

TUESDAY, NOVEMBER 16, 2021
WEXNER MEDICAL CENTER BOARD MEETING

Leslie H. Wexner
Abigail S. Wexner
Erin P. Hoeflinger
Hiroyuki Fujita
Alan A. Stockmeister
John W. Zeiger
Carly G. Sobol
Stephen D. Steinour
Robert H. Schottenstein
W.G. Jurgensen
Cindy Hilsheimer
Amy Chronis
Gary R. Heminger (ex officio, voting)
Kristina M. Johnson (ex officio, voting)
Melissa L. Gilliam (ex officio, voting)
Michael Papadakis (ex officio, voting)
Mark Larmore / Andrew Thomas (ex officio, voting)

Location: Livestream link available on trustees.osu.edu

Time: 1:00-5:00pm

Public Session

- | | |
|--|-------------|
| 1. Approval of August 2021 Wexner Medical Center Board Meeting Minutes | 1:00-1:05pm |
| 2. Interim Co-Leaders' Report – Mr. Mark Larmore, Dr. Andrew Thomas | 1:05-1:15pm |
| 3. Leading the Way: Military Medicine – Dr. Amy Moore | 1:15-1:30pm |
| 4. New Albany Ambulatory Update – Mr. Dan Like | 1:30-1:40pm |
| 5. James Cancer Hospital Report – Dr. William Farrar | 1:40-1:50pm |
| 6. Wexner Medical Center Financial Report – Mr. Mark Larmore | 1:50-2:00pm |
| 7. Recommend for Approval to Enter Into Construction Contracts –
Mr. Frank Aucremanne | 2:00-2:05pm |
| 8. Ratification of Committee Appointments FY2022-23 – Mr. Alan Stockmeister | 2:05-2:10pm |

Executive Session

2:10-5:00pm



SUMMARY OF ACTIONS TAKEN

August 17, 2021 - Wexner Medical Center Board Meeting

Members Present:

Erin P. Hoeflinger
Hiroyuki Fujita
Alan A. Stockmeister
John W. Zeiger

Cindy Hilsheimer
Gary R. Heminger (ex officio)
Kristina M. Johnson (ex officio)

Harold L. Paz (ex officio)
Melissa L. Gilliam (ex officio)
Michael Papadakis (ex officio)

Members Present via Zoom:

Abigail S. Wexner
Carly G. Sobol

W.G. "Jerry" Jurgensen
Amy Chronis

Members Absent:

Leslie H. Wexner

Stephen D. Steinour

Robert H. Schottenstein

PUBLIC SESSION

The Wexner Medical Center Board convened for its 39th meeting on Wednesday, August 17, 2021, in person at the Longaberger Alumni House on the Columbus campus and 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 May 18, 2021, 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*, EVP and Chancellor for Health Affairs at Ohio State and CEO of the Wexner Medical Center, welcomed Provost Melissa Gilliam to her role and as a new member of the Wexner Medical Center Board. He highlighted the construction work that is being done on the 1.9 million-square-foot inpatient hospital tower, which will help the medical center to revolutionize patient care, groundbreaking research and innovative training for the next generation of healthcare professionals.

Dr. Paz also shared the medical center's recently released Health Equity and Anti Racism Report, which provides a snapshot of achievements since the Anti Racism Action Plan was established a little over a year ago. The report highlights work done by partnering with the community to shine a spotlight on programs that have long been a part of Ohio State's legacy of caring for our neighbors and also areas we plan to improve so we can have a meaningful and sustainable impact.

Given our ambitious vision to build the academic health center of the future, the medical center is focused on providing more convenient and accessible health care experiences for everyone. To that end, we recently announced three new innovative home health relationships – DispatchHealth, which offers patients an expanded opportunity to receive convenient and safe medical care in their own homes; the

**This was the final meeting prior to Dr. Harold Paz stepping down from his role.*



Livongo telehealth program for patients with diabetes; and Alternative Solutions Health Network to strengthen our post-acute home care. Dr. Paz also shared that we are making tremendous progress with our outpatient care strategy, including the recent opening of the Outpatient Care New Albany facility, which offers comprehensive health care in a convenient community setting, including advanced imaging, lab work, specialized treatments, physical therapy and outpatient surgery. In its first weeks of being open, the facility saw more than 3,100 patients and booked more than 20,000 patients for future appointments.

Meanwhile, *U.S. News & World Report* has ranked the Wexner Medical Center among the nation's best hospitals for the 29th consecutive year. Overall, the medical center is once again ranked as the No. 1 hospital in Columbus and second in the state of Ohio, and 10 of our specialties were ranked among the top programs of their kind in the United States.

Finally, Dr. Paz also welcomed a few new members of the medical center leadership team, including Mr. Jay Anderson, Chief Operating Officer; Dr. Cheryl Lee, first-ever Chief Health Equity Officer; Mr. Matt Albers, Deputy General Counsel; Mr. Rachit Thariani, Chief Administrative Officer, Post-Acute and Home-Based Care Division; and Mr. Michael Faber, Vice President of the Wexner Medical Center and Health Sciences Advancement.

(See Attachment X for background information, page XX)

3. Leading the Way: Comprehensive Transplant Center: Dr. Ken Washburn, Director of the Comprehensive Transplant Center, gave an overview of the medical center's highly respected transplant program. Since 1967, Ohio State has saved 11,000 people needing a liver, heart, lung, pancreas or kidney. Less than 10% of the nation's transplant centers can say the same. Dr. Washburn talked about the program's growth, quality and the innovative work being done by a variety of scientist researchers. Over the last five year, the transplant program has almost doubled in size. Over the past several years, Ohio State's program was consistently in the top 20, but in the last four years it has moved up to the top 10. In the month of July, the program had its biggest month ever, performing 70 transplants across all organ systems. When it comes to quality, we are also above the national outcomes for every single organ system, and have been for several years, which is a true testament to the program and its team.

(See Attachment X for background information, page XX)

4. James Cancer Hospital Report: Dr. William Farrar, CEO of the James Cancer Hospital, shared details about the James Wellbeing Advisory Council, which has been tasked with providing as many health and wellness program options as possible to help faculty and staff take care of themselves and cope with daily stressors in their lives. He also shared concerns around the dramatic drops the James has seen, due to the pandemic, in annual well visits and immunizations. Over the past year, we have seen a significant decrease in HPV vaccinations. HPV can cause up to six types of cancer and since March of 2020 an estimated 1 million doses of HPV vaccine have been missed by adults with public insurance. That is a decline of 21% over pre-pandemic levels. The James joined 71 NCI-Designated Cancer Centers to issue a joint statement urging the nation's healthcare systems, physicians, parents and others to get the HPV vaccination effort back on track. This is only the fourth time that all 71 NCI centers have come together to issue a national call to action. Dr. Farrar also shared that Ohio State is the nation's first academic medical center to test a new FDA-approved cancer screening procedure for computer-aided polyp detection. This could potentially reduce colorectal cancer by more than 40%. He also shared that the Multinational Association of Supportive Care in Cancer (MSACC) has certified the James Cancer Hospital as an MSACC-Designated Center of Excellence and Supportive Care. The James is only the second institution in the United States to receive this certification, which validates our commitment to uphold standards and provide comprehensive patient-centered services in supportive care. Lastly, he thanked the more than 10,000 people who participated in the 2021 Pelotonia – 6,000 riders and 4,000 volunteers. We have now collectively raised more than \$230 million for cancer research at the James.

(See Attachment X for background information, page XX)



5. Wexner Medical Center Financial Report: Wexner Medical Center CFO Mark Larmore reported on the pre-audit financial results for the year ended June 30, 2021, at the health system and medical center. The health system – which includes the seven hospitals – saw excess revenue of more than \$329 million, which was \$54.8 million ahead of budget and about \$15 million ahead of where the system was at this time the previous year. With nearly \$3.6 billion in operating revenue, the system grew year-over-year by around \$300 million. The combined Wexner Medical Center results, consisting of the health system, College of Medicine and OSU Physicians, showed nearly \$386 million in excess revenue with a margin of 8.4% compared to last year’s nearly \$365 million with a margin of 8.8%. Total revenue grew 10.7% for a total of \$4.56 billion. On the pre-audit balance sheet for the combined medical center, total assets are slightly under \$6 billion, which is an increase of nearly \$466 million from the prior year.

(See Attachment X for background information, page XX)

Items for Action

6. Resolution No. 2022-01, Recommend for Approval Acceptance of Real Property:

AT 1539 CLIFTON AVENUE
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to accept a gift of real property located near University Hospital East, at 1539 Clifton Avenue, City of Columbus, Franklin County, Ohio, for strategic holding and potential future development, is proposed.

WHEREAS The Ohio State University (“University”) seeks to accept approximately 0.13 acres of unimproved real property located near University Hospital East, on Clifton Avenue, in the City of Columbus, Ohio; and

WHEREAS the property is intended to support future general expansion and redevelopment:

NOW THEREFORE

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

(See Attachment X for background information, page XX)



7. Resolution No. 2022-02, Recommend for Approval Purchase of Real Property:

AT TAYLOR AVENUE AND ATCHESON STREETS,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to acquire property located adjacent to Outpatient Care East, near Atcheson Street and Taylor Avenue, City of Columbus, Franklin County, Ohio, for general expansion and redevelopment purposes, is proposed.

WHEREAS The Ohio State University (“University”) seeks to acquire approximately 1.5 acres of unimproved real property located at Outpatient Care East, near Taylor Avenue, in the City of Columbus, Ohio; and

WHEREAS the property is intended to support future general expansion and redevelopment:

NOW THEREFORE

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

(See Attachment X for background information, page XX)

8. Resolution No. 2022-03, Recommend Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts:

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS

Martha Morehouse Tower Upgrades
WMC Facility Optimization Study

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Atwell – ADL Simulation Lab
University Hospital East – 4th Floor OR Upgrades

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

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

	Prof. Serv. Approval Requested	Total Requested	
Martha Morehouse Tower Upgrades	\$2.5M	\$2.5M	Auxiliary Funds
WMC Facility Optimization Study	\$1.0M	\$1.0M	Auxiliary Funds



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

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
Atwell – ADL Simulation Lab	\$0.4M	\$4.2M	\$4.6M	University funds
University Hospital East – 4th Floor OR Upgrades	\$0.8M	\$2.1M	\$2.9M	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.

(See Attachment X for background information, page XX)

Action: Upon the motion of Dr. Paz, seconded by Mr. Stockmeister, the board adopted the foregoing resolutions by unanimous voice vote with the following members present and voting: Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Hilsheimer, Mr. Heminger, Dr. Johnson, Dr. Paz, Dr. Gilliam and Mr. Papadakis.

9. Resolution No. 2022-04, QPAC Ratification of Committee Appointments:

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for FY2022-2023 are as follows:

Quality and Professional Affairs Committee

- Alan A. Stockmeister, Chair
- Erin P. Hoeflinger
- Carly G. Sobol
- Harold L. Paz

MELISSA L. GILLIAM

Michael Papadakis

JAY M. ANDERSON

Andrew M. Thomas

David E. Cohn

Elizabeth Seely

Scott A. Holliday

Iahn Gonsenhauser

Jacalyn Buck

Kristopher M. Kipp

Lisa Keder

Alison R. Walker

Abigail S. Wexner (ex officio)



10. Resolution No. 2022-05, Scope of Care, The Ohio State University Ambulatory Surgery Center, Outpatient Care New Albany:

Synopsis: Approval of the annual review of the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the scope of care describes services related to elective outpatient procedures at The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany; and

WHEREAS the scope of care for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany was approved by the Medical Staff Administrative Committee (University Hospitals) on July 14, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the scope of care for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany as outlined in the attached document.

(See Attachment X for background information, page XX)

11. Resolution No. 2022-06, Clinical Quality Management, Patient Safety, and Service Plans:

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

Synopsis: Approval of the annual review of the Clinical Quality Management, Patient Safety, and Service Plan for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital, is proposed.

WHEREAS the mission of the OSU Wexner Medical Center is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the Clinical Quality Management, Patient Safety, and Service Plan for FY22 outlines the assessment and improvement of processes in order to deliver safe, effective, optimal patient care and services in an environment of minimal risk for inpatients and outpatients of the Ohio State University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital; and

WHEREAS the annual review of the Clinical Quality Management, Patient Safety, and Service Plan for FY22 was approved by the Quality Leadership Council June 30, 2021; and

WHEREAS the annual review of the Clinical Quality, Patient Safety and Reliability Plan for FY22 was approved by the University Hospitals Medical Staff Administrative Committee on July 14, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the Clinical Quality Management, Patient Safety, and Service Plan for FY22 for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital:



NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the Clinical Quality Management, Patient Safety, and Service Plan for FY22 (attached) for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

(See Attachment X for background information, page XX)

12. Resolution No. 2022-07, Clinical Quality, Patient Safety, and Reliability Plan:

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

Synopsis: Approval of the annual review of the Clinical Quality, Patient Safety, and Reliability Plan for FY22 for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is *to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care*; and

WHEREAS the Clinical Quality, Patient Safety, and Reliability Plan for FY22 outlines assessment and improvement of processes in order to deliver safe, effective, optimal patient care and services in an environment of minimal risk for inpatients and outpatients of The James; and

WHEREAS the annual review of the Clinical Quality, Patient Safety, and Reliability Plan for FY22 was approved by The James Quality, Patient Safety, and Reliability Committee on July 7, 2021; and

WHEREAS the annual review of the Clinical Quality, Patient Safety, and Reliability Plan for FY22 was approved by The James Medical Staff Administration Committee on July 16, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the Clinical Quality, Patient Safety, and Reliability Plan for FY22 for The James:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the Clinical Quality, Patient Safety, and Reliability Plan for FY22 (attached) for The James.

(See Attachment X for background information, page XX)

13. Resolution No. 2022-08, Plan for Patient Care Services:

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

Synopsis: Approval of the annual review of the plan for patient care services for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and The Ohio State University Wexner Medical Center East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and



WHEREAS the plan for inpatient and outpatient care services describes the integration of clinical departments and personnel who provide care and services to patients at University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital; and

WHEREAS the annual review of the plan for patient care services was approved by the Medical Staff Administrative Committee (University Hospitals) on June 9, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the plan for patient care services:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the plan for patient care services for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital as outlined in the attached Plan for the Scope of Patient Care Services.

(See Attachment X for background information, page XX)

14. Resolution No. 2022-09, Plan for Patient Care Services:

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

Synopsis: Approval of the annual review of the plan for patient care services for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; *and*

WHEREAS The James plan for patient care services describes the integration of clinical departments and personnel who provide care and services to patients at The James; and

WHEREAS the annual review of the plan for patient care services was approved by the Medical Staff Administrative Committee (The James) on July 16, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the plan for patient care services:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the plan for patient care services for The James as outlined in the attached Plan for Patient Care Services.

(See Attachment X for background information, page XX)



15. Resolution No. 2022-10, Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluations:

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

Synopsis: Approval of the annual review of the direct patient care service contracts and patient impact service contracts for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and The Ohio State University Wexner Medical Center East Hospital, is proposed.

WHEREAS the mission of the Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the Ohio State University Hospitals direct patient care services contracts and patient impact service contracts are evaluated annually to review the scope, nature, and quality of services provided to clinical departments and personnel who provide care and services for inpatient and outpatient care at University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital; and

WHEREAS the annual review of these contracts was approved by the Medical Staff Administrative Committee (University Hospitals) on April 14, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the direct patient care service contracts and patient impact service contracts for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the annual review of the direct patient care service contracts and patient impact service contracts for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital as outlined in the attached University Hospitals Contracted Services Annual Evaluation Report.

(See Attachment X for background information, page XX)

16. Resolution No. 2022-11, Direct Patient Care Services Contracts Patient Impact Service Contracts Evaluation:

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

Synopsis: Approval of the annual review of the direct patient care services contracts and patient impact service contracts for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care; and

WHEREAS The James direct patient care services contracts and patient impact service contracts are evaluated annually to review the scope, nature, and quality of services provided to clinical departments and personnel who provide care and services for inpatient and outpatient care at The James; and



THE OHIO STATE UNIVERSITY

WHEREAS the annual review of these contracts was approved by the Medical Staff Administrative Committee (The James) on July 16, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the direct patient care service contracts and patient impact service contracts for The James:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the annual review of the direct patient care service contracts and patient impact service contracts for The James as outlined in the attached The James Contracted Services Annual Evaluation Report.

(See Attachment X for background information, page XX)

17. Resolution No. 2022-12, Antimicrobial Stewardship Program:

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

Synopsis: Approval of the appointment of the Medical Director responsible for the Antimicrobial Stewardship Program for the hospitals at the Ohio State University Hospitals d/b/a OSU Wexner Medical Center, including: Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital, is proposed.

WHEREAS the mission of the OSU Wexner Medical Center is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the Medical Director of the Antimicrobial Stewardship Program is responsible for managing and directing the program by: coordinating all components of the hospitals responsible for antibiotic use and resistance, documenting the evidence-based use of antibiotics in all departments and services, and documenting improvements in proper antibiotic use at the Ohio State University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital; and

WHEREAS Jeremy Young, MD, is qualified through education, training, and experience in infectious diseases and antibiotic stewardship; and

WHEREAS Andrew Thomas, MD, the Chief Medical Officer for the OSU Wexner Medical Center, and Robert Weber, PharmD, MS, BCPS, FASHP, FNAP, the Administrator for Pharmacy Services for the OSU Wexner Medical Center, recommended that Dr. Young serve as the Medical Director responsible for the Antimicrobial Stewardship Program by letter (attached) dated July 8, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve Dr. Young to serve as the Medical Director responsible for the Antimicrobial Stewardship Program for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves Dr. Young as the Medical Director responsible for the Antimicrobial Stewardship Program for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

(See Attachment X for background information, page XX)



18. Resolution No. 2022-13, Antimicrobial Stewardship Program Leader:

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

Synopsis: Approval of the appointment of a leader responsible for the Antimicrobial Stewardship Program for the hospitals at the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

WHEREAS the mission of The James is *to eradicate cancer from individuals' lives by generating knowledge and integrating groundbreaking research with excellence in education and patient-centered care*; and

WHEREAS the leader of Antimicrobial Stewardship Program is responsible for managing and directing the program by: coordinating all components of the hospitals responsible for antibiotic use and resistance, documenting the evidence-based use of antibiotics in all departments and services, and documenting improvements in proper antibiotic use for The James; and

WHEREAS Zeinab El Boghdadly, MBCh is qualified through education, training, and experience in infectious diseases and antibiotic stewardship; and

WHEREAS David Cohn, MD, MBA, the Chief Medical Officer for The James, Robert Weber, PharmD, MS, BCPS, FASHP, FNAP, the Administrator for Pharmacy Services for The James, recommended that Dr. El Boghdadly serves as the leader responsible for the Antimicrobial Stewardship Program by letter (attached) dated June 21, 2021; and

WHEREAS on July 27, 2021, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve Dr. El Boghdadly serve as the leader responsible for the Antimicrobial Stewardship Program at The James:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves Dr. El Boghdadly serve as the leader responsible for the Antimicrobial Stewardship Program at The James.

(See Attachment X for background information, page XX)

Action: Upon the motion of Dr. Fujita, seconded by Mr. Zeiger, the board approved the foregoing motions by unanimous roll call vote with the following members present and voting: Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Hilsheimer, Mr. Heminger, Dr. Johnson, Dr. Paz, Dr. Gilliam and Mr. Papadakis.

EXECUTIVE SESSION

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



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A roll call vote was taken, and the board voted to go into executive session with the following members present and voting: Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Hilsheimer, Mr. Heminger, Dr. Johnson, Dr. Paz, Dr. Gilliam and Mr. Papadakis.

The board entered executive session at 2:07 p.m. and adjourned at 4:59 p.m.

DRAFT



Plastic Surgery and Military Medicine

Amy M. Moore, MD

Professor and Chair

*Robert L. Ruberg, MD Endowed Alumni Chair
Department of Plastic and Reconstructive Surgery*

Disclosure

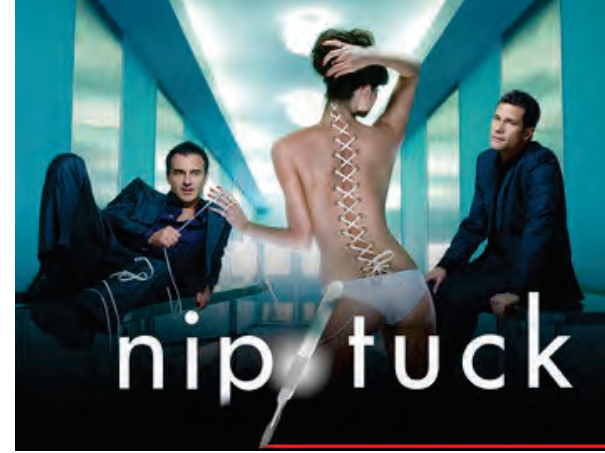
- Graphic Images Contained Within
- Permission for all Photos

Acknowledgement and Introduction

- Jason Souza, MD – Director of OrthoPlastic Reconstruction



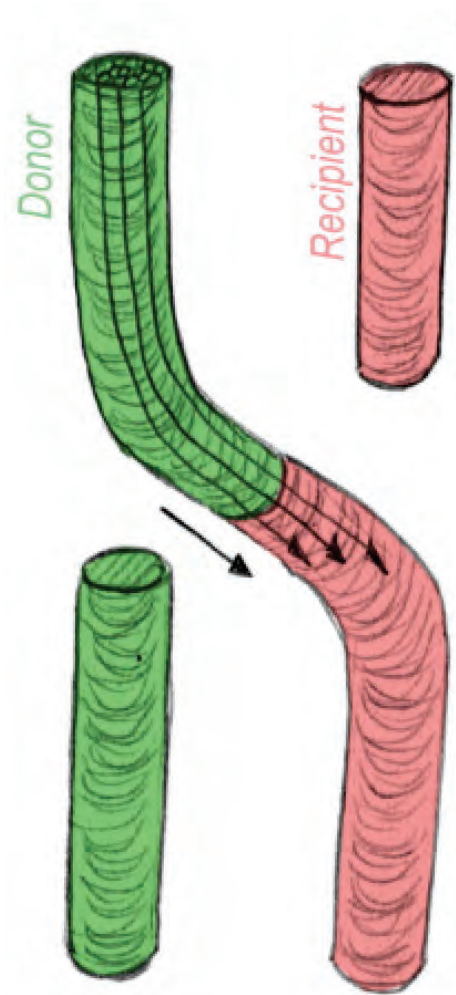
What is Plastic Surgery?



What is Plastic Surgery?



What is Plastic Surgery?



What is Military Medicine?

Combat Casualty Care

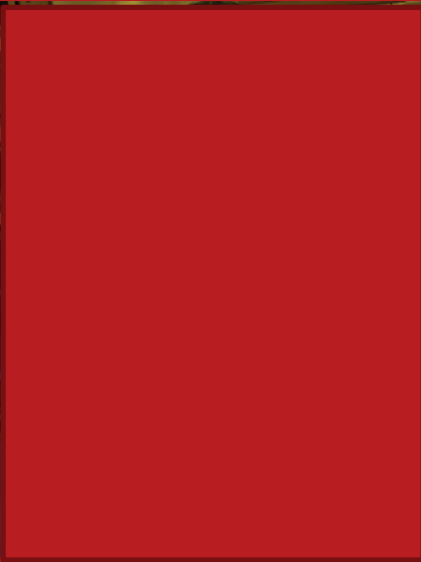
Part 1: Expeditionary Trauma Care



What is Military Medicine?

Combat Casualty Care

Part 2: Multi-Disciplinary Reconstructive Care

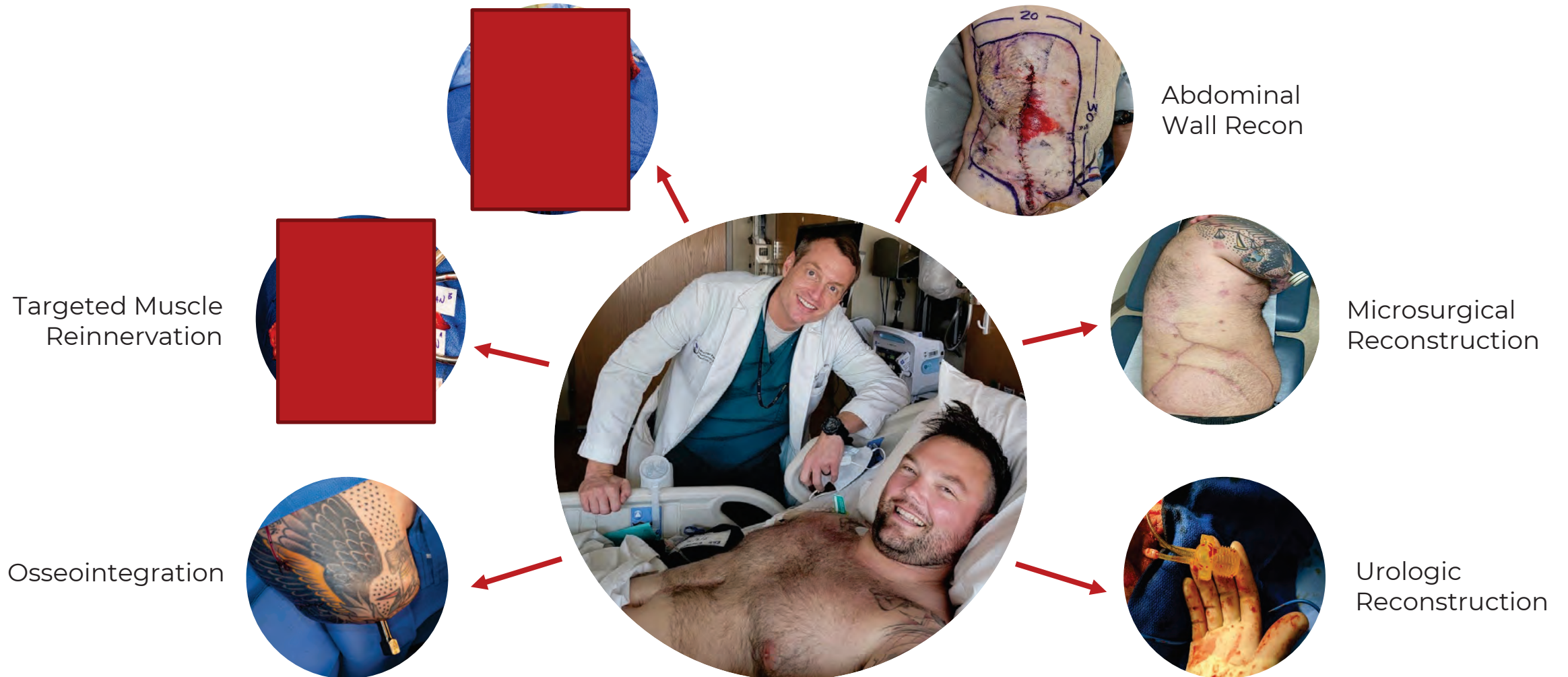


Thriving

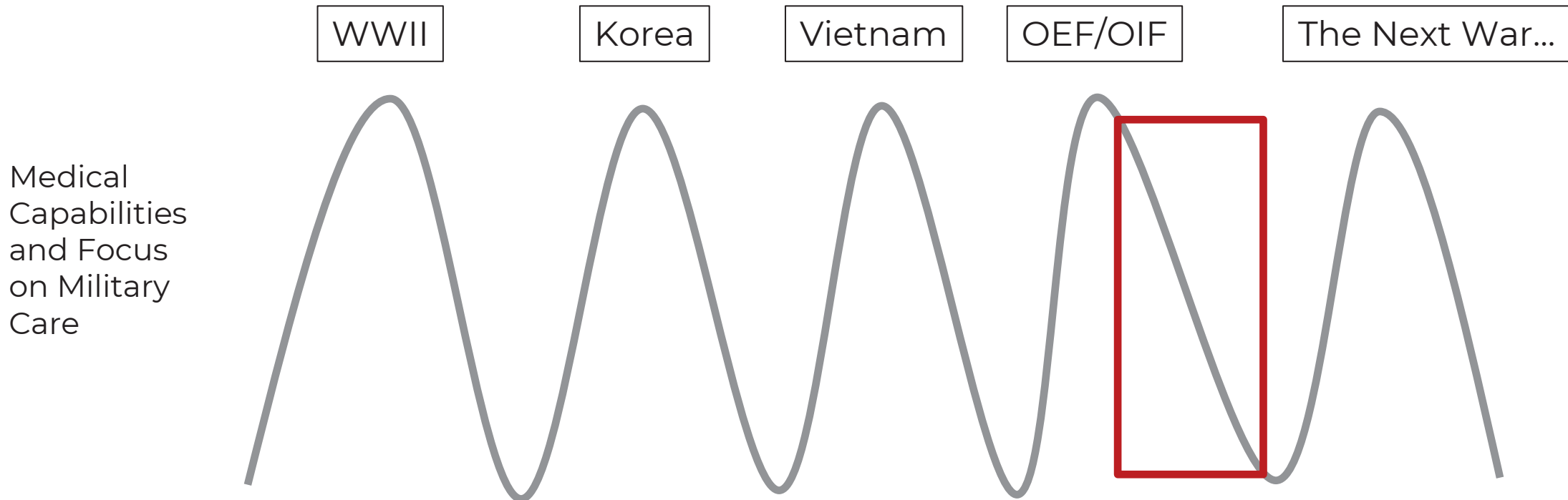


Why Plastic Surgery?

Quarterback for Complex Reconstruction



Reconstructive Capabilities and Focus in Decline

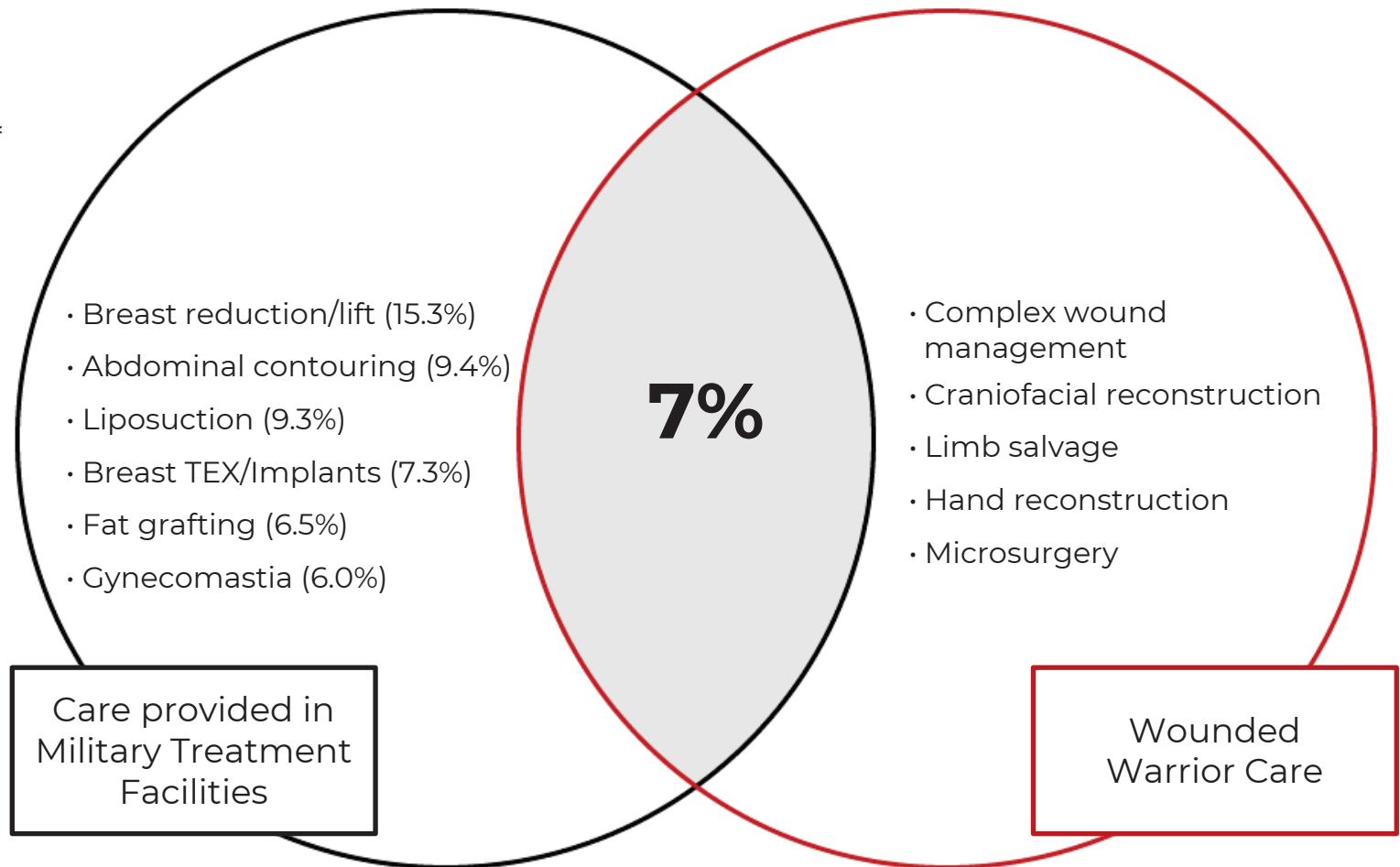


“The Walker Dip”

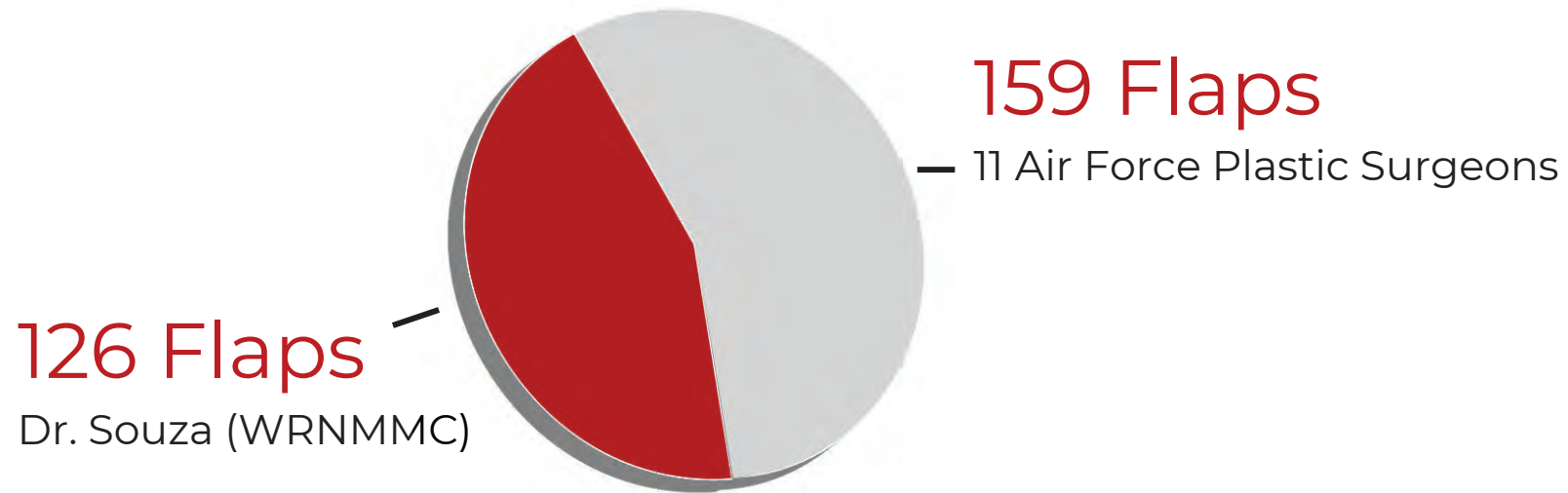
Combating the “Peacetime Effect” in Military Plastic Surgery

Implications for Mission Readiness

Lt Col Justin P. Fox, USAF, MC*,
Lt Col Nickolay P. Markov, USAF, MC*
Col Kerry P. Latham, USAF, MC, FS

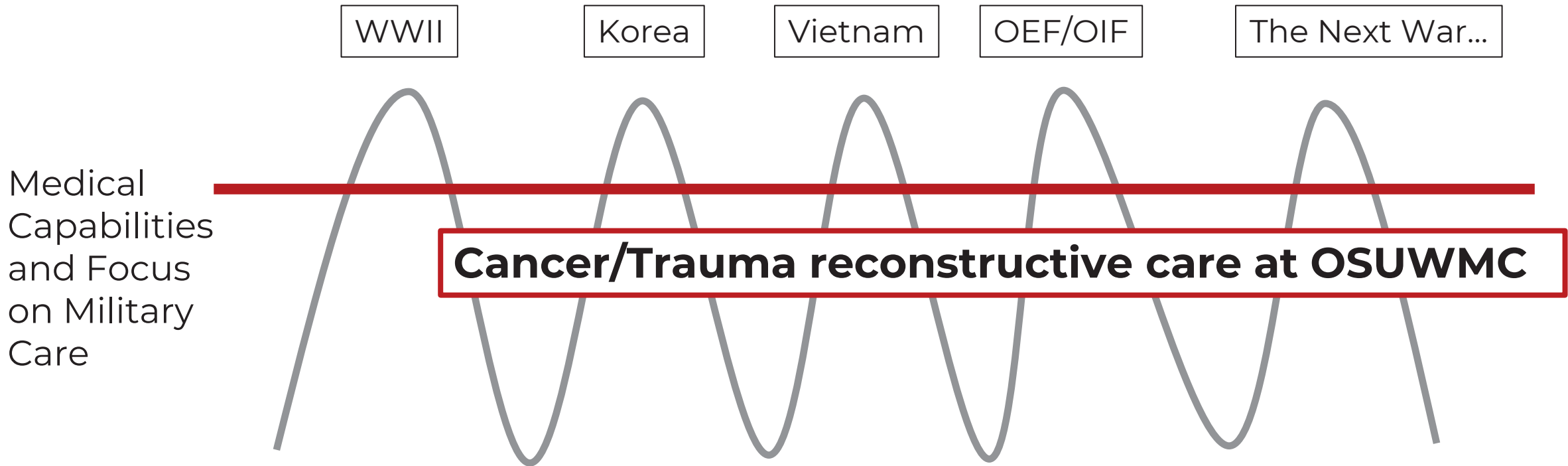


5 Year Data



>1500 Flaps
Ohio State Faculty

Reconstructive Capabilities and Focus in Decline



“The Walker Dip”

Mission Statement



Military Medicine Program

The **OSU Military Medicine Program** will serve the needs of our nation's warfighters through an integrated program designed to ***augment*** the range and quality of **Care** available to our injured service members, ***enhance*** the **Capability** of our military providers, ***foster*** meaningful research **Collaboration**, and provide a **Community** space for our military personnel and patients.

4th

largest veteran community in the United States: Ohio

Military Medicine Program Structure - **now**

Direct Care

**Wounded Warrior
Need Meets
OSUWMC Capability**



Military Medicine: Direct Care

Unmet Need: Advanced Amputation Care

>1700

Combat-Related
Amputations



SGT S. L.

MM: Direct Care

Unmet Need: Advanced Management of Nerve Pain

73.1% > 7/10 Wounded
Warriors report moderate to
extreme pain

SSG N. J.



Targeted Muscle Reinnervation Technique in Below-Knee Amputation

J. Byers Bowen, M.D., M.S., Daniel Ruter, B.S., Corinne Wee, M.D., Julie West, M.S., PA-C, Ian L. Valerio, M.D., M.S., M.B.A.
Columbus, Ohio



Summary: Approximately 25 percent of major limb amputees will develop chronic localized symptomatic neuromas and phantom limb pain in the residual limb. A method to treat and possibly prevent these pain symptoms is targeted reinnervation. Previous studies prove that targeted reinnervation successfully treats and, in some cases, resolves peripheral neuropathy and phantom limb pain in patients who have undergone previous amputation (ie, secondary targeted reinnervation). This article seeks to share the authors' clinical indications and surgical technique for targeted muscle reinnervation in below-knee amputation, a surgical description currently absent from our literature. Targeted reinnervation for the below-knee amputee has been performed on 22 patients at the authors' institution. Each patient has been followed on an outpatient basis for 1 year to evaluate symptoms of neuroma or phantom limb pain, patient satisfaction, and functionality. All subjects have denied neuroma pain following amputation. The majority of subjects reported phantom pain at 1 month. However, at 3 months, all patients reported resolution of this pain. Dumanian et al first noted the improvement of symptomatic neuroma and phantom limb pain in patients undergoing targeted reinnervation to provide intuitive control of upper limb prostheses. These findings have been substantiated by multiple previous studies at various amputation levels.

Targeted muscle reinnervation (TMR) is a technique for the management of peripheral nerves in amputation. Phantom limb pain (PLP) and residual limb pain (RLP) trouble many patients after amputation, and TMR has been shown to reduce this pain when performed after the initial amputation. We hypothesize that TMR at the time of amputation may improve pain for patients after major upper-extremity amputation.

Targeted Muscle Reinnervation at the Time of Upper-Extremity Amputation for the Treatment of Pain Severity and Symptoms

Andrew J. O'Brien, MD, MPH,¹ Sumanas W. Jordan, MD, PhD,¹ Julie M. West, MS, PA-C,² Lauren M. Mioton, MD,¹ Gregory A. Dumanian, MD,¹ Ian L. Valerio, MD, MBA¹

Purpose: Targeted muscle reinnervation (TMR) is a technique for the management of peripheral nerves in amputation. Phantom limb pain (PLP) and residual limb pain (RLP) trouble many patients after amputation, and TMR has been shown to reduce this pain when performed after the initial amputation. We hypothesize that TMR at the time of amputation may improve pain for patients after major upper-extremity amputation.

Methods: We conducted a retrospective review of patients who underwent major upper-extremity amputation with TMR performed at the time of the index amputation (early TMR). Phantom limb pain and RLP intensity and associated symptoms were assessed using the numeric rating scale (NRS), the Patient-Reported Outcome Measurement Information System (PROMIS) Pain Intensity Short-Form 3a, the Pain Behavior Short-Form 7a, and the Pain Interference Short-Form 8a. The TMR cohort was compared with benchmarked data from a sample of upper-extremity amputees.

Results: Sixteen patients underwent early TMR and were compared with 55 benchmark patients. More than half of early TMR patients were without PLP (62%) compared with 24% of controls. Furthermore, half of all patients were free of RLP compared with 36% of controls. The median PROMIS PLP intensity score for the general sample was 47 versus 38 in the early TMR sample. Patients who underwent early TMR reported reduced pain behaviors and interference specific to PLP (50 vs 53 and 41 vs 50, respectively). The PROMIS RLP intensity score was lower in patients with early TMR (36 vs 47).

Conclusions: This study demonstrates that early TMR is a promising strategy for treating pain and improving the quality of life in the upper-extremity amputee. Early TMR may preclude the need for additional surgery and represents an important technique for peripheral nerve surgery. (*J Hand Surg Am.* 2021;46(11):2127-2131. Copyright © 2021 by the American Society for Surgery of the Hand. All rights reserved.)

Type of study/level of evidence: Therapeutic IV.

Key word: Amputation, phantom limb pain, residual limb pain, targeted muscle reinnervation, upper extremity.



ORIGINAL SCIENTIFIC ARTICLES

Preemptive Treatment of Phantom and Residual Limb Pain with Targeted Muscle Reinnervation at the Time of Major Limb Amputation



Ian L. Valerio, MD, MS, MBA, FACS, Gregory A. Dumanian, MD, FACS, Sumanas W. Jordan, MD, PhD, Lauren M. Mioton, MD, J. Byers Bowen, MD, Julie M. West, MS, PA-C, Kyle Porter, MAS, Jason H. Ko, MD, Jason M. Souza, MD, Benjamin K. Potter, MD, FACS

BACKGROUND: A majority of the nearly 2 million Americans living with limb loss suffer from chronic pain

Review Paper

Targeted muscle reinnervation for the management of pain in the setting of major limb amputation

Blair R Peters¹, Stephanie A Russo¹, Julie M West², Amy M Moore² and Steven A Schulz²

Abstract

The life altering nature of major limb amputations may be further complicated by neuroma formation in up to 60% of the estimated 2 million major limb amputees in the United States. This can be a source of pain and functional limitation of the residual limb. Pain associated with neuromas may limit prosthetic limb use, require reoperation, lead to opioid dependence, and dramatically reduce quality of life. A number of management options have been described including excision alone, excision with repair, excision with transposition, and targeted muscle reinnervation. Targeted muscle reinnervation has been shown to reduce phantom limb and neuroma pain for patients with upper and lower extremity amputations. It may be performed at the time of initial amputation to prevent pain development or secondarily for the treatment of established pain. Encouraging outcomes have been reported, and targeted muscle reinnervation is emerging as a leading surgical technique for pain prevention in patients undergoing major limb amputations and pain management in patients with pre-existing amputations.

Keywords

Neuroma, pain, TMR, amputation, neuroma, nerve transfer, nerve, chronic pain, residual limb pain, stump pain, phantom limb pain

Date received: 1 June 2020; accepted: 27 August 2020

Background

Major limb amputations are life altering events for patients. Beyond the deficits in form and function, there is a risk of significant post-amputation pain that can manifest itself in the weeks, months, and years following the amputation. This pain decreases quality of life, increases the risk of depression, negatively affects interpersonal relationships, and impacts the ability to return to work.¹ It has been reported that 70%–80% of the greater than 2 million major limb amputees in the United States deal with chronic pain of varying etiologies.^{1,2} The commonly reported amputation-related pain etiologies can be categorized as residual limb pain (RLP), phantom limb pain (PLP), and neuroma pain.

It is important to differentiate the etiology of RLP when recommending management. The mechanisms of PLP or the perceived notion of pain in the amputated limb, are not entirely understood. However, both PLP and neuroma-related RLP are related to the transection of major nerves—a necessary step of any amputation. When a peripheral nerve is severed, it will invariably attempt to regenerate. Nerve regeneration is guided both by the intrinsic pathway in the nerve and by signals from the distal target that it innervates. When these distal targets are unavailable, as is the case with a major limb amputation, there is a greater

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DOI: 10.1177/2090312120959180
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Targeted Muscle Reinnervation at the Time of Major Limb Amputation in Traumatic Amputees

Early Experience of an Effective Treatment Strategy to Improve Pain

Travis L. Frantz, MD, Joshua S. Everhart, MD, MPH, Julie M. West, MS, PA(C), Thuan V. Ly, MD, Laura S. Pheiffer, MD, and Ian L. Valerio, MD, MS, MBA, FACS

Investigation performed at The Ohio State University Wexner Medical Center, Columbus, Ohio



HHS Public Access

Author manuscript

J Surg Oncol. Author manuscript; available in PMC 2020 November 30.

Published in final edited form as:

J Surg Oncol. 2019 September; 120(3): 348–358. doi:10.1002/jsn.25586.

Targeted muscle reinnervation in oncologic amputees: Early experience of a novel institutional protocol

John H. Alexander, MD¹, Sumanas W. Jordan, MD, PhD², Julie M. West, MS, PA-C³, Amy Compston, PT, DPT, CRT, CLT-LANA⁴, Jennifer Fugitt, PT, MPT, OCS², J. Byers Bowen, MD¹, MS², Gregory A. Dumanian, MD², Raphael Pollock, MD, PhD², Joel L. Mayerson, MD¹, Thomas J. Scharschmidt, MD, MBOE¹, Ian L. Valerio, MD, MS, MBA, FACS³

¹Department of Orthopaedics, The Ohio State University James Wexner Medical Center, Columbus, Ohio

²Division of Plastic Surgery, Northwestern University Feinberg School of Medicine, Chicago, Illinois

³Department of Plastic Surgery, The Ohio State University Wexner Medical Center, Columbus, Ohio

⁴Department of Oncologic Rehabilitation, The Ohio State University James Comprehensive Cancer Center, Columbus, Ohio

⁵Division of Surgical Oncology, The Ohio State University Wexner Medical Center, Columbus, Ohio

Abstract

Background: We describe a multidisciplinary approach for comprehensive care of amputees with concurrent targeted muscle reinnervation (TMR) at the time of amputation.

Methods: Our TMR cohort was compared to a cross-sectional sample of unselected oncologic amputees not treated at our institution (N = 58). Patient-Reported Outcomes Measurement Information System (NRS, PROMIS) were used to assess postamputation pain.

Results: Thirty-one patients underwent amputation with concurrent TMR during the study; 27 patients completed pain surveys; 15 had greater than 1 year follow-up (mean follow-up 14.7 months). Neuroma symptoms occurred significantly less frequently and with less intensity among the TMR cohort. Mean differences for PROMIS pain intensity, behavior, and interference for phantom limb pain (PLP) were 5.855 (95%CI 1.159-10.55; P = .015), 5.896 (95%CI 0.492-11.30; P = .033), and 7.435 (95%CI 1.797-13.07; P = .011) respectively, with lower scores for TMR

Correspondence: Ian L. Valerio, Departments of Plastic Surgery, Orthopaedics, General Surgery, The Ohio State University Wexner Medical Center, 915 Observatory River Road, Suite 2106, Columbus, IL 43212; ian.valerio@osumc.edu.

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interests.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

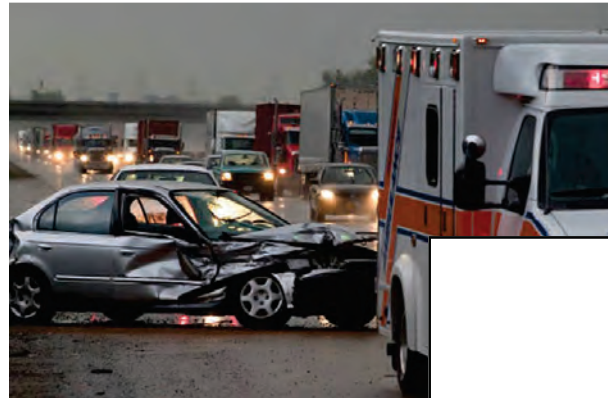
SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.



MM: Direct Care

Unmet Need: Complex Nerve and Extremity Reconstruction



SSG Z. K.



MM: Direct Care

We don't have to do it alone



**United States Special
Operations Command
Warrior Care Program**

\$2.2M/yr

18,435 Service Members

MMI: Direct Care

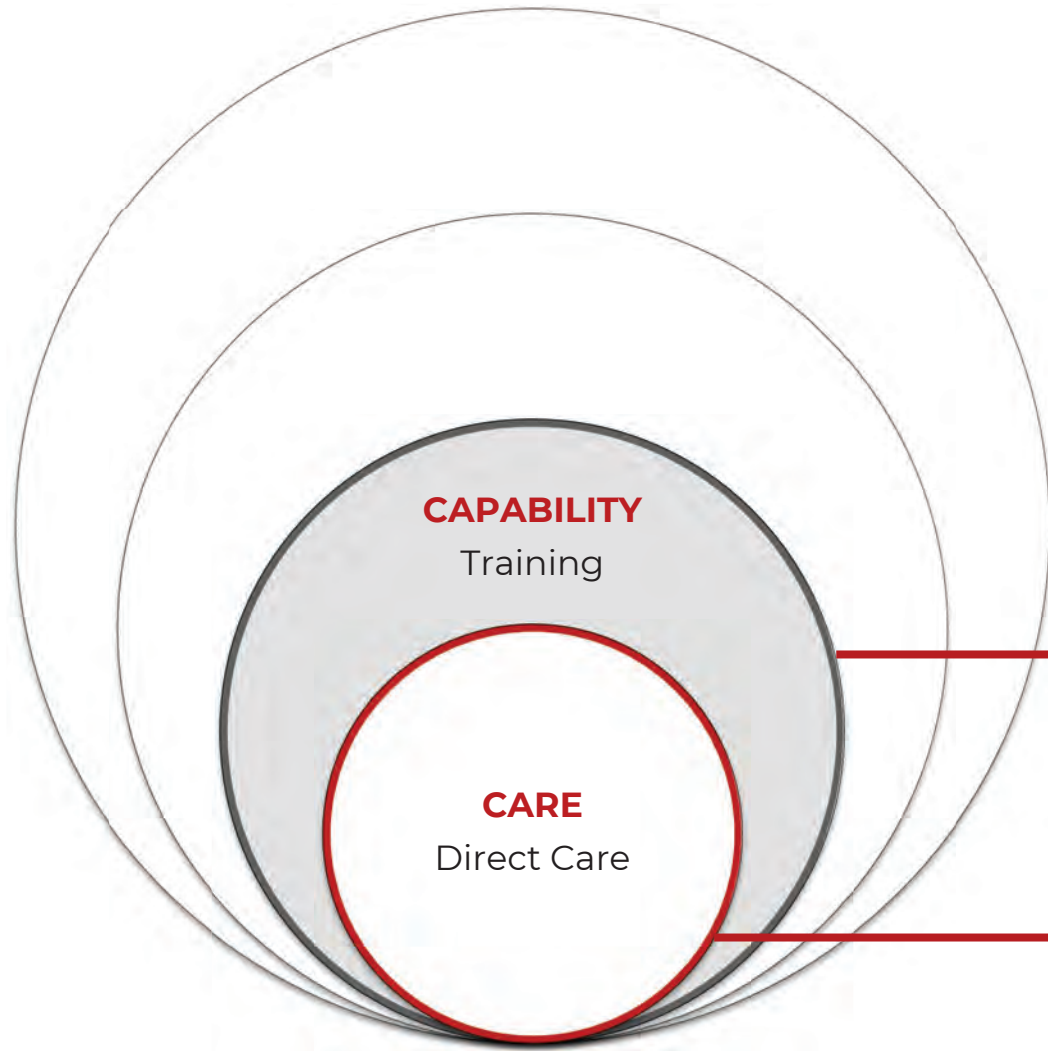
We don't have to do it alone



Benevolent Support



Military Medicine Program - **future**



Training to Expand Military Surgeon Capability

Expand/maintain reconstructive capabilities during interwar period

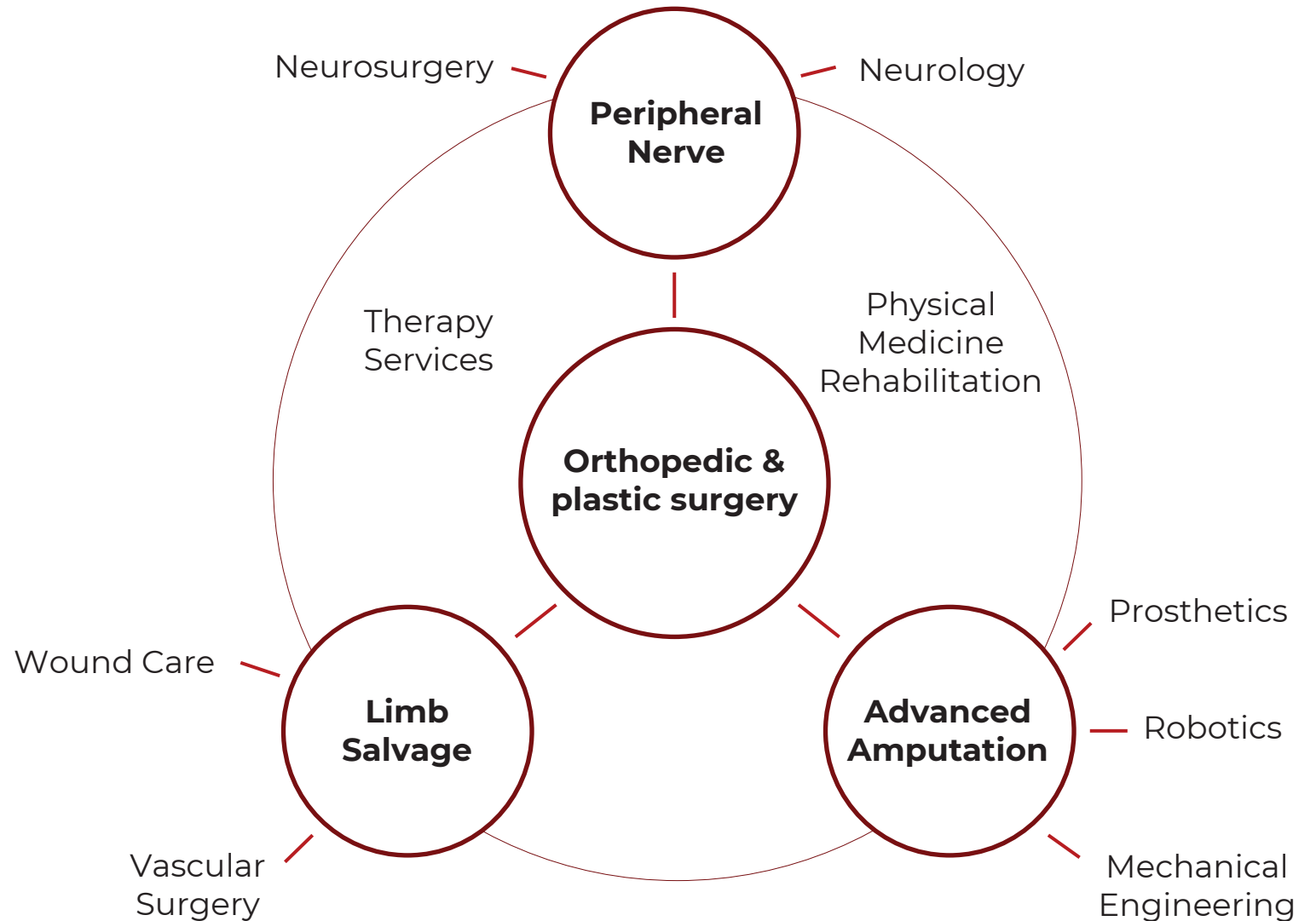
Integrated, Efficient, Expert Surgical Care

Fill care gap for wounded warriors

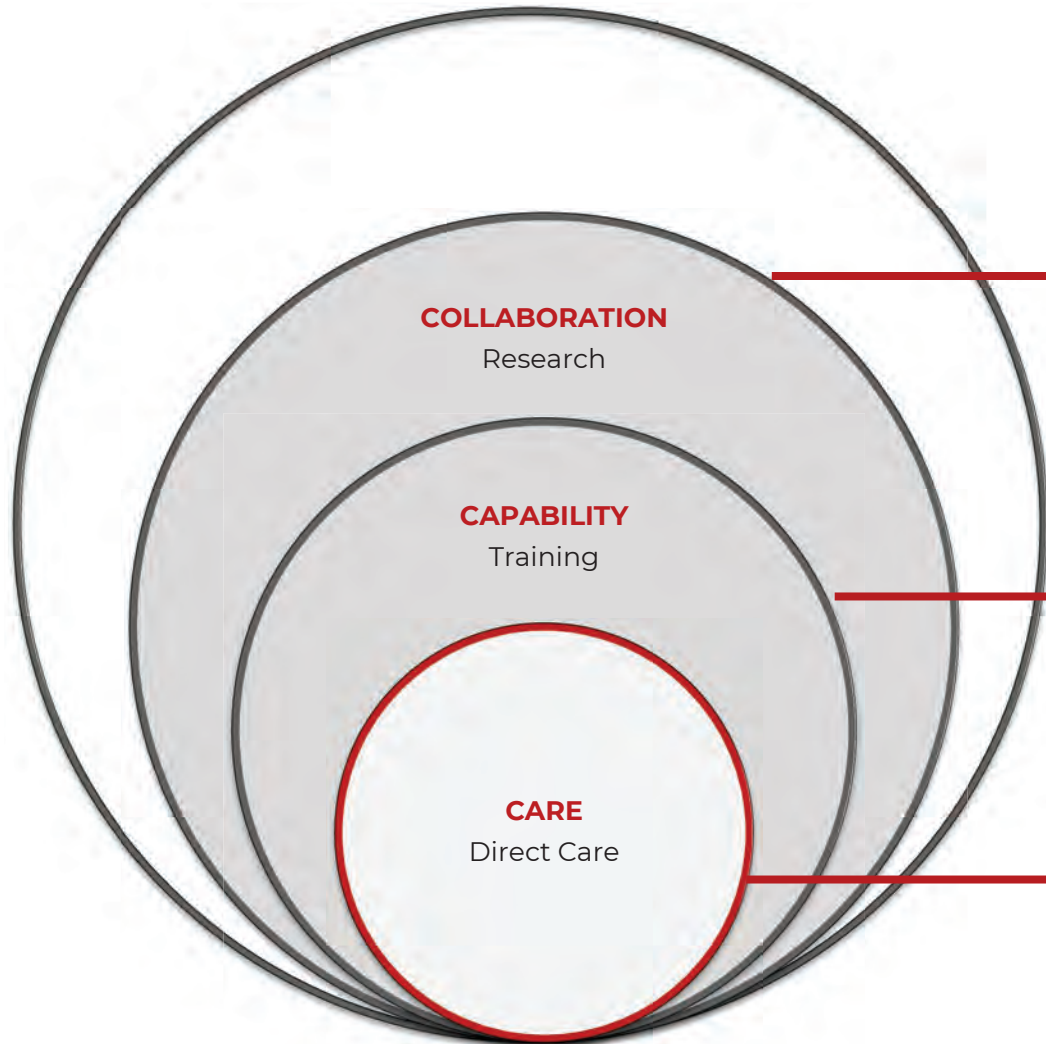
Military Medicine Training Program

Comprehensive Reconstructive
Capability

**Multidisciplinary
Training Facility**



Military Medicine Program - **future**



Access to DoD Funding Opportunities

Leverage collaborative relationships and OSU institutional resources

Training to Expand Military Surgeon Capability

Expand/maintain reconstructive capabilities during interwar period

Integrated, Efficient, Expert Surgical Care

Fill care gap for wounded warriors

OSU Plastic Surgery DoD Funding

Nerve Reconstruction

OR 180134 **Moore AM** (PI) **\$2,587,986** 9/1/20 – 8/31/24

DoD Congressionally Directed Medical Research Programs (CDMRP)
Peer Reviewed Orthopaedic Research Program (PRORP) Clinical Trial Award
Electrical Stimulation to Accelerate Nerve Regeneration

DM190688 / W81XWH2110173 **Moore AM** (site PI) **\$1,500,000** 03/01/21- 02/28/24

DoD Restoring Warfighters with Neuromusculoskeletal Injuries Research Award (RESTORE)
Quantitative Ambulatory Assessment and Prognosis of the Impact of Severe Upper Limb Injuries on Real-World Behavior



DoD Funding

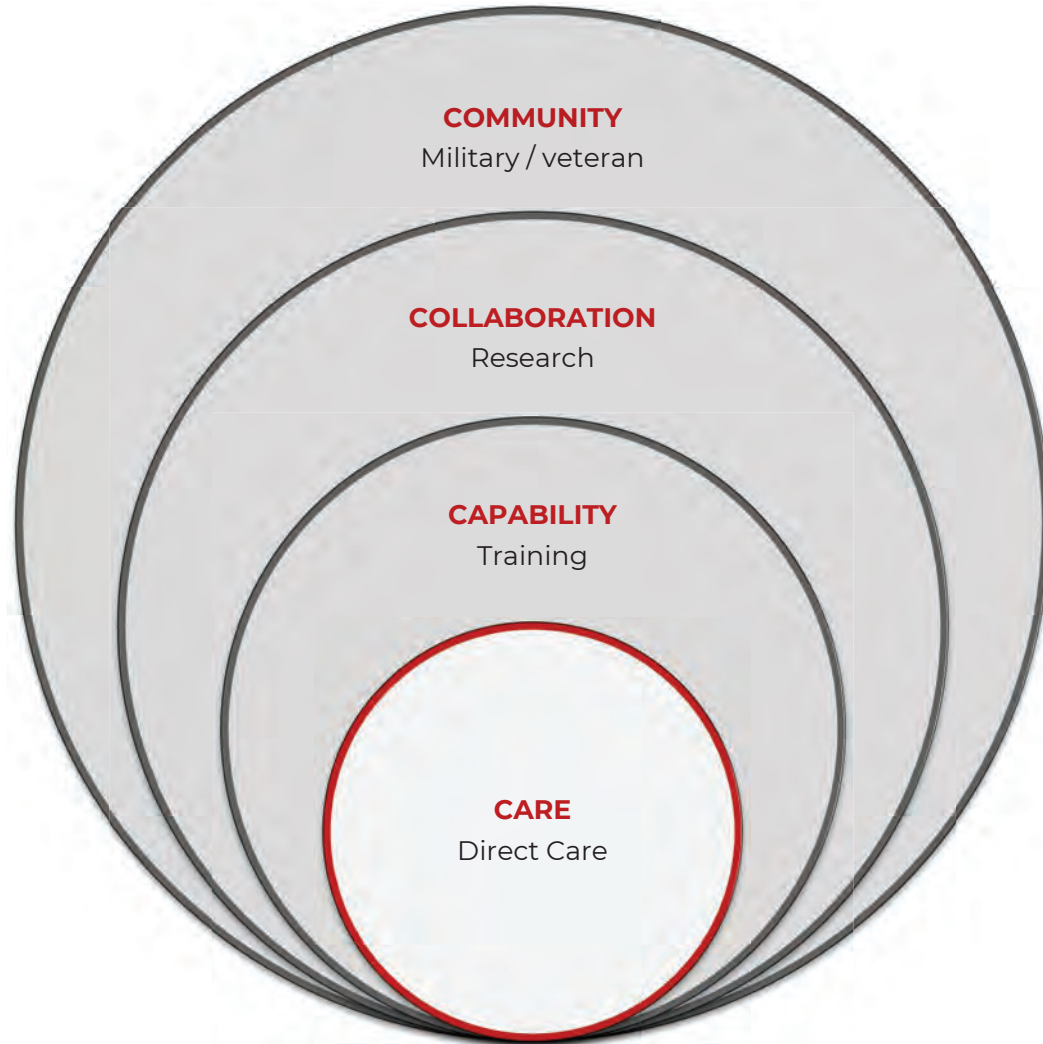
\$17.8 Billion

Total Congressional Appropriations
for Research FY92-21

On average \$600M per year

OSU Military Medicine Program - **future**

The Start of Something Big...



2300

Students with Service Connection at Ohio State

4th

largest veteran community in the United States: Ohio

Thank you!



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



THE OHIO STATE
UNIVERSITY

WEXNER MEDICAL CENTER

Ambulatory Update

November 16, 2021

Dan Like

Chief Administrative Officer, Ambulatory Services

Outpatient Care New Albany (OCNA)

Ribbon Cutting Ceremony

Thursday, July 29, 2021

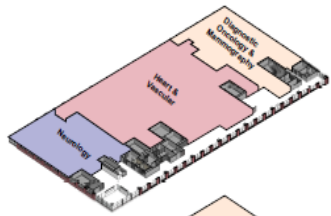


OCNA Overview

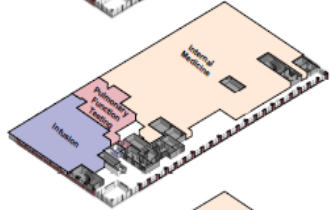
- **251,000 sq. feet on 31.6 acres**
- **200 + patient exam rooms**
- **50 + clinic procedure rooms**
- **4 operating rooms; 4 endoscopy suites**
- **Clinics opened on Aug. 2 and Aug. 17**
- **The James Mammography opened on Aug. 30**
- **Surgery and endoscopy center opened on Sept. 27**
- **130+ different providers; supported by 350+ staff**
- **40,000 + patient visits since opening (as of Oct. 18)**



OCNA Services



Floor 5
 Neurology
 Heart and Vascular
 The James Mammography and clinic



Floor 4
 Infusion (non-chemo)
 Pulmonary Function Testing
 Internal Medicine Specialties (various)
 Primary Care – General Internal Medicine



Floor 3
 Dermatology
 Primary Care – Family Medicine
 Obstetrics and Gynecology



Floor 2
 Surgery Specialties
 Ophthalmology
 Allergy and ENT
 Surgery Center
 Endoscopy Suites



Floor 1
 Advanced Immediate Care
 Lab/Blood Draw
 Ortho/musculoskeletal
 Imaging
 Rehabilitation
 Retail Pharmacy

OCNA Ambulatory Surgery Center



- **4** ambulatory operating rooms
- **23** pre/post recovery rooms
- **Services:**
 - *Colorectal surgery*
 - *General surgery*
 - *Gynecology*
 - *Ophthalmology*
 - *Plastic surgery*
 - *Urology*
- **Ohio Department of Health licensure**
- **Joint Commission accredited**

OCNA Endoscopy Suites

- 4 endoscopy rooms
- 16 pre/post recovery rooms
- **Services:**
 - *Upper endoscopies*
 - *Colonoscopies*
 - *Other gastroenterology procedures*
- Ohio Department of Health licensure
- Joint Commission accreditation



OCNA Advanced Imaging



- MRI
- CT
- X-Ray
- Fluoroscopy
- Ultrasound
- Bone Density



OCNA Outpatient Rehabilitation



- Physical, speech and occupational therapy
- Neurological rehabilitation
- Orthopedic and sports medicine rehabilitation
- **Specialty programs:**
 - *Stroke*
 - *Multiple sclerosis*
 - *Wheelchair training*
 - *Pelvic health*
 - *Esophageal/swallowing*
 - *Endurance medicine*
 - *Dance medicine*
 - *And more!*

OCNA Patient Feedback

Emily has been a **wonderful physical therapist** and always **encourages me** to do more than I think I can. – *Outpatient Rehab*

Charity, the Doppler technician, was **especially wonderful**. -- *Imaging*

Every step was quite efficient! I was directed to the area for my information and after completion directed to the waiting area. **Perfect!**

A person **can't ask for better treatment than at Ohio State.**

I cannot imagine a better medical experience. As always I'm very impressed with the entire OSU team and how well they work together.

I have announced your opening to many friends and **shared my wonderful experience.**

Beautiful new facility.

Everyone was helpful and friendly!

Jennifer, who checked me out and scheduled follow up visits, etc., **was exceptionally kind, thorough, respectful, and compassionate.**

– *Musculoskeletal*

As a super tall person who recently had surgery, I don't get up and down the best, **I absolutely loved the seating in the imaging waiting area.** It was nice and tall. Thank you!



Outpatient Care Dublin: Construction Progress

September 2020



September 2021



Outpatient Care Dublin: Opening Summer 2022



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Outpatient Care Dublin



OPENING SUMMER 2022





THE OHIO STATE
UNIVERSITY

WEXNER MEDICAL CENTER

Thank you!



Wexner Medical Center Board Report

William Farrar, MD
November 16, 2021

The James



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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

Welcome to the OSUCCC – James!



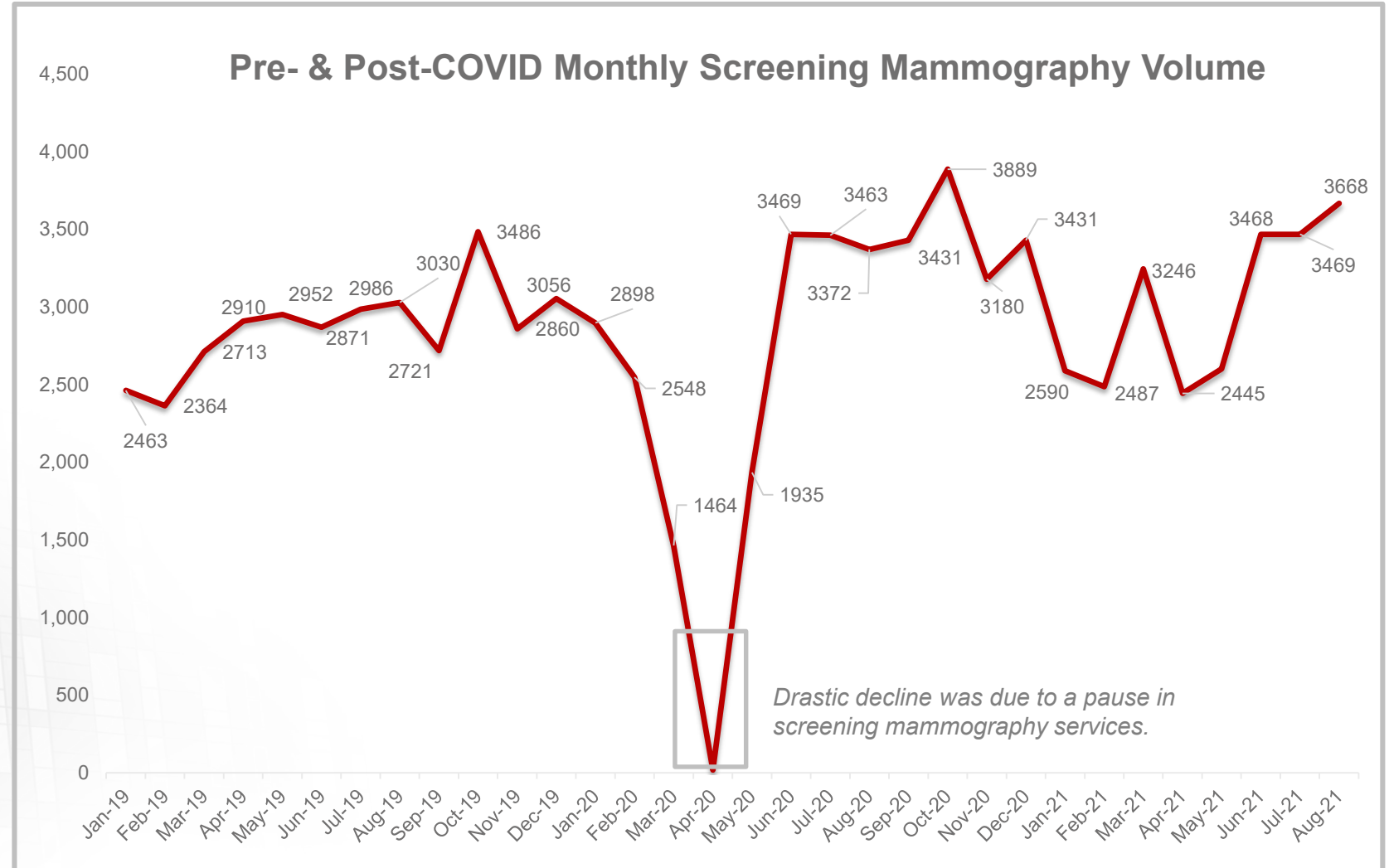
Ryan Goerlitz, MBA, CPA
Chief Financial Officer

The James



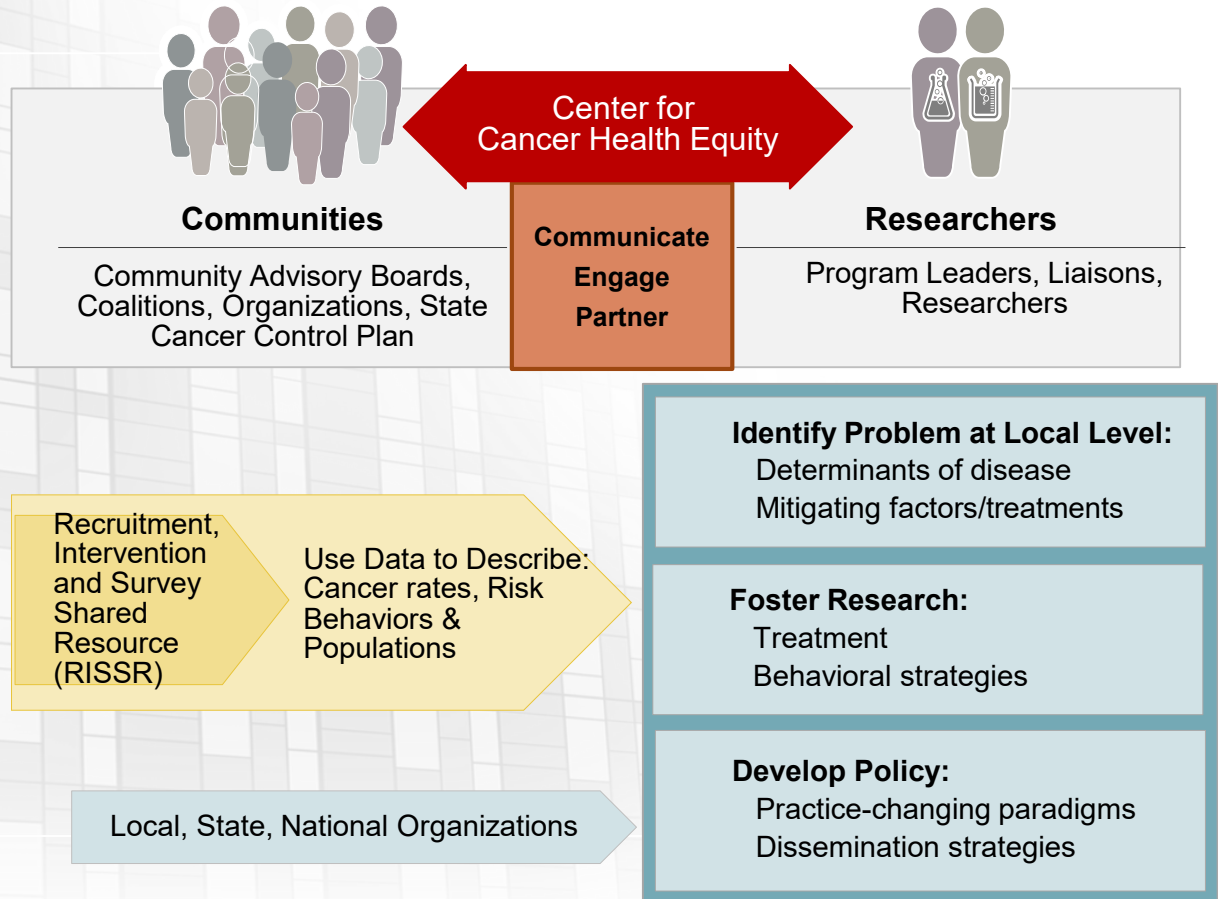
Screenings for breast cancer dropped during the early months of the COVID-19 pandemic and have remained in flux throughout 2021.

- After a steep decline in mammography visits during the first wave of COVID-19, we experienced a dramatic increase.
- Mammography visits have continued to fluctuate but have been on an upward climb since June 2021.
- To enhance screening access, the OSUCCC – James opened six new ambulatory locations between March 2020 – August 2021.
- Additional efforts to increase screenings include enhanced physicians' communication, targeted outreach, mobile mammography and a strategic media campaign.



The Center for Cancer Health Equity (CCHE) at the OSUCCC – James has had a significant impact in our community and across Ohio.

CCHE strategy to address cancer burden in Ohio



IMPACT

Over **629 events with 27,000** people reached

Navigation for over **7,000 patients**

Increase in enrollment into Breast and Cervical Cancer Early Detection Program

Relationships with over **250 community partners** in the state

The James



Data period: 2016-2020

On July 1, Gov. Mike DeWine signed legislation that aims to raise awareness of the link between radon exposure and cancer risk by designating January as Radon Awareness Month in Ohio.



Annie Cacciato and Governor DeWine

- Ohio has the fourth-highest level of radon in the nation. Radon exposure is the second-leading cause of lung cancer and the primary cause among non-smokers.
- Dr. David Carbone, director of the OSUCCC – James Thoracic Oncology Center, spearheaded the work to raise awareness of radon exposure to state leaders to create a statewide radon awareness month.
- Known as the Annie Cacciato Act, the new legislation is named for a seven-year survivor of stage 4 lung cancer who was treated at the OSUCCC – James.

The James

The OSUCCC – James recently added one additional member to our James Cancer Network. Together we will deliver leading-edge oncology care to patients in the region.

We are excited to announce an affiliation between Mercy Health – Springfield and the OSUCCC – James to enhance cancer care services for patients throughout Clark and Champaign counties.


This new partnership will provide Mercy Health - Springfield physicians and patients with access to the expertise and specialists at the OSUCCC – James. All of this helps support our goals of making cancer care easier and providing services closer to home.



The James

With seven affiliations, The James Cancer Network is enhancing and expanding the scope of oncology care and research throughout the region and state.

**Mercy Health - St. Rita's
Lima & Celina, OH**




**Memorial Health
Marysville & Urbana, OH**


**Mercy Health
Springfield, OH**


**Clinton Memorial Hospital
Wilmington, OH**




**Mercy Health
Lorain & Elyria, OH**


**Wooster Community
Hospital & Bloomington
Medical Group
Wooster, OH**



**Madison Health
London, OH**


The James

 **THE OHIO STATE UNIVERSITY**
WEXNER MEDICAL CENTER

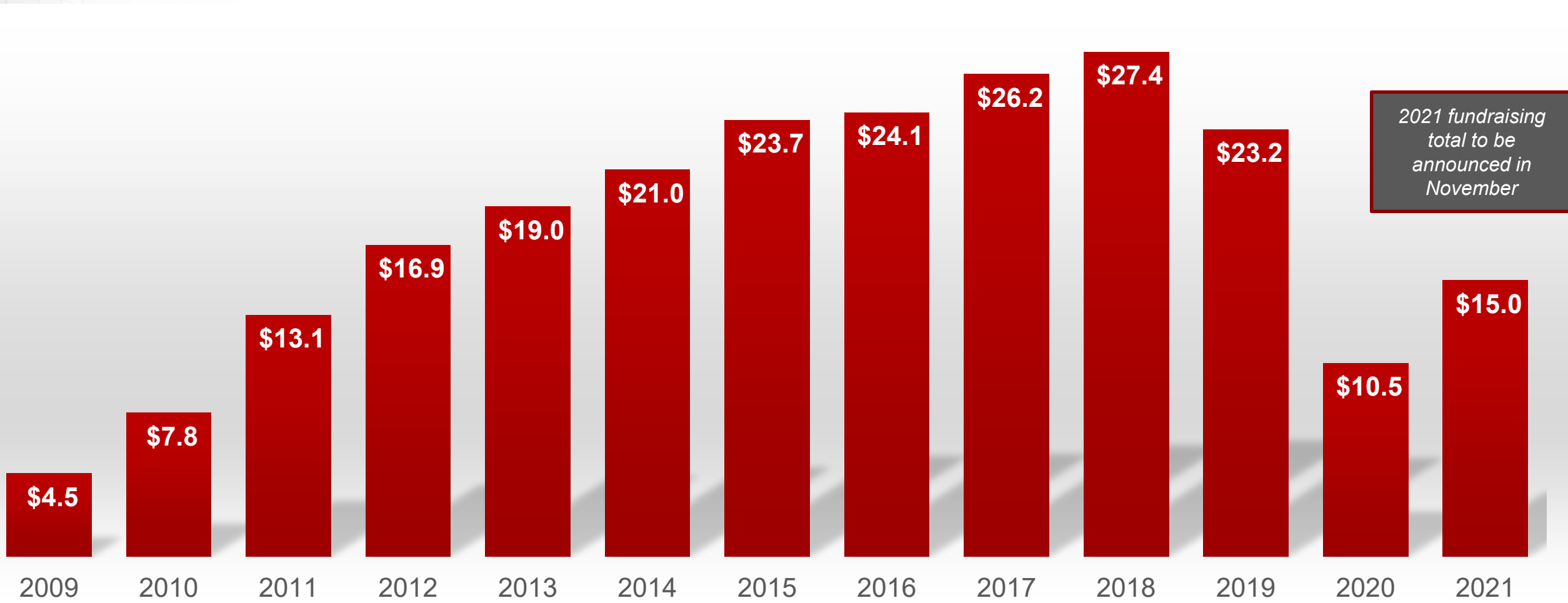
The James has received national recognition for excellence in patient care.

The James has again received the **Press Ganey Guardian of Excellence® in Patient Experience Award** (for the **6th** time) as well as **two Pinnacle of Excellence® Awards**—one for consistent excellence in the non-HCAHPS survey section (**3rd** time) and one for our HCAHPS scores (**2nd** time).

Our gratitude extends to every faculty and staff member at the OSUCCC – James!



Pelotonia 2020 and 2021 were unlike anything we've seen before. Despite a challenging two years, our cancer community has continued to elevate this important cause and raise money for life-saving research at the OSUCCC – James.



2021 fundraising total to be announced in November

\$232M+

*Because of your commitment
to a cancer-free world...*





Thank You!

The James



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



Wexner Medical Center Financial Report Public Session

November 16, 2021

The Ohio State University Health System

Consolidated Statement of Operations
For the YTD ended: September 30, 2021
(in thousands)

OSUHS						
	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	\$ 946,946	\$ 923,181	\$ 23,765	2.6%	\$ 860,934	10.0%
Operating Expenses						
Salaries and Benefits	392,231	393,569	1,338	0.3%	367,130	-6.8%
Resident/Purchases Physician Services	32,488	32,358	(130)	-0.4%	31,172	-4.2%
Supplies	108,335	101,496	(6,839)	-6.7%	99,816	-8.5%
Drugs and Pharmaceuticals	128,294	122,030	(6,264)	-5.1%	114,950	-11.6%
Services	95,326	97,834	2,508	2.6%	82,790	-15.1%
Depreciation	49,857	49,857	-	0.0%	42,723	-16.7%
Interest	6,940	6,940	-	0.0%	7,557	8.2%
Shared/University Overhead	18,590	18,681	91	0.5%	18,126	-2.6%
Total Expense	832,061	822,765	(9,296)	-1.1%	764,264	-8.9%
Gain (Loss) from Operations (pre MCI)	114,886	100,416	14,470	14.4%	96,670	18.8%
Medical Center Investments	(48,858)	(48,858)	-	0.0%	(45,991)	-6.2%
Income from Investments	7,523	4,511	3,012	66.8%	5,831	29.0%
Other Gains (Losses)	6,095	6,214	(119)	---	6,114	---
Excess of Revenue over Expense	\$ 79,646	\$ 62,283	\$ 17,363	27.9%	\$ 62,625	27.2%
Margin Percentage	8.4%	6.7%	1.7%	24.7%	7.3%	15.6%

The Ohio State University Wexner Medical Center

Combined Statement of Operations

For the YTD ended: September 30, 2021

(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Revenue	\$ 1,209,397	\$ 1,177,733	\$ 31,665	2.7%	\$ 1,093,635	10.6%
Operating Expenses						
Salaries and Benefits	630,673	630,378	(295)	0.0%	578,728	-9.0%
Resident/Purchases Physician Services	32,488	32,358	(130)	-0.4%	31,172	-4.2%
Supplies	119,651	115,021	(4,630)	-4.0%	111,344	-7.5%
Drugs and Pharmaceuticals	131,082	124,425	(6,658)	-5.4%	117,187	-11.9%
Services	128,173	128,177	4	0.0%	107,527	-19.2%
Depreciation	51,889	54,818	2,929	5.3%	48,631	-6.7%
Interest/Debt	6,998	7,012	14	0.2%	7,620	8.2%
Other Operating Expense	14,221	14,279	58	0.4%	15,878	10.4%
Medical Center Investments	4,973	876	(4,097)	-467%	7,183	30.8%
Total Expense	1,120,149	1,107,345	(12,804)	-1.2%	1,025,271	-9.3%
Excess of Revenue over Expense	\$ 89,249	\$ 70,388	\$ 18,861	26.8%	\$ 68,364	30.5%
Financial Metrics						
Integrated Margin Percentage	7.4%	6.0%	1.4%	23.5%	6.3%	18.1%
Adjusted Admissions	32,023	33,989	(1,966)	-5.8%	32,712	-2.1%
Operating Revenue per AA	\$ 29,571	\$ 27,161	\$ 2,410	8.9%	\$ 26,319	12.4%
Total Expense per AA	\$ 25,983	\$ 24,207	\$ (1,777)	-7.3%	\$ 23,363	-11.2%

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

The Ohio State University Wexner Medical Center

*Combined Balance Sheet
As of: September 30, 2021
(in thousands)*

	Sep 2021	June 2021	Change
Cash	\$ 1,713,892	\$ 1,752,838	\$ (38,946)
Net Patient Receivables	474,965	463,625	11,340
Other Current Assets	613,987	627,957	(13,971)
Assets Limited as to Use	513,738	511,090	2,648
Property, Plant & Equipment - Net	2,233,943	2,096,329	137,614
Other Assets	528,604	524,660	3,944
Total Assets	\$ 6,079,129	\$ 5,976,500	\$ 102,629
Current Liabilities	\$ 819,627	\$ 794,169	\$ 25,458
Other Liabilities	211,483	204,138	7,345
Long-Term Debt	586,229	601,018	(14,789)
Net Assets - Unrestricted	3,683,230	3,612,597	70,633
Net Assets - Restricted	778,560	764,577	13,983
Liabilities and Net Assets	\$ 6,079,129	\$ 5,976,500	\$ 102,629

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

RECOMMEND APPROVAL TO ENTER INTO CONSTRUCTION CONTRACTS

APPROVAL TO ENTER INTO CONSTRUCTION CONTRACTS
WMC Loading Dock Expansion and Renovation

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

WHEREAS in accordance with the attached materials, the University desires to enter into construction contracts for the following project:

	Construction Approval Requested	Total Requested	
WMC Loading Dock Expansion and Renovation	\$15.1M	\$15.1M	Auxiliary Funds

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the construction 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**
construction w/contingency \$15.1M
(includes installed equipment)

- **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
 - state funds

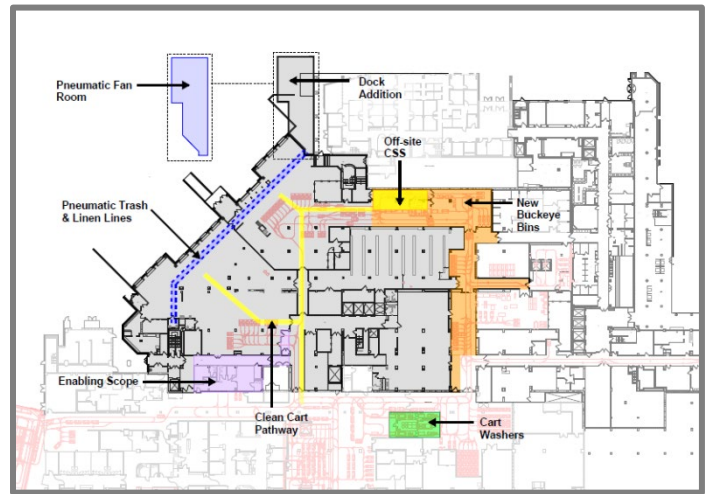
- **project schedule**
BoT professional services approval 11/19
design/bidding 6/20 – 2/22
BoT construction approval 11/21
construction 4/22 – 6/23
facility opening 7/23

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

- **planning framework**
 - this project is included in the FY 2020, FY 2021 and FY2022 Capital Investment Plans and is based on a study of dock operations completed in March 2018. Project scope was updated and validated during design.
 - additional project funding will be included in the FY 2023 Capital Investment Plan

- **project scope**
 - the project will renovate 28,000 sf of existing dock area and add 6,000 sf; the expanded dock will support the continued growth of the Wexner Medical Center
 - renovation work will include the clean and soiled staging areas with the expansion adding new soiled dock doors and space for pneumatic trash and a linen fan room
 - the project will replace cart washers, dock levelers, and dock door equipment
 - structural, mechanical and electrical upgrades are included

- **approval requested**
 - approval is requested to enter into construction contracts



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

RATIFICATION OF COMMITTEE APPOINTMENTS FY2022-2023

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for FY2022-2023 are as follows:

Quality and Professional Affairs Committee

Alan A. Stockmeister, Chair
Erin P. Hoeflinger
Carly G. Sobol
Melissa L. Gilliam
Michael Papadakis
Jay M. Anderson
MARK E. LARMORE
Andrew M. Thomas
David E. Cohn
Elizabeth Seely
Scott A. Holliday
Iahn Gonsenhauser
Jacalyn Buck
Kristopher M. Kipp
Lisa Keder
Alison R. Walker
Abigail S. Wexner (ex officio)