the medical staff bylaws and have representation from medical staff, nursing, pharmacy department, and the hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated May 31, 2019

- (A) Review the appropriateness, safety, and effectiveness of the prophylactic empiric and therapeutic use of drugs, including antibiotics, through the analysis of individual or aggregate patterns of drug practice.
- (B) Consider the welfare of patients as well as education, research and economic factors when analyzing the utilization of drugs and related products.
- (C) Advise on the use and control of experimental drugs.
- (D) Develop or approve policies and procedures relating to the selection, distribution, use, handling, and administration of drugs and diagnostic testing materials.
- (E) Review all significant untoward drug reactions.
- (F) Maintain the Formulary of Accepted Drugs with review of proposed additions and deletions and review of use of non-formulary drugs within the institution.
- (G) Maintain written reports of conclusions, recommendations, actions taken, and the results of actions taken, and report these at least quarterly to the medical staff administrative committee.
- (H) Create sub-committees, as follows: pharmacy and therapeutic and drug utilization executive subcommittee; formulary sub-committee; antibiotic usage sub-committee; medication safety and policy sub-committee; and the therapeutic drug monitoring sub-committee.
- (I) Establish methods by which serum blood levels may be used to improve the therapeutic activity of drugs.
- (J) Establish programs to educate health care providers to the appropriate methods of monitoring the therapeutic effect in drugs via serum drug assays.
- (K) Provide guidance to the therapeutic drug monitoring service at the CHRI.
- (L) Recommend the development of policies and procedures to the pharmacy and therapeutic and drug utilization executive subcommittee.

Transfusion and Isoimmunization Committee

- (A) The transfusion and isoimmunization committee has representation from physicians of the clinical departments frequently using blood products, nursing, transfusion service, and hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:
 - (1) Evaluate the appropriateness of all transfusions, including the use of whole blood and blood components.
 - (2) Evaluate all confirmed or suspected transfusion reactions.
 - (3) Develop and recommend to the medical staff administrative committee policies and procedures relating to the distribution, use, handling, and administration of blood and blood components.

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated May 31, 2019

- (4) Review the adequacy of transfusion services to meet the needs of patients.
 - (5) Review ordering practices for blood and blood products.
 - (6) Provide a liaison between the clinical departments, nursing services, hospital administration, and the transfusion service.
 - (7) Use clinically valid criteria for screening and more intensive evaluation of known or suspected problems in blood usage.
 - (8) Keep written records of meetings, conclusions, recommendations, and actions taken, and the results of actions taken, and make these available to each committee member and to the medical staff administrative committee.
- (B) Each member of the medical staff shall conform to the policies established by the transfusion committee, including the following:
- (1) All pregnant patients admitted for delivery or abortion shall be tested for Rh antigen.
 - (2) No medication may be added to blood or blood products.

Infection Control Committee

- (A) The committee members shall be appointed and shall also include representation from nursing, environmental services, and hospital administration. The chairperson will be a physician with experience and/or training in infectious diseases and carry out the following duties.
- (1) Oversee surveillance and institute any recommendations necessary for investigation, prevention, and containment of nosocomial and clinical infectious diseases of both patients and staff at all facilities operated by CHRI and subject to TJC standards.
 - (2) The chairperson of the committee and the hospital epidemiologist, in consultation with the director of medical affairs of the CHRI, will take necessary actions to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

Leadership Council for Clinical Quality, Safety and Service ~~Quality Leadership Council~~

The quality leadership council ~~for clinical quality, safety and service~~ shall consist of members appointed pursuant to the university hospital's medical staff bylaws, and shall include the senior vice president for health sciences, the dean of the college of medicine and the chairperson of the professional affairs committee of the Wexner medical center board as ex officio members without a vote, and the director of medical affairs and chief of staff as voting members. The chief quality officer shall be the chairperson of the quality leadership council ~~for clinical quality, safety and service~~. The quality leadership council ~~for clinical quality, safety and service~~ shall authorize policy groups to be formed to accomplish necessary hospital and medical staff functions on behalf of the CHRI and university hospitals.

CHRI representatives on the quality leadership council ~~for clinical quality, safety and service~~ shall be appointed as provided in the CHRI bylaws.

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated May 31, 2019

(A) Duties include:

- (1) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery systems.
- (2) To serve as the oversight council for the clinical quality management and patient safety plan.
- (3) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(B) Clinical quality and patient safety committee.

(1) Composition.

The members shall include physicians from various clinical areas and support services, the director of clinical quality management policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

- (a) Coordinate the quality management related activities of the clinical sections or departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and immunization, and other medical staff and hospital committees.
- (b) Implement clinical improvement programs to achieve the goals of the CHRI quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.
- (c) Review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical section or department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.
- (d) Serve as liaison between the CHRI and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.
- (e) Make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the CHRI.
- (f) Hear and determine issues concerning the quality of patient care rendered by members of the medical staff and hospitals staff, make appropriate recommendations and evaluate action plans when appropriate to the director of medical affairs, the chief of a clinical section or department, or hospitals administration.
- (g) Appoint ad-hoc interdisciplinary teams to address hospital-wide quality management plan.
- (h) Annually review and revise as necessary the hospital-wide clinical quality management plan.

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated May 31, 2019

- (i) Report and coordinate with the [quality](#) leadership council ~~for clinical quality, safety and service~~ all quality improvement initiatives.

(C) Clinical resource utilization policy group.

(1) Composition.

The members shall include physicians from various areas and support services, the director of clinical resource utilization policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

- (a) Promote the most efficient and effective use of hospital facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.
- (b) Formulate and maintain a written resource management review plan for hospitals consistent with applicable governmental regulations and accreditation requirements.
- (c) Conduct resource management studies by clinical service or by disease entity as requested or in response to variation from benchmark data would indicate.
- (d) Report and recommend to the [quality](#) leadership council ~~for clinical quality, safety and service~~ changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements when the opportunity exists to improve the resource management.

(D) ~~Evidence-based practice policy group~~ [Clinical Practice Guideline Committee](#).

(1) Composition.

The members shall include physicians from various areas and support services, the director of the practice guidelines policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

- (a) Oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e. clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the CHRI. Planning should be based on the prioritization criteria approved by the [quality](#) leadership council and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guidelines.

MEDICAL STAFF RULES AND REGULATIONS

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

Updated May 31, 2019

- (b) To report regularly to the quality leadership council ~~for clinical quality, safety and service~~ for approval of all new and periodically reviewed evidence-based medicine resources for use within the CHRI.
- (c) Oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the CHRI. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to the quality leadership council ~~for clinical quality, safety and service~~ for approval. All other computerized value enhancement for approval. All other computerized ordersets and clinical rules should be forwarded to the quality leadership council ~~for clinical quality, safety and service~~ for information.
- (d) To initiate and support research projects when appropriate in support of the objectives of the quality leadership council ~~for clinical quality, safety and service~~.
- (e) Oversee ongoing education of the medical staff (including specifically limited staff) and other appropriate hospital staff on the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.
- (f) Regularly report a summary of all actions to the quality leadership ~~council for clinical quality, safety and service~~.

(Board approval dates: 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 4/6/2016)

12 Standards of practice.

No Change

13 Mechanism for changing rules and regulations.

No Change

14 Adoption of the rules and regulations.

No Change

15 Sanctions.

No Change

**AMENDMENTS TO THE *BYLAWS OF THE MEDICAL STAFF*
OF THE OHIO STATE UNIVERSITY HOSPITALS**

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

WHEREAS a summary of the proposed amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals is attached as Exhibit A; and

WHEREAS the proposed 2019 amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals are attached as Exhibit B, and the proposed 2020 amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals are attached as Exhibit C; and

WHEREAS the proposed 2019 amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by a joint University Hospitals and James Medical Staff Bylaws Committee on January 4, 2019; and

WHEREAS the proposed 2019 amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Administrative Committee on January 9, 2019; and

WHEREAS the proposed 2019 amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by vote of the University Hospitals Medical Staff on January 23, 2019; and

WHEREAS the proposed 2020 amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by a joint University Hospitals and James Medical Staff Bylaws Committee on December 4, 2020; and

WHEREAS the proposed 2020 amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Administrative Committee on January 13, 2021; and

WHEREAS the proposed 2020 amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by vote of the University Hospitals Medical Staff on February 18, 2021; and

WHEREAS on March 26, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals.

Proposed changes to the UH Medical Staff Bylaws

Section	Change	Logic
<p>3335-43-08 Organization of the Medical Staff</p>	<ul style="list-style-type: none"> a. Ophthalmology changed to Ophthalmology and visual science b. Otorhinolaryngology changed to Otolaryngology-head and neck surgery c. Plastic Surgery changed to Plastic and reconstructive surgery. d. Psychiatry changed to Psychiatry and behavioral health. 	<ul style="list-style-type: none"> a. Department name changes approved by COM Council.
<p>3335-43-09 Elected Officers of the Medical Staff</p>	<ul style="list-style-type: none"> a. Updated to reflect the Chief of Staff's participation in the Quality and Professional Affairs Committee of the Board. b. Committee appointments are approved by the review committee and then by MSAC. c. Chief of Staff will hold meetings with medical staff officers, reps from medical staff committees the CEO, CNO and medical directors. d. The Chief of Staff section is updated to include a statement that the COS-elect is responsible for assisting the COS with his/her duties. e. Update language to remove requirement that medical directors are not eligible to serve as Chief of Staff. 	<ul style="list-style-type: none"> a. Updated to reflect current practice. b. Language was changed to hospital administrative leadership to include executive directors. c. There is a new initiative where a portion of the medical directors' collaborative meeting will be dedicated to medical staff issues and initiatives. Hospital leadership also participates in the collaborative meetings. d. Reflects current practice e. The language, as written today, greatly limits the pool of candidates that may be on the ballot to serve in this role. There are currently over 180 medical directors, many of whom have less than a 10% appointment. The Bylaws Committee agreed that medical directors should not be excluded from serving. The nominating committee vets each candidate carefully so those with larger directorships (ie a hospital medical director) will not be considered.



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

Updated April 6, 2018

Medical staff name.

The board of trustees of the Ohio state university, by official action on September 13, 1963, established "the Ohio state university hospitals." In accordance with Chapters 3335-93-01 to 3335-93-03 and 3335-101-04 of the Administrative Code, the Ohio state university Wexner medical center board (herein called Wexner medical center board) has delegated to the medical staff of the Ohio state university hospitals the responsibility to prepare and recommend adoption of these bylaws. "The medical staff of the Ohio state university hospitals" shall be the name of the hospitals' medical staff organization.

(Board approval date: 5/14/2010, 11/7/2014)

Purpose.

No change.

Patients.

No change.

Membership.

No change.

Peer review and corrective action.

No change.

Hearing and appeal process.

No change.

Categories of the medical staff.

No change.

Organization of the medical staff.

(A) Each member of the attending medical, courtesy A and B medical, community affiliate medical, limited, and physician scholar medical staff shall be assigned to a clinical department and division, if applicable, upon the recommendation of the applicable chief of the clinical department.

(B) Names of clinical departments ~~and divisions.~~

- (1) Anesthesiology
- (2) Emergency medicine
- (3) Family medicine

~~Sports medicine~~

(4) Internal medicine. ~~The following divisions are designated:-~~

~~Cardiovascular medicine
Dermatology
Endocrinology, diabetes and metabolism-
Gastroenterology, hepatology and nutrition-
General internal medicine and geriatrics-
Hematology
Hospital medicine-
Human genetics-
Infectious diseases-
Medical oncology-
Nephrology
Pulmonary, allergy, critical care and sleep medicine-
Rheumatology-immunology~~

(5) Neurological surgery

(6) Neurology

~~Cognitive neurology-
Electrodiagnostics-
Epilepsy
General neurology
Multiple sclerosis and neuroimmunology-Neuromuscular
disease
Neurooncology-Sleep
Stroke~~

~~(12)(7)~~ Obstetrics and gynecology. The following divisions are designated:

~~General obstetrics and gynecology
Maternal-fetal medicine
Female pelvic medicine and reconstructive surgery-
Gynecologic oncology
Reproductive endocrinology and infertility~~

~~(13)(8)~~ Ophthalmology and visual science

~~(14)(9)~~ Orthopaedics. The following divisions are designated:

~~Hand
Orthopaedic oncology
Podiatry
Sports medicine-
Trauma~~

~~(15)(10)~~ Otorhinolaryngology- Otolaryngology - head and neck surgery

~~(16)~~ Pathology. The following divisions are designated:-

~~Anatomic pathology~~

~~(17)(11)~~ Clinical pathology

~~(18)(12)~~ Pediatrics. The following divisions are designated:-

~~Ambulatory pediatrics
Adolescent medicine-Allergy~~

~~Biochemical disorders-
Cardiology
Clinical genetics-
Dermatology
Endocrinology/metabolism-
Gastroenterology
General pediatrics-
Handicapped child-
Hematology/oncology-
Infectious diseases-
Neonatology Nephrology-
Neurology
Nutrition
Pediatric education/research and evaluation-
Pharmacology/toxicology
Psychology Pulmonary~~

~~(19) Physical medicine and rehabilitation. The following division is designated:-~~

~~Pediatric physical medicine and rehabilitation~~

~~(20) Rehabilitation psychology~~

~~(21)(13) Plastic and reconstructive surgery.~~

~~(22)(14) Psychiatry and behavioral health. The following divisions are designated:-~~

~~General psychiatry
Child and adolescent psychiatry Geriatric
psychiatry
Health psychology~~

~~(23)(15) Radiation oncology.~~

~~Pediatric radiation oncology~~

~~(24)(16) Radiology. The following divisions are designated:-~~

~~Diagnostic radiology
Nuclear medicine~~

~~(25)(17) Surgery. The following divisions are designated:-~~

~~Cardiac surgery
Colon and rectal surgery
General and gastrointestinal surgery-
Pediatric surgery
Surgical oncology-
Thoracic surgery-
Transplant
Trauma, critical care and burn Vascular
diseases and surgery~~

~~(26)(18) Urology.~~

~~(27)(19) Dentistry. The following divisions are designated:-~~

~~General dentistry
Oral and maxillofacial surgery~~

- (C) The directors of the divisions in the Ohio state university hospitals shall be appointed by the chiefs of the clinical departments in the Ohio state university hospitals in which the divisions are included. Clinical divisions may be added or deleted upon the recommendation of the chief of the clinical department with the concurrence of a majority of the medical staff administrative committee.
- (D) Qualifications and responsibilities of the chief of the clinical department.

The academic department chairperson shall ordinarily serve also as the chief of the clinical department. Each chief of the clinical department shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each chief of the clinical department must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the college of medicine or dentistry. Qualifications for chief of the clinical department generally shall include: recognized clinical competence, sound judgment and well-developed administrative skills.

- (1) Procedure for appointment and reappointment of the chief of the clinical department.

Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective college of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer.

- (2) Term of appointment of the chief of the clinical department.

The term of appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(1) of this rule.

- (3) Duties of the chief of the clinical department.

Each chief of the clinical department is responsible for the following:

- (a) Clinically related activities of the department;
- (b) Administratively related activities of the department, unless otherwise provided by the hospital;
- (c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;
- (d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;
- (e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;
- (f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the hospital;
- (g) The integration of the department or service into the primary functions of the hospital,

developing services that complement the medical center's mission and plan for clinical program development;

- (h) The coordination and integration of interdepartment and intradepartmental services;
- (i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;
- (j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including ensuring that call coverage provides for continuous high quality and safe care;
- (k) The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (l) The continuous assessment and improvement of the quality of care, treatment, and services;
- (m) The maintenance of quality control programs, as appropriate;
- (n) The orientation and continuing education of all persons in the department or service;
- (o) Recommending space and other resources needed by the department or service; and
- (p) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of departmental meetings, including a record of attendance, shall be electronically available and/or distributed to all medical staff members in the clinical department, and such minutes shall be kept in the clinical department.

Elected officers of the medical staff of the Ohio state university hospitals.

(A) Chief of staff.

The chief of staff shall:

- (1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of that board.
- (2) Serve as vice chairperson of the medical staff administrative committee.
- (3) Provide for communication between the medical staff and the Ohio state university Wexner medical center board or its committees in matters of quality of care, education, and research.

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- (4) Serve as liaison between the Ohio state university hospitals administration, medical administration, and the medical staff in all matters of mutual concern within the Ohio state university hospitals. In consultation with the medical directors and the chief medical officer, seek to ensure that the medical staff is represented and participates as appropriate in any Ohio state university hospitals deliberation which affects the discharge of medical staff responsibilities.
- (5) Call, preside, and be responsible for the agenda of all general medical staff meetings.
- (6) Make medical staff committee appointments jointly with the medical directors and chief of staff-elect in consultation with the chief executive officer of the Ohio state university ~~hospitals health system~~ and ~~with the approval of the Wexner medical center board, with the exception of the members of the medical staff administrative committee and nominating committee.~~
- (7)
- (8) Be spokesperson for the medical staff in its external professional and public relations.
- (9) Serve as chairperson of the nominating committee of the medical staff.
- (10) Hold meetings of the elected medical staff officers, representatives from medical staff committees, ~~the chief executive officer, the chief nursing officer~~ hospital administrative leadership and medical directors.

(B) Chief of staff-elect.

The chief of staff-elect shall:

- (1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.
- (2) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.
- ~~(3)~~ (3) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.
- ~~(3)(4)~~ (4) Assist the Chief of Staff with duties outlined above in Section A (1)-(9).

(C) Representatives of the medical staff elected at-large.

There shall be three medical staff representatives elected at-large. Each representative shall be a member of the medical staff administrative committee and shall serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.

(D) Qualifications of officers.

- (1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved.
- ~~(3)(2)~~ (2) The medical director, associate medical directors, assistant medical directors and echiefs of the clinical departments shall not be eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their Ohio state university hospitals administrative role during the period of their term of office.

(E) Election of officers.

- (1) All officers (other than at-large officers) shall be elected by a majority of those voting by written or electronic ballot of the attending staff.
- (2) The nominating committee shall be composed of five members. The chief of staff shall serve

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on the committee and shall select four other members for the committee. The chief of staff shall be its chairperson.

- (3) Nominations for officers shall be accepted from any member of the medical staff and shall be submitted either electronically or in writing to the nominating committee.
 - (4) The committee's nominees shall be submitted to all voting members of the attending staff no later than May first of the election year.
 - (5) Candidates for the office of chief of staff-elect shall be listed and each attending staff member shall be entitled to cast one vote. Candidates for the at-large positions shall be voted upon as a group. Each voting member of the attending staff shall be entitled to vote for three at-large candidates. The three candidates with the highest number of votes shall be elected. A majority of the votes shall not be necessary.
 - (6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the Ohio state university Wexner medical center, its goals and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.
- (F) Term of office.
- (1) The chief of staff and chief of staff-elect shall each serve two years in office beginning on July first. The chief of staff-elect shall be elected in the odd numbered years. A former chief of staff may not succeed the immediately preceding chief of staff-elect.
 - (2) The at-large representatives shall each serve two years, beginning July first. The at-large representatives may succeed themselves for three successive terms (six years total), if so elected. Upon completion of the three successive terms, the representative may not serve again without a period of two years out of office as an at-large representative. The representative may be elected chief of staff-elect at any time.
- (G) Vacancies in office.
- (1) A vacancy in the office of chief of staff shall be filled by the chief of staff-elect. If the unexpired term is one year or less, the new chief of staff shall serve out the remaining term in office and shall then serve as chief of staff for the term for which elected. If the unexpired term is more than one year, the new chief of staff shall serve out the remaining term only.
 - (2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The new chief of staff-elect shall become chief of staff at the end of the term of the incumbent.
 - (3) Vacancies in the at-large representatives medical staff positions shall be filled by appointment by the chief of staff.

(Board approval dates: 6/7/2002, 3/5/2003, 5/30/2003, 11/4/2005, 2/2/2007, 9/19/2008, 9/18/2009, 4/8/2011, 8/31/2012, 11/7/2014, 9/2/2016, 4/6/2018)

Administration of the medical staff of the Ohio state university hospitals

No change.

Meetings and dues.

No change.

Amendments and adoption.

No change.

Rules of construction.

No change.



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Updated April 6, 2018

3335-43-01 Medical staff name.
No change.

3335-43-02 Purpose.
No change.

3335-43-03 Patients.
No change.

3335-43-04 Membership.
No change.

3335-43-05 Peer review and corrective action.
No change.

3335-43-06 Hearing and appeal process.
No change.

3335-43-07 Categories of the medical staff.
No change.

3335-43-08 Organization of the medical staff.

(A) Each member of the attending medical, courtesy A and B medical, community affiliate medical, limited, and physician scholar medical staff shall be assigned to a clinical department and division, if applicable, upon the recommendation of the applicable chief of the clinical department.

(B) Names of clinical departments

(1) Anesthesiology.

(2) Emergency medicine.

(3) Family and community medicine.

(4) Internal medicine.

(5) Neurological surgery.

(6) Neurology.

(7) Obstetrics and gynecology.

(8) Ophthalmology and visual sciences.

(9) Orthopaedics.

(10) Otolaryngology - head and neck surgery.

(11) Pathology.

- (12) Pediatrics.
- (13) Physical medicine and rehabilitation.
- (14) Plastic and reconstructive -surgery.
- (15) Psychiatry and behavioral health.
- (16) Radiation oncology.
- (17) Radiology.
- (18) Surgery.
- (19) Urology.
- (20) Dentistry.

(C) The directors of the divisions in the Ohio state university hospitals shall be appointed by the chiefs of the clinical departments in the Ohio state university hospitals in which the divisions are included. Clinical divisions may be added or deleted upon the recommendation of the chief of the clinical department with the concurrence of a majority of the medical staff administrative committee.

(D) Qualifications and responsibilities of the chief of the clinical department.

The academic department chairperson shall ordinarily serve also as the chief of the clinical department. Each chief of the clinical department shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each chief of the clinical department must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the college of medicine or dentistry. Qualifications for chief of the clinical department generally shall include: recognized clinical competence, sound judgment and well-developed administrative skills.

(1) Procedure for appointment and reappointment of the chief of the clinical department.

Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective college of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer.

(2) Term of appointment of the chief of the clinical department.

The term of appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(1) of this rule.

(3) Duties of the chief of the clinical department.

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

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

- (A) Chief medical officer.
No change.
- (B) Chief quality officer.

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No change.

(C) Medical directors.

No change.

(D) Medical staff committees.

No change.

(E) Medical staff administrative committee.

No change.

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

No change.

(G) Committee for practitioner health.

No change.

(H) Medical staff bylaws committee.

No change.

(I) Infection prevention committee.

No change.

(J) Ethics committee.

No change.

(K) Practitioner evaluation committee.

No change.

(L) Quality Leadership Council~~Leadership council for clinical quality, safety and service.~~

a. Composition:

The quality leadership council shall consist of members appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include the executive vice president for health sciences, the dean of the college of medicine and the chairperson of the quality and professional affairs committee of the Wexner medical center board as ex-officio members without a vote. The chief quality officer shall be the chairperson of the quality leadership council.

b. Duties:

- i. To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery system.
- ii. To serve as the oversight council for the clinical quality management and patient safety plan.
- iii. To establish goals and priorities for clinical quality, safety and service on an annual basis.

c. Clinical quality and patient safety committee.

Composition:

- i. The members of this group shall be appointed pursuant to these bylaws and shall include medical staff members from various clinical departments and support services, and shall include the director of the clinical quality management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

ii. Duties:

1. To coordinate the quality management related activities of the clinical departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and isoimmunization, and other medical staff and the Ohio state university hospitals committees.
2. To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.
3. To review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.
4. To serve as liaison between the Ohio state university and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.
5. To make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the Ohio state university hospitals.
6. To hear and determine issues concerning the quality of patient care rendered by members of the medical staff and the Ohio state university hospitals staff and make appropriate recommendations and evaluate action plans when appropriate to the chief medical officer, the medical director, the chief of a clinical department, or the Ohio state university hospitals administration.
7. To appoint ad-hoc interdisciplinary teams to address the Ohio state university hospitals-wide quality management plan.
8. To annually review and revise as necessary the Ohio state university hospitals-wide clinical quality management plan.
9. To report and coordinate with the ~~leadership council for clinical quality, safety and service of~~ quality leadership council all quality improvement initiatives.

d. Clinical resource utilization policy group.

i. Composition:

The members shall be appointed in accordance with paragraph (A)(6) of rule 3335- 43-09 of the Administrative Code and shall include medical staff members from various clinical departments and support services the directors of clinical quality and case management, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

ii. Duties:

1. To promote the most efficient and effective use of the hospitals of the Ohio state university health system facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.
2. To formulate and maintain a written resource management review plan for the hospitals of the Ohio state university health system consistent with applicable governmental regulations and accreditation requirements.
3. To conduct resource management studies by clinical department or divisions, or by disease entity as requested or in response to variation from benchmark

data would indicate.

4. To report and recommend to the ~~leadership council for clinical quality, safety and service quality leadership council~~ changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management.
 5. To oversee evaluation and cost effective utilization of clinical technology.
 6. To oversee the activities of the utilization management committee of the hospitals of the Ohio state university health system. This oversight will include the annual review and approval of the utilization management plan.
- e. ~~Clinical practice guideline committee~~Evidence-based practice policy group.
- i. Composition: The members shall be appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include medical staff members from various clinical departments and support services, representatives of nursing, pharmacy, information systems, hospitals administration, and the chair of the clinical quality and management policy group. The chairperson of the policy group shall be a physician member of the medical staff.
 - ii. Duties:
 1. To oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e., clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the Ohio state university hospitals and its affiliated institutions. Planning should be based on the prioritization criteria approved by the ~~leadership council for clinical quality, safety and service quality leadership council~~ and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guideline.
 2. To report and recommend to the ~~leadership council for clinical quality, safety and service quality leadership council~~ specific process and outcomes measures for each evidence- based medicine resource.
 3. To oversee ongoing education of medical staff (including specifically limited staff) and other appropriate Ohio state university hospitals staff regarding the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.
 4. To initiate and support research projects when appropriate in support of the objectives of the ~~leadership council for clinical quality, safety and service quality leadership council~~.
 5. To oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the Ohio state university hospitals and its affiliated institutions. Computerized ordersets and clinical rules related to specific practice guideline should be forwarded to the ~~leadership council for clinical quality, safety and service quality leadership council~~ for approval. All other computerized ordersets and clinical rules should be forwarded to the ~~leadership council for clinical quality, safety and service quality leadership council~~ for information.

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Updated April 6, 2018

6. To regularly report a summary of all actions to ~~the leadership council for clinical quality, safety and service quality~~ leadership council.

(M) Professionalism consultation committee.
No change.

3335-43-12 Meetings and dues.
No change.

3335-43-13 Amendments and adoption.
No change.

3335-43-14 Rules of construction.
No change.

RATIFICATION OF COMMITTEE APPOINTMENTS 2021-2022

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for 2021-2022 are as follows:

Quality and Professional Affairs Committee

ALAN A. STOCKMEISTER, CHAIR

ERIN P. HOEFLINGER

CARLY G. SOBOL

Harold L. Paz

Bruce A. McPheron (*until June 30, 2021*)

Michael Papadakis

David P. McQuaid (*until June 30, 2021*)

Andrew M. Thomas

David E. Cohn

Elizabeth Seely

Scott A. Holliday

Iahn Gonsenhauser

Jacalyn Buck

Kristopher M. Kipp

Minka L. Schofield (*until June 30, 2021*)

Amit Agrawal (*until June 30, 2021*)

LISA KEDER (*effective July 1, 2021*)

ALISON R. WALKER (*effective July 1, 2021*)

Abigail S. Wexner (ex officio)