

APPENDIX XXVIII



Board of Trustees

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SUMMARY OF ACTIONS TAKEN

November 16, 2021 - Wexner Medical Center Board Meeting

Members Present:

Leslie H. Wexner	Carly G. Sobol	Michael Papadakis (ex officio)
Abigail S. Wexner	Robert H. Schottenstein	Mark Larmore (ex officio)
Erin P. Hoefflinger	Cindy Hilsheimer	Andrew Thomas (ex officio)
Hiroiyuki Fujita	Gary R. Heminger (ex officio)	
Alan A. Stockmeister	Kristina M. Johnson (ex officio)	
John W. Zeiger	Melissa L. Gilliam (ex officio)	

Members Present via Zoom:

Stephen D. Steinour Amy Chronis

Members Absent:

W.G. "Jerry" Jurgensen

PUBLIC SESSION

The Wexner Medical Center Board convened for its 40th meeting on Tuesday, November 16, 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 1:01 p.m.

Item for Action

1. Approval of Minutes: No changes were requested to the August 17, 2021, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Items for Discussion

2. Interim Co-Leaders' Report: Mark Larmore, CFO, and Andrew Thomas, Chief Clinical Officer, were named interim co-leaders of the Wexner Medical Center following the resignation of former Chancellor and Executive Vice President Hal Paz. Mr. Larmore and Dr. Thomas will serve as co-members of the Wexner Medical Center Board for the interim period, sharing one vote between them and alternating their votes at each meeting. For this meeting, Mr. Larmore will serve as the voting member.

In honor of Veterans Day, Mr. Larmore began this report by expressing gratitude for all of the servicemen and women who have served and currently serve our country, including the 500 veterans and active-duty service members across the medical center. He also announced that the Robert F. Wolfe and Edgar T. Wolfe Foundation awarded a \$5 million gift to endow the chief clinical officer position at the medical center. Dr. Thomas is the first designee in this endowed position, the Wolfe Foundation Chief Clinical Officer Chair. Upon his retirement, the chair will be funded in perpetuity and renamed the Wolfe Foundation Dr. Andrew M. Thomas Chief Clinical Officer Chair.

Dr. Thomas thanked the Jay and Jeanie Schottenstein Foundation for a \$10 million gift to the College of Medicine to support mental health and resilience programs across the medical center and, especially, directed to support the student body. He also spoke about the 12th Annual Faces of Resilience event, which was hosted in September by Dr. Lee Shackelford and Ms. Patti Shorr. The event honored Governor



Mike DeWine, First Lady Fran DeWine and Nationwide Children's Hospital CEO Tim Robinson. It raised more than \$420,000 to benefit Ohio State's Department of Psychiatry and Behavioral Health and Harding Hospital. Additionally, Dr. Thomas highlighted the medical center's new TALK suicide prevention program as well as the good news that both the University Hospitals and Ross Heart Hospital nursing teams won a prestigious international award from the Magnet program of the American Nurses Credentialing Center. It was a \$75,000 prize and a unanimous vote by the awards committee – the first time ever – to recognize the nursing teams' creation of a remote glucose monitoring system during the COVID-19 pandemic. Additionally, he shared that the medical center set a record in terms of NIH funding last year with \$195 million in grants, and the College of Medicine's research funding topped \$300 million.

Mr. Larmore noted that Fifth Third Bank selected the medical center as one of nine centers to receive a grant of \$20 million to continue developing the PACT program on the Near East Side. PACT was established in 2010 with the City of Columbus and other Near East stakeholders. This is a great example of how the medical center can work with community partners to address health disparities. Additionally, five of our health sciences graduate programs received 2021 Health Professions HEED awards, which stands for Higher Education Excellence in Diversity, and the health system was selected by Becker's Hospital Review as one of the 10 most-trusted health system brands.

Finally, the group watched a pre-recorded performance of the "To the Builders" poem by Dr. Antoinette Pusateri, a current fellow at the medical center, in celebration of the new inpatient hospital tower being constructed on the Columbus campus.

3. Leading the Way: Military Medicine: Amy Moore, Professor and Chair of the Department of Plastic and Reconstructive Surgery, shared a presentation on Ohio State's plastic surgery efforts related to wounded veterans. Ohio has the fourth-largest veteran community in the United States. As such, the medical center is working to expand its Military Medicine Program, which will serve the needs of our nation's servicemen and women through integrated efforts 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.
(See Attachment XXXVIII for background information, page 772)
4. New Albany Ambulatory Update: Jay Anderson, Chief Operating Officer, gave an update on the medical center's newest ambulatory site, Outpatient Care New Albany, which opened in late July. The 250,000-square-foot facility offers comprehensive health care in a convenient, community setting, and it will serve as the model for the medical center's next ambulatory locations. The facility features more than 200 patient exam rooms, more than 50 clinic procedure rooms, a mammography unit, a surgery and endoscopy unit, and more. There are more than 130 providers there supported by 350-plus staff, and less than three months after opening the facility had already seen more than 40,000 patient visits.

(See Attachment XXXIX for background information, page 799)

5. James Cancer Hospital Report: William Farrar, CEO of the James Cancer Hospital, shared a variety of updates, including the hiring of the James' new CFO Ryan Goerlitz, who previously served as Associate Vice President of Finance in the College of Medicine. He also discussed the impact that COVID-19 has had on cancer screening rates and prevention efforts. Data from multiple journals indicates that, nationally, there has been a decrease of 56% to 85% in breast, colon, prostate and lung cancer screenings. To mitigate these declines, the James has invested significantly in its marketing efforts, targeting both the community and referring providers. Additionally, the James has worked to provide expanded access through the development of six new mammography screening locations around the central Ohio area. He also discussed the work of the Center for Cancer Health Equity at the OSUCCC-James to educate the community on the importance of screening and prevention. In the past five years, the center has hosted more than 600 events that reached 27,000 people.



Dr. Farrar also shared that 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 in order to create a statewide radon awareness month. Known as the Annie Cacciato Act, the new legislation, signed by Governor Mike DeWine in July, designated January as Radon Awareness Month in Ohio.

Additionally, Dr. Farrar shared that the OSUCCC-James recently added an additional member to the James Cancer Network – an affiliation with Mercy Health-Springfield. This affiliation will enhance cancer care services for patients throughout Clark and Champaign counties. With seven affiliations overall, the James Cancer Network is enhancing and expanding the scope of oncology care and research throughout the region and state. Also, the James has received national recognition for excellence in patient care after receiving the Press Ganey Guardian of Excellence in Patient Experience Award for the sixth time, as well as two Pinnacle of Excellence Awards.

(See Attachment XL for background information, page 811)

6. Wexner Medical Center Financial Report: Mr. Larmore shared the medical center’s first quarter financial results, ending September 30. The health system – which includes the seven hospitals – saw an excess of revenue over expenses of \$79.6 million, which was approximately \$17 million more than anticipated. This was a 27.9% improvement over the same time last year. The combined Wexner Medical Center results, consisting of the health system, College of Medicine and OSU Physicians, showed \$89.2 million excess of revenue over expenses, which was approximately \$19 million more than anticipated, and a 26.8% improvement year-over-year. This shows 10.6% growth in revenue and 9.3% growth in expenses.

(See Attachment XLI for background information, page 822)

Items for Action

7. Resolution No. 2022-47, 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.

(See Attachment XLII for background information, page 827)



8. Resolution No. 2022-48, 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)

Action: Upon the motion of Mr. Zeiger, seconded by Mr. Stockmeister, the board approved the foregoing motions by unanimous roll call vote with the following members present and voting: Mr. Wexner, Mrs. Wexner, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Sobol, Mr. Schottenstein, Ms. Hilsheimer, Ms. Chronis, Mr. Heminger, Dr. Johnson, Mr. Larmore, Dr. Gilliam and Mr. Papadakis. Mr. Steinour was not present.

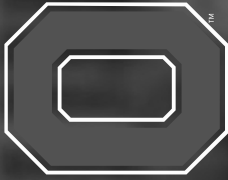
EXECUTIVE SESSION

It was moved by Mrs. Wexner, and seconded by Mr. Heminger, 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.

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, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Sobol, Mr. Schottenstein, Ms. Hilsheimer, Ms. Chronis, Mr. Heminger, Dr. Johnson, Mr. Larmore, Dr. Gilliam and Mr. Papadakis. Mr. Steinour was not present.

The board entered executive session at 2:05 p.m. and adjourned at 5:36 p.m.

ATTACHMENT XXXVIII



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

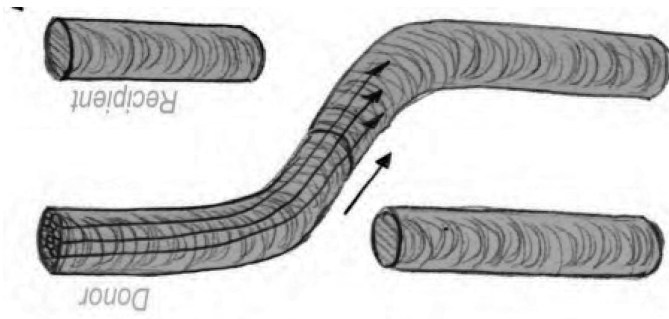
What is Plastic Surgery?



What is Plastic Surgery?



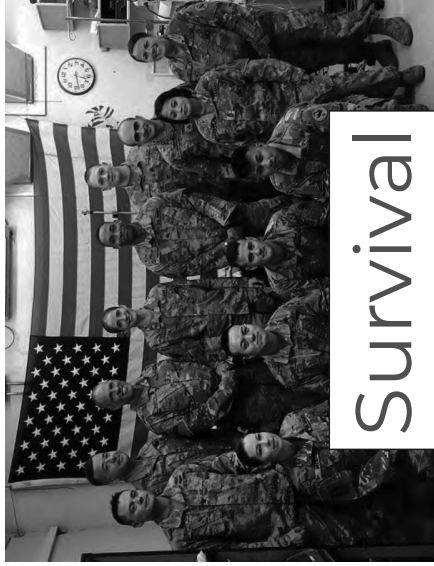
What is Plastic Surgery?



What is Military Medicine?

Combat Casualty Care

Part 1: Expeditionary Trauma Care



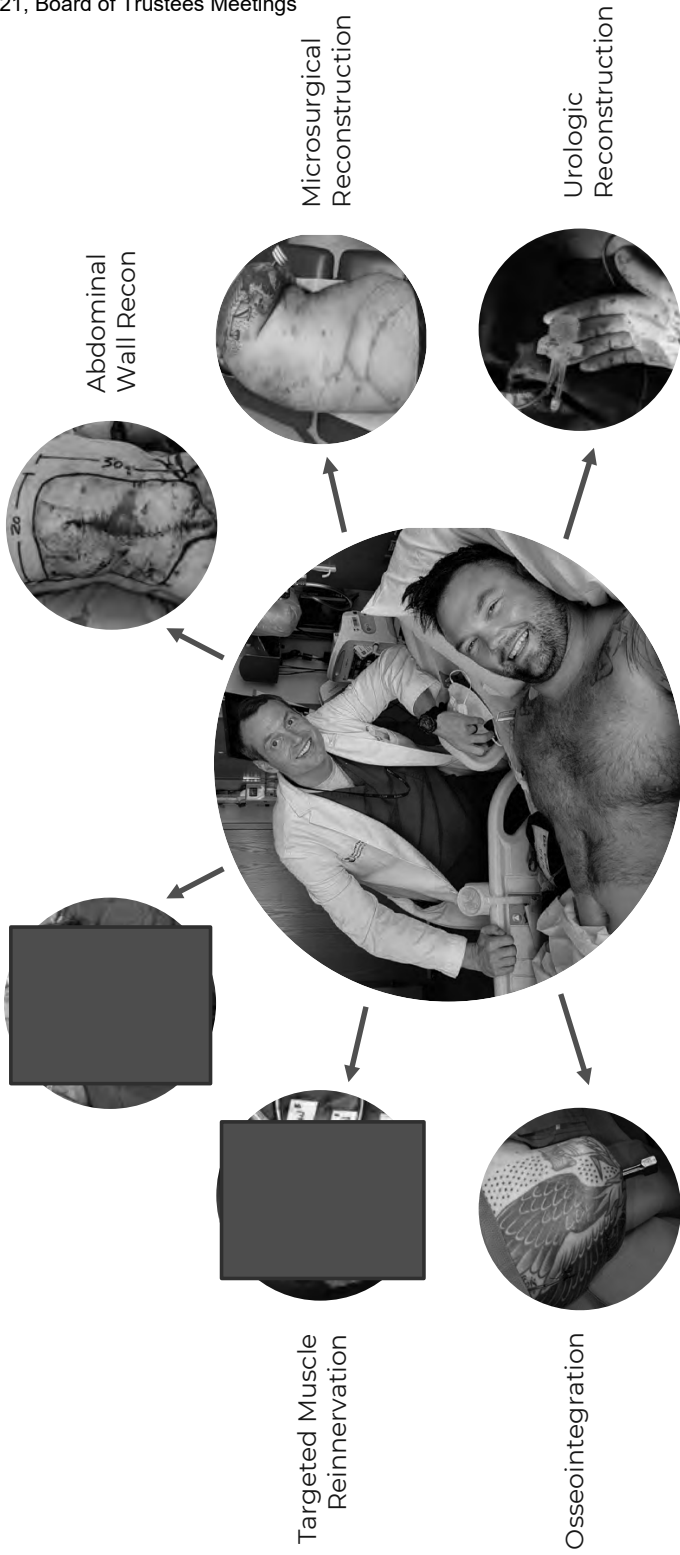
What is Military Medicine?

Combat Casualty Care

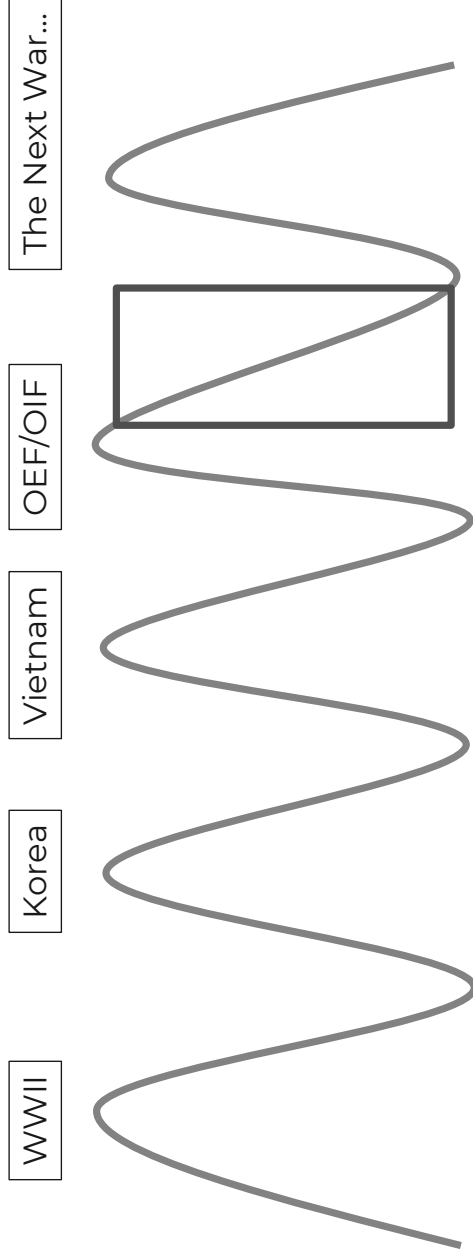
Part 2: Multi-Disciplinary Reconstructive Care



Why Plastic Surgery? Quarterback for Complex Reconstruction



Reconstructive Capabilities and Focus in Decline



Medical Capabilities and Focus on Military Care

780

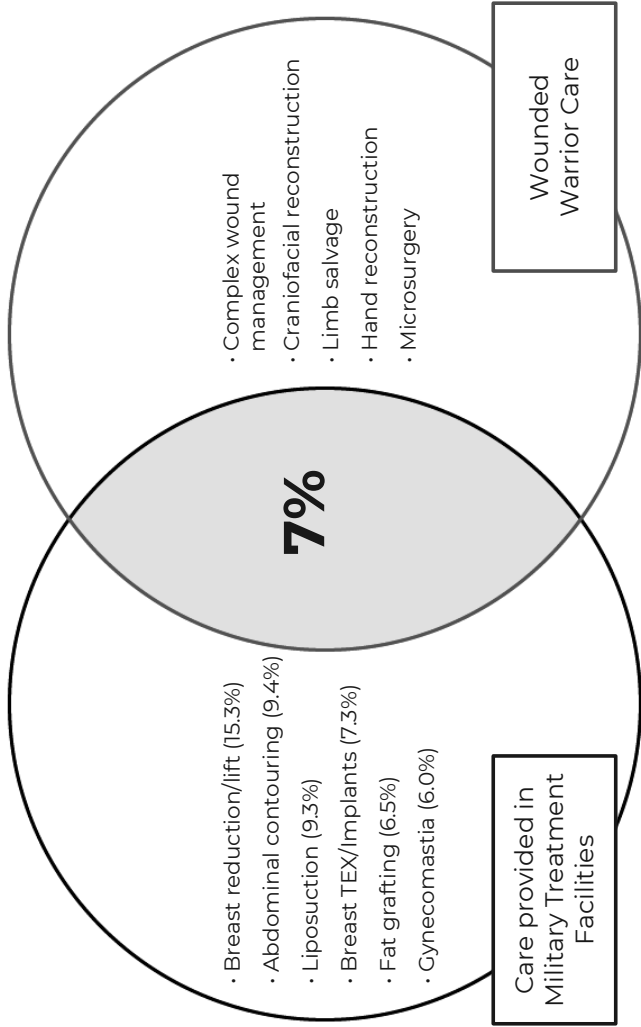
“The Walker Dip”



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



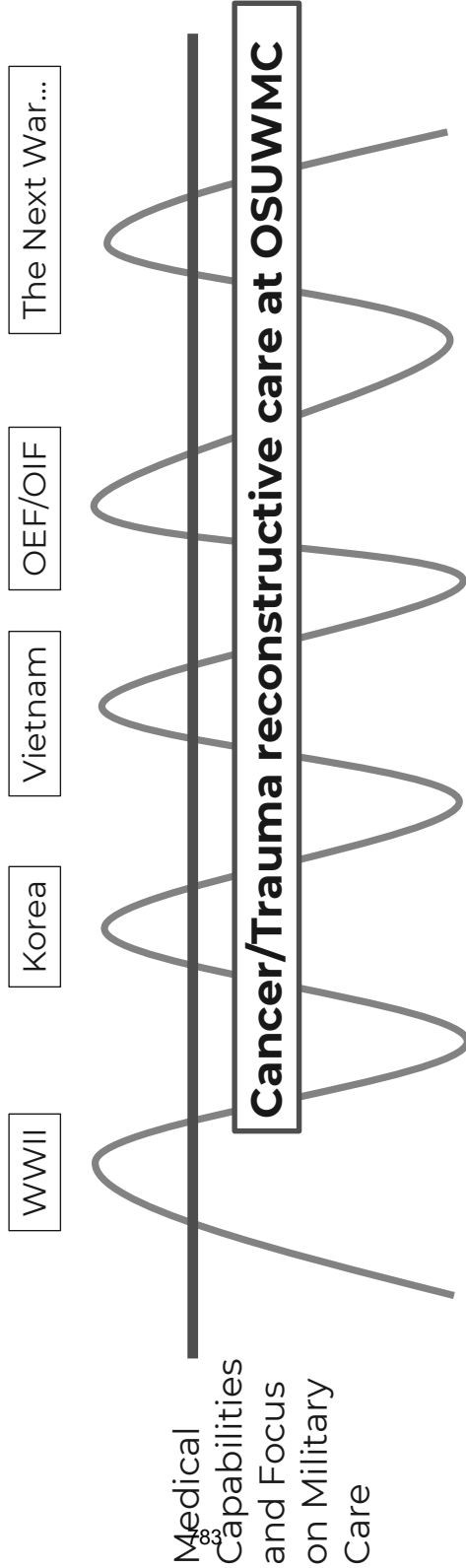
5 Year Data



>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.

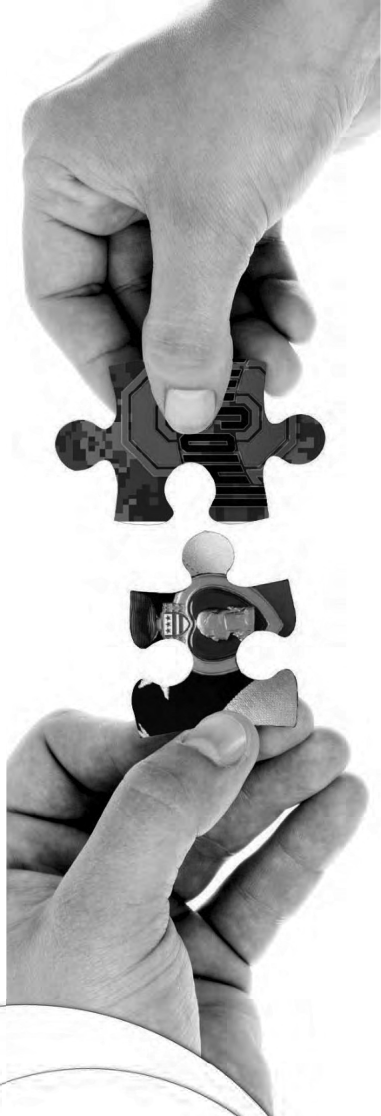
4th

largest veteran community in the
United States: Ohio

Military Medicine Program Structure - now Direct Care



**Wounded Warrior
Need Meets**
OSUWMC Capability

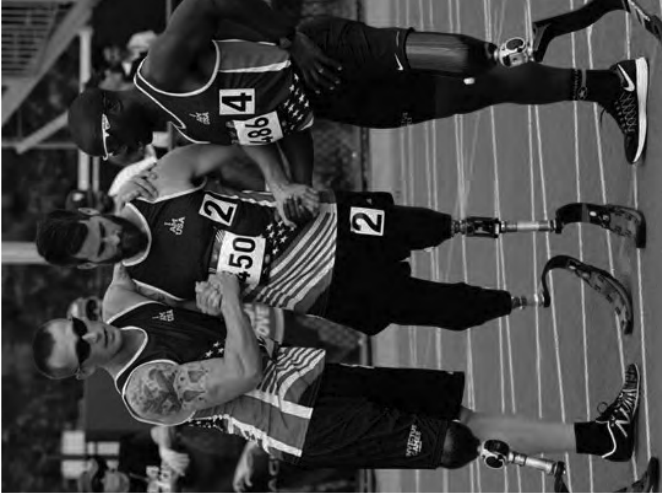


Military Medicine: Direct Care

Unmet Need: Advanced Amputation Care

>1700
Combat-Related
Amputations

786



SGT S. L.

MM: Direct Care

Unmet Need: Advanced Management of Nerve Pain

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

787



SSG N. J.

IDEAS AND INNOVATIONS

Targeted Muscle Reinnervation Technique in Below-Knee Amputation

J. Byers Bowers, M.D., M.S.
 Daniel Rorer, B.S.
 Christopher M. Bowers, M.D., M.S., F.A.C.S.
 Julie West, M.D., F.A.C.S.
 Ian L. Valerio, M.D., M.S., F.A.C.S.
 M.E.A.

Summary: Approximately 45 percent of major limb amputees will describe chronic limb ischemia (CLI) or phantom limb pain (PLP) in the residual limb. A method to treat and possibly prevent both pain symptoms is needed. Targeted muscle reinnervation (TMR) is a technique that uses donor limb nerves in patients who have undergone peripheral neuropathy and plantar fasciitis to reinnervate the denervated muscles in the residual limb. This clinical trial includes and surgical technique for targeted muscle reinnervation in the below-knee amputation, a surgical description currently absent from most textbooks. The authors' experience with TMR in 27 patients has been documented in 27 patients at the authors' institution. This approach has been followed on an outpatient basis for 1 year. To evaluate symptoms of phantom limb pain, patients were followed postoperatively. This study suggests that phantom limb pain follows normalization. The authors' experience with TMR in 27 patients at 1 month, after 3 months, all patients reported resolution of their phantom limb pain. The authors' experience with TMR suggests that normalization of this pain. The authors' experience with TMR suggests that normalization of this pain. The authors' experience with TMR suggests that normalization of this pain. The authors' experience with TMR suggests that normalization of this pain.

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, M.D., M.S., F.A.C.S., Gregory A. Dumanian, M.D., F.A.C.S., Sumnans W. Jordan, M.D., PhD, Laurent M. Miroshin, M.D., J. Byers Bowers, M.D., Julie M. West, M.D., M.S., F.A.C.S., Kyle Potter, M.D., Jason H. Kov, M.D., Jason M. Souza, M.D., Benjamin K. Potter, M.D., F.A.C.S.

BACKGROUND: A majority of the nearly 2 million American living with limb loss suffer from chronic pain. Phantom limb pain (PLP) is a common pain syndrome that occurs in up to 80% of amputees. The aim of this study was to evaluate the efficacy of targeted muscle reinnervation (TMR) in preventing PLP and phantom limb pain (PLP) in patients undergoing major limb amputation. The authors' experience with TMR in 27 patients has been documented in 27 patients at the authors' institution. This approach has been followed on an outpatient basis for 1 year. To evaluate symptoms of phantom limb pain, patients were followed postoperatively. This study suggests that phantom limb pain follows normalization. The authors' experience with TMR in 27 patients at 1 month, after 3 months, all patients reported resolution of their phantom limb pain. The authors' experience with TMR suggests that normalization of this pain. The authors' experience with TMR suggests that normalization of this pain.

OPEN ACCESS



Targeted Muscle Reinnervation at the Time of Major Limb Amputation in Traumatic Amputees

Travis L. Frenzy, M.D., Joshua S. Evertson, M.D., MPH, Julie M. West, M.S., F.A.C.S., Thomas V. Di, M.D., James S. Pfeiffer, M.D., and Ian L. Valerio, M.D., M.S., F.A.C.S.

Investigation performed at The Ohio State University Wexner Medical Center, Columbus, Ohio
HHS Public Access
 Author manuscript
 Published in final edited form as:
J Surg Orthop. 2019 September 1; 44(5):558-565. doi:10.1002/jso.25386.

Background: Only a technique in postoperative pain management.
Objective: To evaluate the efficacy of targeted muscle reinnervation (TMR) in preventing phantom limb pain (PLP) and phantom limb pain (PLP) in patients undergoing major limb amputation. The authors' experience with TMR in 27 patients has been documented in 27 patients at the authors' institution. This approach has been followed on an outpatient basis for 1 year. To evaluate symptoms of phantom limb pain, patients were followed postoperatively. This study suggests that phantom limb pain follows normalization. The authors' experience with TMR in 27 patients at 1 month, after 3 months, all patients reported resolution of their phantom limb pain. The authors' experience with TMR suggests that normalization of this pain. The authors' experience with TMR suggests that normalization of this pain.

SAGE Open Medicine

SAGE Open Medicine
 SAGE Open
 10.1177/21562619211020918
 https://doi.org/10.1177/21562619211020918

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

Blair R Peters¹, Stephanie A Russo¹, Julie M West¹, Amy M Moore² and Steven A Schuir²

Abstract
 The life altering nature of major limb amputations may be further complicated by neuroma formation in up to 60% 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 above, debridement with repair, excision with transplantation, and targeted muscle reinnervation. Targeted muscle reinnervation has been shown to reduce phantom limb and neuroma pain for patients with upper and lower extremity amputation. It may be particularly useful for patients with severe phantom limb and neuroma pain. The aim of this study was to evaluate the efficacy of targeted muscle reinnervation (TMR) in preventing phantom limb pain and phantom limb pain (PLP) in patients undergoing major limb amputation. The authors' experience with TMR in 27 patients has been documented in 27 patients at the authors' institution. This approach has been followed on an outpatient basis for 1 year. To evaluate symptoms of phantom limb pain, patients were followed postoperatively. This study suggests that phantom limb pain follows normalization. The authors' experience with TMR in 27 patients at 1 month, after 3 months, all patients reported resolution of their phantom limb pain. The authors' experience with TMR suggests that normalization of this pain. The authors' experience with TMR suggests that normalization of this pain.

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

John H. Alexander, M.D., MPH, Sumnans W. Jordan, M.D., PhD, Julie M. West, M.S., F.A.C.S., Amy M. Moore, M.D., MPH, Christopher M. Bowers, M.D., M.S., F.A.C.S., Robert Pankov, M.D., PhD, Joel A. Merson, M.D., Thomas J. Schanckel, M.D., MChD, Ian L. Valerio, M.D., M.S., MChA, FACS³, Department of Orthopaedics, The Ohio State University, James Weener Medical Center, Columbus, Ohio

Background: Targeted muscle reinnervation (TMR) at the time of amputation has been shown to reduce phantom limb pain (PLP) and phantom limb pain (PLP) in patients undergoing major limb amputation. The authors' experience with TMR in 27 patients has been documented in 27 patients at the authors' institution. This approach has been followed on an outpatient basis for 1 year. To evaluate symptoms of phantom limb pain, patients were followed postoperatively. This study suggests that phantom limb pain follows normalization. The authors' experience with TMR in 27 patients at 1 month, after 3 months, all patients reported resolution of their phantom limb pain. The authors' experience with TMR suggests that normalization of this pain. The authors' experience with TMR suggests that normalization of this pain.

Keywords: Targeted muscle reinnervation, phantom limb pain, stump pain, phantom limb pain, amputation, neuroma, nerve transfer, nerve, chronic pain, residual limb pain, stump pain, phantom limb pain, amputation, neuroma, nerve transfer, nerve, chronic pain, residual limb pain, stump pain, phantom limb pain.

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Correspondence: Ian L. Valerio, Department of Plastic Surgery, Orthopaedics, Good Samaritan/The Ohio State University Wexner Medical Center, 4560 University Blvd, Room 2106, Columbus, OH 43212, imvalerio@osumc.edu
 The authors declare that they have no conflicts of interest.
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 © 2021 The Author(s). All rights reserved.
 Department of Plastic and Reconstructive Surgery, The Ohio State University, Washington University, St. Louis, MO, USA

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




Warrior Care Program
U.S. Special Operations Command Warrior Care Program (CWC Coalition)

Home - About - Benevolence - Military Adaptive Sports - Recovery Care - Career Transition

Benevolent Support



PROUD SUPPORTER

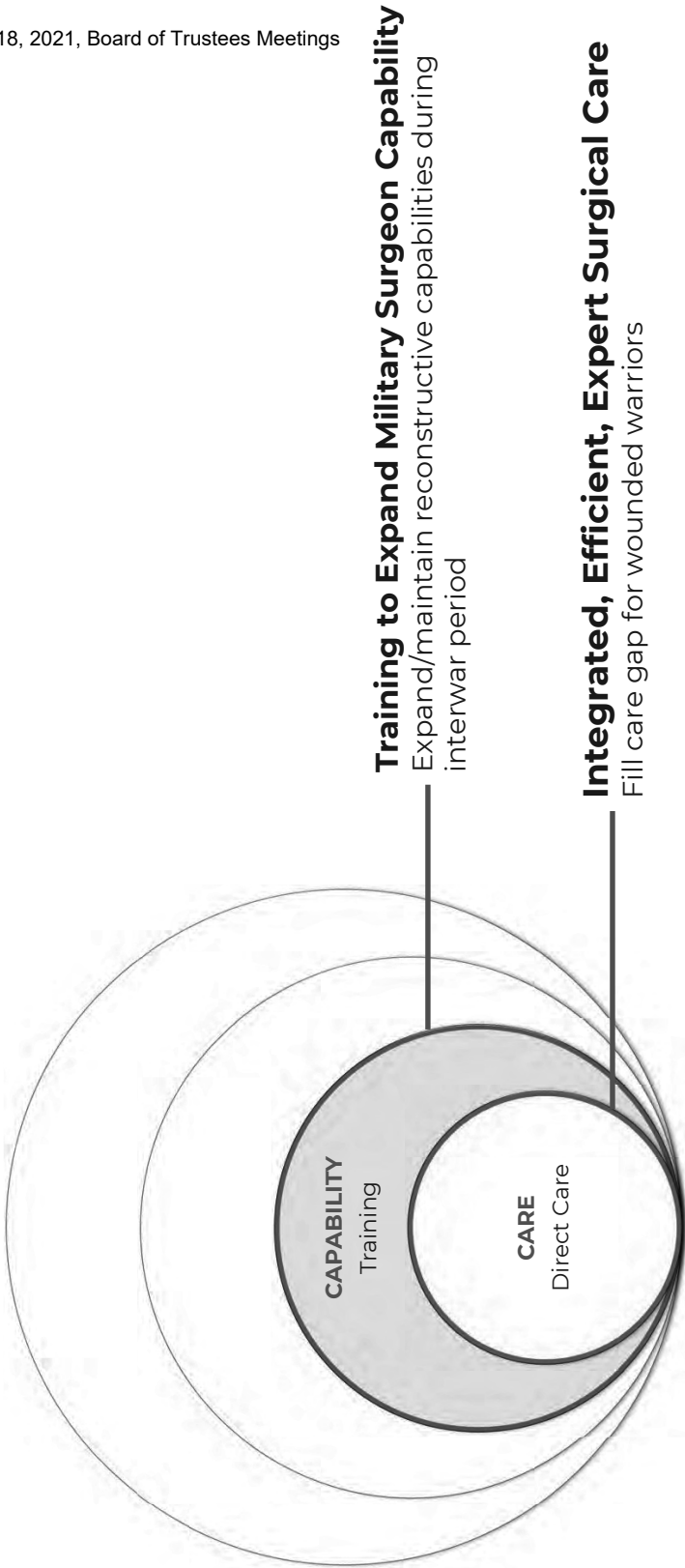


SEMPER FI & AMERICA'S FUND
For Our Combat Wounded, Ill, and Injured



HERO MILES

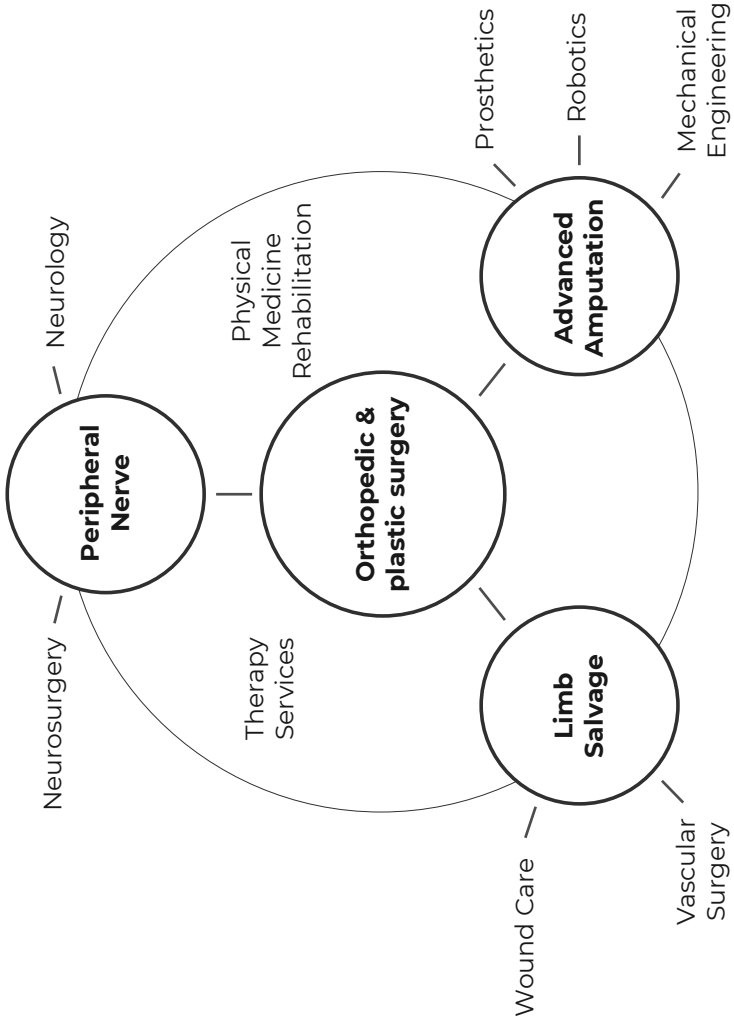
Military Medicine Program - future



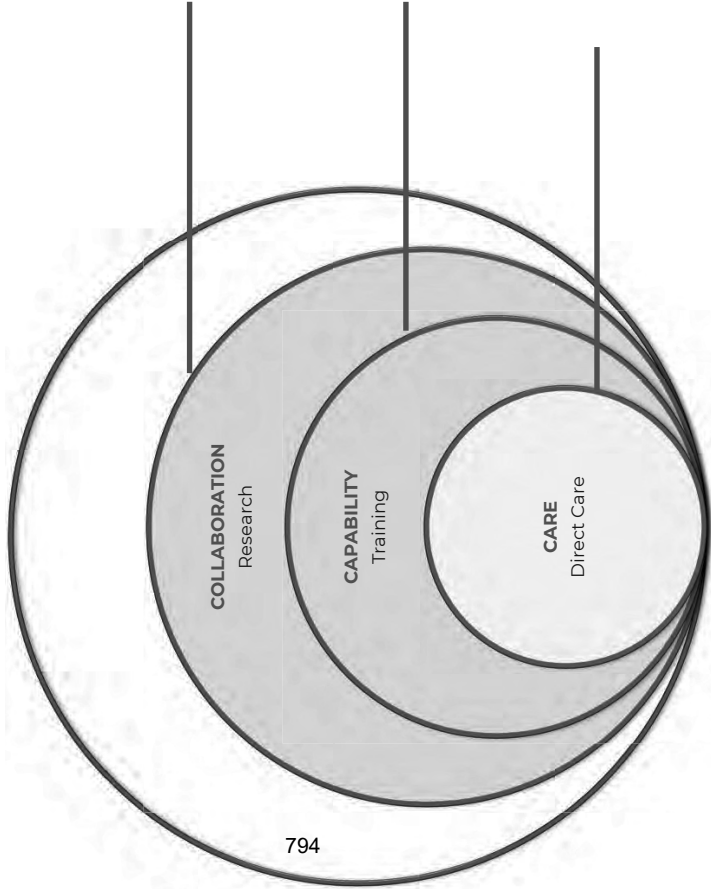
Military Medicine Training Program

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

OR180134 **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 Warriors 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

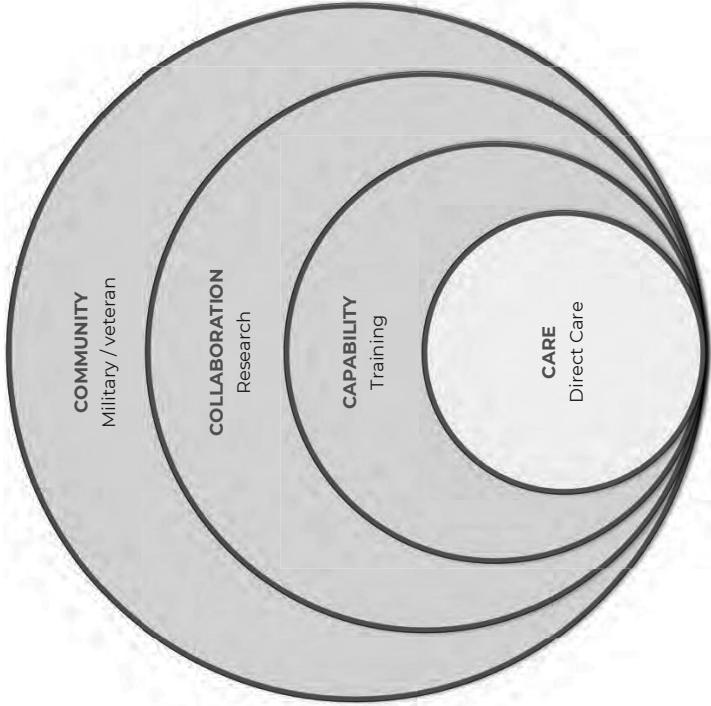
\$17.8 Billion

Total Congressional Appropriations
for Research FY92-21

On average \$600M per year

OSU Military Medicine Program - future

The Start of Something Big...



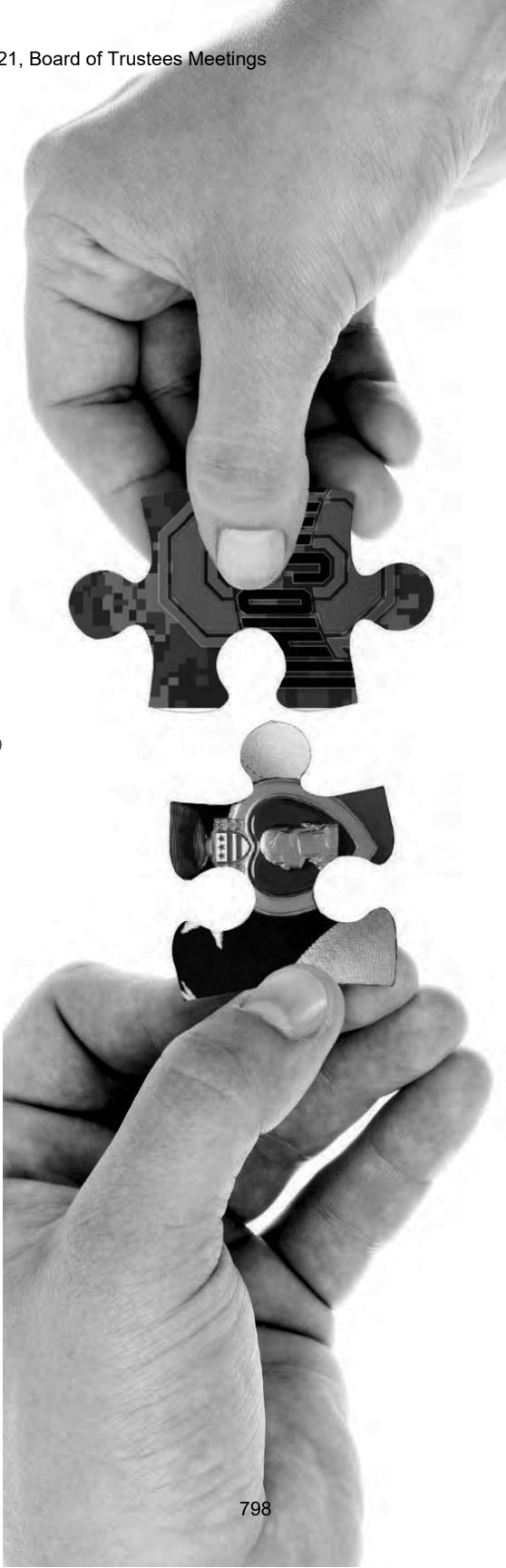
2300

Students with Service
Connection at Ohio State

4th

largest veteran community
in the United States: Ohio

Thank you!



ATTACHMENT XXXIX

Ambulatory Update

November 16, 2021

Dan Like

Chief Administrative Officer, Ambulatory Services



**THE OHIO STATE
UNIVERSITY**

WEXNER MEDICAL CENTER

Outpatient Care New Albany (OCNA) Ribbon Cutting Ceremony Thursday, July 29, 2021






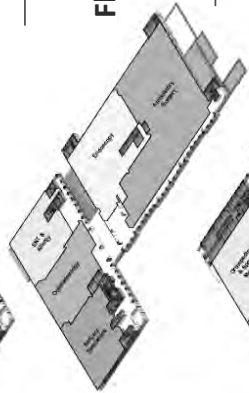
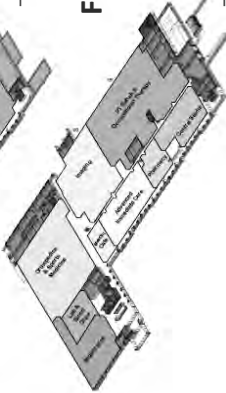
OCNA Overview

- **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)**

801



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



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OCNA Outpatient Rehabilitation



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- Physical, speech and occupational therapy
- Neurological rehabilitation
- Orthopedic and sports medicine rehabilitation
- Speciality 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.

Beautiful new facility.
Everyone was helpful and friendly!

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

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



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WEXNER MEDICAL CENTER

Outpatient Care Dublin: Opening Summer 2022



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Outpatient Care Dublin

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Thank you!

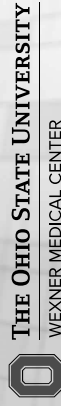
Wexner Medical Center Board Report

William Farrar, MD
November 16, 2021

ATTACHMENT XL



The James



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

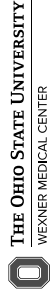
The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Welcome to the OSUCCC – James!



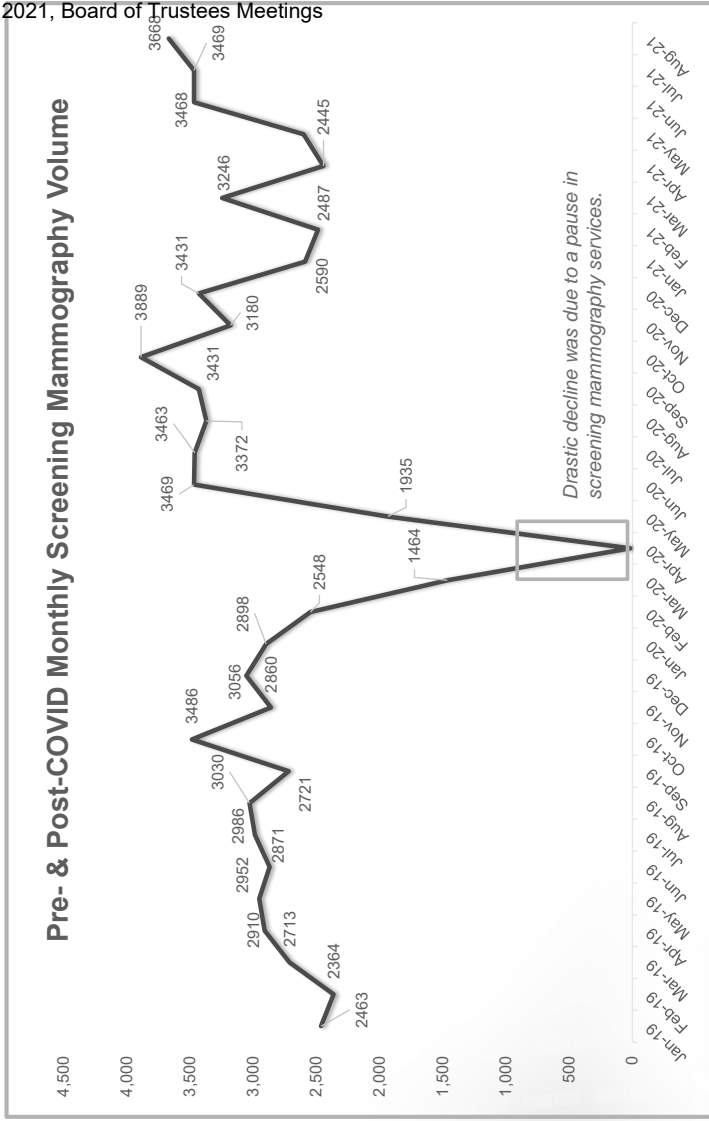
Ryan Goerlitz, MBA, CPA
Chief Financial Officer

The James



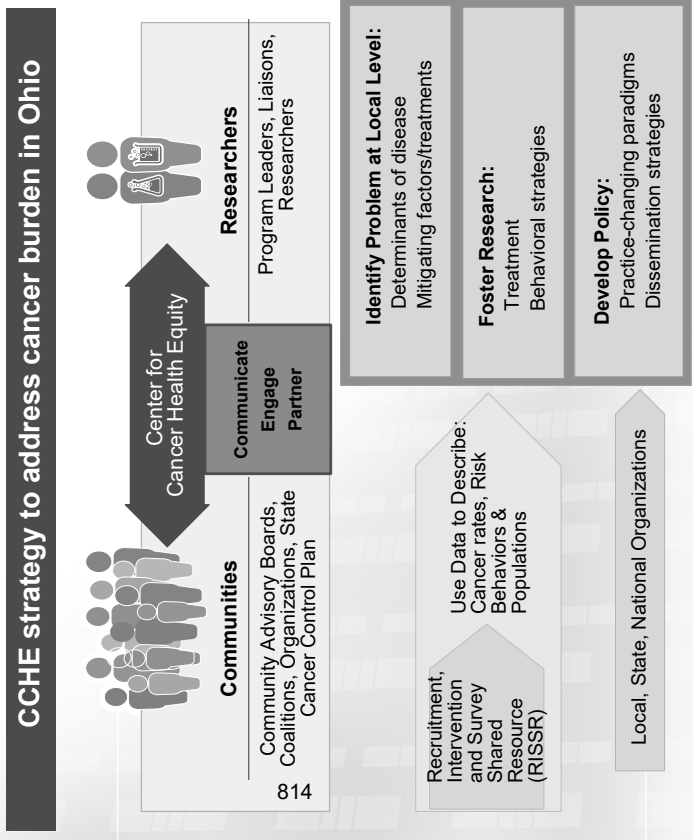
Screenings for breast cancer dropped during the early months of the COVID-19 pandemic and have remained in flux throughout 2021.

- 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.



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



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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



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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.

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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.

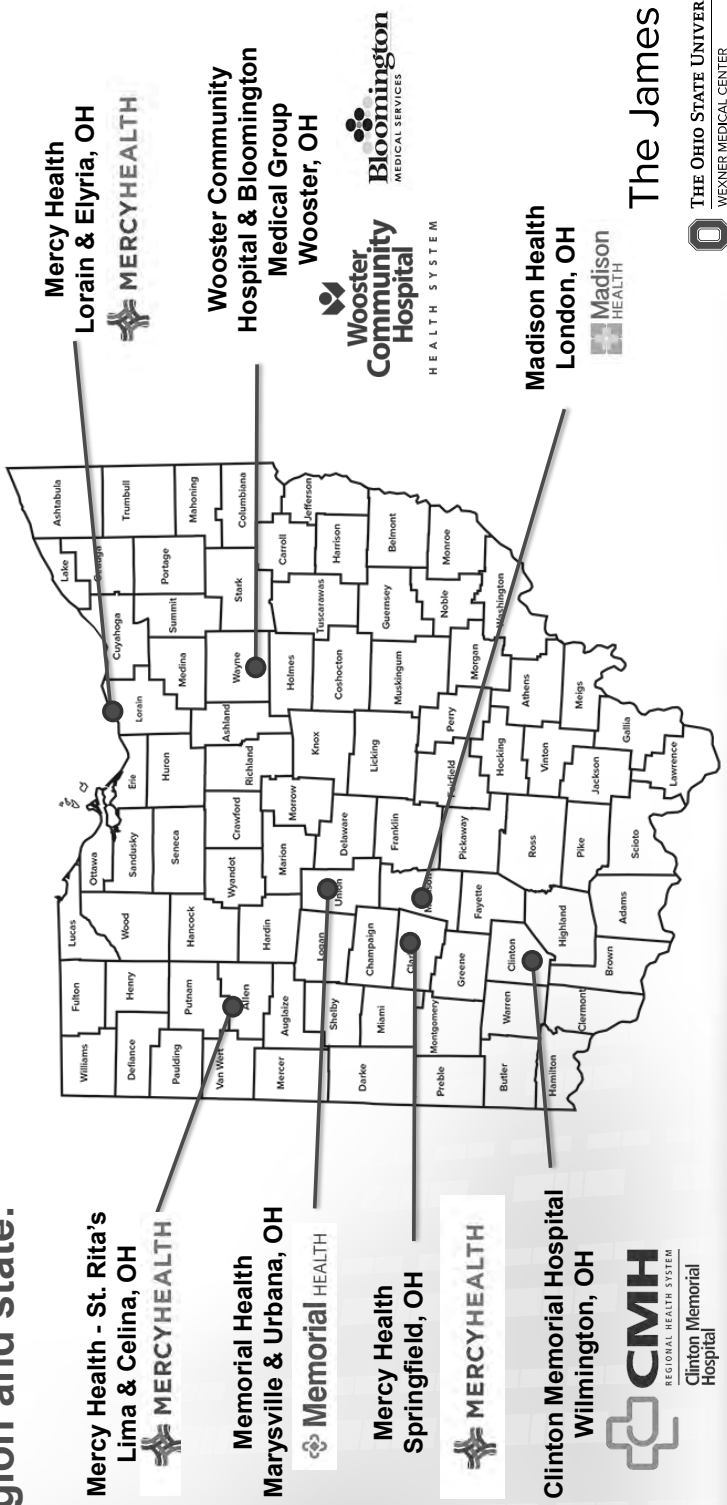


The James



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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**
MERCYHEALTH

**Memorial Health
Marysville & Urbana, OH**
MEMORIAL HEALTH

**Mercy Health
Springfield, OH**
MERCYHEALTH

**Clinton Memorial Hospital
Wilmington, OH**
CMH
REGIONAL HEALTH SYSTEM
Clinton Memorial
Hospital

**Mercy Health
Lorain & Elyria, OH**
MERCYHEALTH

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

**Wooster Community
Hospital**
HEALTH SYSTEM

**Madison Health
London, OH**
Madison
HEALTH

The James
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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

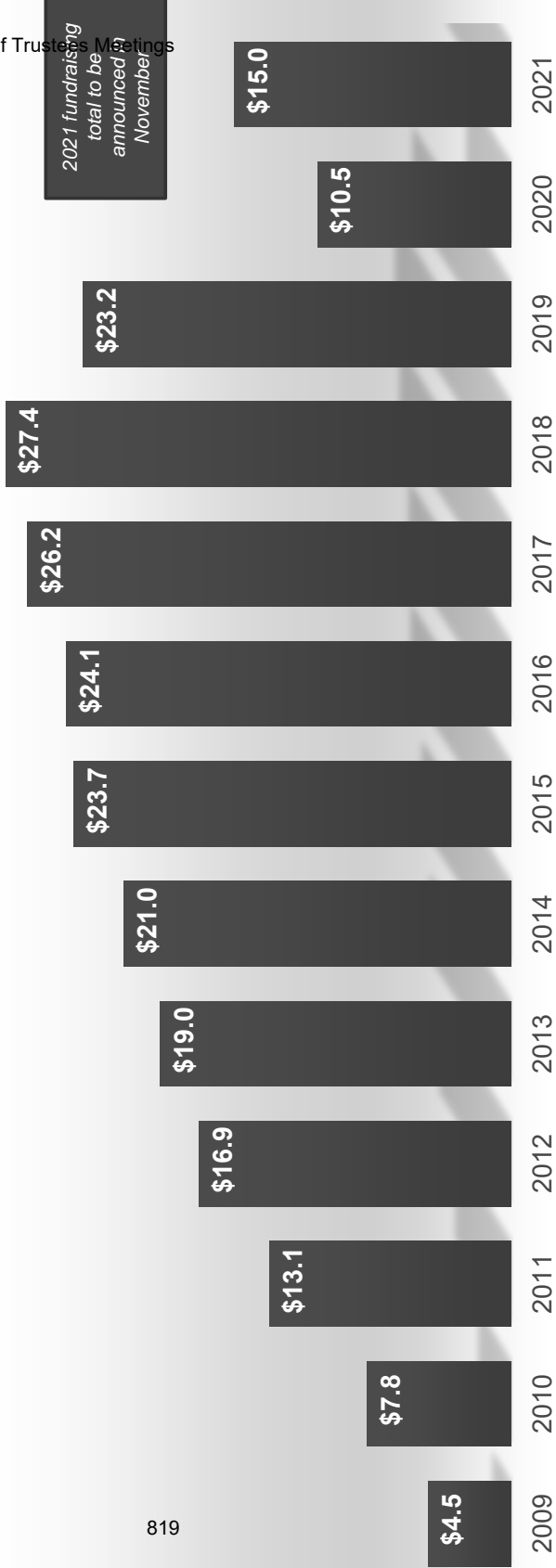
The James has again received the Press Ganey Guardian of Excellence® in Patient Experience Award (for the 6th time) as well as two Pinnacle of Excellence® Awards—one for consistent excellence in the non-HCAHPS survey section (3rd time) and one for our HCAHPS scores (2nd time).

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

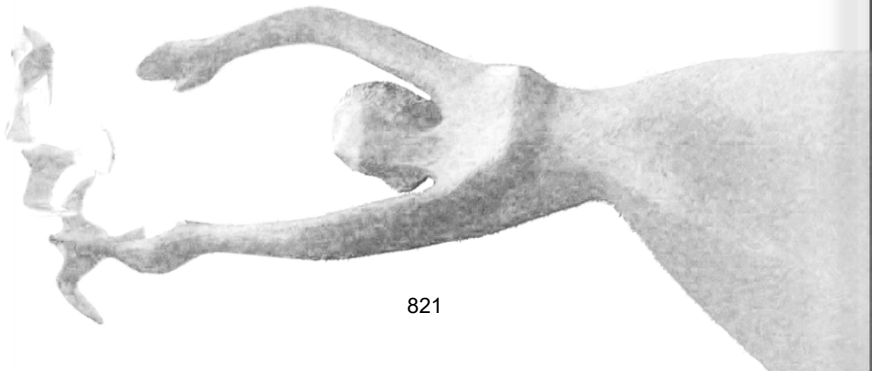
Pelotonia 2020 and 2021 were unlike anything we've seen before. Despite a challenging two years, our cancer community has continued to elevate this important cause and raise money for life-saving research at the OSUCCC – James.





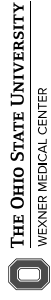
\$232M+

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



Thank You!

The James



ATTACHMENT XLI

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)

November 16-18, 2021, Board of Trustees Meetings

	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

ATTACHMENT XLII

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

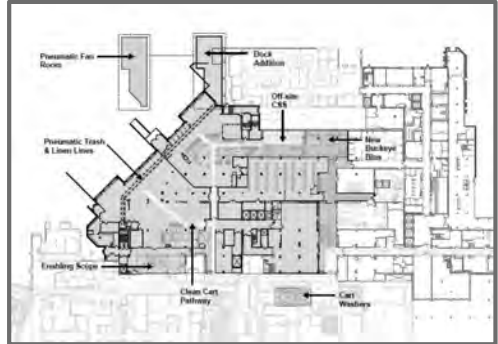
- **project schedule**
 BoT professional services approval 11/19
 design/bidding 6/20 – 2/22
 BoT construction approval 11/21
 construction 4/22 – 6/23
 facility opening 7/23

- **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