THE OHIO STATE UNIVERSITY

OFFICIAL PROCEEDINGS OF THE

TWENTY-SECOND MEETING OF THE

WEXNER MEDICAL CENTER BOARD

Columbus, Ohio, August 23, 2017

The Wexner Medical Center Board met on Tuesday, August 23, 2017 at the Richard M. Ross Heart Hospital, Columbus, Ohio, pursuant to adjournment.

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Minutes of the last meeting were approved.

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Mr. Wexner called the meeting of the Wexner Medical Center Board to order on Wednesday, August 23, 2017, at 10:37am.

Present: Leslie H. Wexner, Alex Shumate, William G. Jurgensen, Cheryl L. Krueger, Abigail S. Wexner, Robert H. Schottenstein, Michael V. Drake, Geoffrey S. Chatas, Bruce A. McPheron, K. Craig Kent, E. Christopher Ellison, David P. McQuaid, Michael A. Caligiuri, Amanda N. Lucas, Elizabeth O. Seely and Marti C. Taylor. Dr. McPheron, Mr. Chatas, and Janet B. Reid were late and David B. Fischer and Stephen D. Steinour were absent.

Mr. Wexner:

Good morning. I would like to convene the meeting of the Wexner Medical Center Board.

Thank you. At this time, I move that the committee recess into executive session to consider business sensitive trade secrets required to be kept confidential by federal and state statutes, to discuss quality matters which are required to be kept confidential under Ohio law, to consult with legal counsel regarding pending or imminent litigation, and to discuss personnel matters regarding the employment, appointment and compensation of public officials.

Dr. Thompson:

May I have a motion?

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

Dr. Thompson:

Motion carries.

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Mr. Wexner:

We are going to reconvene. I am reminding myself to turn off my phone and you should turn off yours so we are not interrupted. The minutes of previous meeting has been circulated. I assume they can be approved, as distributed.

So, everybody has to talk fast. We begin with Pelotonia, Mark, welcome. Tell us about what happened.

Mr. Ulman:

Good to see everybody. Thank you for the opportunity to update you on what has been another record-breaking year for Pelotonia. Obviously, none of our success as a community and as a movement would be possible without many of you in this room. I want to acknowledge everybody here for their investment in the operations and their investment in riders, volunteers, and partnerships that make what we do possible. We are eternally grateful.

We just celebrated our ninth Pelotonia weekend and it was remarkable. Not the least of which had to do with the fact that we have had the best weather we have ever had. Seventy-five degrees and zero humidity for August in Columbus, Ohio is pretty special; we can't count on that going forward.

What I thought I'd do briefly is give you a quick overview. This year, our theme was *The Greatest Team Ever*. The idea was that it takes every single person who is involved in Pelotonia to make it work. Often times, you'll hear from people who say "I couldn't ride this year" or "I couldn't do this or that". The reality is whether you volunteer, donate, a virtual rider, or rode, it all adds up to an enormous impact. I'm going to show you a quick video and this is the video that we showed on Friday night of Pelotonia weekend to about 16,000 people who gathered downtown to kick off the weekend.

(Video)

Hopefully, that gives you a sense of the community spirit, the engagement, and the teamwork that it takes to pull this off and to raise millions and millions of dollars for research here at Ohio State. We had a record-breaking year, as I mentioned earlier. We, for the first time, had more than 8,000 riders. We had never before crossed that threshold. We had more than 3,000 volunteers for the first time ever. Fundraising continues until October 7th. Since the slide was created, we are now at $16.6 million. We will end up at over 150,000-160,000 donors from, as you have seen, more than 61 countries.

While we are proud that this is based here in Columbus, it really is growing way beyond. To be honest, a lot of that is a result of people in this room - whether it is team members from LBrands or other institutions who are participating. This year we had rides in Hong Kong and we had an indoor ride in Bangalore. You know, it is remarkable.

We are excited about the future. We also had a pretty special weekend where we had both former Vice President Joe Biden and his wife Dr. Jill Biden with us. They were amazed at what they saw when they were here. We have cancer survivor and Survivor TV show winner Ethan Zohn here to speak and ride. We also had 17 time Tour de France rider George Hincapie here to ride. We had an incredible athlete named Chris Waddell who joined us this year. He is a 14-time Paralympic Gold Medalist. He rode a hand cycle 180 miles, which is one of the more remarkable things I have ever seen. His wife rides with him. She blows by him on the uphill, then he flies by her on the downhill and then they catch up again and again. It was just a special weekend.

As you all know, very well, the results of the weekend really are not about fundraising and the participation numbers, they are really about impact. [It is about] what we are doing to translate that impact into new therapies and treatments that will ultimately save tons and tons of lives. We are really proud of Mike's team and the leadership that he has provided that allows this work to go forward.

While we can talk about any number of these, I want to highlight the last one, which I know you all are familiar with. I think it is inspiring to see the fact that a 50 plus hospital network has been created across the state where we can now invest funds raised by the community to have an impact on people who may or may not live in Columbus or who may or may not actually be treated here. [It is] where the research is done and then we're delivering care where they live and where they need to receive that care, which not only improves their outcomes but also improves their quality of life.

As we go out and recruit riders and donors, one of the things we hear all the time is "tell us more about the impact, tell us about the impact of these dollars". Moving forward, that is going to be our focus. This year we were focused on what we call 'surprise and delight'. You saw some of that in the video with the painting of barns. Thank you to the Wexner's for allowing us to paint that beautiful barn. We have actually had two families contact us since the ride who want to, at their own expense, paint their barns next year. We thought that might happen, which is great, and gives visibility across the state.

We also did other things along the route. We had video boards at the hardest point in the route this year that were playing scenes from Rocky. If you asked anybody about the ride, they will remember that moment. The speed of riding picked up dramatically at

that spot. We are excited to continue to surprise and delight our participants next year. Next year is our 10th anniversary and we are already deep in planning for that.

I would just mention lastly that we will be beta testing a new app this fall, starting in October, that will allow anyone in the world, who is physically riding a bike for any purpose: commuting to work, riding with their kids to the park, to school, et cetera, to press start and stop on an app and generate money for cancer research. We are going to pilot it this fall and then launch it nationally and internationally in the spring. Our goal is to get a couple hundred thousand people to each raise $50-$100 a year in micro donations that would ultimately add up to $25 million or $30 million, or $40 million, or $50 million per year. We are excited to launch that very soon, more to come on that.

Thank you for your incredible support and leadership that allows all this to be possible. With that, I'll conclude my remarks.

(See Attachment I for background information, page 23)

Mr. Wexner:

The result this year, what do you guess it will be?

Mr. Ulman:

That's a great question. I believe it will be $25.5 million. It could be $26 million, but roughly speaking.

Mr. Wexner:

So, would that beat…

Mr. Ulman:

Last year was $24 million. I think it will be $25.5 million.

Mr. Wexner:

What kind of target do you have for next year then?

Mr. Ulman:

Given that we are launching this app, we would like to see a significant increase - $30 million plus. We are not satisfied...

Mrs. Wexner:

As a Pelotonia board member, I know I speak on behalf of the board and obviously the university, but more importantly on behalf of the community and all of us who live here, that we are truly blessed to have someone of Doug's caliber leading this organization. He is tireless in his efforts and sees the very big picture and is really galvanized an entire movement. We thank you and are appreciative.

Mr. Ulman:

Thank you very much.

Mrs. Wexner:

Oh, it's me again. Quick two second up on the strategic plan, is that where we are? Many of you know we have completed over a yearlong process in strategic planning for the

medical center. We completed that in May and have spent the last three months having this plan tested with faculty, staff, and members of the community. We are very excited about it. We have an aspiration to take us to the top 20 academic medical centers in the country therefore, the world. That plan is very pivotal pillar of the university's strategic plan that will be discussed and reviewed more fully tomorrow. I am just sharing the excitement.

Ms. Marsh:

A big thank you to the patients and the students that also helped us produce it.

President Drake:

OK. We are on then to the College of Medicine report.

Dr. Kent:

Excellent. I think Doug's report on Pelotonia is a great segue into mine, because as he alluded, it is all about the research. I would like to begin my presentation today by featuring two of our researchers at Ohio State.

Many of you know that we, of course, are involved in great science here. Occasionally, science has the chance of being transformational and changing people's lives. There are two journals that, if you are a basic scientist, you would like to publish in - one is {[*The American Journal of] Science* and [the *Journal of*] *Nature*. I think everybody in the room has heard of both of those journals. We were fortunate enough at Ohio State, over the last two months, to have an article in [*The American Journal of] Science* and another one in the [*Journal of] Nature* by two of our investigators.

I will start with Vadim Fedorov, who is part of our cardiology group and our physiology group, and is doing incredibly innovative research. If you look at that picture over on the left, you see a Petri dish that actually has a portion of a human heart. This is a human heart that's not pulsing appropriately. There is a dysrhythmia, the rhythm is not right. What he has found is that he can go in and find the cell that is producing this dysrhythmia, ablate it to make it go away, then channel the heart in a way that the new cell next door takes over and becomes a normal pacer. It takes over for the heart. You think of the clinical application of this. There are literally thousands of people that need pacemakers every year because their heart does not function well. Well, maybe there will be a day when those pacemakers go away because we can transform the patient's normal heart into something that works and functions well. In fact, to that end, the next phase of Dr. Fedorov's studies are in humans, where they are actually going to try to mimic something that is very similar to humans. That is one of our articles.

The next slide please. Chandan Sen, who is part of our Department of Surgery and is very interested and involved with regenerative medicine, has published a paper in *Nature Nanotechnology* and this is equally innovative. What he has over in the left, you can see a mouse that has poor circulation to the leg. He has created a microchip that has nanoparticles in it and the nanoparticles [contain] DNA (Deoxyribonucleic acid). He puts the chip on the leg of the mouse that does not have good circulation. The nanoparticles infiltrate the leg and go to fibroblasts, [which are the cells] just under the skin. The DNA transforms those smooth fibroblasts into cells that then create new blood vessels. The animals have chips, good blood vessel flow, good circulation to the legs and those that do not have the chips do not. This is transformational. We can think about improving circulation as one part of this technology, but it's really a way of delivering drug and transformational cellular regeneration to any part of the body, [for example] the brain. You can imagine the other uses of this. As you can imagine, this was a very notable paper and something that I think that makes OSU very proud.

We just happened to have Dr.'s Sen and Fedorov in the audience. I ask that they stand and be recognized. Thanks so much for coming.

I will use that as a segue to do a little more bragging about our research. It turns out this past year, our overall funding in the College of Medicine is up 20%, which is amazing considering the constraints on research funding now. NIH (National Institutes of Health) funding itself is up over 19% and the research funding around clinical trials is up around 38%; really a great accomplishment. The question is where did that come from? Much of it comes from faculty that have been a part of OSU for a number of years.

For those that are in research, a great accolade is to get your first NIH grant. I am proud to say that over the past year, we have had 20 investigators at OSU that have received their first RO1. If that's not enough to brag about, if you look at the NIH as a total, the average age of an individual that receives their first RO1 is 46 years old. It is amazing how you have to go that long before you receive your first federal grant. The average age of those 20 individuals that received their first RO1 at OSU is 37. We seem a little precocious, I am thinking. This is a very impressive accomplishment.

Update. Lang Li, my first department chair recruit arrived in July. Lang is a chair of Bioinformatics, one of our important departments. Lang brought along with him $2.1 million worth of funding; seven grants from a number of different institutes. We found already in his first few weeks with us he is a very collaborative person. In fact, he has already partnered with [the College of] Arts and Sciences to recruit the next director of the Mathematical Science Institute. That seems odd, but that person is recruited and is now going to be part of the College of Medicine. What he has done was to create this relationship between mathematics and behavioral biology, which then translates into medicine. Congratulations to Lang in a very early success. We look forward to his career at OSU.

We have research recruitments underway in 16 different departments. I think many of you know from our previous conversations we have areas of focus that are developing. One of those is diabetes in metabolism, another Alzheimer's disease, and a third in opioid research. There will be many others but these are areas that we are highlighting.

We have been working on this idea around diabetes for a number of months now and I am happy to say we have a verbal commitment from our first recruit. This is an individual by the name of Doug Lewandowski. He is one of the world's experts on diabetes metabolism and brings with him four RO1's to our institution. He is extremely well funded. It was tough competition, there was Vanderbilt, Penn, Yale, and Ohio State, but he made the right decision, he is coming to Ohio State. We are excited about the beginning of that recruitment.

We are also initiating a search for a new chair of immunology and infectious disease. This is a department that has been very focused on infectious disease in the past and we are expanding it to immunology because we see that as a very important foundation for all of the disease processes. We look forward to seeing a number of great candidates over the next few years.

I am going to pause for a moment and highlight on the educational side that we had our White Coat Ceremony about two weeks ago. My first class at Ohio State, 207 bright bushy tailed and excited medical students, whose average GPA was 3.77. Their average MCAT score, which is the test to get into medical school, was in the 90th percentile. This is a very impressive class and we are excited to bring them into our College of Medicine.

I want to finish by highlighting a couple of individuals who are new to Ohio State. I am going to create an award and it is called the Award for Transformational Leadership. The first person that I would like to speak about is Mark Bechtel. He is a long-standing individual at Ohio State. About three years ago, [he] was recruited away to Penn State to be a leader in one of the programs. He missed being a Buckeye and we recruited him

back to be chief of dermatology within the Department of Internal Medicine. Mark has been back here at Ohio State for three months. He has taken a department that had six clinical faculty and in three months has recruited five additional faculty; unbelievable. And, from really fantastic places including UCSF (University of California, San Francisco).

In addition to that, he has recruited two researchers that are doing transformational work in psoriasis and cutaneous malignancy. If that wasn't enough, he created this telemedicine program, which is so important now so that a family physician that has a patient with a dermatologic problem doesn't have to send a patient to a dermatologist but [can] take a picture and send it in by telemedicine and then the diagnosis is made. If that is what he can do in three months, I think in a few years, it is going to be impressive. Accolades to Mark. I asked him to come in and join us today and he said, "No, I got clinic today and I'm double booked and I can't come". I guess you got some insight into his personality.

The second program that I wanted to highlight is our lung transplant program. Brian Whitson leads that under Ken Washburn's leadership. I will acknowledge to begin with, it is not just Brian. A lung transplant is a large team of people from a lot of different disciplines. It turns out in 2013 we did four lung transplants at this institution, which is just beginning. It turns out, annualized in 2017 we'll do 41 lung transplants. Why the growth? It is all about innovation. There is a new technique called lung perfusion, where you can take a lung that really is not quite good enough for transplant and profuse it and then you put this magic formula in the profusion, the lung gets better, and then all of a sudden it is ok to be transplanted. Twenty-six of the lungs that he has done over the last year have been available because of this profusion technique. The significance of that is interesting. Those 26 lungs could not have been used without this technique and there would be 26 people who did not have the ability to live because of lung transplantation. We are clearly one of the national leaders in this area and our program is growing dramatically. Again, congratulations to Brian and all he has done. I asked Brian to join us, he was here about 20 minutes ago, but guess what, he has a lung transplant that he needed to get back to.

(See Attachment II for background information, page 26)

Onward to our guests. We have two individuals that are going to be with us today. The first who is going to present is Tim Pawlik, the chairman in our Department of Surgery. Tim was recruited here about a year ago. Just a little bit about his pedigree, which is more than impressive, he was a graduate of Georgetown University, went to Tufts Medical School, did his surgery at University of Michigan, and then was a surgeon fellow at MD Anderson. After that, he joined the faculty at Johns Hopkins University where he rose to the rank of professor of surgery and then chief of the Division of Surgical Oncology. Tim has this thing about degrees. In addition to all of the others I have mentioned, he has a Masters in Theology at the Harvard Divinity School and his PhD at John's Hopkins in public health. I think he is well trained.

Tim is incredibly accomplished and very well known in the world of surgery. He has over 450 manuscripts. That is a little young for that many manuscripts. I have never seen an individual so prolific. Leadership roles at many of our important surgical organizations. His area of interest is Pancreatic and Liver Cancer. He is a superb surgeon and investigator in those areas. If I were going to use a few words to describe Tim, I would say innovative, energetic, smart, and an academic leader. Thank you Tim for joining us. Please welcome our Chair of Surgery, Tim Pawlik.

Dr. Pawlik:

From my mother and I thank you for that introduction.

Dr. Kent:

I consulted her.

Dr. Pawlik:

I am thrilled to be here today, to share with you a little bit about what has been going on in the Department of Surgery over the last year and give you a view into the vision and the future of the Department of Surgery here at the Wexner Medical Center at Ohio State University.

To give you some context, the Department of Surgery is made up of nine divisions that you see here: Cardiac, Colorectal, Transplant, and Surgical Oncology, [et cetera]. I think we have three missions. One is clinical program building and delivery of great care to our patients, one is education, and one is research. I am going to touch on those themes during this brief presentation.

The Department of Surgery is a wonderful department of surgery. It is rich in history. We have Dr. Ellison here and Dr. Zollinger, who was the longest standing chair in the Department of Surgery and a true icon and legend in American Surgery and International Surgery. We had the first female chair of surgery here at The Ohio State University. This is a place that is steeped in history.

Like any Department of Surgery, we have our challenges. We have to continue to grow our programs of distinction when it comes to clinical care. We have to continue to retain and recruit the best faculty so we can complete our missions in education and research and continuing to have innovative care in the clinical arena.

I was pretty happy where I was, but I specifically decided to come to Ohio State because I think Ohio State, and I really believe this, I think people have heard me talk, I think it is an amazing place, now and it is poised to do even greater things. I looked at the Department of Surgery and saw the Wexner Medical Center, an enormous clinical machine, 1,300 beds, a lot of great healthcare delivery. I saw great surgeons who were delivering great care who had amazing quality scores, who were hitting it out of the ballpark. I saw a program that had a large clinical mission, a large residency program, and many fellows training next generation of surgeons. I saw amazing research being done by people like Chandan Sen, and then I saw the university. We see here this road; I specifically picked this picture, this road that opens up into the whole university to leverage all of those resources for the medical center and the Department of Surgery. I think Columbus is a special town also. I think it is a great place to live for me and my four children.

I came here not to implement my vision, but really to build the shared vision with all of you and the members in my department. To do this, I think that we are really going to need talent. At the end of the day, it is all about the people - it is all about people and it is all about relationships. When I look around Ohio State and I look around at the Department of Surgery, we have some amazing people, we have some real all-stars. At the same time, I think that we need to build our bench, we need more depth. We need more depth throughout the entire department and I would argue the entire institution because I think ultimately, it is going to be talent that allows us to accomplish our tripartite mission of teaching, clinical excellence, and education.

What has occurred over the last year and what are we kind of looking for in the future? We are into clinical program building, with some minor tweaks here and there. We have had good growth over the last year. We have had a 5% growth in surgical cases across the board. We have had a growth in our work RVU's (relative value units), the metric by which we assess a surgeon's productivity and we have also increased our charges and our revenue in the department; I think a real success. That being said, I think we need to be more strategic going forward.

With the help of Craig, we've put together specific teams. We have identified four to six different areas that we want to focus on and that will bring together all of the different talent, if you will, from the medical center; people from data analytics, people from outreach, people from marketing, a surgical lead, and administrative health; to come up with a specific plan. I met with the teams yesterday and we have viewed the visual strategy maps that we are building so we can very concretely map out the way forward with regards to specific tactics and specific timelines about how we were going to grow these clinical programs. That is underway and I feel very good that we are going to be able to accomplish that in the time going forward.

We have also identified some innovative programs that we are working on. One is the Robotic Whipple. The Whipple, as some of you may know, is one of the most complex general surgery operations where we remove a third of the pancreas, part of the stomach, part of the biliary tree, and part of the intestines. It is a fairly complex operation that can be associated with some morbidity and a long length of stay. We want to do this in a minimally invasive way using a robot. This has been done at other academic medical centers, we need to be doing it here at the Wexner Medical Center, and we are doing that. Our first Robotic Whipple is booked for October 31. I hope its ok, it is Halloween, and I think it is going to go fine. We are moving at this innovative space, which I think will allow us to further differentiate ourselves as market leaders in pancreas and liver surgery.

Some other exciting things that we are doing clinically is our ECMO (Extracorporeal Membrane Oxygenation) program. This is a program by which we can basically circulate blood outside of the body. Our surgeons and cardiac surgery have been working with the Columbus Division of Fire. It is for those individuals who have a cardiac arrest, or if their heart stops out on 12th Avenue and you have tried CPR (cardiopulmonary resuscitation) but they are not coming back. We can crash them onto a machine that will basically take the blood out of their body, act as a pump outside of their body, and then put their blood back in and keep them alive even if their heart isn't pumping to give them time to get to the medical center and allow their heart to recover. This is really moving technology out of the hospital and into the field to allow people to live long enough to get here to the Wexner Medical Center.

I think in addition to building innovative programs, we need to work on outreach. I am a huge fan of physician-to-physician communication. In the Department of Surgery this year, with a lot of help from our marketing team, we have put together a mobile app. I challenged all of our surgeons in the department to provide their personal email addresses and their personal phone numbers. This app is now being sent out to all of our referring doctors. On their phone, they can open this app, quarry by doctor name or by specialty and then see Tim Pawlik, have my cell phone number, click my cell phone number and get me directly. We want to make sure that we open the doors to any referring physician that they can contact us directly and we can get their patients into the medical center.

How about research? I think that we are doing pretty well in the Department of Surgery. We are ranked 15th overall in the country amongst Departments of Surgery. There are about 140 departments of surgery in the country and we are ranked 15th. We are not happy with that. We want to be top 10 and I think that we are going to get there.

We have had a lot of productivity in the department, over 300 papers published, and we are doing very well with regards to grant funding. In research, we are focused on basic science research. This is Jianjie Ma who's been doing some work with regards to a specific gene that acts as a molecular Band-Aid, if you will. When there is injury, like injury to the heart after a heart attack, they can give this molecule to help repair the heart. Just before this meeting, I heard from Jianjie that it was awarded another RO1 for five years of funding to continue this research.

We are also interested in translational research. You heard our dean talk about the work that Dr. Whitson and his team is doing with regards to rejuvenating and recuperating the lungs that are marginal so that we can deliver them to our patients.

We are also interested in health services research. This is some work done by Dr. Santry, a person I recruited, whose RO1 funded, to look at the quality access of general surgery in the country. As we know, much of surgery is not done at major medical centers, but is done in rural settings. The federal government has a big interest with regards to how access of care occurs outside of urban centers and Dr. Santry has been doing some important seminal work in this area.

Education. We have had some initiatives this year that we have embarked upon. One is a global surgery program. I think if we are going to be players and attract the best of the best residents to Ohio State, global surgery is something people are very interested in. We have launched two programs and one is in a high-income country. We are going to be sending a resident this year to Sydney, Australia to work there and she will be operating there. We are also sending a resident to a low-income country, Ethiopia. We have opportunities for our residents to experience the delivery of surgical care in both high-income and low-income countries.

We have also started a program for medical students called CUPID (cancer in the under-privileged indigent or disadvantaged). This is directed for underprivileged medical students. It pairs the medical students with a mentor to give them a research opportunity in a lab, a formal didactic program, and then the program is culminated in a visit to Washington D.C. where they go to Capitol Hill and work with the CUPID program to lobby for cancer care for underprivileged individuals in the United States. We did very well this year with regards to our surgical match, out of the six individuals that we matched, four were AOA (American Osteopathic Association), which means they were in the top 15% of their medical school class and two were from top 10 medical schools in the country.

I think faculty development is also very important. We talked about talent; it is all about recruiting and retaining talent. This year, we had a number of great recruits. We recruited Dr. Williams from Cleveland Clinic, Dr. Cloyd and Dr. Kneuertz from MD Anderson and from Memorial Sloan-Kettering respectively. As I have mentioned, we also recruited Dr. Santry, who is also RO1 funded and Dr. Sutherland and Dr. Bittner who are nationally known in their specialties of trauma and mentally invasive surgery respectively.

I was a little bit nervous about putting that Michigan thing up there, but the other thing that we started this year to create more opportunities. I engaged with my colleagues, my fellow chairs, at these institutions to create an exchange program. Many times, junior faculty do not have an opportunity to go to another institution to be a visiting professor because they are too young, their CV (curriculum vitae) isn't as thick yet. What we decided is to do is an exchange, a Big Ten exchange. We're going to send an assistant professor to Michigan, they're going to send one to us and then we're going to send an Associate's professor to Northwestern, they're going to send one back to us. I think that will be a great opportunity.

The other thing that we did was we set up a specific K-Award program. This is a career development award for young people who are trying to apply for NIH funding. I am happy to say that this year; we will have two people reapply for their K-Award. We will have one person apply for a new career development award, and we are going to have one individual apply for an RO1 award. When a department that when I entered had no young surgeons and scientists who were funded, within the next year, I think, we are going to have four or five.

The other thing that I am trying to do through philanthropy is start an emerging surgeon, scientist, scholar professorship. This is something that I think is a relatively unique idea. Most professorships go to older people who are rewarded for a great long career. This

is an idea to endow professorship to an assistant professor that they will hold for three years allowing them the opportunity to get their career launched. Then, the professorship would be paid forward to a new person after three years. This way we can recruit the very best from across the country and provide them resources that they need to launch their career.

The other thing that I think is important is, like I said, all about relationships. Last year and then this year, we have a big party at my house. I had 180 people in my backyard two weekends ago. I think showing faculty that we value them, not only as professionals and as surgeons but as people, is something that I feel very passionate about.

I will conclude. As the Urban Meyer professor, I must conclude showing Urban Meyer's book. I like this. I have this whole idea that "I don't do 'very good' well". I come here to be very good. We want to be exceptional and I firmly believe that we will have a top 10 surgical program within five years with the vision that we are building and with the support that I have from Mr. McQuaid and Dean Kent. Let there be no doubt about it that is our goal. As I have mentioned, I think the department of surgery is very, very rich in history, has a solid foundation, and we have a very bright future. I am excited to be here. It has only been a year and feels like we have accomplished a lot in a year. It has really been wonderful.

With that, I will conclude and I appreciate the opportunity to address all of you today.

(See Attachment III for background information, page 27)

Dr. Kent:

That was outstanding and expected. It is hard to believe that you have only been here a year, impressive. Any questions for Tim?

Dr. Pawlik:

Everyone has been supportive already. Again, it comes back to the talent in the recruitment. One thing that I'm focusing on is philanthropy and development because I think one thing that gives us a competitive edge is the more endowed professorships and chairs that we have, will make us that much more competitive to recruit the superstars and to retain the superstars. In an era where NIH funding is so tight, we need to find other revenue streams to support our people other than clinical revenue. I think these endowed professorships are extremely important to do that.

Dr. Kent:

Excellent. Thank you Tim, that was fantastic, I really appreciate it.

Our next presentation takes a little bit of a different approach. If we are going to be successful at the academic medical center, I mentioned earlier, it is all about the teams, right. It is not just the physicians but it is the nurses, the physical therapists, the social workers, and everybody that works together as a team. One of the things that I have discovered in my year at Ohio State is that we have extraordinary teams here and extraordinary people. To tell you a story that I think you will enjoy, we have asked Larry Jones to join us. Larry is the director of our burn unit. It turns out that our burn unit at Ohio State is the largest in the state of Ohio. It is sort of a treasury referral center where we do all of this innovative work. Larry has been for the last 35 years an academic leader in trauma and burn and six years ago, he joined the Ohio State team. Larry, thank you for joining us.

Dr. Jones:

As Dr. Kent mentioned, Ohio State houses the only burn center in central Ohio that is verified by the American College of Surgeons and the American Burn Association as meeting their very stringent criteria for what a burn center should be. That verification is based on our clinical care and our quality of improvement program, and it is judged by national leaders outside of Ohio.

Right now, we are treating about 1,100 patients a year. Most of those are outpatients; we have shifted from major inpatient to outpatient. Many of our faculty members are instructors in what is called the Advanced Burn Life Support Course, which is sponsored by the American Burn Association, and focuses on the initial resuscitation and management of severe burns. Several of our faculty have served as national faculty for that program.

We are recognized in the burn world as a leader and the use of colloid for resuscitation from burn shock. We are also on the cutting edge using lasers for remolding of burn scars, and are known for our unique approach to the management of frostbite injuries.

We recently had a very difficult case and many of you have heard of the case over the news last year or so. This was a young lady who suffered a horrific injury. She suffered very deep burns covering a majority of her body including her entire face, head, and neck as you saw. She was an impatient at University Hospital for over a year and then went on to other area care facilities. We were shocked when we heard earlier this month that she had died.

But, good things came from her case. One of the good things that came was that state legislature passed what has become known as Judy's Law, which prescribes very severe penalties for perpetrators of domestic, partner, and spousal abuse. Another good thing that came from this experience was that the nursing staff on '9 West Doan', which houses the burn center, was awarded the DAISY Team award by the Barnes Foundation and Thomas Jefferson University Hospital. It is a national award, one is given a year. That award is designed to honor collaboration by two or more people, led by a nurse who identify and meet patient and family needs by going above and beyond the traditional role of nursing.

Some of the examples of this particular case were making sure that Judy had some of her favorite foods (the chili cheese fries were notorious up there), seeing that she had hair coverings, lip balm, and bracelets. When nurses and staff had the time, they would actually sit with her and watch movies and just talk and provide her with caring human contact, which is so vital to healing.

Not to make light of that award, but I want all of you to understand that going above and beyond traditional nursing happens in our burn unit every day. The nurses on '9 West Doan' and in the surgical intensive care unit are richly deserving of this award. They are also deserving of our thanks for the tremendous work that they do and for being the caring and compassionate people that they are. I have often said that standing shoulder to shoulder with every good doctor is an even greater nurse, and I have brought two of them with me today. Tova Wiesenthal is the Nurse Manager of '9 West Doan' that houses the burn unit and Cheryl Newton is a clinical nurse specialist from the Surgical Intensive Care Unit. Thanks to both of you.

(See Attachment IV for background information, page 43)

Dr. Kent:

Thank you Larry. That was wonderful and I think exemplary of the quality of care that we provide at Ohio State. Thank you for your time.

President Drake:

Maybe just a quick comment. I will speak fast because I know our time here is short. I have a chance to visit the hospital every few weeks. It tends to be when there is a bad news circumstance or when one of our students has been injured by someone else. Many of you I see on the awards and different times doing this work that I as I mentioned to the board is going on as we speak here today, 24/7. One of the things that you know and my colleagues, the dean, and others know is we love the successful outcomes that we produce. We often, and I remember this so much from my career, form the tightest relationships with patients with whom we do not share successful outcomes. We get to the point of human care and doing our best in circumstances that we cannot come to a miracle or a good or great finish, but what we can do is to be there with that person and do all that we can to help him or her move forward. Something that gives me chills, as I speak, is thinking about patients that I knew over the years, who didn't do so well and how grateful their families were to the effort that we put forward; how much it meant to have the privilege of being able to work with people when they are at their weakest and most vulnerable, and to bond with them to try to help with them move forward. I want to make sure for all of your colleagues, that you know how much we appreciate that this work goes on every day, it makes a real difference, and it really moves us. Thank you.

Dr. Kent:

Thank you Dr. Drake. One last notation in my report, bittersweet. I want to announce that this young gentleman next to me, Chris Ellison, is up for retirement, is that right? We all know Chris, faculty member, then division chief, then chair of the Department of Surgery, then leading our practice plan, and then dean. His contributions to this organization over the past 30 years have been more than extraordinary.

It was interesting, we talked about Ken Washburn and the transplant program and Bryan Whitson, and Tim Pawlik; Chris recruited all of them. In some ways, he is responsible for much of the great news that we have heard about today. I would love to recognize Chris for all that he is done and we appreciate him coming back quickly as an emeritus professor. Thank you.

Dr. Ellison:

Thank you.

Dr. Kent:

That concludes my report.

Dr. McPheron:

If I could just lean in quickly, Chris you were going to say something?

Dr. Ellison:

Yes. I would like to take this opportunity to thank the university for the privilege and honor of serving this organization, the medical center, Department of Surgery, and the College of Medicine. I hope that my efforts have made a difference for the institution. I am grateful that we have been able to work together to recruit some great people in surgery and in other departments. I am delighted that Dr. Kent is here taking charge of the College of Medicine. He is a fabulous leader, dean, scientist, and person. Mr. Wexner, President Drake, thank you very much.

Dr. McPheron:

Just very quickly. I work with all 19 of the deans in my role as provost. We have heard some incredible stories here today. Craig, thanks for bringing those folks forward and Chris thanks for your role in helping to recruit.

The fact of the matter is that I think this illustrates the sky is the limit for this place. Most of us who are in this room are here because of the potential for the future and Craig, we've asked you to do some heavy lifting here in your first year as dean. It is not often that you would bring in a leader and say well create a strategic plan and oh by the way, create a new compensation plan and, all of the other things we have asked you to do. I wanted to say in front of the board and your colleagues how much I have appreciated the way you have stepped in to learn your leadership role and change your style in some cases. It has been a real learning experience for all of us as we work closely together. As I have talked to the chairs around the College of Medicine, they are really appreciating the work that you are doing. That sky is within reach I think.

Mr. Wexner:

Conveniently true.

President Drake:

Absolutely. Incredible work and a real important performance across the board. We have said several times, when we were talking of the quality of the report that we were having at the College of Medicine the way things were going and those things don't happen by accident. Dean Kent is about to celebrate his first anniversary. A year of incredible progress with us, we are grateful and excited about the future Craig, thank you and congratulations.

We are able to go onto Wexner Medical Center report, Mr. McQuaid, go ahead.

Mr. McQuaid:

Ok, I have a couple of announcements. The fiscal 2017 scorecard is in your packet. I am going to reserve time because Mark Larmore, our chief financial officer, is going to give the financial report and Dr. Susan Moffatt-Bruce will talk about quality so I will tend them to that. I wanted a couple announcements because of the time.

I want to give kudos to community health day that was held June 24. This was just an outstanding day held on the east campus with 1,400 screenings performed, 401 people were screened, and 42 exhibiters. That was 100% increase in the number of screenings and a 65% increase in the attendees. It takes so many people to pull that off and I am really proud of the entire team of people that came together: the representation from the university, the different colleges, and others. Next year is going to be even bigger and better.

I want to acknowledge that Dr. Quinn Capers, one of our interventional cardiologists, won the [Columbus] Business First Diversity in Business, Outstanding Diversity Champion Award, which recognizes individuals within the community who show outstanding initiative to promote diversity and inclusion either in their organization or community, making a positive difference in other's lives through contributions to social justice, equality, and diversity. Kudos to Dr. Capers for his achievement.

We had a great meeting, roundtable discussion, coordinated by Jen Carlson in Government Affairs and her team of people, Andy Thomas and others, and Dr. Caligiuri to host Congressman Tiberi in a Medicare roundtable discussion on August 17. I will tell you that the engagement and feedback from that roundtable event, focusing on cutting red tape, focusing on administrative burden, and putting more attention on patients what

he could hear from leaders, clinicians at Ohio State to lessen that burden so that we can spend more time with patients. Also, during that event, Dr.'s Drake and Caligiuri presented the congressman with the 2017 Congressional Champion Award from the Alliance of Dedicated Cancer Centers for his support of medical centers that are dedicated to fighting cancer. That was a big deal and Congressman Tiberi is a great friend of Ohio State. It was a great honor to have him here and have our faculty and staff engage with him.

Finally, what I want to say are three things quickly. The Castle Connolly Top [Doctors] were announced in June. We, at Ohio State, have 198 of our physicians whose names are featured in the August Columbus Monthly [Magazine], take a look at that. I am proud of all the work that the development team is doing, particularly around WexMed [Live] talks. You know that these are engaging presentations that were put together of medical discoveries made by our physicians and scientists. The next one is in Cleveland on September 7. It is going to be held at the Rock and Roll Hall of Fame at 6:30pm. We have [many] people already RSVP'ing to that, about 150 or 160 or so. They expect probably 250 to be there.

Finally, I received this yesterday and I want to call attention to give credit to Mark Larmore and Hal Mueller in our supply chain area. Mark, Hal, and the entire team of people received an award from Vizient. This was the Supply Chain Management Excellence Award from Vizient for the work that they had done in the past 12-18 months that improved the physical movement of supplies, lowered the cost of those, and increased internal customer satisfaction. The work that Mark, Hal, and the entire team have been doing are making a difference and Vizient has recognized the Wexner Medical Center once again.

That concludes my report.

President Drake:

Thank you very much. I appreciate the incredible work that you have done with us this last year and a half, a great report to have. We are moving, I know we are way behind, quickly on to the Financial Report, Mr. Larmore. The Vizient award winner, Mr. Larmore.

Mr. Larmore:

Thanks. I am just going to talk to two of the slides. The first one being the health system, which is the hospital's profit/loss statement. This is for the year ending June 30, 2017. [It was] a very successful year for the health system. You can see in the middle of the page that we ended the year with a bottom line of just about $238 million, which was $33 million better than we budgeted and $50 million increase year over year.

The statistics on the bottom that are adjusted to mission, which is just a factor of both admissions and ambulatory volume, grew by 6%, which is larger growth than we have seen in the past. A focus this year was to make sure that we were growing our revenue faster than our expenses to see marginal improvement. Our revenue grew 1.9% and our expense grew 1.6% year over year. It was a fabulous year from the health system standpoint.

On page four, we incorporate the College of Medicine and the Practice Plan into the financials, which is presented as the medical center. You can see both of those two enterprises had successful years. The total bottom line, $302 million, which was $89 million better than budget and $67 million better than the prior year. That margin of 8.8%, which last year we were at 7.7%, a good improvement year over year. Part of that was a good financial return on the market, probably about 0.7% of that. The rest is an improvement in the operations.

In the middle of the statistics is the physician encounters. These are at the practice locations. It is a huge number, almost 2.7 million encounters, which is an 8.8% growth year over year. This is a great growth. I think Dr. Kent reported earlier on the success we have had with recruiting physicians here and we see that in the physician visit volume. There is more detail in the deck and I can take questions on those, if anyone has any.

(See Attachment V for background information, page 44)

President Drake:

Are there any questions? This the strongest financial report that we have ever had and our best year ever. It is not something to look at lightly. We had an incredibly aggressive budget last year. We talked in this room about what a stretch that would be and then through the hard work of the people here. You, David, and Craig in particular wanted to focus on hard work. Throughout this time, we actually exceeded our goals significantly. We do acknowledge that is work every day.

We're going quickly so we'll save applause till the end. If there are no more comments, we move to quality. Susan?

Dr. Moffat-Bruce:

Yes, thank you. Laura if you could bring up the presentation, I just have two slides. This is the slide that I want to show you first and foremost.

Over the past six years of the federal government, CMS (Centers for Medicare and Medicaid Services), has put at risk millions of dollars initially starting with $2 million, now up to $6 million, around quality. We get reimbursed based on our outcomes. Over those six years, we have been able to not only improve our quality, but also our patient experience and reduce our readmission rate. Finally, this year, we are actually getting money back relative to our performance. While there are over $6 million at risk, we were in the positive this year based on our outcomes. You can see here the trajectory has been positive over the past six years. As I sais, this is a composite of readmissions, quality, and patient satisfaction and I would anticipate continued success going forward.

The other slide that I want to show the board and team members is our *U.S. News and World Report* top ranked specialties. This year, we had seven specialties ranked. The 2017 *U.S. News and World Report* is a composite of reputation, safety, mortality, and structure. It reflects data from 2013-2015. However, it gets resulted in 2017, you're always two years behind. Having said that, over the past year, these seven specialties: Cancer, Cardiology, Diabetes, ENT (ear, nose and throat), Nephrology, Neurology, and Pulmonary Medicine, have made tremendous increases and good movement in the rankings. We now have these seven specialties that are moving up the board. For the others that are not yet on the leaderboard, they are very close behind having managed structure, reputation, safety, and outcomes.

Those are the two publicly reported quality programs that I wanted to let the board know about. These are obviously very important to us because it helps us understand our true north around quality and outcomes and how it is reflected in others as to our performance. There is some other information in the book and I am happy to take any questions, but those two slides summarize the public reporting of quality outcomes for any institution.

(See Attachment VI for background information, page 47)

President Drake:

Again, very good work. There are about 5,300 hospitals in the country and only 170 get points in even one of these at any time. To score in seven of these categories puts us in the top .5% of hospitals.

Dr. Moffat-Bruce:

Absolutely, there are only 38 hospitals that have seven specialties ranked, so we are at 1%.

President Drake:

I apologize, I was rounding off the .5%. We were close enough. This is a very distinguished company. This ranks specialties that fit into the top 50 across the country. We have several that are in the 50's.

Dr. Moffatt-Bruce:

Absolutely.

President Drake:

We have many others that are very good and I always point this out. We heard in the beginning about the quality of our academic programs and saw the incredible work were are doing there. We saw how successful the hospital has been financially, the most successful year ever, but this is our patient quality and safety and we are at the top of the rung of this as well. It is important to know that all of those things are modifying each other. Thanks very much for that report.

Dr. Moffat-Bruce:

Very good, thank you. That ends my report.

President Drake:

Great. We are now ready to move on to Approval to Enter into Professional Services and Construction Contracts, Mrs. Taylor.

Ms. Taylor:

Thank you President Drake. Today, we are asking for approval of $5.2 million for renovation and relocation of Histology and Immunochemistry Histology labs or IHC labs. This would be movement from the third floor of Doan [Hall] in University Hospital to 680 Ackerman Road.

The rationale for this move is defined by a few key issues. First, our past inspections by the College of [American] Pathologists cited these areas as having inadequate space for quality of work and personnel. This citation was based on the fact that the IHC and Histology labs do not meet basic square-footage requirements, being 36 inches of clear passage between work stations. Currently, these laboratories only have 25 inches passageway between workstations. This was space that was built originally without those requirements in place but now, over time as Doan has aged, we no longer meet those requirements.

Our own internal environment of care rounds find and manage issues ongoing in these two laboratories of inadequate airflow and humidity issues due to the many pieces of equipment that are now being housed in this confined space. The ventilation system in Doan simply cannot keep up with the heat that is being thrown off from this equipment.

Based on our overall patient volume growth, there is demand for this type of work being performed in these laboratories. However, given the constraints previously outlined, there is no ability for these areas to grow their book of business. We are beginning to see recruitment and retention issues, both with faculty and staff because of these environment of care and facility issues.

The benefit of moving to 680 Ackerman will be to enhance the operational efficiencies, eliminate workplace and environmental concerns, and meet our regulatory requirements. This new Ackerman space will double in size from the current Doan footprint. The expansion will allow for clinical growth, helping to create adequate workflows, and help with recruitment and retention of our staff and faculty.

The services provided by IHC and Histology are not mission critical to be on this campus, as they are really moving to a digital platform. I think Mike and certainly, other experts in the room can talk about the digital platform. It is no longer necessary that we have them here on the main campus - 680 Ackerman Road is a space that we have been looking at for the past year and we are asking for the funding be approved for this project.

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Resolution No. 2018-05

680 ACKERMAN - IHC/HISTOLOGY LAB

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

WHEREAS in accordance with the attached material, the university desires to enter into professional services and construction contracts for the following project:

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Project Cost	
680 Ackerman - IHC/Histology Lab	$0.5M	$4.7M	$5.2M	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 project listed above be recommended to the University Board of Trustees for approval; and

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

(See Attachment VII for background information, page 53)

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Dr. Thompson:

May I ask Mr. Meyers to go ahead with his resolution?

Mr. Meyers:

Thank you. This is for the Acquisition of real property of 2001 Polaris Parkway. The university would like to purchase 9.316 acres of improved land at 2001 Polaris Parkway. The property has been leased by the university for its Wexner Medical Center since

2004. It contains a two-story, 72,000 square foot office and research facility. The university currently uses the building for office space, lab medical office, and a vivarium. We expect improvements to be made to accommodate additional labs and administrative space for the James.

Recent appraisals of the facility put its value between $6.775 million and $6.825 million. As set forth in the option to purchase in OSU's lease, if the closing occurs prior to October 31, then the purchase price will be $2,054,840. If it closes after October 31, but before February 1, then the purchase price will be $2,075,937 million. If closing cannot occur by February 1, then the university will have the option to extend for two 30-day periods, each costing $20,000. If the university cannot close by April 1, then its option to purchase will be terminated.

Money from the purchase comes from the Wexner Medical Center capital budget. Because the title would be taking the name of the state of Ohio, this acquisition will require approval from the State Controlling Board. The Ohio Legislature, we are prepared to appear at the board at the September 25 meeting.

ACQUISITION OF IMPROVED REAL PROPERTY

Resolution No. 2018-06

2001 Polaris Parkway
Columbus, Delaware County, Ohio 43240
Parcels 318-443-02-003-000 and 318-443-02-003-001

Synopsis: Authorization to purchase real property located at 2001 Polaris Parkway, Columbus, Delaware County, Ohio, is proposed.

WHEREAS The Ohio State University seeks to purchase improved real property located at 2001 Polaris Parkway, Columbus, Ohio identified as Delaware County parcels 318-443-02-003-000 and 318-443-02-003-001; and

WHEREAS the property is currently zoned as a Commercial Planned District and consists of a two-story office and research facility occupied by The Ohio State University Wexner Medical Center; and

WHEREAS the Wexner Medical Center currently leases the entire building and has determined that the acquisition of this property will support its research and lab programs; and

WHEREAS all costs associated with the acquisition of the property will be provided by the Wexner Medical Center:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves and proposes that the acquisition of improved real property located at 2001 Polaris Parkway be recommended to the University Board of Trustees for approval; and

BE IT FURTHER RESOLVED, That the president and/or senior vice president for business and finance be authorized to take action required to effect the purchase of the referenced property in the name of the State of Ohio for the use and benefit of The Ohio State University upon terms and conditions deemed to be in the best interest of the university.

(See Attachment VIII for background information, page 54)

Dr. Thompson:

Both of these resolutions are on the consent agenda by the full board later this week. May I have a motion to recommend the resolutions to the University Board of Trustees?

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

Dr. Thompson:

The motion carries. Final item is Ms. Krueger.

***

Ms. Krueger:

Yes, thank you. QPAC (Quality and Professional Affairs Committee) met yesterday and I will be reporting the following. Both the University Hospital System and the James Cancer Hospital are required by regulating bodies to define in writing how they effectively manage programs, services, sights, and departments, as well as defining in writing the nurse executive's authority and responsibility.

OSU Wexner Medical Center accomplishes this through two plans for patient care services. One, which encompasses all the business units under Ohio State University Medical Center, its hospital through their CMS provider number, and the other is encompassed through all business units under the James Cancer Hospital and Solove Research Institute CMS provider number.

The 2017 University Hospital plan was reviewed by key members of a management team for the university hospital including representation from Dodd Rehabilitation, Brain and Spine, Ross Heart, University Hospital East, as well as the Ambulatory services.

In addition to minor grammatical changes throughout, the changes in the 2017 University Hospital Plan for Patient Care Services are as follows: updated role for the chief nurse to reflect the current structure with ACNO (Associate Chief Nursing Officer) and updated appendix A to be encompassing more of any ancillary services.

In 2017, the James Hospital plan was reviewed by key members of the management team for the James including representation from the operations leadership, ambulatory care, as well as patient care service leadership team.

In addition to grammatical changes throughout, changes in the 2017 James Cancer Hospital Plan for Patient Care Services are, again, updated appendix include the addition of the clinical call center, a telephone triage department addressing established James patient needs after hours.

That will conclude my report.

PLAN FOR PATIENT CARE SERVICES

Resolution No. 2018-07

University Hospitals

Synopsis: Approval of the annual review of the plan of care and scope of services for The Ohio State University Hospital, Richard M. Ross Heart Hospital, Harding Hospital, and University Hospital East, is proposed.

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

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

WHEREAS the University Hospitals Plan for Patient Care Services was approved by the Quality and Professional Affairs Committee of the Wexner Medical Center Board on June 27, 2017:

NOW THEREFORE

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

(See Attachment IX for background information, page 56.)

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PLAN FOR PATIENT CARE SERVICES

Resolution No. 2018-08

Arthur G. James Cancer Hospital

Synopsis: Approval of the annual review of the plan of care and scope of services for the Arthur G. James Cancer Hospital, is proposed.

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

WHEREAS the plan for inpatient and outpatient care describes the integration of clinical departments and personnel who provide care and services to patients at the Arthur G. James Cancer Hospital:

WHEREAS the Arthur G. James Cancer Hospital Plan for Patient Care Services was approved by the Quality and Professional Affairs Committee of the Wexner Medical Center Board on August 22, 2017:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the plan of care and scope of services process for the Arthur G. James Cancer Hospital as outlined in the attached Plan for Patient Care Services.

(See Attachment X for background information, page 67)

Dr. Thompson:

May I have a motion to approve the plan for patient care services?

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

Dr. Thompson:

The motion carries.

***

President Drake:

Great, that just about does our meeting, for the good of the org. One more bit of information that we did not share. If I could ask Dr. Kent to say a word about the American Board of Surgery and the recent election that they had. I want to make sure you say it so that it done correctly.

Dr. Kent:

Well that's very kind, thank you. I have been involved for the past few years in the American Board of Surgery. Just a month or so ago, I was elected vice chair, so I will be chair of the American Board of Surgery this coming year. I am excited about that. I think, amongst all of the accolades of everyone in this group, it raises OSU to another level.

Thank you again for mentioning that.

President Drake:

And, it's a great reflection of the esteem that you're held in nationally by your most critical colleagues and I think that deserves a round of applause.

That concludes our meeting, thank you again to everybody for being here; long day and great work. Thank you.

Attest:

Leslie H. Wexner	Blake Thompson
Chairman	Secretary

(ATTACHMENT I)


THE ROAD TRAVELED
PELOTONIA 17
8,022 RIDERS FROM
38 STATES AND 7 COUNTRIES
3,009 VOLUNTEERS
137,000+ DONATIONS FROM
49 STATES AND 61 COUNTRIES
$16.3MM IN FUNDRAISING (AND COUNTING!)


THE ROAD TRAVELED
IMPACT
433 STUDENT FELLOWSHIPS
108 IDEA GRANTS
87 SENIOR SCIENTISTS FUNDED
3 STATEWIDE INITIATIVES
The James


WE'RE FASTER
TOGETHER
PELOTONIA.ORG
@dougulman

Game-changing WMC Research

SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

HEART DISEASE

Redundant and diverse intranodal pacemakers and conduction pathways protect the human sinoatrial node from failure

Ning Li,[1,2]* Brian J. Hansen,[1,2]* Thomas A. Csepe,[1,2] Jichao Zhao,[2] Anthony J. Ignozzi,[1,2] Lidiya V. Sul,[1,2] Stanislav O. Zakharkin,[1] Anuradha Kalyanasundaram,[1,2] Jonathan P. Davis,[1,2] Brandon J. Biesiadecki,[1,2] Ahmet Kilic,[3,4] Paul M. L. Janssen,[1,2,5] Peter J. Mohler,[1,2,5] Raul Weiss,[2,4,5] John D. Hummel,[2,4,5] Vadim V. Fedorov[1,2†]

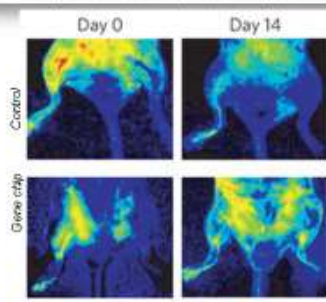
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Game-changing WMC Research

nature nanotechnology — LETTERS

Topical tissue nano-transfection mediates non-viral stroma reprogramming and rescue

Daniel Gallego-Perez[1,2,3,4], Durba Pal[1,4], Subhadip Ghatak[1,4], Veysi Malkoc[1,5], Natalia Higuita-Castro[1,4], Surya Gnyawali[2,3], Lingqian Chang[2,3], Wei-Ching Liao[1], Junfeng Shi[2,6], Mithun Sinha[1,3], Kanhaiya Singh[1,4], Erin Steen[1], Alec Sunyecz[1,4,5], Richard Stewart[1,4], Jordan Moore[1,4], Thomas Ziebro[1], Robert G. Northcutt[1], Michael Homsy[1], Paul Bertani[1], Wu Lu[1], Sashwati Roy[1,3], Savita Khanna[1,3], Cameron Rink[1,3], Vishnu Baba Sundaresan[1], Jose J. Otero[1,4,5,7], L. James Lee[2,6,7,8] and Chandan K. Sen[1,2,3,8]



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

(ATTACHMENT III)

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Department of Surgery

Timothy M. Pawlik, MD, MPH, PhD
Professor and Chair, Department of Surgery
The Urban Meyer III and Shelley Meyer Chair in Cancer Research
The Ohio State University Wexner Medical Center

Divisions

- Cardiac
- Colorectal
- General Surgery
- Pediatrics
- Surgical Oncology
- Thoracic
- Transplant
- Trauma / Critical Care
- Vascular

Missions

- Clinical Program Building
- Education
- Research

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University
Department of Surgery

Past

- Historical leader of surgery
- Legendary contributions and accomplishments in surgery

Future challenges

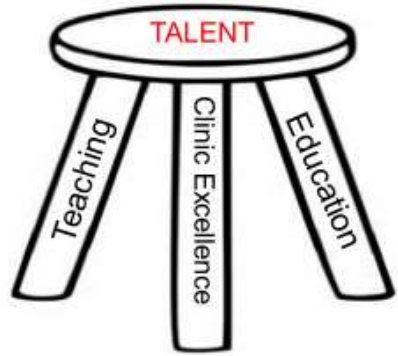
- Grow distinction in patient care in an ever increasing / complex competitive market place
- Retain and recruit the best and brightest medical students, residents and faculty
- Fund academic mission / research
- Develop a culture of success and excellence

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Why Ohio State?

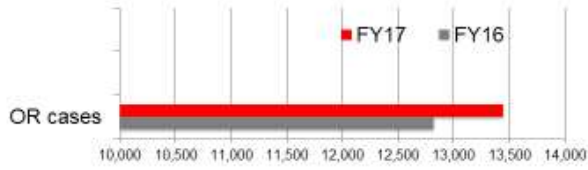
The Ohio State University
Wexner Medical Center

Triple Threat



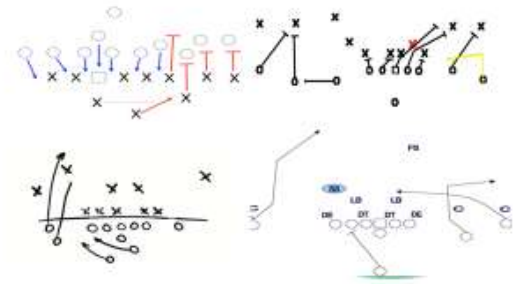
The Ohio State University Wexner Medical Center

Clinical Program Building



5% growth in surgical cases

The Ohio State University Wexner Medical Center



- Strategic Planning
- Data Analytics
- Marketing
- Outreach
- Administration
- Surgeon Champion

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

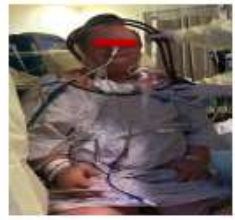
Robotic Whipple Program Development

Two experienced hepatobiliary surgeons with experience in robotic surgery

- First robotic whipple Fall 2017 with proctors from UPMC

Expanding ECMO Care

- Out of hospital VT/VF arrests program with Columbus Division of Fire
- Ambulatory ECMO
- Shock
- Refractory hypoxemia



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Referral Mobile App

iPhone and Android App

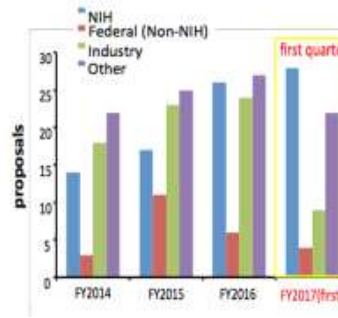
- Surgeon name
- Credentialed specialty
- Appointment phone
- Cell phone / email
- OSUWMC email
- Link to profile page on wexnermedical.osu.edu
- Locations where they practice
- Clinical Expertise (conditions they treat)

Research

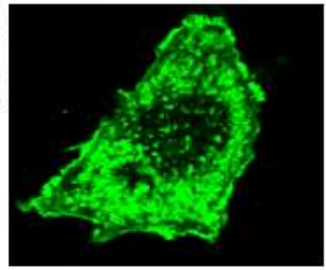
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

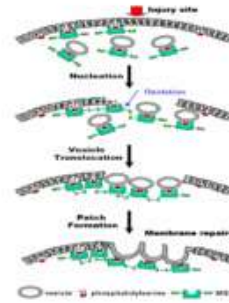
From the BLUE RIDGE INSTITUTE for		BRIMR.ORG
Rank	Name	Surgery
1	UNIVERSITY OF PENNSYLVANIA	$19,621,244
2	WASHINGTON UNIVERSITY	$19,280,840
3	DUKE UNIVERSITY	$16,546,762
4	UNIVERSITY OF MICHIGAN	$16,531,254
5	UNIVERSITY OF PITTSBURGH AT PI	$15,586,617
6	UNIVERSITY OF CALIFORNIA, SAN	$14,299,884
7	UNIVERSITY OF WISCONSIN-MADIS	$11,436,767
8	VANDERBILT UNIVERSITY	$10,697,022
9	EMORY UNIVERSITY	$10,481,924
10	NORTHWESTERN UNIVERSITY AT C	$7,401,582
11	UNIVERSITY OF CALIFORNIA LOS A	$7,018,709
12	JOHNS HOPKINS UNIVERSITY	$6,737,979
13	STANFORD UNIVERSITY	$6,523,729
14	UNIVERSITY OF CALIFORNIA AT DA	$6,432,568
15	OHIO STATE UNIVERSITY	$6,279,394
16	UNIVERSITY OF CALIFORNIA SAN D	$6,137,920
17	UNIVERSITY OF ROCHESTER	$5,166,771
18	UNIVERSITY OF MINNESOTA	$4,672,949
19	UNIVERSITY OF FLORIDA	$4,497,991
20	UNIVERSITY OF MARYLAND BALTIM	$4,405,093

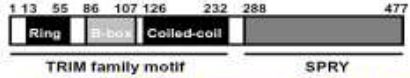
Over 300+ papers published in 2016



MG53 repairs acute injury to cell membrane







Cai et al (2009) Nature Cell Biology 11: 56-64

MG53, a TRIM family protein, nucleates assembly of cell membrane repair machinery.

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

A Unique Clinical and Translational Research Platform

OSUWMC Ex Vivo Lung Perfusion Program

August 2016 to June 2017

9 of 38 transplants performed

23.7% of cases

31% Increase in lung transplants performed

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

A New Specialty Responding To National Needs: Does Acute Care Surgery Deliver?

- *Heena P. Santry, MD, MD, FACS*
- *Multi-modal health services researcher (outcomes, epidemiology, quality/costs, survey research, qualitative research, geographic information systems)*
- *Funding: Agency for Healthcare Research and Quality (1R01HS022694)*

Background: Acute Care Surgery Model of Care

- ACS promoted (2005) as a model of care/specialization to improve **access** to and **quality** of care for general surgery emergencies (e.g. perforated viscus, necrotizing fasciitis)

Research Aims: Improving Quality and Access to Emergency General Surgery Care

- Identify which **structures and processes** of ACS most improve EGS outcomes
- Define ACS **implementation guidelines and regionalization plans** to optimize access to high quality EGS care

Initial Results

- National survey of 2,811 acute care hospitals in the US capable of providing EGS care (60% response)
- Uneven uptake of ACS (16%) across the US as a potential solution

The Ohio State University Wexner Medical Center

Education

Our recent graduates

learn more about OSU's education programs

The Ohio State University Wexner Medical Center

International Experience /Global Surgery

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

CUPID Program
(Cancer In Under-Privileged, Indigent, or Disadvantaged)

- NCI-Funded oncology fellowship
- 1st year medical students interested in oncology and underserved populations
- Johns Hopkins, Indiana U, and OSU
- Basic Science Emphasis
- 7 week summer experience with stipend
  - Oncology Lab
  - Clinical (Surgical/Medical/Radiation Oncology) experiences
  - Video conferences (daily) b/w institutions
  - Journal Club (weekly)
  - D.C. trip with lectures and networking with CUPID fellows from other sites


Jing Han
Duke University*
School of Medicine
Emily Singer
University of California, Los Angeles*
David Geffen School of Medicine
AOA
Apeksha Dave
University of Connecticut
School of Medicine
Gregory Metzger
The Ohio State University
College of Medicine
AOA
Ingrid Woelfel
Virginia Commonwealth University
School of Medicine
AOA
Adrian Diaz
Virginia Commonwealth University
School of Medicine
AOA
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
*denotes top 20 Medical School according to U.S. News & World Reports, 2017
AOA = top 15% of their medical school class


Faculty: Development, Recruitment, and Retainment
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

New Faculty Recruits

Ryan S. Williams, MD – Colorectal
- Medical degree from Michigan State University
- Faculty at Cleveland Clinic Health System

Jordan Cloyd, MD – Surgical Oncology
- Medical degree from University of California--San Francisco
- Fellowship in Complex Surgical Oncology at MD Anderson Cancer Center

Peter Kneuertz, MD – Thoracic
- Medical degree from University of Cologne
- Residency at Johns Hopkins University /University of Texas Medical School at Houston
- Fellowship at New York Presbyterian Hospital-Cornell & Memorial Sloan-Kettering Cancer Center

THE OHIO STATE UNIVERSITY
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New Faculty Recruits

Michael J. Sutherland, MD – Trauma, Critical Care, and Burn
- Medical degree from Louisiana State University Medical Center
- Residency / Fellowship Keesler USAF Medical Center and his thoracic/vascular
- Faculty at University of Arkansas

Heena P. Santry, MD, MS - Trauma, Critical Care, and Burn faculty
- Medical degree from University of Massachusetts
- Residency University of Chicago
- Fellowship at Cook County Trauma Unit
- Fellowship at Massachusetts General Hospital
- Faculty at University of Massachusetts

James G. Bittner, IV, MD - General surgery
- Medical degree from University of Cincinnati College of Medicine
- Residency at Georgia Health Sciences University Medical College of Georgia
- Fellowship at Washington University School of Medicine
- Faculty at Medical College of Virginia

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

BIG TEN Visiting Professor Exchange

MICHIGAN

Assistant Professor

Associate Professor

The Ohio State University Wexner Medical Center

Career Development Award
K-Award or BUST!





The Ohio State University Wexner Medical Center

Targeting Philanthropy to Help Our Junior Faculty

Emerging Surgeon-Scientist Scholar

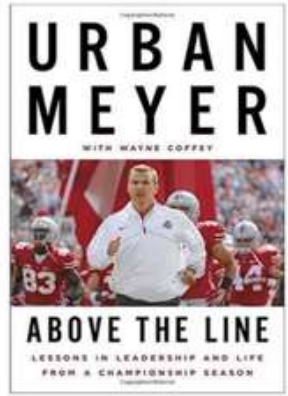
- Strategic plan with development to raise $1 million to fund endowed professorship
- Professorship would be held by junior faculty for three years
- Provide funds / resources to launch a career in research
- Allow us to recruit and retain the BEST TALENT
- Would be "paid forward" to new faculty member every three years

The Ohio State University Wexner Medical Center

Annual Summer Department of Surgery Party/Welcoming of the Interns

August 12, 2017
Party at the Pawliks' House!
More information to come!

The Ohio State University Wexner Medical Center



Above the line:
1.) Ownership
2.) Accountability
3.) Responsibility

VICTORS

Below the line:
1.) Blame
2.) Excuses
3.) Denial

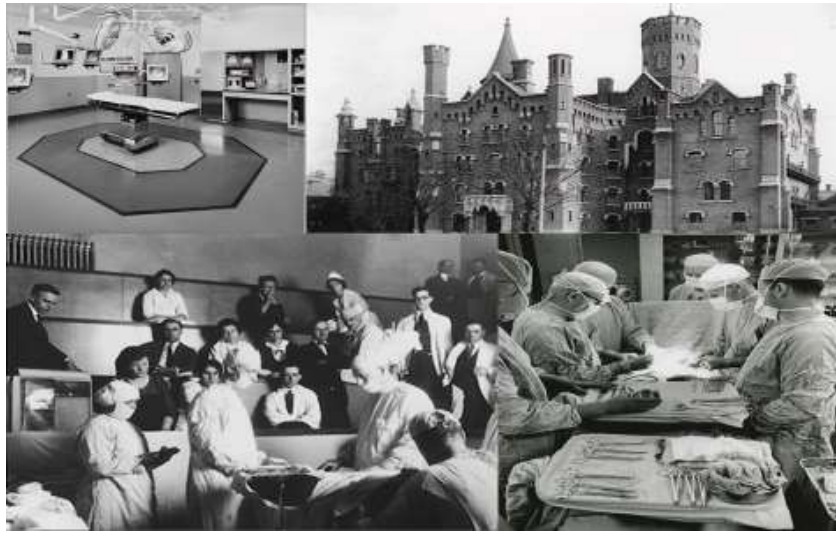
VICTIMS

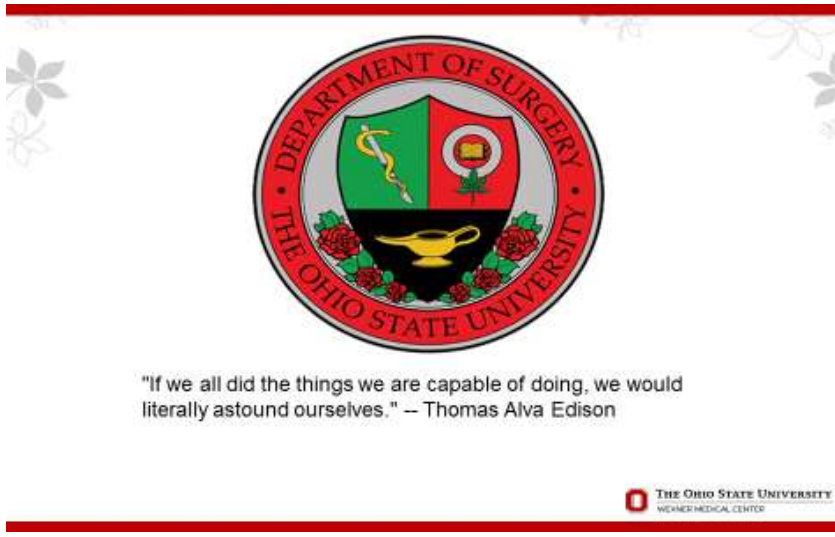
$E + R = O$

"I don't do 'very good' well"

STRIVING for GREATNESS

TOP 10 Department of Surgery
in the country




DEPARTMENT OF SURGERY
THE OHIO STATE UNIVERSITY
"If we all did the things we are capable of doing, we would literally astound ourselves." -- Thomas Alva Edison
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

(ATTACHMENT IV)

The Burn Unit: Extraordinary Care

1

- Central Ohio's only American Burn Association verified adult Burn Center
  - Treats over 1,100 patients annually
  - Faculty and staff are Advanced Burn Life Support (ABLS) certified and national ABLS instructors
  - Recognized leader in colloid resuscitation, lasers for burn scars, frostbite management
- Recent complicated case that made national news
- Patient unfortunately died two years after her injury
- Patient's journey resulted in Judy's Law to protect victims of future crimes
- Burn Center nursing staff recognized by patient's family for extraordinary care

The Burn Unit: Extraordinary Care

2

Received the DAISY Team Award for extraordinary nursing care of a patient who was hospitalized for two years

(ATTACHMENT V)

Wexner Medical Center Board
Public Session
Health System Financial Summary

August 23, 2017

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System
Consolidated Statement of Operations
For the YTD ended: June 30, 2017
(in thousands)

OSUHS

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	$ 2,766,525	$ 2,712,398	$ 54,127	2.0%	$ 2,560,494	8.0%
Operating Expenses						
Salaries and Benefits	1,222,426	1,199,664	(22,762)	-1.9%	1,141,703	-7.1%
Resident/Purchased Physician Services	85,638	84,414	(1,224)	-1.4%	69,103	-23.9%
Supplies	311,508	281,845	(29,663)	-10.5%	283,214	-10.0%
Drugs and Pharmaceuticals	271,626	278,267	6,641	2.4%	231,240	-17.5%
Services	284,110	285,784	1,674	0.6%	286,976	2.5%
Depreciation	143,100	133,605	(9,495)	-7.1%	140,279	-2.0%
Interest	39,885	39,385	(480)	-1.2%	41,578	4.1%
Shared/University Overhead	15,429	45,959	30,530	66.4%	54,217	71.5%
Medical Center Investments	145,210	148,042	3,832	2.6%	125,272	-16.9%
Total Expense	2,528,912	2,507,965	(20,947)	-0.8%	2,373,482	-6.5%
Excess of Revenue over Expense	$ 237,613	$ 204,434	$ 33,179	16.2%	$ 187,012	27.1%
Financial Metrics						
Adjusted Admissions	116,719	113,986	2,733	2.4%	110,077	6.0%
Operating Revenue per AA	$ 23,702	$ 23,796	$ (94)	-0.4%	$ 23,261	1.9%
Total Expense per AA	$ 20,710	$ 20,721	$ 11	0.1%	$ 20,378	-1.6%
Operating EBIDA Margin	19.2%	19.3%	-0.1%	-0.3%	19.5%	-1.4%
Days Cash on Hand	127.5				113.8	11.9%
Debt Service Coverage	6.5	6.1	0.4	6.9%	5.5	18.8%

3

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Activity Summary

For the YTD ended: June 30, 2017

OSUHS

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
CONSOLIDATED ACTIVITY SUMMARY						
Activity						
Admissions	61,701	61,193	508	0.8%	59,358	3.9%
Surgeries	44,095	42,667	1,428	3.3%	41,854	5.4%
Outpatient Visits	1,763,707	1,824,183	(60,476)	-3.3%	1,724,176	2.3%
Average Length of Stay	6.29	6.20	(0.08)	-1.4%	6.29	0.0%
Case Mix Index (CMI)	1.85	1.86	(0.01)	-0.4%	1.86	-0.3%
Adjusted Admissions	116,719	113,986	2,733	2.4%	110,077	6.0%
Operating Revenue per AA	$ 23,702	$ 23,796	(94)	-0.4%	$ 23,261	1.9%
Operating Expense per AA	$ 20,710	$ 20,721	11	0.1%	$ 20,376	-1.6%

OSU Wexner Medical Center

Combined Statement of Operations

For the YTD ended: June 30, 2017

(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	$3,409,187	$3,309,949	$ 99,238	3.0%	$3,181,193	7.2%
Operating Expenses						
Salaries and Benefits	1,772,379	1,768,513	(3,866)	-0.2%	1,672,425	-6.0%
Resident/Purchased Physician Services	85,638	84,414	(1,224)	-1.4%	69,103	-23.9%
Supplies	336,567	302,465	(34,102)	-11.3%	309,042	-8.9%
Drugs and Pharmaceuticals	282,071	287,404	5,333	1.9%	257,999	-9.3%
Services	371,528	371,549	21	0.0%	363,664	-2.2%
Depreciation	154,203	146,879	(7,324)	-5.0%	153,443	-0.5%
Interest/Debt	51,295	50,748	(547)	-1.1%	53,043	3.3%
Shared/University Overhead	15,429	45,959	30,530	66.4%	54,217	71.5%
Other Operating Expense	33,585	30,543	(3,042)	-10.0%	24,194	-38.8%
Medical Center Investments	4,893	8,758	3,865	44.1%	(10,078)	148.6%
Total Expense	3,107,588	3,097,232	(10,356)	-0.3%	2,947,052	-5.4%
Excess of Revenue over Expense	$ 301,599	$ 212,719	$ 88,880	41.8%	$ 234,140	28.8%
Financial Metrics						
Integrated Margin Percentage	8.8%	6.4%	2.4%	37.7%	7.4%	20.2%
Adjusted Admissions	116,719	113,986	2,733	2.4%	110,077	6.0%
OSUP Physician Encounters	2,650,314	2,708,755	(58,441)	-2.2%	2,435,363	8.8%
Operating Revenue per AA	$ 23,702	$ 23,796	$ (94)	-0.4%	$ 23,261	1.9%
Total Expense per AA	$ 20,710	$ 20,721	$ 11	0.1%	$ 20,376	-1.6%

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.

OSU Wexner Medical Center

Combined Balance Sheet

As of: June 30, 2017
(in thousands)

	June 2017	June 2016	Change
Cash	$ 733,876	$ 683,692	$ 50,184
Net Patient Receivables	413,260	362,813	50,447
Other Current Assets	391,602	321,795	69,807
Assets Limited as to Use	402,816	255,498	147,318
Property, Plant & Equipment - Net	1,504,904	1,490,521	14,383
Other Assets	427,459	432,303	(4,844)
Total Assets	$ 3,873,917	$ 3,546,622	$ 327,295
Current Liabilities	$ 306,060	$ 314,143	$ (8,083)
Other Liabilities	108,488	99,335	9,153
Long-Term Debt	852,568	904,418	(51,850)
Net Assets - Unrestricted	2,027,874	1,711,488	316,486
Net Assets - Restricted	578,927	517,318	61,609
Liabilities and Net Assets	$ 3,873,917	$ 3,546,622	$ 327,295

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.

(ATTACHMENT VI)

Quality Based Payment Program Results and USNWR OSUWMC Board August 2017

Susan Moffatt-Bruce

The Ohio State University
Wexner Medical Center

Overall Impact of all CMS Quality Programs

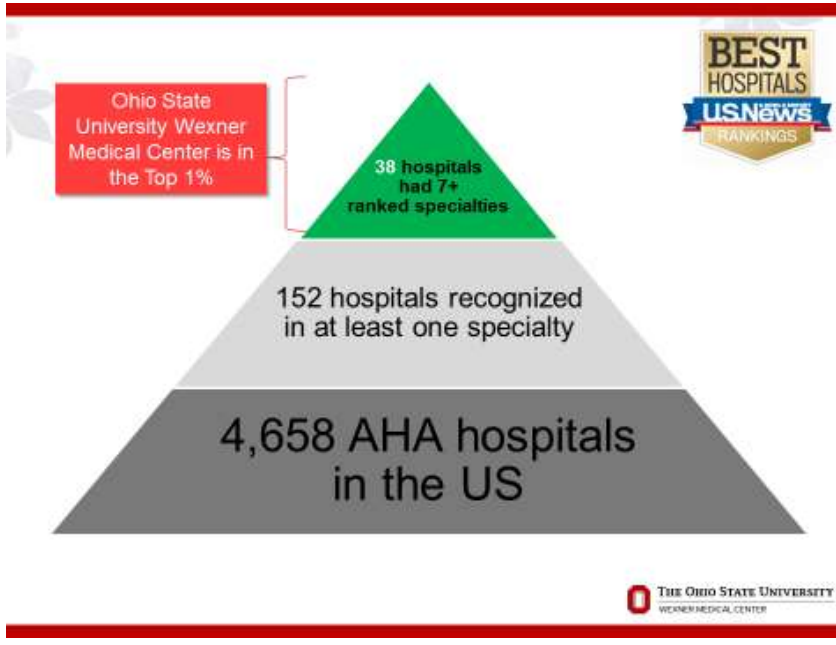
	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
VBP	$187,153	$285,365	($79,231)	($324,300)	($82,000)	**$95,000**
RRP	($682,370)	($275,741)	($365,092)	($293,647)	*($109,000)*	*($88,000)*
HACRP	Does Not Apply		($1,604,494)	$0	$0	$0
Total Impact	($495,217)	$27,624	($2,048,817)	($614,947)	($191,000)	$7,000
Amount At Risk	$2 Million	$3.3 Million	$5.5 Million	$5.75 Million	$6 Million	$6 Million

FY 2018 Avoided Over $6 Million Dollars in Payment Penalties

The Ohio State University
Wexner Medical Center

Comparison of our performance

Hospital	FFY 2018 Readmission Penalty %
OSUWMC	0.08%
Riverside Methodist	0.41%
Grant Medical Center	0.15%
Doctor's West	0.15%
Dublin Methodist	0.08%
Mt Carmel West	0.35%
Mt Carmel St Ann's	0.35%
Cleveland Clinic	0.12%
University of Toledo	0.34%
University of Michigan	0.34%

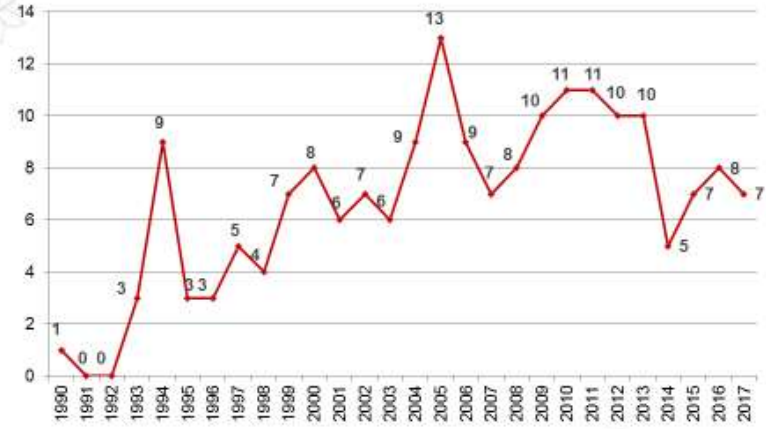


2017 Honor Roll List

Hospital	2011	2012	2013	2014	2015	2016	2017
Mayo Clinic (Rochester)	3	3	3	1	2	1	1
Cleveland Clinic	4	4	4	4	5	2	2
Johns Hopkins Hospital	1	2	1	3	3	4	3
Massachusetts General Hospital	2	1	2	2	1	3	4
University of California, San Francisco Medical Center	7	13	7	8	8	7	5
University of Michigan Medical Center	14	17				18	6
UCLA Medical Center	5	5	5	5	3	5	7
New York Presbyterian Hospital	6	7	7	6	7	6	8
Stanford Hospital and Clinics	17				15	14	9
Hospital of the University of Pennsylvania	10	15	11	7	9	9	10
Cedars-Sinai Medical Center			13	12		17	11
Barnes-Jewish Hospital	11	6	15	17	10	11	12
Northwestern Memorial Hospital		12	6	10	11	8	13
University of Pittsburgh Medical Center	12	10	10	12	13	12	14
University of Colorado Hospital						20	15
Thomas Jefferson University Hospital			17				16
Duke University Medical Center	9	8	12	14	14	16	17
Mount Sinai Medical Center	16	14		16		15	18
NYU Langone Medical Center		11	14	15	12	10	19
Mayo Clinic (Phoenix)							20

OSUWMC Trend of Total Ranked Specialties

Of the 4,658 U.S. hospitals that were evaluated, 152 were ranked in at least one specialty. Of the 152 ranked hospitals, 38 were ranked in 7 or more specialties.



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSUWMC Trend of Total Ranked Specialties

Specialty	2011	2012	2013	2014	2015	2016	2017
Cancer	20	25	20	30	24	37	23
Cardiology & Heart Surgery	24	29	36	34	31	28	22
Diabetes & Endocrine	20	27	37		24	38	26
ENT	17	14	15	15	14	7	6
Gastroenterology							
Geriatrics		46	49			44	
Gynecology	25	28					
Nephrology	39	29	28	35	31	25	17
Neurology/ Neurosurgery	45		49		36	30	22
Ophthalmology*							
Orthopedics	36						
Psychiatry*							
Pulmonology	25	30	33			33	25
Rehabilitation*	11	13	13				
Rheumatology*							
Urology	46	36	25	33	34		

* Reputation-Only Rankings

= Increase in ranking or reputation score from previous year
= Decrease in ranking or reputation score from previous year
= No change in ranking or reputation score from previous year

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

USNWR Summary

- Mortality Index Improved in 9 of 12 Data Driven Specialties
- 11 of 12 Specialties Score 8 (out of 10) or Higher in Survival
  - Cardiology & Heart Surgery and ENT score a perfect 10
- Safety score improved from 2 (out of 5) to 5 (out of 9)
- 9 Specialties saw an increase in reputations scores
- 10 Specialties had a higher overall score in 2017
- All ranked specialties had a higher ranking in 2017

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

University of Michigan Summary

- Mortality Index Improved in 10 of 12 Data Driven Specialties
- Survival Score improved in 7 Specialties
- 8 Specialties saw an increase in reputation scores
- All 12 Data Driven Specialties had a higher overall score in 2017
- All ranked specialties had a higher ranking in 2017
- All 12 Data Driven Specialties ranked; 3 Reputation only specialties ranked
  - Biggest increases:
    - Geriatrics from 47 to 7
    - Diabetes from unranked to 17
    - Rehab from unranked to 14

University of Michigan

Specialty	Mortality Index 2016	Mortality Index 2017	Survival Score 2016	Survival Score 2017	Safety Score 2016 (out of 5)	Safety Score 2017 (Out of 9)	Rep Score 2016	Rep Score 2017	Overall Score 2016	Overall Score 2017	Overall Rank 2016	Overall Rank 2017
Cancer	0.68	0.62	9	9	5	6	5.1	3.7	64.8	71.4	24	12
Cardiology & Heart Surgery	0.74	0.61	9	10	5	6	5.0	4.3	64.6	74.5	22	10
Diabetes & Endocrine	0.75	0.71	7	7	5	6	4.7	6.0	61.1	71.6	-	17
ENT	0.62	0.63	8	8	5	6	14.6	12.8	86.1	93.4	8	6
Gastroenterology	0.82	0.77	8	8	5	6	6.5	6.7	66.1	74.7	23	9
Geriatrics	0.80	0.70	8	9	5	6	5.4	5.4	64.9	85.3	47	7
Gynecology	0.10	0.06	10	10	5	6	2.2	2.5	81.4	90.3	14	3
Nephrology	0.64	0.58	9	9	5	6	5.4	3.2	75.9	80.7	23	13
Neurology/ Neurosurgery	0.87	0.68	7	8	5	6	5.1	5.5	63.1	76.7	32	8
Orthopedics	0.87	0.65	6	8	5	6	2.0	2.1	50.4	59.2	-	28
Pulmonology	0.85	0.78	7	8	5	6	8.5	6.3	73.2	78.8	16	6
Urology	0.44	0.46	9	9	5	6	7.2	6.3	79.2	83.7	12	7
Ophthalmology							8.3	9.4			9	8
Psychiatry							1.8	1.6			-	-
Rehab							4.5	5.0			-	14
Rheumatology							6.0	7.4			14	12

(ATTACHMENT VII)

Project Data Sheet for Board of Trustees Approval

680 Ackerman - IHC/Histology Lab

OSU-180070 (CNI# 17000112)

Project Location: 680 Ackerman Road

- **approval requested and amount**
  professional services/construction $5.2M
- **project budget**

construction w/contingency	$4.7M
professional services	$0.5M
total project budget	$5.2M

- **project funding**
  - ☐ university debt
  - ☐ development funds
  - ☐ university funds
  - ☒ auxiliary funds
  - ☐ state funds
- **project schedule**

BoT professional services approval	08/17
design/bidding	09/17 - 07/18
construction	08/18 - 02/19

- **project delivery method**
  - ☒ general contracting
  - ☐ design/build
  - ☐ construction manager at risk
- **planning framework**
  - this project is included in the FY 2018 Capital Investment Plan
- **project scope**
  - the project will relocate the IHC/Histology group from Doan Hall to 680 Ackerman
  - the project will renovate approximately 8,000 SF to create lab space for IHC/Histology, including installing a reverse osmosis water system and replacing the air handling unit
- **approval requested**
  - approval is requested to enter into professional services and construction contracts

- **project team**
  University project manager: Brendan Flaherty
  AE/design architect:

(ATTACHMENT VIII)

Approval for Acquisition of Improved Real Property
Located at 2001 Polaris Parkway
Columbus, Delaware County, Ohio 43240
Parcels 318-443-02-003-000 and 318-443-02-003-001

Background

The Ohio State University seeks to acquire from Polaris 2004, LLC, approximately 9.3 acres of improved real property located at 2001 Polaris Parkway, Columbus, Delaware County, Ohio (the "Property"). The improvements include a 2-story office, laboratory, and vivarium research facility comprised of approximately 72,000 square feet. The Ohio State University currently leases the entire building and this acquisition would support the Wexner Medical Center's long-term need for laboratory and research spaces.

The property is located near the southeast corner of the intersection of Polaris Parkway and Orion Place, and is situated between Polaris Parkway and Olde Worthington Road. The Property is comprised of two parcels (318-443-02-003-000 and 318-443-02-003-001) that contain approximately 8.92± acres (located in the City of Columbus), and 0.396± acres (located in the Right Of Way in Orange Township), respectively. The 8.92± acre site is zoned Commercial Planned District, Limited Manufacturing. There is no zoning in place for the 0.396 ± acre site located in the Right Of Way.

The property is titled to Polaris 2004, LLC, and will be acquired in the name of the State of Ohio, for the use and benefit of The Ohio State University. The acquisition will require approval of the State Controlling Board.

Authorization is requested to acquire the 9.3± acres of improved real property under terms and conditions set forth in the Lease and Purchase Option agreement, and upon other terms that are in the best interest of the university. The source of funding for the acquisition is the Wexner Medical Center.

PURCHASE OF 9.216+/- ACRES OF REAL PROPERTY
2001 POLARIS PARKWAY, DELAWARE COUNTY, OHIO 43082
PARCELS 318-443-02-003-000 (CITY OF COLUMBUS) AND
318-443-02-003-001 (BRANGE TOWNSHIP)

(ATTACHMENT IX)

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Approvals:
MSAC - 3/12/2014; 6/10/2015 ; 6/8/2016
QPAC-7/16/2014; 7/22/2015; 6/28/2016
Wexner Medical Center Board - 8/29/2014; 8/25/2015, 8/31/2016

TITLE: THE OHIO STATE UNIVERSITY HOSPITAL, RICHARD M. ROSS HEART HOSPITAL, HARDING HOSPITAL, AND UNIVERSITY HOSPITAL EAST PLAN FOR PATIENT CARE SERVICES

The Ohio State University Hospital, Richard M. Ross Heart Hospital, Harding Hospital, and University Hospital East (hereafter referred to as the Hospitals) plan for patient care services describes the integration of departments and personnel who provide care and services to patients based on the Hospitals' mission, vision, shared values and goals. The plan encompasses both inpatient and outpatient services of the Hospitals.

OSU WEXNER MEDICAL CENTER MISSION, VISION AND VALUES

MISSION: To improve people's lives through innovation in research, education, and patient care.

VISION: Working as a team, we will shape the future of medicine by creating, disseminating, applying new knowledge, and by personalizing health care to meet the needs of each individual.

VALUES: Excellence, Collaborating as One University, Integrity and Personal Accountability, Openness and Trust, Diversity in People and Ideas, Change and Innovation, Simplicity in Our Work, Empathy and Compassion, and Leadership.

The Hospitals embrace the mission, vision and values of The Ohio State Wexner Medical Center; in addition – our vision statement, developed by our staff members, physicians and administration team members, complements and reflects our unique role in The Ohio State's Wexner Medical Center.

PHILOSOPHY OF PATIENT CARE SERVICES

In collaboration with the community, the Hospitals will provide innovative, personalized, and patient-focused tertiary care service through:

a) A mission statement that outlines the synergistic relationship between patient care, research, and education;
b) Long-range strategic planning with hospital leadership to determine the services to be provided; including, but not limited to essential services as well as special emphasis on signature services (Heart, Cancer, Critical Care, Imaging, Neuroscience, and Transplantation services);
c) Establishing annual goals and objectives that are consistent with the hospital mission, which are based on a collaborative assessment of needs;
d) Planning and design conducted by hospital leadership, which involves the potential communities to be served;
e) Provision of services that are appropriate to the scope and level required by the patients to be served based on assessment of need;
f) Ongoing evaluation of services provided through formalized processes; e.g., performance assessment and improvement activities, budgeting and staffing plans;
g) Integration of services through the following mechanisms: continuous quality improvement teams; clinical interdisciplinary quality programs; performance assessment and improvement activities; communications through management team meetings, administrative staff meetings, special forums, and leadership and employee education/development;
h) Maintaining competent patient care leadership and staff by providing education designed to meet identified needs;
i) Respect for each patient's rights and decisions as an essential component in the planning and provision of care; and,

j) Staff member behaviors reflect a philosophical foundation based on the values of The Ohio State Wexner Medical Center.

THE HOSPITAL LEADERSHIP

The Hospital leadership is defined as the governing board, administrative staff, physicians and nurses in appointed or elected leadership positions. The Hospital leadership is responsible for providing a framework for planning health care services provided by the organization based on the hospital's mission and for developing and implementing an effective planning process that allows for defining timely and clear goals.

The planning process includes a collaborative assessment of our customer and community needs, defining a long range strategic plan, developing operational plans, establishing annual operating budgets and monitoring compliance, establishing annual capital budgets, monitoring and establishing resource allocation and policies, and ongoing evaluation of the plans' implementation and success. The planning process addresses both patient care functions (patient rights, patient assessment, patient care, patient and family education, coordination of care, and discharge planning) and organizational support functions (information management, human resource management, infection control, quality and safety, the environment of care, and the improvement of organizational performance).

The Hospital leadership works collaboratively with all operational and clinical managers and leaders to ensure integration in the planning, evaluation and communication processes within and between departments to enhance patient care services and support. This occurs informally on a daily basis and formally via interdisciplinary leadership meetings. The leadership involves department heads in evaluating, planning and recommending annual budget expenses and capital objectives, based on the expected resource needs of their departments. Department leaders are held accountable for managing and justifying their budgets and resource utilization. This includes, but is not limited to identifying, investigating and budgeting for new technologies and resources which are expected to improve the delivery of patient care and services.

Other leadership responsibilities include:

a) Communication of the organization's mission, goals, objectives and strategic plans across the organization;
b) Ensuring appropriate and competent direction, management and leadership of all services and/or departments;
c) Collaborating with community leaders and organizations to ensure services are designed to be appropriate for the scope and level of care required by the patients and communities served;
d) Supporting the patient's continuum of care by integrating systems and services to improve efficiencies and care from the patient's viewpoint;
e) Ensuring staffing resources are available to appropriately and effectively meet the needs of the patients served and to provide a comparable level of care to patients in all areas where patient care is provided;
f) Ensuring the provision of a uniform standard of patient care throughout the organization;
g) Providing appropriate job enrichment, employee development and continuing education opportunities which serve to promote retention of staff and to foster excellence in care delivery and support services;
h) Establishing standards of care that all patients can expect and which can be monitored through the hospital's performance assessment and improvement plan;
i) Approving the organizational plan to prioritize areas for improvement, developing mechanisms to provide appropriate follow up actions and/or reprioritizing in response to untoward and unexpected events;
j) Implementing an effective and continuous program to improve patient safety;

k) Appointing appropriate committees, task forces, and other forums to ensure interdepartmental collaboration on issues of mutual concerns and requiring interdisciplinary input; and,
l) Supporting patient rights and ethical considerations.

ROLE OF THE CHIEF NURSING and PATIENT CARE SERVICES OFFICER

The Chief Nursing and Patient Care Services Officer is a senior member of the Health system leadership team and advises the medical staff, senior leadership, internal/external groups and the Medical Center Board on matters related to nursing. The Chief Nursing and Patient Care Services Officer is responsible ensuring consistency in the standard of practice across all health system entities including decisions and change on the quality of patient care, and nursing practice providers.

The VP of Patient Care Services and System Chief Nurse Executive ensures the continued advancement of the nursing profession throughout the health system. Responsibly includes development of the nursing strategic plan in collaboration with health system executives to improve practice, education and research. The role includes responsibility for performance improvement, program management, business operations, budgets, resource utilization and maintenance of the professional contract with the Ohio State University Nursing Organization (OSUNO).

The ACNO of each hospital is a member of the Nursing Executive Leadership team under the direction of the Chief Nursing and Patient Care Services Officer and CEO/Executive Director of the business entities.

The ACNO has the authority and responsibility for directing the activities related to the provision of nursing care in those departments defined as providing nursing care to patients.

The Chief Nursing and Patient Care Services Officer and ACNO's ensure the following functions are addressed:

a) Evaluating patient care programs, policies, and procedures describing how patients' nursing care needs are assessed, evaluated and met throughout the organization;
b) Developing and implementing the Plan for the Provision of Patient Care;
c) Participating with leaders from the governing body, management, medical staff and clinical areas in organizational decision-making, strategic planning and in planning and conducting performance improvement activities throughout the organization;
d) Implementing an effective, ongoing program to assess, measure and improve the quality of nursing care delivered to patients; developing, approving, and implementing standards of nursing practice, standards of patient care, and patient care policies and procedures that include current research/ literature findings that are evidence based;
e) Participating with organizational leaders to ensure that resources are allocated to provide a sufficient number of qualified nursing staff to provide patient care;
f) Ensuring that nursing services are available to patients on a continuous, timely basis; and
g) Reviewing and/or revising the Plan for the Provision of Patient Care Services on an annual basis.

DEFINITION OF PATIENT SERVICES, PATIENT CARE AND PATIENT SUPPORT

Patient Services are limited to those departments that have direct contact with patients. Patient services occur through organized and systematic throughput processes designed to ensure the delivery of appropriate, safe, effective and timely care and treatment. The patient throughput process includes those activities designed to coordinate patient care before admission, during the admission process, in the hospital, before discharge and at discharge. This process includes:

- ***Access in***: emergency process, admission decision, transfer or admission process, registration and information gathering, placement;
- ***Treatment and evaluation***: full scope of services; and,
- ***Access out***: discharge decision, patient/family teaching and counseling, arrangements for continuing care and discharge.

Patient Care encompasses the recognition of disease and health, patient teaching, patient advocacy, spirituality and research. The full scope of patient care is provided by professionals who are charged with the additional functions of patient assessment and planning patient care based on findings from the assessment. Providing patient services and the delivery of patient care requires specialized knowledge, judgment, and skill derived from the principles of biological, chemical, physical, behavioral, psychosocial and medical sciences. As such, patient care and services are planned, coordinated, provided, delegated, and supervised by professional health care providers who recognize the unique physical, emotional and spiritual (body, mind and spirit) needs of each person. Under the auspices of the Hospitals, medical staff, registered nurses and allied health care professionals function collaboratively as part of an interdisciplinary, personalized patient-focused care team to achieve positive patient outcomes.

Competency for patient caregivers is determined in orientation and at least annually through performance evaluations and other department specific assessment processes. Credentialed providers direct all medical aspects of patient care as delineated through the clinical privileging process and in accordance with the Medical Staff By-Laws. Registered nurses support the medical aspect of care by directing, coordinating, and providing nursing care consistent with statutory requirements and according to the organization's approved Nursing Standards of Practice and hospital-wide Policies and Procedures. Allied health care professionals provide patient care and services in keeping with their licensure requirements and in collaboration with physicians and registered nurses. Unlicensed staff may provide aspects of patient care or services at the direction of and under the supervision of licensed professionals.

Nursing Care (nursing practice) is defined as competently providing all aspects of the nursing process in accordance with Chapter 4723 of the Ohio Revised Code (ORC), which is the law regulating the Practice of Nursing in Ohio. The law gives the Ohio Board of Nursing the authority to establish and enforce the requirements for licensure of nurses in Ohio. This law, also, defines the practice of both registered nurses and licensed practical nurses. All of the activities listed in the definitions, including the supervision of nursing care, constitute the practice of nursing and therefore require the nurse to have a current valid license to practice nursing in Ohio.

Patient Support is provided by a variety of individuals and departments which might not have direct contact with patients, but which support the integration and continuity of care provided throughout the continuum of care by the hands-on care providers.

SCOPE OF SERVICES / STAFFING PLANS

Each patient care service department has a defined scope of service approved by the hospital's administration and medical staff, as appropriate. The scope of service includes:

- the types and age ranges of patients served;
- methods used to assess and meet patient care needs (includes services most frequently provided such as procedures, services, etc.);
- the scope and complexity of patient care needs (such as most frequent diagnosis);
- support services provided directly or through referral contact;
- the extent to which the level of care or service meets patient need (hours of operation if other than 24 hours a day/7days a week and method used for ensuring hours of operation meet the needs of the patients to be served with regard to availability and timeliness);
- the availability of necessary staff (staffing plans) and,

- recognized standards or practice guidelines, when available (the complex or high level technical skills that might be expected of the care providers).

Additional operational details and staffing plans may also be found in department policies, procedures and operational/performance improvement plans.

Staffing plans for patient care service departments are developed based on the level and scope of care provided, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately (competently and confidently) provide the type of care needed. Nursing units are staffed to accommodate a projected average daily patient census. Unit management (including nurse manager and/or charge nurse) reviews patient demands to plan for adequate staffing. Staffing can be increased or decreased to meet patient needs. When the number of patients is high or the need is great, float staff assist in providing care. When staff availability is projected to be low due to leaves of absence, the unit manager and director may request temporary agency nurses. Ohio State's Wexner Medical Center follows the Staffing Guidelines set by the American Nurses Association. In addition, we utilize staffing recommendations from various specialty nursing organizations, including: ENA, ANCC, AACN, AORN, ASPN, and others.

The Administrator, in conjunction with the budget and performance measurement process, reviews all patient care areas staffing and monitors ongoing regulatory requirements. Each department staffing plan is formally reviewed during the budget cycle and takes into consideration workload measures, utilization review, employee turnover, performance assessment, improvement activities, and changes in customer needs/expectations. A variety of workload measurement tools may be utilized to help assess the effectiveness of staffing plans.

STANDARDS OF CARE

Personalized health care at Ohio State is "the integrated practice of medicine and patient support based upon an individual's unique biology, behavior, and environment". It is envisioned as health care that will seek to understand each person's individual requirements for the maintenance of their health, prevention of disease, and therapy tailored to their genetic uniqueness. Ideally, it also includes incorporating knowledge of their environment, health-related behaviors, culture and values.

Patients of the Hospitals can expect that:

1) Staff will do the correct procedures, treatments, interventions, and care following the policies, procedures, and protocols that have been established. Efficacy and appropriateness of procedures, treatment, interventions and care provided will be demonstrated based on patient assessments/reassessments, standard practice, and with respect for patient's rights and confidentiality.
2) Staff will provide a uniform standard of care and services throughout the organization.
3) Staff will design, implement and evaluate systems and services for care delivery (assessments, procedures, treatments, interventions) which are consistent with a personalized health care focus and which will be delivered:
    a. With compassion, courtesy, respect and dignity for each individual without bias;
    b. In a manner that best meets the individualized needs of the patient;
    c. Coordinated through interdisciplinary collaboration, to ensure continuity and seamless delivery of care to the greatest extent possible; and,
    d. In a manner that maximizes the efficient use of financial and human resources, streamlines processes, decentralizes services, enhances communication, supports technological advancements and maintains patient safety.

Patient Assessment:
Individual patient care requirements are determined by assessments (and reassessments) performed by qualified health professionals. Each service within the organization providing patient care has defined the scope of assessment provided. This assessment (and reassessment) of patient care needs continues throughout the patient's contact with the hospital.

Coordination of Care:
Patients are identified who require discharge planning to facilitate continuity of medical care and/or other care to meet identified needs. Discharge planning is timely, is addressed at minimum during initial assessment as well as during discharge planning processes and can be initiated by any member of the interdisciplinary team. Patient Care Resource Managers or Case Managers coordinate patient care between multiple delivery sites and multiple caregivers; collaborate with physicians and other members of the care team to assure appropriate treatment plan and discharge care.

STANDARDS OF COMPETENT PERFORMANCE/STAFF EDUCATION

All employees receive an orientation consistent with the scope of responsibilities defined by their job description and the patient population to whom they are assigned to provide care. Ongoing education (such as in-services) is provided within each department. In addition, the Educational Development and Resource Department provides annual mandatory education and provides appropriate staff education associated with performance improvement initiatives and regulatory requirements. Performance appraisals are conducted at least annually between employees and managers to review areas of strength and to identify skills and expectations that require further development.

CARE DELIVERY MODEL

The care delivery model is guided by the following goals:

- The patient and family will experience the benefits of personalized care that integrates skills of all care team members. The benefits include enhanced quality of care, improved service, appropriate length of hospitalization and minimized cost.
- Hospital employees will demonstrate behaviors consistent with the philosophy of Personalized Health Care. The philosophical foundation reflects a culture of collaboration, enthusiasm and mutual respect.
- Effective communication will impact patient care by ensuring timeliness of services, utilizing staff resources appropriately, and maximizing the patient's involvement in his/her own personalized plan of care.
- Configuring departmental and physician services to accommodate the care needs of the patient in a timely manner will maximize quality of patient care and patient satisfaction.
- The professional nursing practice model is a framework which reflects our underlying philosophy and vision of providing personalized nursing care. Aspects of the professional model support:
  (1) matching nurses with specific skills to patients with specific needs to ensure "safe passage" to achieve the optimal outcome of their hospital stay;
  (2) the ability of the nurse to establish and maintain a therapeutic relationship with their patients;
  (3) the presence of an interdisciplinary team approach to patient care delivery. The knowledge and expertise of all caregivers is utilized to provide personalized care for the patient;
  (4) physicians, nurses, pharmacists, respiratory therapists, case managers, dietitians and many other disciplines collaborate and provide input to patient care.
- The patient and family will be involved in establishing the plan of care to ensure services that accommodate their needs, goals and requests.
- Streamlining the documentation process will enhance patient care.

PATIENT RIGHTS AND ORGANIZATIONAL ETHICS

Patient Rights
In order to promote effective and compassionate care, the Hospitals' systems, policies, and programs are designed to reflect an overall concern and commitment to each person's dignity. All Hospital employees, physicians and staff have an ethical obligation to respect and support the rights of every patient in all interactions. It is the responsibility of all employees, physicians and staff of the Hospitals to support the efforts of the health care team, while ensuring that the patient's rights are respected. Each patient (and/or family member as appropriate) is provided a list of patient rights and responsibilities upon admission and copies of this list are posted in conspicuous places throughout the Hospitals.

Organizational Ethics
The Hospitals have an ethics policy established in recognition of the organization's responsibility to patients, staff, physicians and the community served. General principles that guide behavior are:

- Services and capabilities offered meet identified patient and community needs and are fairly and accurately represented to the public.
- Adherence to a uniform standard of care throughout the organization, providing services only to those patients for whom we can safely care for within this organization. The hospitals do not discriminate based upon age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, or veteran status.
- Patients will be billed only for care and services provided.

Biomedical Ethics
A biomedical ethical issue arises when there is uncertainty or disagreement regarding medical decisions, involving moral, social, or economic situations that impact human life. A mechanism is in place to provide consultation in the area of biomedical ethics in order to:

- improve patient care and ensure patient safety;
- clarify any uncertainties regarding medical decisions;
- explore the values and principles underlying disagreements;
- facilitate communication between the attending physician, the patient, members of the treatment team and the patient's family (as appropriate); and,
- mediate and resolve disagreements.

INTEGRATION OF PATIENT CARE, ANCILLARY AND SUPPORT SERVICES

The importance of a collaborative interdisciplinary team approach, which takes into account the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient outcomes, serves as a foundation for integration. See Appendix A for a listing of ancillary and support services.

Open lines of communication exist between all departments providing patient care, patient services and support services within the hospitals, and as appropriate with community agencies to ensure efficient, effective and continuous patient care. Functional relationships between departments are evidenced by cross-departmental Performance Improvement initiatives as well as the development of policies, procedures, protocols, and clinical pathways and algorithms.

To facilitate effective interdepartmental relationships, problem solving is encouraged at the level closest to the problem at hand. Staff is receptive to addressing one another's issues and concerns and work to achieve mutually acceptable solutions. Supervisors and managers have the responsibility and authority to mutually solve problems and seek solutions within their spans of control; positive interdepartmental communications are strongly encouraged. Employees from departments providing patient care services maintain open communication channels and forums with one another, as well as with service support

departments to ensure continuity of patient care, maintenance of a safe patient environment and positive outcomes.

CONSULTATIONS AND REFERRALS FOR PATIENT SERVICES

The Hospitals provide services as identified in the Plan for Providing Patient Care to meet the needs of our community. Patients whose assessed needs require services not offered are transferred to the member hospitals of The Ohio State Wexner Medical Center in a timely manner after stabilization, or another quality facility (e.g., Nationwide Children's Hospital). Safe transportation is provided by air or ground ambulance with staff and equipment appropriate to the required level of care. Physician consultation occurs prior to transfer to ensure continuity of care. Referrals for outpatient care occur based on patient need.

INFORMATION MANAGEMENT PLAN

The overall goal for information management is to support the mission of The Ohio State Wexner Medical Center. Specific information management goals related to patient care include:

- Develop and maintain an integrated information and communication network linking research, academic and clinical activities.
- Develop computer-based patient records with integrated clinical management and decision support.
- Support administrative and business functions with information technologies that enable improved quality of services, cost effectiveness, and flexibility.
- Build an information infrastructure that supports the continuous improvement initiatives of the organization.
- Ensure the integrity and security of the Hospital's information resources and protect patient confidentiality.

PATIENT CARE ORGANIZATIONAL IMPROVEMENT ACTIVITIES

All departments are responsible for following the Hospitals' plan for improving organizational performance.

PLAN REVIEW

The Hospital Plan for Providing Patient Care will be reviewed regularly by the Hospitals' leadership to ensure the plan is adequate, current and that the Hospitals are in compliance with the plan. Interim adjustments to the overall plan are made to accommodate changes in patient population, redesign of the care delivery systems or processes that affect the delivery, level or amount of patient care required.

Appendix A: Scope of Services: Patient Ancillary and Support Services

Other hospital services that support the comfort and safety of patients are coordinated and provided in a manner that ensures direct patient care and services are maintained in an uninterrupted, efficient, and continuous manner. These support and ancillary services will be fully integrated with the patient care departments of the Hospitals:

DEPARTMENT	SERVICE
CARDIAC PROCEDURAL	Cardiac procedural areas include both cardiac catheterization and electrophysiology. Procedures may be diagnostic or interventional.
CASE MANAGEMENT	As part of the health care team, provides personalized care coordination and resource management with patients and families.
CHAPLAINCY AND CLINICAL PASTORAL EDUCATION	Assists patients, their families and hospital personnel in meeting spiritual needs through professional pastoral and spiritual care and education.
CLINICAL ENGINEERING	Routine equipment evaluation, maintenance, and repair of electronic equipment, evaluation of patient owned equipment.
COMMUNICATIONS AND MARKETING	Responsible for developing strategies and programs to promote the organization's overall image and specific products and services to targeted internal and external audiences. Handles all media relations, advertising, internal communications, special events and publications.
DIAGNOSTIC TESTING AREAS	Provides tests based on verbal, electronic or written order. Preliminary report via phone or electronic patient record. Permanent reports are included in the patient record.
DIAGNOSTIC TRANSPORTATION	Provision of transportation services for patients requiring diagnostic, operative or other ancillary services.
DIALYSIS	Dialysis is provided for inpatients of the medical center within a dedicated unit unless the patient cannot be moved. In those instances, bedside dialysis will be administered.
EARLY RESPONSE TEAM (ERT)	Provides timely diagnostic and therapeutic intervention before there is a cardiac or respiratory arrest or an unplanned transfer to the Intensive Care Unit. Consists of a Critical Care RN and Respiratory Therapist who are trained to help patient care staff when there are signs that a patient's health is declining.
EDUCATIONAL DEVELOPMENT & RESOURCES	Provides and promotes ongoing development and training experiences to all member of the OSU Wexner Medical Center community; provides staff enrichment programs, organizational development, leadership development, orientation and training, skills training, continuing education, competency assessment and development, literacy programs and student affiliations.
ENDOSCOPY	Provides services to patients requiring a nonsurgical review of their digestive tract.
ENVIRONMENTAL SERVICES	Provides quality monitoring for routine housekeeping in patient rooms. Routine housekeeping of nursing unit environment. Additional services upon request: extermination, wall cleaning, etc.
EPIDEMIOLOGY	Enhance the quality of patient care and the work environment by minimizing the risk of acquiring infection within the hospital setting.
FACILITIES OPERATIONS	Provide oversight, maintenance and repair of the building's life safety, fire safety, and utility systems. Provide preventative, repair and routine maintenance in all areas of all buildings serving patients, guests, and staff. This would include items such as electrical, heating and ventilation, plumbing, and other such items. Also providing maintenance and repair to basic building components such as walls, floors, roofs, and building envelope. Additional services available upon request.
FISCAL SERVICES	Works with departments/units to prepare capital and operational budgets. Monitors and reports on financial performance monthly.

DEPARTMENT	SERVICE
HUMAN RESOURCES	Serves as a liaison for managers regarding all Human Resources information and services; assists departments with restructuring efforts; provides proactive strategies for managing planned change within the Health System; assists with Employee/Labor Relations issues; assists with performance management process; develops compensation strategies; develops hiring strategies and coordinates process for placements; provides strategies to facilitate sensitivity to issues of cultural diversity; provides HR information to employees, and establishes equity for payroll.
INFORMATION SYSTEMS	Work as a team assisting departments to explore, deploy and integrate reliable, state of the art Information Systems technology solutions to manage change.
MATERIALS MANAGEMENT	Routinely stocks supplies in patient care areas; distributes linen. Sterile Central Supply, Storercom - upon request, distributes supplies/equipment not stocked on units.
MEDICAL INFORMATION MANAGEMENT	Maintains patient records serving the needs of the patient, provider, institution, and various third parties to health care.
NUTRITION SERVICES	Provides nutrition care and food service for Medical Center patients, staff, students, and visitors. Clinical nutrition assessment, care plan development, and consultation are available in both inpatient and outpatient settings. The Department provides food service to inpatients and selected outpatient settings in addition to operating a variety of retail café locations and acts as a liaison for vending and sub-contracted food services providers. Serve as dietetic education preceptors.
PATIENT ACCESS SERVICES	Coordinates registration/admissions with nursing management.
PATIENT EXPERIENCE	Develops programs for support of patient relations and customer service, and includes front-line services such as information desks.
PATIENT FINANCIAL SERVICES	Provides financial assistance upon request from patient/family. Also responsible for posting payments from patients and insurance companies among others to a patient's bill for services.
PERIOPERATIVE SERVICES	Perioperative Services include preoperative, intraoperative and postoperative care.
PHARMACY	Provides comprehensive pharmaceutical care through operational and clinical services. Responsible for medication distribution via central and satellite pharmacies, as well as 797 compliant IV compounding room and automated dispensing cabinets. Some of the many clinical services include pharmacokinetic monitoring, renal and hepatic dose adjustments, and patient educational Specialist pharmacists also round with patient care teams to optimize medication regimens and serve as the team's primary medication information resource.
PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) TEAM	The PICC team is a specialized team within OSUWMC that may be accessed as needed for placement of an indwelling central catheter.
PULMONARY DIAGNOSTICS LAB	Provides service to patients requiring an evaluation of the respiratory system. Performs Pulmonary Function Testing to assess the functional status of the respiratory system. Bronchoscopy and other diagnostic/interventional pulmonology procedures are performed to diagnose and/or treat abnormalities that exist in the airways, lung parenchyma or pleural space.
QUALITY AND OPERATIONS IMPROVEMENT	Provides an integrated quality management program and facilitates continuous quality improvement efforts throughout the medical center.
RESPIRATORY THERAPY	Provide all types of respiratory therapeutic interventions and diagnostic testing, by physician order, mainly to critically ill adults and neonates, requiring some type of ventilator support, bronchodilator therapy, or pulmonary hygiene, due to chronic lung

DEPARTMENT	SERVICE
	disease, multiple trauma, pneumonia, surgical intervention, or prematurity.
REHABILITATION SERVICES	Physical therapists, occupational therapists, speech and language pathologists, and recreational therapists evaluate and develop a plan of care and provide treatment based on the physician's referral. The professional works with each patient/family/caregiver, along with the interdisciplinary medical team, to identify and provide the appropriate therapy/treatment and education needed for the established discharge plan and facilitates safe and timely movement through the continuum of care.
RISK MANAGEMENT	Protect resources of the hospital by performing the duties of loss prevention and claims management. Programs include: Risk Identification, Risk Analysis, Risk Control, Risk Financing, Claims Management and Medical-Legal Consultation.
SAFETY	Handles issues associated with licensing and regulations, such as EPA and fire regulations.
SECURITY	Provides a safe and secure environment for patients, visitors, and staff members by responding to all emergencies such as workplace violence, fires, bomb threats, visitor/staff/patient falls, Code Blues (cardiac arrests) in public places, internal and external disasters, armed aggressors, or any other incident that needs an emergency response.
SOCIAL WORK SERVICES	Social Work services are provided to patients/families to meet their medically related social and emotional needs as they impact on their medical condition, treatment, recovery and safe transition from one care environment to another. Social workers provide psychosocial assessment and intervention, crisis intervention, financial counseling, discharge planning, health education, provision of material resources and linkage with community agencies. Consults can be requested by members of the treatment team, patients or family members.
VOLUNTEER SERVICES	Volunteer Services credential and place volunteers to fill departmental requests. Volunteers serve in wayfinding, host visitors in waiting areas, serve as patient / family advisors, and assist staff. Volunteer Services manage the patient mail & flower room, cultural support volunteer program, and the pet visitation program. Volunteer Services serve as a liaison for the Service Board auxiliary which annually grants money to department-initiated projects than enhance the patient and family experience.
WOUND CARE	Wound Care includes diagnosis and management for skin impairments.

(ATTACHMENT X)

The James
The Ohio State University
Wexner Medical Center

Revised: June 2017
MSAC Approval: July 14, 2017
Board Approval:

THE ARTHUR G. JAMES CANCER HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE

PLAN FOR PROVIDING PATIENT CARE SERVICES

Prepared by: **ADMINISTRATION**

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute's plan for patient care services describes the integration of departments and personnel who provide comprehensive care and services to patients with a cancer diagnosis and their families based on the hospital's mission, vision, shared values and goal. The plan encompasses both inpatient and outpatient services of the hospital.

THE HOSPITAL'S MISSION, VISION, AND VALUES

Mission: To eradicate cancer from individuals' lives by creating knowledge and integrating ground breaking research with excellence in education and patient centered-care

Vision: Creating a cancer-free world. One person, one discovery at a time.

Values: Excellence, Collaborating as One University, Integrity and Personal Accountability, Openness and Trust, Diversity in People and Ideas, Change and Innovation, Simplicity in Our Work, Empathy, Compassion, and Leadership.

Each of the three elements of The James Cancer Hospital's Mission contributes to the strength of the other two elements. The James' patient centered care is enhanced by the teaching and research programs, while patient service both directly and indirectly provides the foundation for teaching and research programs. At The James, no cancer is routine. Our researchers and oncologists study the unique genetic makeup of each patient's cancer, understand what drives it to develop and deliver the most advanced targeted treatment for the individual patient. This three-part mission and a staff dedicated to its fulfillment distinguish The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute as one of the nation's premier cancer treatment centers.

Philosophy of Patient Care Services

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, in collaboration with the community provides innovative and patient-focused multi-disciplinary sub-specialized cancer care through:

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- A mission statement that outlines the synergistic relationship between patient care, research and teaching;
- Long-range strategic planning with hospital leadership to determine the services to be provided;
- Establishing annual goals and objectives that are consistent with the hospital mission, and which are based on a collaborative assessment of patient/family and the community's needs;
- Planning and design conducted by hospital leadership, which involves the potential communities to be served;
- Provision of services that are appropriate to the scope and level required by the patients to be served based on assessment of need;
- Ongoing evaluation of services provided through formalized processes; such as performance assessment and improvement activities, budgeting and staffing plans;
- Integration of services through the following mechanisms: continuous quality improvement teams; clinical interdisciplinary quality programs; performance assessment and improvement activities; communications through management operations meetings, Division of Nursing governance structure, Medical Staff Administrative Committee, administrative staff meetings, participation in OSU WMC and Ohio State governance structures, special forums, and leadership and employee education/development;
- Maintaining competent patient care leadership and staff by providing education designed to meet identified needs;
- Respect for each patient's rights and decisions as an essential component in the planning and provision of care; and
- Staff member behaviors reflect a philosophical foundation based on the values of The James Cancer Hospital and Richard J. Solove Research Institute.

Hospital Leadership

The Hospital leadership is defined as the governing board, administrative staff, physicians, nurses, clinical, and operational leaders in appointed or elected leadership positions. The hospital leadership is responsible for providing a framework to plan health care services that are to be provided by the organization based on the hospital's mission Leadership responsibilities include developing and implementing a planning process that allows for defining timely and clear goals.

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The planning process includes an assessment of our customer and community needs. This process begins by defining a long range strategic plan, developing operational plans, establishing annual operating budgets and monitoring compliance, establishing annual capital budgets, monitoring and establishing resource allocation and policies, and ongoing evaluation of each plans' implementation and success. The planning process addresses both patient care functions (patient rights, patient assessment, patient care, patient and family education, coordination of care, and discharge planning) and organizational support functions (information management, human resource management, infection control, quality and safety, the environment of care, and the improvement of organization performance).

The hospital leadership works collaboratively with all operational and clinical leaders to ensure integration in the planning, evaluation and communication processes both within and between departments to enhance patient care services and support. This occurs informally on a daily basis and formally via multi-disciplinary leadership meetings. The leadership team works with each department manager to evaluate, plan and recommend annual budget expenses and capital objectives, based on the expected resource needs of their department. Department leaders are accountable for managing and justifying their budgets and resource utilization. This includes, but is not limited to identifying, investigating and budgeting for new technologies and resources that are expected to improve the delivery of patient care and services.

Other leadership responsibilities include:

- Communicate the organization's mission, goals, objectives and strategic plans across the organization;
- Ensure appropriate and competent management and leadership of all services and/or departments;
- Collaborate with community leaders and organizations to ensure services are designed to be appropriate for the scope and level of care required by the patients and communities served;
- Support the continuum of care by integrating systems and services to improve efficiencies and care from the patient's viewpoint;
- Ensure staffing resources are available and competent to effectively meet the needs of the patients served and to provide a comparable level of care to patients in all areas where patient care is provided;
- Ensure the provision of a uniform standard of patient care throughout the organization;

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- Provide appropriate job enrichment, employee development and continuing education opportunities that serve to promote retention of staff and to foster excellence in care delivery and support services;
- Establish standards of care that all patients can expect and which can be monitored through the hospital's performance assessment and improvement plan;
- Approve the organizational plan to prioritize areas for improvement, developing mechanisms to provide appropriate follow up actions and/or reprioritizing in response to untoward and unexpected events;
- Implement an effective and continuous program to improve patient safety;
- Appoint appropriate committees, task forces, and other forums to ensure interdepartmental collaboration on issues of mutual concerns and requiring interdisciplinary input; and,
- Support patient rights and ethical considerations.

Role of the Executive Director, Patient Services and Chief Nursing Officer

The Executive Director, Patient Services and Chief Nursing Officer is a member of the Executive Leadership Team and is under the direction of the Senior Executive Director, Administration of the hospital. The Executive Director, Patient Service and Chief Nursing Officer has the requisite authority and responsibility for directing the activities related to the provision of care services in those departments defined as providing care to patients.

The Executive Director, Patient Services and Chief Nursing Officer ensures the following functions are addressed:

- Evaluate patient care programs, policies, and procedures that describe how patients' care needs are assessed, evaluated, and met throughout the organization;
- Develop and implement the Plan for the Provision of Patient Care;
- Participate with leaders from the governing body, medical staff and clinical areas in organizational decision-making, strategic planning and in planning and conducting performance improvement activities through the organization;
- Implement an effective, ongoing program to assess, measure and improve the quality and safety of care provided to patients;

- Develop, approve, and implement standards of nursing practice, standards of patient care, and patient care policies and procedures that include current research and evidence based practice;
- Participate with organizational leaders to ensure that resources are allocated to provide sufficient number of qualified staff to provide patient care;
- Ensure that services are available to patients on a continuous, timely basis; and
- Review and/or revise the Plan for the Providing Patient Care Services on an annual basis.

Definition of Patient Services, Patient Care and Patient Support

Patient Services is defined as those departments and care providers that have direct contact with patients. Patient services occur through an organized and systematic throughput processes designed to ensure the delivery of appropriate, safe, effective and timely care and treatment. The patient throughput process includes those activities designed to coordinate patient care before admission, during the admission process, in the hospital, before discharge and at discharge. This process includes

- **Access in**: emergency process, admission decision, transfer or admission process, registration and information gathering, placement
- **Treatment and evaluation**: full scope of services; and,
- **Access out**: discharge decision, patient/family education and counseling, arrangements for continuing care and discharge.

Patient Care encompasses the recognition of disease and health, patient education allowing the patient to participate in their care, patient advocacy, and spirituality. The full scope of patient care is provided by professionals who perform the functions of assessing and planning patient care based on information gathered from the assessment as well as past medical history, social history and other pertinent findings. Patient care and services are planned, coordinated, provided, delegated and supervised by professional health care providers who recognize the unique physical, emotional and spiritual (body, mind and spirit) needs of each person. Under the auspices of the hospital, medical staff, registered nurses and allied health care professionals function collaboratively as part of a multi-disciplinary, patient-focused care team in order to achieve positive patient outcomes and personalized care.

Competency for patient caregivers is determined during the orientation period and at least annually through performance evaluations and other department specific assessment processes. Physicians direct all medical aspects of patient care as delineated through the clinical

privileging process and in accordance with the Medical Staff By-Laws. Registered nurses support the medical aspect of care by directing, coordinating, and providing nursing care consistent with statutory requirements and according to the organization's approved Nursing Standards of Practice and hospital-wide policies and procedures. Allied health care professionals provide patient care and services keeping with their licensure requirements and in collaboration with physicians and registered nurses. Unlicensed staff may provide aspects of patient care or services at the direction of and under the supervision of the licensed professionals.

Nursing Care (nursing practice) is defined as competently providing all aspects of the nursing process in accordance with Chapter 4723 of the Ohio Revised Code (ORC), which is the law regulating the Practice of Nursing in Ohio. The law gives the Ohio Board of Nursing the authority to establish and enforce the requirements for licensure of nurses in Ohio. This law, also, defines the practice of both registered nurses and licensed practical nurses. All activities listed in the definitions, including the supervision of nursing care, constitute the practice of nursing and therefore require the nurse to have a current valid license to practice nursing in Ohio.

Patient Support is provided by a variety of individuals and departments which may not have direct contact with patients, but which support the integration and continuity of care provided throughout the continuum of care by the hands-on care providers

Scope of Services/Staffing Plans

Each patient care service department has a defined scope of service approved by the hospital's administration and medical staff, as appropriate. The scope of service includes:

- The types and age ranges of patients served;
- Methods used to assess and meet patient care needs (including services most frequently provided such as procedures, medication administration, surgery, etc.);
- The scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided directly or through referral contact;
- The extent to which the level of care or service meets patient needs, hours of operation if other than 24 hours a day/7days a week and a method used to ensure hours of operation meet the needs of the patients to be served with regard to availability and timeliness;
- The availability of necessary staff (staffing plans); and
- Recognized standards or practice guidelines,

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Staffing plans for patient care service departments are developed based on the level and scope of care provided, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately competently and confidently provide the type of care needed. Nursing units are staffed to accommodate a projected average daily patient census. Unit management (including nurse manager and/or charge nurse the Administrative Nursing Supervisor (ANS) provides onsite oversight in the absence of the NM) review patient demands to plan for adequate staffing. Staffing can be increased or decreased to meet patient needs or changes in volume. When the census is high or the need is great, float/resource staff are available to assist in providing care. When staff availability is projected to be low due to leaves of absence, the unit manager and director may request temporary agency nurses. The James follows the staffing guidelines set by the American Nurses Association. In addition, recommendations from various specialty nursing organizations, including ANCC, AACN, AORN, OCN, and others are used to develop staffing plans.

Administration leaders in conjunction with budget and performance measurements, review all patient care areas staffing and monitors ongoing regulatory requirements. Each department staffing plan is formally reviewed during the budget cycle and takes into consideration workload measures, utilization review, employee turnover, performance assessment, improvement activities, and changes in customer needs/expectation. A variety of workload measurement tools are utilized to help assess the effectiveness of staffing plans.

Standards of Care

Individualized health care at The James is the integrated practice of medicine and patient support based upon the individual's unique biology, behavior, and environment. It is envisioned as health care that will utilize gene-based information to understand each person's individual requirements for the maintenance of their health, prevention of disease, and therapy tailored to their genetic uniqueness. Thus personalized health care promises to be predictive and preventive.

Patients of The James Cancer Hospital and Richard J. Solove Research Institute can expect that:

- Hospital staff provide the correct procedures, treatments, interventions and care. Their efficacy and appropriateness will be demonstrated based on patient assessment and reassessments, state-of-the-art practice and achievement of desired outcomes
- Hospital staff design, implement and evaluate care delivery systems and services which are consistent with a patient- centered care focus delivered with

compassion, respect and dignity for each individual without bias in a manner that best meets the individual needs of the patients and families.

- Staff will provide a uniform standard of care and services throughout the organization
- Care will be coordinated through interdisciplinary collaboration to ensure continuity and seamless delivery of care to the greatest extent possible
- Efficient use of financial and human resources, streamlined processes, decentralized services, enhanced communication, supportive technological advancements while maintaining patient safety

Patient Assessment:

Individual patient and family care requirements are determined by on-going assessments performed by qualified health professionals. Each service providing patient care within the organization has defined the scope of assessment provided. This assessment and reassessment of patient care needs continues throughout the patient's contact with The James

Coordination of Care:

Staff identify patients who require discharge planning to facilitate continuity of medical care and/or other care to meet identified needs. Discharge planning is timely, addressed during initial assessment and/or upon admission as well as during discharge planning process (rounds, etc.) and can be initiated by any member of the multidisciplinary team. Patient Care Resource Managers, Advanced Practice Nurses, and Social Workers coordinate and maintain close contact with the health care team members to finalize a discharge plan best suited for each individual patient.

Medical Staff members are assigned to a clinical department or division. Each clinical department has an appointed chief responsible for a variety of administrative duties including development and implementation of policies that support the provision of departmental services and maintaining the proper number of qualified and competent person needed to provide care within the service needs of the department.

Patient Support Services is provided by a variety of individuals and departments which might not have direct contact with patients, but which support the integration and continuity of care provided throughout the continuum of care by the hands-on care providers.

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Care Delivery Model

Individualized patient-focused care is the delivery model in which teams care for similar cancer patient populations, closely linking the physician and other caregivers for optimal communication and service delivery. Personalized patient-focused care is guided by the following goals:

- The patient and family will experience the benefits of individualized care that integrates skills of all care team members. The benefits include enhanced quality of care, improved service, appropriate length of hospitalization and minimized cost.
- Hospital employees will demonstrate behaviors consist with the philosophy of personalized health care. The philosophical foundation reflects a culture of collaboration, enthusiasm and mutual respect.
- Effective communication will impact patient care by ensuring timeliness of services, utilizing staff resources appropriately, and maximizing the patient's involvement in his/her own plan of care.
- Configuring departmental and physician services to accommodate the care needs of the patient in a timely manner will maximize quality of patient care and patient satisfaction.
- Relationship based care, the professional nursing practice model, is a framework which reflects our guiding philosophy and vision of providing individualized nursing care. Aspects of the professional model support:
    - Matching nurses with specific skills to patients with specific needs to ensure "safe passage" to achieve the optimal outcome of their hospital stay
    - The ability of the nurse to establish and maintain a therapeutic relationship with their patients
    - The presence of interdisciplinary team approach to patient care delivery. The knowledge and expertise of all caregivers is utilized to provide personalized care for the patient.
    - Physicians, nurses, pharmacists, respiratory therapist, patient care resource managers and many other disciplines collaborate and provide input to patient care.
- The patient and family will be involved in establishing the plan of care to ensure services that accommodate their needs, goals and requests.
- Streamlining the documentation process will enhance patient care.

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Patient Rights and Organizational Ethics

Patient Rights

In order to promote effective and compassionate care, The James systems, processes, policies, and programs are designed to reflect an overall concern and commitment to each person's dignity and privacy. All hospital employees, physicians and staff have an ethical obligation to respect and support the rights of every patient in all interactions. It is the responsibility of all employees, physicians and staff to support the efforts of the health care team, and for seeing that the patient's rights are respected. Each patient (and/or family member as appropriate) is given a list of patient rights and responsibilities upon admission and copies of this list are posted in conspicuous places throughout the hospital.

Organizational Ethics

The James has an ethics policy that articulates the organization's responsibility to patients, staff, physicians, and community served. General guiding principles include:

- Services and capabilities offered meet identified patient and community needs and are fairly and accurately represented to the public.
- The James adheres to a uniform standard of care throughout the organization, providing services only to those patients for whom we can safely provide care. The James does not discriminate based upon age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression, or source of payment.
- Patients will only be billed for care and services provided.

Biomedical Ethics

A biomedical ethical issue arises when there is uncertainty or disagreement regarding medical decisions, involving moral, social, or economic situations that impact human life. A mechanism is in place to provide consultation in the area of biomedical ethics in order to:

- Improve patient care and ensure patient safety;
- Clarify any uncertainties regarding medical decisions;
- Explore the values and principles underlying disagreements;
- Facilitate communication between the attending physician, the patient, members of the treatment team and the patient's family (as appropriate); and,
- Mediate and resolve disagreements.

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Integration of Patient Care and Support Services

The importance of a collaborative interdisciplinary team approach, which takes into account the unique knowledge, judgment, and skills of a variety of disciplines in achieving desired patient outcomes, serves as a foundation for integration of patient care. Cross functional performance improvement initiates further support effective integration of Hospital and health system policies, procedures and protocols evidence functional relationships between departments. See appendix A for a listing of support services.

An open line of communication exists between all departments providing patient care, patient services and support services within the hospital, and, as appropriate with community agencies to ensure efficient, effective and continuous patient care. Functional relationships between departments are evidenced by cross-departmental performance improvement initiatives as well as the development of policies, procedures, protocols, and clinical pathways and algorithms

To facilitate effective interdepartmental relationships, problem solving is encouraged at the level closest to the problem at hand. Staff is receptive to addressing one another's issues and concerns and work to achieve mutually acceptable solutions. Supervisors and managers have the responsibility and authority to mutually solve problems and seek solutions within their span of control; positive interdepartmental communications are strongly encouraged. Employees from departments providing patient care services maintain open communication channels and forums with each other, as well as with service support departments to ensure continuity of patient care, maintenance of a safe patient environment and positive outcomes.

Consultations and Referrals For Patient Services

The James provides services as identified in this plan in order to meet the needs of our community. Patients who have assessed needs that require services not offered at The James are transferred to the member hospital of The Ohio State Wexner Medical Center in a timely manner after stabilization, and/or transfers are arranged with another quality facility. Safe transportation is provided by air or ground ambulance with staff and equipment appropriate to the required level of care. Physician consultation occurs prior to transfer to ensure continuity of care. Referrals for outpatient care occur based on patient need.

Information Management Plan

The overall goal for information management is to support the mission of The James. Specific information management goals related to patient care include:

- Develop and maintain an integrated information and communication network linking research, academic and clinical activities.
- Develop computer-based patient records with integrated clinical management and decision support.
- Support administrative and business functions with information technologies that enable improved quality of services, cost effectiveness, and flexibility.
- Build an information infrastructure that supports the continuous improvement initiative of the organization
- Ensure the integrity and security of the hospital's information resources and protect patient confidentiality.

Patient Organization Improvement Activities

All departments participate in the hospital's plan for improving organizational performance.

Plan Review

The Hospital Plan for Providing Patient Care will be reviewed regularly by the hospital's leadership to ensure the plan is adequate, current and that the hospital maintains compliance with the plan. Interim adjustments to the overall plan are made as necessary to accommodate changes in patient population, redesign of the care delivery systems or processes that affect the delivery, level or amount of patient care required.

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Appendix A: Scope of Services: Patient Support Services

Other hospital services that support the comfort and safety of patients are coordinated and provided in a manner that ensures direct patient care and services are maintained in an uninterrupted, efficient, and continuous manner. These support services will be fully integrated with the patient services departments of the hospital:

DEPARTMENT	SERVICE
Chaplaincy and Clinical Pastoral Education	Assists patients, their families and hospital personnel in meeting spiritual needs through professional pastoral and spiritual care and education.
Clinical Engineering	Routine equipment evaluation, maintenance, and repair of electronic equipment, evaluation of patient owned equipment. Refer to James Hospital Policy 04-08 "Equipment Safety for Patient Care Areas".
Cell Therapy Laboratory	Responsible for the processing, cryopreservation and storage of cells for patients undergoing bone marrow or peripheral blood stem cell transplantation
Clinical Call Center	Nurse run telephone triage department that receives and manages telephone calls regarding established James patients outside normal business hours. The hours of operation for this department are: 4 p.m. - 8:30 a.m. Monday through Friday and 24 hours a day on Saturday, Sunday and all university holidays.
Communications and Marketing	Responsible for developing strategies and programs to promote the organization's overall image, brand, reputation, and specific products and services to targeted internal and external audiences. Manages all media relations, advertising, internal communications, special events, digital and social properties, collateral materials and publications for the hospital.
Diagnostic Testing Areas	Provides tests based on verbal, electronic or written consult requests. Final Reports are included in the patient record.
Early Response Team (ERT)	Provides timely diagnostic and therapeutic intervention before there is a cardiac or respiratory arrest or an unplanned transfer to the Intensive Care Unit. The team is comprised of response RN and Respiratory Therapist trained to assist patient care staff when there are signs that a patient's health is declining
Environmental Services	Provides housekeeping of patient rooms and nursing unit environments.
Epidemiology	Enhance the quality of patient care and the work environment by minimizing the risk of acquiring infection within the hospital and ambulatory setting.

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