

THE OHIO STATE UNIVERSITY
OFFICIAL PROCEEDINGS OF THE
TWENTY-FIRST MEETING OF THE
WEXNER MEDICAL CENTER BOARD

Columbus, Ohio, June 6, 2017

The Wexner Medical Center Board met on Tuesday, June 6, 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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June 6, 2017 meeting, Wexner Medical Center Board

Mr. Wexner called the meeting of the Wexner Medical Center Board to order on Tuesday, June 6, 2017, at 9:10am.

Present: Leslie H. Wexner, Alex Shumate, Janet B. Reid, William G. Jurgensen, Cheryl L. Krueger, Abigail S. Wexner, David B. Fischer, Stephen D. Steinour, 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.

Mr. Wexner:

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

Thank you. The board will now 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, 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. Shumate, seconded by Mrs. Wexner, the Wexner Medical Center Board members adopted the foregoing motion by unanimous roll call vote, cast of board members: Dr. McPheron, Dr. Drake, Mr. Schottenstein, Mr. Steinour, Mr. Fischer, Mrs. Wexner, Ms. Krueger, Mr. Jurgensen, Dr. Reid, Mr. Shumate, and Mr. Wexner.

Dr. Thompson:

Motion carries.

The chairman, Mr. Wexner, reconvened the meeting of the Wexner Medical Center Board to order on Tuesday, June 6, 2017, at 12:40pm.

Mr. Wexner:

I want to call the meeting to order. The minutes of the previous meeting have been distributed to the members of the board. Are there any additions or corrections? If not, the minutes can be approved as circulated. No vote necessary. Oh, that's good.

I wanted to take a moment to thank everyone. The past years and the current years continue to move the medical center forward by every measure. [I] really appreciate the amount of work, effort that has gotten us from where we were to where we are. [I] appreciate the leadership team now and the work that's going on. The chairs of all the specialties were in part of the private meeting and I expressed appreciation to them.

Again, we have a lot of work to do in the immediate future going forward with our plans. [I am] happy and appreciative of the progress that has been made and confident that we will continue to move forward in the future. Thank you.

Dr. Drake:

Great. My comments are the same. I am acknowledging the hard work of everyone who is here. The things that we'll hear about in the next few minutes that reflect how the medical center is functioning and are things that are very, very important. I want to make sure in public session to acknowledge the real dedication and focus of the board as we

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are looking toward everything we can do to be the best institution possible today, tomorrow and well into the future. I appreciate that very much.

I know that we got a little behind in schedule, so we're going to go quickly. I will apologize, but everybody listen fast and we should be able to get through the things we need to get through.

We have no items to vote on so there will be a time when some of our board members may need to leave that might be before we are entirely finished, but we will go through as much of the agenda that we can while everyone is here. Let me move directly to Dr. Kent and Mr. McQuaid for our Wexner Medical Center report.

Dr. Kent:

Thank you, President Drake. I will begin by acknowledging our extraordinary faculty at the Wexner Medical Center. If it were not for them, we would not be able to brag about these incredible accomplishments, both on the research side, the College of Medicine as well as the health system.

The College of Medicine has had an incredible year thus far. I would like to spend a few moments on some of the highlights. The first is that we recently recruited our first chair of the year, Dr. Lang Li, who is from the University of Indiana. Dr. Li is an internationally recognized superstar in bioinformatics and carries with him \$2 million in peer reviewed funding. I would just comment that if Dr. Li is the type of chair that we are capable of recruiting, the future of the Wexner Medical Center is extraordinary.

We have also initiated recruitments in two important disease areas; one is diabetes and metabolism, the other Alzheimer disease. Our goal with these recruitments is to bring in six and/or seven nationally recognized, well-funded individuals that together create this synergistic team and can really help us move research in this disease area forward in both these arenas. Our goal ultimately is to make OSU one of the major nationally recognized centers in both diabetes research as well as Alzheimer research.

We look forward to those recruitments. We have people that are interviewing now in the diabetes arena, two individuals that we're coming close to closure in terms of recruitment. We are very excited about these initiatives.

Great news in terms of our NIH dollars, which is in a way our benchmark of how well we are doing in research funding. Our NIH numbers thus far this year are 21% up compared to last year, so really great numbers. If you look at the dollars that we've received from industry to conduct clinical trials, we're up 34%. This is inclusive of 19 individuals that have received their first RO1 grant, which is the first measure of a durable success in NIH funding. Really great numbers and a good year thus far.

On the medical education side, we just finished recruiting our next year's medical school class—209 students from tremendous institutions from all over the country, including OSU. The average GPA of the students is 3.77—a very talented group of individuals.

The GPA is only the beginning. If you have the history of any one of these individuals and what they've already contributed to society before they go to medical school, it would probably supersede most of us in the room. So, a really extraordinary class that we're very proud of.

I will finish with the accomplishment of one of our great researchers, Chandan Sen. He has an expertise in the area of bioengineering. He has an article that will be coming out in a journal by the name of *Nature Nanotechnology* with an impact factor of 56, the second highest impact factor of any science journal in the world. His innovation is he's found a way to take skin cells and change them into nerve cells or take skins cells and change them into cells that line blood vessels. From a bioengineering standpoint, the

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real problem is being able to find enough specialty cells to create these organs. If you can just take a bit of skin and create those specialty cells, it is really just a magnificent forward step. We congratulate Chandan in what he has accomplished.

Now we will move on to David for updates in the health system.

Mr. McQuaid:

Thank you, Dr. Kent. Our health system also remains strong. People want to come to OSU for their care. Let me highlight a few statistics.

Year to date, our admissions through May are 970 over or ahead of plan, 1.7% ahead, and compared to prior year, 2,031 admissions ahead compared to last year, 3.7%. In similar fashion, total surgeries are year to date 1,225 or 3.1% ahead of plan, and 2,040 or 5.3% ahead of prior year. This is outstanding performance.

Our patient's satisfaction scores also continue to improve, better than last year and very close to our target of being among the top 90th percentile in the country. The system overall rating was above target in March, at the 91st percentile nationally. This keeps fiscal 17 year to date performance above the target of 79.8% at the 90th percentile and nine percentile points above fiscal 16.

As an academic medical center, Ohio State Wexner Medical Center provides complex medical services that are critical to the community and are simply not available at community hospital systems. One of these services is our organ transplant service. Through the first four months of the calendar year, OSU medical center's Comprehensive Transplant Center ranks number four nationally out of more than 200 centers for total volume of transplants. This includes heart, lung, liver, kidney and pancreas. As evidence of the distance we have come in 2015 and 2016 respectively, we ranked 40th and 31st in the nation. Patient outcomes remain outstanding and above national averages in all of these organ system transplants.

Additionally this month, the lung transplant team completed our 200th lung transplant and our liver transplant team will complete its 900th transplant this month. We have seen significant rapid growth and congratulations to everyone on the transplant team, led by Dr. Ken Washburn. Your work is being felt in homes and communities throughout the region and across the nation. Without you, we aren't who we are. Thank you very much for that.

Just two more points. Our brain and spine hospital, which just opened in September of 2016 with 87 new beds, is now running at 95% occupancy. Importantly, our regional transfer of complex patients from other hospitals—hospitals that are asking for our help for their most complex patients as an academic medical center, that's what we do - we have increased these from 900 per month up to a new normal of 1,300 per month. Outstanding performance on complex transfers.

Finally, I'll close with one year, approximately one year after opening our Upper Arlington ambulatory site, we are averaging 625 actual patient visits compared to an estimated 500...

Dr. Drake:

Per day. 600 per day. You didn't say per day.

Mr. McQuaid:

Oh, I'm sorry...625 actual visits per day compared to 500 budgeted per day. Very importantly, we've added 4,358 new patients to the health system. These are unique new medical record numbers. Patients that hadn't chosen but now chose to come to this

absolutely outstanding facility. We thank the people that are doing outstanding work there.

Dr. Drake:

Thank you very much. To echo what you said, we have tripartite mission. We are an academic medical center. We care for patients with the highest quality patient care. It's our moral obligation to provide that. We are a university, a great educational system that is important and critical to us. That's our founding mission. We are a research university. Our job is not only to train people but to learn things that can help people far beyond our vision and far beyond our horizons helped by the quality of our research. It is great to hear these reports on the quality of our education and our medical school class; the quality of our research and the incredible impact that it is having, the growth in that research; and the number of people whose careers actually are starting even as we speak. On the quality of patient service, how many people we are able to serve with things like the liver transplants. These are people who have an ultimately, in many cases, fatal disease that is resolved or reversed. It is an incredible impact. And, the 1,300 transfers from other regional hospitals per month that happen each month—that's are real reflection of the value that we provide to central Ohio. Thank you for that.

I also want to take a moment to acknowledge the hard work that you have put in this last month. We had a change in the leadership of the institution. Change can be difficult, abrupt and disruptive. To be able to move through that change having the academic side reporting to the dean and the medical center side and the operations report to the COO/CEO. To be able to keep these things up and, in fact, improve our communications and work on some of the things that we need to do to be better in the future reflects your hard work. The hard work that you and all of the colleges sitting on the left side of the table have put in this last month is something that I wanted to make sure I took a moment to acknowledge. Thank you.

I think we are on to the financial summary, Mr. Larmore.

Mr. Larmore:

Thank you. First, I would like to run through the April year to date numbers, 10 months of the year, and then I'll give you a summary for the budget that we're proposing for FY18.

It always makes my job easier when David does the most of the numbers ahead of me and I know he is following them. I circled a couple things on the slides that I will focus on. David did talk about the admission growth, both ahead of budget and year to date, as he did the surgical and the ambulatory volume.

The bottom right of the slide talks about our worked hours per adjusted admit. That is a leveling of all our volume and equalizes ambulatory volume and inpatient volume. Earlier in the year, we saw that number starting to grow and you can see that we actually got it back on budget and slightly below the prior year.

On slide three, operating revenues at 1.3% over budget and 6.6% over prior year. We are growing and as Dave mentioned, we did bring new beds online this year. As we staff those beds, often we are staffing them initially with higher cost agency staffing and then we'll work our way through that. Our expense growth this year was a little higher than we had expected. Bottom line wise, you can see that we are 4% above budget, 162 versus 156, and prior year we are at 169. We are still slightly behind, a couple million dollars behind last year, but still two months to go until the end of the year.

Then, cash. This year we are actually spending capital at a rate faster than we had in prior years, but because of the bottom line, we have grown. Since the end of last fiscal year, we have grown cash and investments by \$81 million. From prior year the same

month, we have grown cash investment by \$137 million. We are spending money on capital but still putting money aside for our long-range strategic plan.

The detailed P&L [profit and loss] is on slide four. You can see I circled on the top operating revenue \$30 million ahead of budget. I will highlight that we had a couple of government adjustments to our rates this year on the downside that we did not expect. Year to date is probably \$25-35 million. The fact we are running 30 positive after that negative adjustment is good news.

I talked about salary—\$15 million dollars over and then \$18 million on supplies. We did focus on the supplies because it is a big number. We ripped them apart by category and could tie them back to the volume growth that we have seen. That transplant growth that David spoke of, the organ acquisition costs and all the lab work that comes along with that, to the extent where we are actually 45% above budget on transplant. The cost of doing those transplants actually comes with that.

On the activity slide, David, I highlighted more the prior year growth. We are 10 months through the year. They focus on how much we are growing year over year versus what we thought we would grow. Certainly, admissions in surgery and outpatient visits, as you can see, are all growing year over year.

I am not going to discuss the details on [slide] six. It's just detail on ambulatory visits. Although it shows that we're 53,000 visits behind, it's on a 1.5 million base. It is a pretty small number but, again, to the prior year, we are growing.

Slide seven is the medical center. Now we're including the College of Medicine and the practice plan. You can see a huge improvement on the revenue side of \$71 million. We are favorable to budget and \$10 million over on expense sides. We are \$61 million ahead on our bottom line, which is good news. I'll speak about some of the categories.

Slide eight splits the amounts. I spoke prior about the health system. You can see the \$6 million positive variance there. On the physician organization, we're running \$19 million positive to our budget. We do have a government subsidy program that was approved for the physician organization, where we're actually getting a year and a half worth of payments in this year, which we had not expected. That is about \$15 million out of that \$19 million positive variance. Good news, but explains why we were so off when we budgeted.

Then on the college... The College of Medicine is on a cash basis. We would love to see it continue at this rate compared to budget. Pretty much every category is running favorable to budget. We got more money from campus on their general budget. The funding from the cancer center practice funds and health system transfers are up, which drive positive revenue. Actually, the philanthropy, because they are on a cash basis, philanthropy on a spendable fund actually comes through the P&Ls for the college.

I'll actually flip to the slide. This is the slide on just the college, and I would say that even though we're positive, we're positive \$8 million on salary and benefits to the extent that is faculty salaries and fringe benefits. I would rather see us hire the faculty up to the level that we had projected because there's volume or demand that's out in the market that we're looking to bring in here.

The last couple slides, or actually the last slide on April and I spoke about this before, you can see we did move some money into the long-term investment pool at the bottom...

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Mr. Schottenstein:

Excuse me, I think I've asked you this before and I apologize for forgetting the answer. Why doesn't the cash match up? In other words, the day's cash was shown as of April to be \$755 million. Why wouldn't it show up there as the same number?

Mr. Larmore:

Because actually the long-term equity pool is down in the assets limited to use category. That is why I highlight both lines when I talk about my change in cash and investments.

Dr. Drake:

Do you want to ask your question again, Bob? Because now I am confused.

Mr. Schottenstein:

If you go to slide one or two, we talk about days cash on hand, and it's \$750 million or something like that. I just didn't know why that wouldn't line up. This is probably too specific of a question for this group meeting but maybe you could explain for me at some point.

Mr. Larmore:

I get it. It's in both categories. This is the medical center and slides on the front are the health system. This will have more cash when you combine the two categories because practice plan has cash and the College of Medicine has cash.

Mr. Schottenstein:

But, this is less. You are saying it's in two buckets?

Mr. Larmore:

It's in two buckets, so you have to combine. Here you're combining the 659 and the 389.

Mr. Schottenstein:

Jerry will explain it to me later.

Mr. Larmore:

I will explain it to you after.

On the last slide in April, I can pause for a minute to see if there are any questions on April, and then I'll give you an overview on what we're projecting for the budget for 18.

Here again we're forecasting operating revenue to grow by 6.6%. Again, this is the medical center so you can see that we will combined grow to be a roughly \$3.6 billion organization. On the expense side, we are projected to grow 7%. I won't read the various categories through there. Our projected forecast for the end of 17 is \$258 million and we are at budget on all three entities, coming in at \$262 million, so a growth of 1.1% year over year. At net-net, so this includes, since everything is combined, includes physician office visits as well as all the health system activity the total growth of 2.7%. When we look at it on that adjusted admission category, we have revenue growing net-net per adjusted admission 1.7% and expense going up 1.4% with revenue growing faster than expenses.

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Just for clarity, which is the last slide, this breaks out the three different buckets. You can see the health system actually goes from \$206 million bottom line to \$240 [million]; the practice plan goes from \$35 [million] down to \$5 [million]. But as I explained, that was the year and a half payment we received on a government program; and then the College of Medicine stays pretty much flat at \$17 million.

(See Attachment XXIII for background information, page 285)

Mr. Stockmeister:

Mark, do you delineate charity care?

Mr. Larmore:

We can. We look each year at how much both bad debt and charity care comes through. Part of our net revenue calculation is included and I can send you an email if you want.

Dr. Drake:

Do you have off the top of your head where we are about with that, if that's OK, Alan? If I can ask. If you don't, that's fine.

Mr. Larmore:

I think I'm going to pass on that one because they swing back and forth between the bad debt and the charity care.

Dr. Drake:

I haven't looked recently. It is a good question and I'll make sure to get that information. Are there questions?

Again, very hard work by a lot of people day in, actually moment in and moment out, every minute of every day. We continue to do well and to grow, that's great.

We are now onto medical center updates with Mr. Schottenstein and Mr. Kasey. Facilities.

Mr. Schottenstein:

I will be very brief and then I'll turn it over to you, Jay.

In terms of facilities, the almost entire focus of the facilities committee now is on the four very significant, referred to as tier one projects: the new bed tower, the proposed new ambulatory facility, the new health science campus, as well as the new research facility. These four projects will aggregate somewhere around \$2 billion of new buildings. As such, there's a very intense focus of the committee on all four, which are in the early planning stages. Programming has begun. Architects have been selected. Jay is going to talk about that in a minute.

When all of this comes to fruition over the next number of years, we'll go from roughly just under 1,400 beds currently to close to 2,000 beds—a pretty significant increase in total system bed count. In addition to the focus on facilities on our campus, our committee is also focused on ambulatory facilities located around greater central Ohio, expanding the footprint of the Wexner Medical Center. We have begun the process of identifying places to locate that would replicate both in success and size what we've now seen thus far in the Arlington facility. More to report on that in coming meetings but a lot of progress being made.

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I too want to just acknowledge how closely and effectively I think we've been working with both Dean Kent as well as David McQuaid on all these processes. I greatly appreciate it. Jay, if you want to cover the rest of the report.

Mr. Kasey:

Thank you, Mr. Schottenstein.

I want to bring two projects forward that need to be cleared from this board and ask for your permission to move forward. The first one is one that you are very familiar with: the 700 Ackerman renovation project. As most of you recall, the 700 Ackerman building was purchased ultimately by the university for \$8.75 million early this year. At the time of that purchase, you granted us \$2.5 million to go ahead and start the redesign of the design process. That design process has reached a point where they have now got the renovation budget put together. It is at the same budget anticipated when it was brought to you back in January and, therefore, we are asking for an additional \$19.3 million to complete the construction and start the renovation. I will just remind you that this is a 109,000 square foot building. It will... The renovation is primarily to address a number of support departments that roll up to Mr. Larmore. He and his team have been very involved in some of this. It will move a number of employees housed in the building from 468 employees to 608 employees and we bring it to you for your approval.

Mr. Schottenstein:

And, just so everyone knows, this is an accounts receivable building, so it needs to really be good.

Mr. Kasey:

And, if you'd like, I'll just go to the next on real quick and then we can go to motion.

Dr. Drake:

Yes.

Mr. Kasey:

The second one is the request. Mr. McQuaid and Elizabeth Seely are here and have made a plan to renovate and improve the infrastructure and the ORs at the East Hospital. The total cost of this renovation is scoped at about \$26 million. Today, we're asking for \$2.5 million to start the planning. At the conclusion of the planning, we would come back and review the plan of the program with you and ask you for the construction dollars. In the interest of time and the need to move ahead, I request the \$2.5 million.

Dr. Drake:

I think we're good. Do we have a motion?

**AUTHORIZATION TO ENTER INTO
PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS**

Resolution No. 2017-105

Approval to Enter Into Professional Services Contracts
OSU East - West Wing Expansion/Renovation

Approval to Enter Into Construction Contracts
700 Ackerman Renovation

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

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

	Prof. Serv. Approval Requested	Total Project Cost	
OSU East - West Wing Expansion /Renovation	\$2.5M	\$26.0M	Auxiliary funds

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

	Construction Approval Requested	Total Project Cost	
700 Ackerman Renovation	\$19.3M	\$21.8M	Auxiliary funds

NOW THEREFORE

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

BE IT RESOLVED, That the president and/or senior vice president for business and finance be authorized to enter into professional services contracts and construction contracts for the projects 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 XXIV for background information, page 292)

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

Mr. Kasey:

That is all we will focus on today.

Dr. Drake:

Fantastic. Thank you very much. Mr. McQuaid and Dr. Kent, the scorecard.

Mr. McQuaid:

In the interest of time, I'm going to highlight a few areas. Dr. Kent and I have worked on some of this together. I have already mentioned the scorecard. The HCAHPS scores for inpatient experience are doing a great job. Kudos to front line nurses, physicians, and so many staff who interact with our patients on a day-to-day basis and help us to get those scores.

I called attention to admissions doing a great job there as well as with the transfers. Importantly, on the totally NIH awards, we are tracking well this year at \$85.2 million.

For reference last year, the same time period, we were at \$70.5. There is an increase of about 21%. Funding from industry is up 34.8% from the same time-period last year.

The emergency room... We have things on the scorecard that because we have so many patients interested in coming to Ohio State for their health care, we have lots of demands. Mark spoke to the notion that were bringing more beds online and want to be able to accommodate many more patients. In the here and now, on a day-to-day basis, we need to improve our own efficiencies in terms of access. We put these things on the cards so that we get better.

So, the emergency room, we have challenges like many academic emergency rooms across the country. I will tell you that Dr. Eric Adkins and Dr. Mark Angelos and their entire team are working very, very hard doing, what's referred to as "front end redesign and intake" for patients, really maximizing efficiency on fast track so that we get more critically ill patients in. Lots of good work going on there. We set a high bar. This is yet another statistic that Vizient will be reporting out next year, so I'm glad that we have that on the card.

Finally, another area that we are continuously working with the fact that we practice with the ambulatory group, is our time to available appointment of primary care and specialty care. Lots of work going on with physician leadership and within the individual departments to improve their efficiency. We are beginning to make some strides. I think that in the next several months we will see a lot more improvement.

(See Attachment XXV for background information, page 294)

Dr. Drake:

Excellent, thank you. We are on to Dr. Moffatt-Bruce and quality.

Dr. Moffatt-Bruce:

In the interest of time, we have included in here some of the rankings around the Vizient award, which is one that comes out yearly. I will say that just to focus on the two areas that we're making tremendous progress. I don't have the clicker...

Dr. Drake:

The clicker? It's on its way.

Dr. Moffatt-Bruce:

This comes out as an annual award and just to remind us that we continuously rank well amongst the highest in our peer group, which are academic medical centers. You can see here that we ranked #11.

The two areas of focus that I want to just share briefly today are the two that I think we've been working on most diligently and will impact our patient care. I will just jump forward to that area here. Just remember that this is a weighted effectiveness, safety, mortality, patients centered efficiency and equity type of ranking. In particular, the areas that we've done very well in is around effectiveness and safety.

Effectiveness and safety speak to areas that our teams have worked very hard on. If you could see here, by virtue of looking back to 2015, several of the patients safety indices which are publically reported, have dropped more than 50% in some instances: through standardized processes; through getting the medications correct; and really leveraging, identifying a problem, coming up with a solution, and measuring it in a continuous fashion. This is representative of the hard work that our teams are doing, physician, nurses and staff.

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Lastly, the effectiveness domain is around readmissions. This is a really difficult mark to move, however having said that, we have continued to drop our readmissions this year down to around 10%, all cause readmissions, through using the electronic medical record, through using navigators, using telehealth, and really leveraging technology to reach our patients so they don't actually have to come on site. We can communicate with them in their home. And, then to really strategize how we send our patients home with continuous feedback to our providers here.

Those are the two areas that I wanted to highlight today, because I think they will put us in good stead going forward. Thank you, sir.

(See Attachment XXVI for background information, page 295)

Dr. Drake:

Thank you very much. To comment there and from all these meetings that we've had now in these years, one of the things that has been most impressive is to see those areas that we're measuring and focused on, and then when we apply effort to them we actually improve compared to our peers. It's been one of the great stories in American medicine, I'd say over the last 10 or 20 years, that hospitals compare themselves with each other. Now we have benchmarks. We can see where we are and move to see us getting better. I want to congratulate you on what I know is, again, minute-to-minute work trying to continue to move us forward as being among the best hospitals in the country.

The Vizient list is very short and there are a lot of hospitals. To be there year in and year out is really great. To have us move up as we've done, is really terrific as well. Les was saying that once again, although it's a redundant thing I love repeating, once again we beat Michigan so that's always a good thing.

We are now on to... I see you are listed as well there, David, but I think you had no more to add. Am I correct?

Mr. McQuaid:

Correct.

Dr. Drake:

Great. Now on to WexMed Live Initiative, Patty?

Ms. Hill-Callahan:

Thank you. Robert McGee, Fulbright scholar and screenwriter said, "Storytelling is the most powerful way to put ideas into the world."

For the past nine months, we have been telling our translational research story through WexMed Live. WexMed Live is really an initiative. It's collaboration with the alumni association, development and also marketing. It is an event that's hosted by leadership where we bring three of our scientists who have been trained in the TedX type of presentation out to different constituencies to tell our story in 10-minute sound bites. The audience for WexMed Live are donors, alumni, they are community members, and based on the content they can be different community groups.

We have really three primary goals: one is to build awareness, ultimately to build our national reputation and to let the community and people know all the wonderful things that are happening at the Wexner Medical Center in terms of translational research.

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For the alumni association and for all our donor population, a big goal is to increase engagement. Of all the participants that have been at WexMed Live, over 50% have been alumni from all the colleges at the university.

Philanthropy is the third goal. The hope is when people know our story, they learn about the wonderful research that's happening at the medical center, there could be opportunities for individuals to support our mission.

I wanted to give you a really quick video highlight so you can see just snippets from WexMed Live.

(Video presentation)

Ms. Hill-Callahan:

As you can see from the video, it's not only leadership hosting this. It's the three presentations, but following that are discovery areas where all of the audience can go and interact with the different researchers. That has been an incredible thing to see, when you have a line in front of Heather Hample, who's our genetic counselor, just wanting to talk to her and to learn more about genetics research.

WexMed Live is hitting the road. We will be in Cleveland in September and will be here on campus for reunion weekend. We are looking at going to the west coast and we're going to do a repeat in Naples. It was very successful and we have been asked to come back by many of our constituency there. We are looking at Chicago, and then possibly Austin.

WexMed Live is hoping to reach 100,000+ individuals by 2018, doing this through social media, through podcasts. Marketing is really taking all of these videos and pushing it out in different ways and I hope that all of you will join us at one of the WexMed Lives coming up in the next year. Thanks.

(See Attachment XXVII for background information, page 300)

Dr. Drake:

Thank you very much, Patty. Appreciate it. They really are great sessions. You learn something by being there just for a few minutes. Great.

Finally, Mr. Perez has a report on Pelotonia. Thank you for being so patient. I know we are a little behind and you've been here all day, so thank you.

Mr. Perez:

I am Miguel Perez, vice president of mission and brand with Pelotonia. I was asked to give a brief update on Pelotonia.

Dr. Drake:

Maybe move your microphone a little bit closer.

Mr. Perez:

I was asked to give a brief update on Pelotonia. When I walked in they said can you give a very brief update, and I'm getting the sense that I should give a very, very brief update. So, please register. Thank you very much.

No, I am just kidding. I understand that there are some new folks around the table. Pelotonia has been around now for 8.5 years. It is a three-day event of cycling,

entertainment and volunteerism, and it is unbelievable. The goal from the original planners was to raise \$35 million in five years, and in five years, \$71 million was raised. Last year, after the eighth year, that running total is over \$130 million, all directed here to the university for incredible research from student scholarship and fellowships programs, to tools of discovery and senior scientists funded state wide initiatives. A really incredible effort.

We have set our goal to hit a record-breaking year this year, with 8,000 riders and \$25.5 million. I am happy to report that as I'm probably sitting here right now we've crossed 7,000 riders already, well ahead. We are also well ahead in fundraising to hit our goal so I think it's going to be a banner year again for Pelotonia, with over 8,000 riders and \$25.5 million. Our theme this year has been "the greatest team ever." That team is made up of all of the organizations that are represented around this table: all corners of the university, our riders, our virtual riders, and our volunteers, our donors, our researchers, and our partners. This couldn't happen without that entire group. The greatest team ever, we've been saying, doesn't have tryouts. You don't get cut from the team, but you do have to participate. This is one thing we all know we can do and get involved with it one way or the other.

I encourage you as leaders to reach out to your organizations, to your colleges, to your departments and get everyone on board. It is a weekend, for those of you that have participated, you know is like nothing else that we do, because of this great city we live in and the great support. I appreciate your time today and I had slides and fun videos but I think it's best not to go there today. So thank you so much.

Dr. Drake:

Well, I appreciate the hard work that you and your colleagues do all around. How many people here have participated in Pelotonia in one way or another in the past? There are a few who've had the opportunity, which is a great because next year we will have to have at least 100% of the hands go up, like a 101. I would like some people to raise two hands.

Fun thing... It is wonderful that we raise awareness and wonderful that we raise funding that we can use to help support people. I will say that community-building part of it is also something that's a really terrific part of it, the riders, the virtual riders, and all the volunteers.

One of the questions I have been asked since the very beginning... I was asked this giving a talk downtown yesterday and the talk was on higher education, broadly. I was asked at the end, what things, since we've been here now three years, so we're about to start our senior year—it's great. We've been here for three years and they said what things have surprised you, or what things are maybe better or not as good as you thought they would be when you got to Columbus? When I mention the things that are most positive, one of the things I mention most often is my first participation in Pelotonia and the chance to be out there in the world with our community and see what a beautiful place this is to live in. That connection with the community is something also that is, I think, priceless.

I really appreciate the hard work that you and everyone puts together to make this happen. Thank you very much.

I believe that that is the last item on our agenda. If there is no further information for the good of the order thank, I everybody for being here today. Thank you.

June 6, 2017 meeting, Wexner Medical Center Board

Attest:

Leslie H. Wexner
Chairman

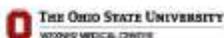
Blake Thompson
Secretary

June 6, 2017 meeting, Wexner Medical Center Board



Wexner Medical Center Board Public Session Health System Financial Summary

June 6, 2017



The Ohio State University Health System

Financial Highlights

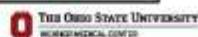
For the YTD ended: April 30, 2017

Admissions	
Budget	1.0%
Prior Yr	3.6%
Actual	51,176
Budget	50,681
Prior Yr	49,399

Surgeries	
Budget	2.4%
Prior Yr	4.0%
Actual	36,258
Budget	35,412
Prior Yr	34,858

O/P Visits	
Budget	-3.6%
Prior Yr	1.7%
Actual	1,456,331
Budget	1,509,976
Prior Yr	1,432,408

Worked Hrs / Adjusted Admit	
Budget	0.0%
Prior Yr	0.4%
Actual	200
Budget	200
Prior Yr	201



The Ohio State University Health System

Financial Highlights

For the YTD ended: April 30, 2017

Operating Revenue	
Budget	1.3%
Prior Yr	6.6%
Actual	\$2,270,371
Budget	\$2,240,315
Prior Yr	\$2,130,138

Controllable Costs	
Budget	-1.5%
Prior Yr	-8.6%
Actual	\$1,763,138
Budget	\$1,737,631
Prior Yr	\$1,611,775

Excess Revenue over Expense	
Budget	4.0%
Prior Yr	-4.8%
Actual	\$161,728
Budget	\$155,581
Prior Yr	\$169,831

Days Cash on Hand	
Jun FY16	3.2%
PY MTD	11.5%
Actual	118.0 \$755M
Jun FY16	114.3 \$674M
PY MTD	105.8 \$618M



The Ohio State University Health System

Consolidated Statement of Operations

For the YTD ended: April 30, 2017

(in thousands)

OSUHS	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	\$ 2,270,371	\$ 2,240,315	\$ 30,056	1.3%	\$ 2,130,138	6.6%
Operating Expenses						
Salaries and Benefits	1,014,554	895,424	(119,080)	-1.5%	940,303	-7.2%
Resident/Purchased Physician Services	66,789	85,263	(18,508)	-2.3%	56,157	-18.0%
Supplies	251,975	233,791	(18,184)	-7.8%	229,804	-8.6%
Drugs and Pharmaceuticals	223,072	230,810	7,738	3.4%	192,071	-15.7%
Services	246,095	348,266	2,201	0.5%	229,879	-7.0%
Depreciation	119,363	111,723	(6,640)	-5.9%	116,999	-2.0%
Interest	32,279	32,931	(649)	-1.5%	34,748	-4.2%
Shared/University Overhead	31,213	36,344	5,131	16.6%	37,791	17.4%
Medical Center Investments	123,441	124,382	742	0.6%	119,095	-5.9%
Total Expense	2,109,641	2,084,735	(23,906)	-1.1%	1,960,308	-7.6%
Excess of Revenue over Expense	\$ 161,728	\$ 155,581	\$ 6,147	4.9%	\$ 169,831	-4.8%
Financial Metrics						
Adjusted Admissions	98,629	94,480	2,138	2.3%	91,132	6.0%
Operating Revenue per AA	\$ 23,496	\$ 23,716	\$ (214)	0.9%	\$ 23,374	0.5%
Total Expense per AA	\$ 20,645	\$ 20,774	\$ 129	0.6%	\$ 20,294	-5.9%
Operating EBITDA Margin	18.0%	18.8%	-0.02%	-0.12%	20.4%	-7.7%
Days Cash on Hand	118.0			2.4%	105.8	11.5%
Debt Service Coverage	6.0	5.8	0.1	2.4%	5.9	2.9%



The Ohio State University Health System

Consolidated Activity Summary

For the YTD ended: April 30, 2017

OSUHS						
	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
CONSOLIDATED ACTIVITY SUMMARY						
Activity						
Admissions	61,174	60,681	496	1.0%	49,299	1.6%
Surgeries	36,268	36,412	846	2.4%	34,858	4.0%
Outpatient Visits	1,466,331	1,509,976	(\$3,645)	-0.8%	1,432,408	1.7%
Average Length of Stay	6.29	6.20	(0.084)	-1.4%	6.31	0.3%
Case Mix Index (CMI)	1.79	1.86	(0.07)	-3.7%	1.86	-3.7%
Adjusted Admissions	96,628	94,490	2,138	2.3%	91,132	6.0%
Operating Revenue per AA	\$ 23,496	\$ 23,710	(214)	-0.9%	\$ 23,374	0.6%
Operating Expense per AA	\$ 20,645	\$ 20,774	129	0.6%	\$ 20,264	-1.9%

 THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Outpatient Visit Summary

For the YTD ended: April 30, 2017

CATEGORY	YTD					
	ACTUAL	BUDGET	ACT-BUD VAR	BUDGET % VAR	PRIOR YEAR	PY %VAR
Surgeries	22,492	21,883	609	2.8%	21,661	3.8%
ED Visits	92,305	101,696	(9,391)	-9.2%	94,924	-2.8%
Procedures	106,830	105,161	1,669	1.6%	104,185	2.5%
Cath Lab	3,877	3,351	(514)	-15.2%	3,281	-12.3%
EP Lab	3,357	2,234	1,123	6.0%	2,157	9.3%
Interventional Radiology	3,589	3,745	(156)	-4.2%	3,690	-1.7%
Radiation Oncology	40,344	36,934	3,208	8.7%	36,724	9.3%
All Other	37,862	38,885	(1,023)	-1.7%	38,370	-0.9%
Clinic Visits	361,881	367,729	(5,848)	-1.6%	351,731	2.9%
Clinic/Office Visits	338,861	341,547	(2,686)	-0.8%	325,748	8.7%
Chemo Visits	23,020	26,182	(3,162)	-12.1%	24,831	-6.5%
Rehab Services	167,979	169,433	(2,054)	-1.2%	156,965	6.0%
Radiology	142,492	142,826	(334)	-0.2%	135,003	5.5%
Lab	236,239	224,630	(8,411)	-3.7%	223,779	-3.4%
Pharmacy	20,306	20,024	281	1.4%	19,315	5.1%
Other OP Visits	3,965	5,523	(1,558)	-28.2%	5,244	-24.4%
Physician Visits	322,464	351,071	(28,607)	-8.1%	319,602	0.9%
TOTAL OUTPATIENT VISITS	1,466,331	1,509,976	(\$3,645)	-0.8%	1,432,408	1.7%

 THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU Wexner Medical Center

Combined Statement of Operations

For the YTD ended: April 30, 2017

(in thousands)

	Actual	Budget	Act/Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	\$ 2,804,481	\$ 2,733,313	\$ 71,168	2.6%	\$ 2,633,844	8.9%
Operating Expenses						
Salaries and Benefits	1,466,829	1,472,974	4,145	0.3%	1,363,291	-8.2%
Resident/Purchased Physician Services	66,789	65,263	(1,526)	-2.3%	56,157	-18.9%
Supplies	272,886	251,621	(21,265)	-8.5%	251,199	-8.9%
Drugs and Pharmaceuticals	231,959	238,808	7,007	2.9%	214,963	-7.7%
Services	311,959	312,788	829	0.3%	292,720	-6.6%
Depreciation	126,576	121,490	(5,086)	-4.2%	129,821	1.1%
Interest/Debt	42,763	42,401	(362)	-0.9%	44,334	3.5%
Shared/University Overhead	31,213	38,344	7,131	18.6%	37,791	17.4%
Other Operating Expense	23,419	23,233	(186)	-0.8%	19,724	-18.7%
Medical Center Investments	11,168	9,998	(2,679)	-29.8%	13,813	14.2%
Total Expense	2,647,221	2,577,218	(10,003)	-0.4%	2,441,214	-8.0%
Excess of Revenue over Expense	\$ 217,259	\$ 156,095	\$ 61,164	39.2%	\$ 192,630	12.8%
Financial Metrics						
Adjusted Admissions	96,628	94,490	2,138	2.3%	91,132	8.0%
OSUP Physician Encounters	2,194,624	2,323,740	(29,116)	-1.3%	1,969,291	8.8%
Operating Revenue per AA	\$ 23,406	\$ 23,710	\$ (214)	-0.9%	\$ 23,374	0.5%
Total Expense per AA	\$ 20,845	\$ 20,774	\$ 71	0.3%	\$ 20,264	-1.9%

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

 THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU Wexner Medical Center

Combined Statement of Operations

For the YTD ended: April 30, 2017

(in thousands)

	ACTUAL	BUDGET	ACT/BUD VARIANCE	BUDGET % VAR	PRIOR YEAR	PY % Var
Health System						
Revenues	\$ 2,270,371	\$ 2,240,315	\$ 30,056	1.3%	\$ 2,130,130	6.6%
Expenses	2,133,641	2,064,735	(68,906)	-3.3%	1,960,381	-7.8%
Net	136,730	175,580	(38,850)	-22.1%	169,749	-18.3%
OSUP						
Revenues	\$ 360,633	\$ 336,932	\$ 23,701	7.0%	\$ 331,875	8.7%
Expenses	317,197	321,741	4,544	1.4%	315,017	-1.7%
Net	43,436	14,191	29,245	206.1%	16,858	158.2%
COMM/DHS						
Revenues	\$ 180,477	\$ 157,009	\$ 23,468	14.9%	\$ 171,831	6.8%
Expenses	181,363	170,742	(10,621)	-6.2%	165,861	-7.8%
Net	(888)	(13,733)	12,845	-93.5%	5,970	-105.3%
Total Medical Center						
Revenues	\$ 2,804,481	\$ 2,733,313	\$ 71,168	2.6%	\$ 2,633,844	8.9%
Expenses	2,597,221	2,577,218	(10,003)	-0.4%	2,441,214	-8.0%
Net	217,259	156,095	61,164	39.2%	192,630	12.8%

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

 THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSU Physicians, Inc.
Consolidated Statement of Operations
 For the YTD ended: April 30, 2017
 (in thousands)

OSUP						
	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	FY % Var
OPERATING STATEMENT						
Revenues						
Total Revenue	\$ 360,833	\$ 336,932	\$ 14,701	4.4%	\$ 331,675	5.7%
Expenses						
Faculty Salaries and Benefits	\$ 234,284	\$ 240,576	\$ 6,291	2.6%	\$ 220,766	-4.1%
Non Faculty Salaries and Benefits	73,050	77,871	4,821	6.2%	70,001	-4.4%
Supplies	6,487	6,480	(7)	-0.1%	6,218	-4.3%
Drugs and Pharmaceuticals	8,827	7,796	(731)	-9.4%	22,092	61.4%
Purchased Services	31,826	26,505	(5,322)	-20.1%	28,851	-10.3%
Depreciation	3,126	3,336	409	11.6%	3,598	13.1%
Interest	297	310	23	7.4%	361	20.6%
Other Operating Expense	23,419	25,233	1,814	7.2%	19,724	-18.7%
Medical Center Investments	(63,807)	(66,662)	(2,755)	-4.1%	(56,614)	12.7%
Total Expenses	317,197	321,741	4,644	1.4%	316,017	-0.7%
Gain/(Loss)	\$ 33,436	\$ 14,191	\$ 19,245	135.6%	\$ 16,868	98.3%

The Ohio State University College of Medicine

Statement of Operations
 For the YTD ended: April 30, 2017
 (in thousands)

COM						
	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	FY % Var
OPERATING STATEMENT						
Sources						
General Funds and Appropriations	\$ 88,488	\$ 81,978	\$ 6,508	7.9%	\$ 84,528	4.7%
Support from related entities	38,382	23,360	15,032	64.3%	34,113	12.5%
Other	36,599	51,727	1,879	3.6%	33,178	6.4%
Total Sources	\$ 163,477	\$ 157,065	\$ 26,412	16.8%	\$ 171,828	6.8%
Uses						
Faculty Salaries	\$ 88,117	\$ 83,495	\$ 4,622	5.5%	\$ 57,578	-4.4%
Non Faculty Salaries	56,820	51,826	4,994	9.6%	51,620	1.2%
Benefits	36,658	39,813	3,155	8.4%	37,203	3.1%
Supplies	14,424	19,750	(5,326)	-26.9%	15,177	5.0%
Services	34,129	38,919	4,790	13.9%	33,996	-0.4%
Debt	3,217	3,180	37	1.2%	3,223	0.1%
Capital	5,087	8,232	3,145	38.3%	8,355	39.1%
Medical Center Investments	(48,446)	(48,523)	77	-0.2%	(47,863)	3.0%
Total Uses	161,583	178,742	9,359	5.5%	165,891	2.7%
Gain/(Loss)	\$ 22,095	\$ (13,676)	\$ 35,771	---	\$ 5,938	---

OSU Wexner Medical Center

Combined Balance Sheet

As of: April 30, 2017

(in thousands)

	April 2017	June 2016	Change
Cash	\$ 659,862	\$ 683,693	\$ (23,830)
Net Patient Receivables	395,347	382,813	36,134
Other Current Assets	434,486	321,795	112,691
Assets Limited as to Use	388,277	255,488	133,779
Property, Plant & Equipment - Net	1,516,929	1,490,521	26,408
Other Assets	415,185	432,303	(17,118)
Total Assets	\$ 3,814,886	\$ 3,546,822	\$ 268,064
Current Liabilities	\$ 302,313	\$ 314,143	\$ (11,830)
Other Liabilities	124,022	99,535	24,687
Long-Term Debt	863,022	904,418	(41,396)
Net Assets - Unrestricted	1,956,333	1,711,488	244,825
Net Assets - Restricted	566,995	517,318	51,677
Liabilities and Net Assets	\$ 3,814,886	\$ 3,546,822	\$ 268,064

This Balance sheet is not intended to conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and noneliminating entries are included.

 THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

11



The Ohio State University Wexner Medical Center FY18 Budget

June 6, 2017

Draft

 THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

12

OSUWMC Combined Income Statement

For the years ended June 30,

DRAFT

	Forecast 2017	Budget 2018	% Change
OPERATING STATEMENT			
Total Operating Revenue	\$3,366,276	\$3,687,608	6.8%
Operating Expenses			
Salaries and Benefits	1,807,719	1,908,367	7.2%
Supplies and Pharmaceuticals	696,448	630,336	6.9%
Services	361,935	375,675	7.9%
Depreciation	168,087	180,000	13.9%
Interest/Debt	61,266	49,052	-4.3%
Other Operating Expense	129,919	138,009	6.3%
Medical Center Investments	13,281	10,849	-18.2%
Total Expense	3,107,636	3,326,331	7.0%
Excess of Revenue over Expense	\$ 258,640	\$ 261,577	1.1%
Financial Metrics			
Adjusted Admissions	117,172	120,319	2.7%
Total Revenue per AA	\$ 23,348	\$ 23,748	1.7%
Total Expense per AA	\$ 20,368	\$ 20,660	1.4%

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

 THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

13

OSUWMC Combined Income Statement

For the years ended June 30,

DRAFT

	Forecast 2017	Budget 2018	% Change
Health System			
Revenue	\$2,735,715	\$2,914,881	6.5%
Expenses	2,530,276	2,675,286	5.8%
Net	205,439	239,615	16.1%
OSUP			
Revenue	\$ 417,328	\$ 435,443	4.3%
Expenses	381,644	430,166	12.7%
Net	35,684	5,277	-85.1%
COMCHS			
Revenue	\$ 213,233	\$ 237,565	11.4%
Expenses	195,517	230,600	12.4%
Net	16,716	6,965	-0.2%
Total Medical Center			
Revenue	\$3,366,276	\$3,687,608	6.8%
Expenses	3,107,636	3,326,331	7.0%
Net	258,640	261,577	1.1%

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

 THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

14

(ATTACHMENT XXIV)

Project Data Sheet for Board of Trustees Approval

OSU East - West Wing Expansion/Renovation

OSU-170319 (CNI#16000036)

Project Location: University Hospital East

- **approval requested and amount**
professional services \$2.5M

- **project budget**
professional services \$2.5M
construction w/contingency \$23.5M
total project budget \$26.0M



- **project funding**
 university debt
 development funds
 university funds
 auxiliary funds
 state funds

- **project schedule**
BoT prof services approval 06/17
design 07/17 - 05/18
construction 06/18 - 09/19

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

- **planning framework**
 - o this project is included in the FY 2017 Capital Improvement Plan

- **project scope**
 - o renovation of 12,500 GSF and expansion of 13,900 GSF on the second floor of the west wing of the hospital tower
 - o expansion and redesign of the operating rooms and pre-operative/PACU space; consolidates imaging areas; improvements to patient arrival experience and entrance aesthetics

- **approval requested**
 - o approval is requested to enter into professional services contracts

-
- **project team**
University project manager: Jack Bargaheiser
A/E: TBD
CM at Risk: TBD

Project Data Sheet for Board of Trustees Approval

700 Ackerman Renovation

OSU-170354 (CNI#16000036)

Project Location: Ackerman Place, 660 Ackerman Road, 600 Ackerman Road

- **approval requested and amount**

construction	\$19.3M
--------------	---------

- **project budget**

professional services	\$2.5M
construction w/contingency	\$19.3M
total project budget	\$21.8M

- **project funding**
 - university debt
 - development funds
 - university funds
 - auxiliary funds
 - state funds

- **project schedule**

BoT prof services approval	01/17
design	03/17 - 09/17
BoT construction approval	06/17
construction	08/17 - 02/19



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

- **planning framework**
 - o this project is included in the FY 2017 Capital Improvement Plan

- **project scope**
 - o full building renovation of 700 Ackerman to house OSU Physicians, Central Scheduling and Customer Service, Health Plan, Corporate Operations, and Hospital Compliance
 - o project also includes interior renovations in 660 Ackerman and 600 Ackerman
 - o construction work will be phased; phase 1 work includes replacing exterior glass, roof replacement, elevator modernization, and mechanical/electrical systems upgrades; phase 2 work includes tenant improvements in 700 Ackerman

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

-
- **project team**

University project manager:	Nikolina Sevis
A/E:	Baxter, Hodell, Donnelly & Preston
CM at Risk:	Coma/Kokosing Construction

(ATTACHMENT XXV)

WEXNER MEDICAL CENTER - AUTHORIZED REPRESENTATIVE COMPLIANCE
Pratt's Year 10-Data Results

Item	Requirement	Compliance Status	Notes	Item	Requirement	Compliance Status	Notes
1.0	1.0.1	Compliant	1.0.1.1	1.0.1.1.1	1.0.1.1.1.1	Compliant	1.0.1.1.1.1.1
1.0	1.0.2	Compliant	1.0.2.1	1.0.2.1.1	1.0.2.1.1.1	Compliant	1.0.2.1.1.1.1
1.0	1.0.3	Compliant	1.0.3.1	1.0.3.1.1	1.0.3.1.1.1	Compliant	1.0.3.1.1.1.1
1.0	1.0.4	Compliant	1.0.4.1	1.0.4.1.1	1.0.4.1.1.1	Compliant	1.0.4.1.1.1.1
1.0	1.0.5	Compliant	1.0.5.1	1.0.5.1.1	1.0.5.1.1.1	Compliant	1.0.5.1.1.1.1
1.0	1.0.6	Compliant	1.0.6.1	1.0.6.1.1	1.0.6.1.1.1	Compliant	1.0.6.1.1.1.1
1.0	1.0.7	Compliant	1.0.7.1	1.0.7.1.1	1.0.7.1.1.1	Compliant	1.0.7.1.1.1.1
1.0	1.0.8	Compliant	1.0.8.1	1.0.8.1.1	1.0.8.1.1.1	Compliant	1.0.8.1.1.1.1
1.0	1.0.9	Compliant	1.0.9.1	1.0.9.1.1	1.0.9.1.1.1	Compliant	1.0.9.1.1.1.1
1.0	1.0.10	Compliant	1.0.10.1	1.0.10.1.1	1.0.10.1.1.1	Compliant	1.0.10.1.1.1.1
1.0	1.0.11	Compliant	1.0.11.1	1.0.11.1.1	1.0.11.1.1.1	Compliant	1.0.11.1.1.1.1
1.0	1.0.12	Compliant	1.0.12.1	1.0.12.1.1	1.0.12.1.1.1	Compliant	1.0.12.1.1.1.1
1.0	1.0.13	Compliant	1.0.13.1	1.0.13.1.1	1.0.13.1.1.1	Compliant	1.0.13.1.1.1.1
1.0	1.0.14	Compliant	1.0.14.1	1.0.14.1.1	1.0.14.1.1.1	Compliant	1.0.14.1.1.1.1
1.0	1.0.15	Compliant	1.0.15.1	1.0.15.1.1	1.0.15.1.1.1	Compliant	1.0.15.1.1.1.1
1.0	1.0.16	Compliant	1.0.16.1	1.0.16.1.1	1.0.16.1.1.1	Compliant	1.0.16.1.1.1.1
1.0	1.0.17	Compliant	1.0.17.1	1.0.17.1.1	1.0.17.1.1.1	Compliant	1.0.17.1.1.1.1
1.0	1.0.18	Compliant	1.0.18.1	1.0.18.1.1	1.0.18.1.1.1	Compliant	1.0.18.1.1.1.1
1.0	1.0.19	Compliant	1.0.19.1	1.0.19.1.1	1.0.19.1.1.1	Compliant	1.0.19.1.1.1.1
1.0	1.0.20	Compliant	1.0.20.1	1.0.20.1.1	1.0.20.1.1.1	Compliant	1.0.20.1.1.1.1
1.0	1.0.21	Compliant	1.0.21.1	1.0.21.1.1	1.0.21.1.1.1	Compliant	1.0.21.1.1.1.1
1.0	1.0.22	Compliant	1.0.22.1	1.0.22.1.1	1.0.22.1.1.1	Compliant	1.0.22.1.1.1.1
1.0	1.0.23	Compliant	1.0.23.1	1.0.23.1.1	1.0.23.1.1.1	Compliant	1.0.23.1.1.1.1
1.0	1.0.24	Compliant	1.0.24.1	1.0.24.1.1	1.0.24.1.1.1	Compliant	1.0.24.1.1.1.1
1.0	1.0.25	Compliant	1.0.25.1	1.0.25.1.1	1.0.25.1.1.1	Compliant	1.0.25.1.1.1.1
1.0	1.0.26	Compliant	1.0.26.1	1.0.26.1.1	1.0.26.1.1.1	Compliant	1.0.26.1.1.1.1
1.0	1.0.27	Compliant	1.0.27.1	1.0.27.1.1	1.0.27.1.1.1	Compliant	1.0.27.1.1.1.1
1.0	1.0.28	Compliant	1.0.28.1	1.0.28.1.1	1.0.28.1.1.1	Compliant	1.0.28.1.1.1.1
1.0	1.0.29	Compliant	1.0.29.1	1.0.29.1.1	1.0.29.1.1.1	Compliant	1.0.29.1.1.1.1
1.0	1.0.30	Compliant	1.0.30.1	1.0.30.1.1	1.0.30.1.1.1	Compliant	1.0.30.1.1.1.1
1.0	1.0.31	Compliant	1.0.31.1	1.0.31.1.1	1.0.31.1.1.1	Compliant	1.0.31.1.1.1.1
1.0	1.0.32	Compliant	1.0.32.1	1.0.32.1.1	1.0.32.1.1.1	Compliant	1.0.32.1.1.1.1
1.0	1.0.33	Compliant	1.0.33.1	1.0.33.1.1	1.0.33.1.1.1	Compliant	1.0.33.1.1.1.1
1.0	1.0.34	Compliant	1.0.34.1	1.0.34.1.1	1.0.34.1.1.1	Compliant	1.0.34.1.1.1.1
1.0	1.0.35	Compliant	1.0.35.1	1.0.35.1.1	1.0.35.1.1.1	Compliant	1.0.35.1.1.1.1
1.0	1.0.36	Compliant	1.0.36.1	1.0.36.1.1	1.0.36.1.1.1	Compliant	1.0.36.1.1.1.1
1.0	1.0.37	Compliant	1.0.37.1	1.0.37.1.1	1.0.37.1.1.1	Compliant	1.0.37.1.1.1.1
1.0	1.0.38	Compliant	1.0.38.1	1.0.38.1.1	1.0.38.1.1.1	Compliant	1.0.38.1.1.1.1
1.0	1.0.39	Compliant	1.0.39.1	1.0.39.1.1	1.0.39.1.1.1	Compliant	1.0.39.1.1.1.1
1.0	1.0.40	Compliant	1.0.40.1	1.0.40.1.1	1.0.40.1.1.1	Compliant	1.0.40.1.1.1.1
1.0	1.0.41	Compliant	1.0.41.1	1.0.41.1.1	1.0.41.1.1.1	Compliant	1.0.41.1.1.1.1
1.0	1.0.42	Compliant	1.0.42.1	1.0.42.1.1	1.0.42.1.1.1	Compliant	1.0.42.1.1.1.1
1.0	1.0.43	Compliant	1.0.43.1	1.0.43.1.1	1.0.43.1.1.1	Compliant	1.0.43.1.1.1.1
1.0	1.0.44	Compliant	1.0.44.1	1.0.44.1.1	1.0.44.1.1.1	Compliant	1.0.44.1.1.1.1
1.0	1.0.45	Compliant	1.0.45.1	1.0.45.1.1	1.0.45.1.1.1	Compliant	1.0.45.1.1.1.1
1.0	1.0.46	Compliant	1.0.46.1	1.0.46.1.1	1.0.46.1.1.1	Compliant	1.0.46.1.1.1.1
1.0	1.0.47	Compliant	1.0.47.1	1.0.47.1.1	1.0.47.1.1.1	Compliant	1.0.47.1.1.1.1
1.0	1.0.48	Compliant	1.0.48.1	1.0.48.1.1	1.0.48.1.1.1	Compliant	1.0.48.1.1.1.1
1.0	1.0.49	Compliant	1.0.49.1	1.0.49.1.1	1.0.49.1.1.1	Compliant	1.0.49.1.1.1.1
1.0	1.0.50	Compliant	1.0.50.1	1.0.50.1.1	1.0.50.1.1.1	Compliant	1.0.50.1.1.1.1
1.0	1.0.51	Compliant	1.0.51.1	1.0.51.1.1	1.0.51.1.1.1	Compliant	1.0.51.1.1.1.1
1.0	1.0.52	Compliant	1.0.52.1	1.0.52.1.1	1.0.52.1.1.1	Compliant	1.0.52.1.1.1.1
1.0	1.0.53	Compliant	1.0.53.1	1.0.53.1.1	1.0.53.1.1.1	Compliant	1.0.53.1.1.1.1
1.0	1.0.54	Compliant	1.0.54.1	1.0.54.1.1	1.0.54.1.1.1	Compliant	1.0.54.1.1.1.1
1.0	1.0.55	Compliant	1.0.55.1	1.0.55.1.1	1.0.55.1.1.1	Compliant	1.0.55.1.1.1.1
1.0	1.0.56	Compliant	1.0.56.1	1.0.56.1.1	1.0.56.1.1.1	Compliant	1.0.56.1.1.1.1
1.0	1.0.57	Compliant	1.0.57.1	1.0.57.1.1	1.0.57.1.1.1	Compliant	1.0.57.1.1.1.1
1.0	1.0.58	Compliant	1.0.58.1	1.0.58.1.1	1.0.58.1.1.1	Compliant	1.0.58.1.1.1.1
1.0	1.0.59	Compliant	1.0.59.1	1.0.59.1.1	1.0.59.1.1.1	Compliant	1.0.59.1.1.1.1
1.0	1.0.60	Compliant	1.0.60.1	1.0.60.1.1	1.0.60.1.1.1	Compliant	1.0.60.1.1.1.1
1.0	1.0.61	Compliant	1.0.61.1	1.0.61.1.1	1.0.61.1.1.1	Compliant	1.0.61.1.1.1.1
1.0	1.0.62	Compliant	1.0.62.1	1.0.62.1.1	1.0.62.1.1.1	Compliant	1.0.62.1.1.1.1
1.0	1.0.63	Compliant	1.0.63.1	1.0.63.1.1	1.0.63.1.1.1	Compliant	1.0.63.1.1.1.1
1.0	1.0.64	Compliant	1.0.64.1	1.0.64.1.1	1.0.64.1.1.1	Compliant	1.0.64.1.1.1.1
1.0	1.0.65	Compliant	1.0.65.1	1.0.65.1.1	1.0.65.1.1.1	Compliant	1.0.65.1.1.1.1
1.0	1.0.66	Compliant	1.0.66.1	1.0.66.1.1	1.0.66.1.1.1	Compliant	1.0.66.1.1.1.1
1.0	1.0.67	Compliant	1.0.67.1	1.0.67.1.1	1.0.67.1.1.1	Compliant	1.0.67.1.1.1.1
1.0	1.0.68	Compliant	1.0.68.1	1.0.68.1.1	1.0.68.1.1.1	Compliant	1.0.68.1.1.1.1
1.0	1.0.69	Compliant	1.0.69.1	1.0.69.1.1	1.0.69.1.1.1	Compliant	1.0.69.1.1.1.1
1.0	1.0.70	Compliant	1.0.70.1	1.0.70.1.1	1.0.70.1.1.1	Compliant	1.0.70.1.1.1.1
1.0	1.0.71	Compliant	1.0.71.1	1.0.71.1.1	1.0.71.1.1.1	Compliant	1.0.71.1.1.1.1
1.0	1.0.72	Compliant	1.0.72.1	1.0.72.1.1	1.0.72.1.1.1	Compliant	1.0.72.1.1.1.1
1.0	1.0.73	Compliant	1.0.73.1	1.0.73.1.1	1.0.73.1.1.1	Compliant	1.0.73.1.1.1.1
1.0	1.0.74	Compliant	1.0.74.1	1.0.74.1.1	1.0.74.1.1.1	Compliant	1.0.74.1.1.1.1
1.0	1.0.75	Compliant	1.0.75.1	1.0.75.1.1	1.0.75.1.1.1	Compliant	1.0.75.1.1.1.1
1.0	1.0.76	Compliant	1.0.76.1	1.0.76.1.1	1.0.76.1.1.1	Compliant	1.0.76.1.1.1.1
1.0	1.0.77	Compliant	1.0.77.1	1.0.77.1.1	1.0.77.1.1.1	Compliant	1.0.77.1.1.1.1
1.0	1.0.78	Compliant	1.0.78.1	1.0.78.1.1	1.0.78.1.1.1	Compliant	1.0.78.1.1.1.1
1.0	1.0.79	Compliant	1.0.79.1	1.0.79.1.1	1.0.79.1.1.1	Compliant	1.0.79.1.1.1.1
1.0	1.0.80	Compliant	1.0.80.1	1.0.80.1.1	1.0.80.1.1.1	Compliant	1.0.80.1.1.1.1
1.0	1.0.81	Compliant	1.0.81.1	1.0.81.1.1	1.0.81.1.1.1	Compliant	1.0.81.1.1.1.1
1.0	1.0.82	Compliant	1.0.82.1	1.0.82.1.1	1.0.82.1.1.1	Compliant	1.0.82.1.1.1.1
1.0	1.0.83	Compliant	1.0.83.1	1.0.83.1.1	1.0.83.1.1.1	Compliant	1.0.83.1.1.1.1
1.0	1.0.84	Compliant	1.0.84.1	1.0.84.1.1	1.0.84.1.1.1	Compliant	1.0.84.1.1.1.1
1.0	1.0.85	Compliant	1.0.85.1	1.0.85.1.1	1.0.85.1.1.1	Compliant	1.0.85.1.1.1.1
1.0	1.0.86	Compliant	1.0.86.1	1.0.86.1.1	1.0.86.1.1.1	Compliant	1.0.86.1.1.1.1
1.0	1.0.87	Compliant	1.0.87.1	1.0.87.1.1	1.0.87.1.1.1	Compliant	1.0.87.1.1.1.1
1.0	1.0.88	Compliant	1.0.88.1	1.0.88.1.1	1.0.88.1.1.1	Compliant	1.0.88.1.1.1.1
1.0	1.0.89	Compliant	1.0.89.1	1.0.89.1.1	1.0.89.1.1.1	Compliant	1.0.89.1.1.1.1
1.0	1.0.90	Compliant	1.0.90.1	1.0.90.1.1	1.0.90.1.1.1	Compliant	1.0.90.1.1.1.1
1.0	1.0.91	Compliant	1.0.91.1	1.0.91.1.1	1.0.91.1.1.1	Compliant	1.0.91.1.1.1.1
1.0	1.0.92	Compliant	1.0.92.1	1.0.92.1.1	1.0.92.1.1.1	Compliant	1.0.92.1.1.1.1
1.0	1.0.93	Compliant	1.0.93.1	1.0.93.1.1	1.0.93.1.1.1	Compliant	1.0.93.1.1.1.1
1.0	1.0.94	Compliant	1.0.94.1	1.0.94.1.1	1.0.94.1.1.1	Compliant	1.0.94.1.1.1.1
1.0	1.0.95	Compliant	1.0.95.1	1.0.95.1.1	1.0.95.1.1.1	Compliant	1.0.95.1.1.1.1
1.0	1.0.96	Compliant	1.0.96.1	1.0.96.1.1	1.0.96.1.1.1	Compliant	1.0.96.1.1.1.1
1.0	1.0.97	Compliant	1.0.97.1	1.0.97.1.1	1.0.97.1.1.1	Compliant	1.0.97.1.1.1.1
1.0	1.0.98	Compliant	1.0.98.1	1.0.98.1.1	1.0.98.1.1.1	Compliant	1.0.98.1.1.1.1
1.0	1.0.99	Compliant	1.0.99.1	1.0.99.1.1	1.0.99.1.1.1	Compliant	1.0.99.1.1.1.1
1.0	1.0.100	Compliant	1.0.100.1	1.0.100.1.1	1.0.100.1.1.1	Compliant	1.0.100.1.1.1.1

Legend:
■ Compliant
■ Partially Compliant
■ Non-Compliant
■ Not Applicable

Notes:
 1. All items are compliant.
 2. All items are compliant.
 3. All items are compliant.
 4. All items are compliant.
 5. All items are compliant.
 6. All items are compliant.
 7. All items are compliant.
 8. All items are compliant.
 9. All items are compliant.
 10. All items are compliant.



2016 Vizient Quality Leadership Award

May 2017

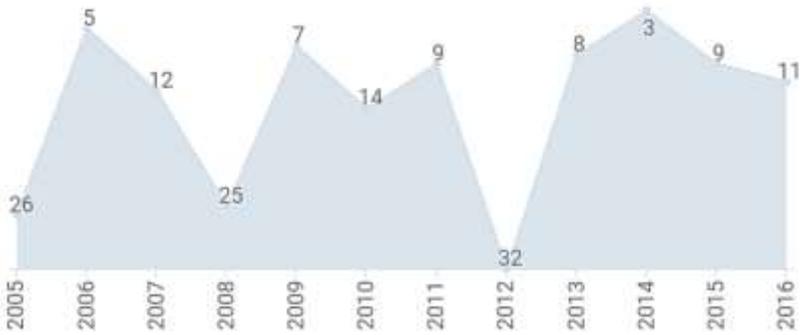


Top Performing Academic Medical Centers in 2016 Quality and Accountability Study

1. University of Utah Health Care
2. NYU Langone Medical Center
3. Mayo Clinic Hospital-Rochester
4. Froedtert & the Medical College of Wisconsin Froedtert Hospital
5. Rush University Medical Center
6. WVU Medicine West Virginia University Hospitals
7. Penn State Milton S. Hershey Medical Center
8. Cedars-Sinai Health System
9. Houston Methodist
10. Nebraska Medicine
- 11. The Ohio State University Wexner Medical Center**
12. University of Michigan Health System
13. University of Vermont Medical Center



Historic Overall Rank



Distribution of Scores

Stars	Number of Hospitals
★★★★★	13
★★★★	12
★★★	52
★★	19
★	6



Domain Weighting and Metrics

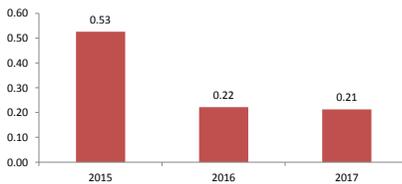


Rankings by Domain by Year

	2010	2011	2012	2013	2014	2015	2016
Mortality	5	11	44	8	3	4	18
Effectiveness	23	9	16	21	41	46	28
Safety	55	68	57	18	9	15	8
Equity	1	1	1	1	57	1	1
Patient Centeredness	15	29	31	35	23	31	54
Efficiency	N/A	9	42	12	2	8	9
Overall	14	9	32	8	3	9	11

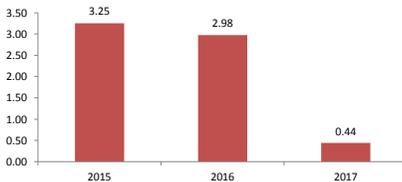
Patient Safety Domain

Iatrogenic Pneumothorax Rate per 1000 Discharges

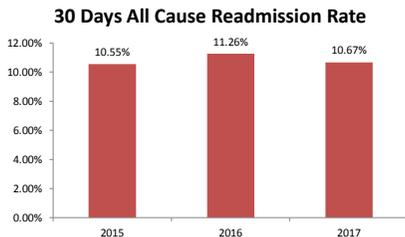


- 60% reduction in Iatrogenic Pneumothoraces
 - Standardized venous access for pacemaker insertion
- 86% Reduction in Perioperative Hemorrhage or Hematoma
 - Standardized use of anticoagulation and factors

Perioperative Hemorrhage or Hematoma Rate per 1000 Discharges



Effectiveness Domain



- Reductions in Readmission rate strategies:
 - High Risk patients flagged in EMR
 - Nurse Navigators
 - E-Consults
 - Telehealth
- Readmissions reduction strategies to be implemented:
 - Clinical transformation post-acute care plan
 - CHF nurse in ED

June 6, 2017 meeting, Wexner Medical Center Board

(ATTACHMENT XXVII)







VIDEO HIGHLIGHT

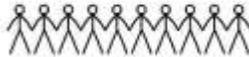


100K+ Reached by 2018



WEXMED <LIVE> ROADSHOW

SOCIAL MEDIA



LIVE STREAM

WEXMED <LIVE> ONLINE CHANNEL



