

## Appendix I

### SUMMARY OF ACTIONS TAKEN

August 28, 2018 - Wexner Medical Center Board Meeting

#### Voting Members Present:

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

Janet Porter  
Stephen D. Steinour  
Robert H. Schottenstein  
W.G. "Jerry" Jurgensen  
Cindy Hilsheimer

Michael V. Drake (ex officio)  
Bruce McPherson (ex officio)  
Michael Papadakis (ex officio)

#### Non-Voting, Ex-Officio Members Present:

K. Craig Kent  
L. Arick Forrest  
David P. McQuaid  
Mark E. Larmore

Andrew M. Thomas  
Susan D. Moffatt-Bruce  
Mary A. Howard  
William B. Farrar

Thomas Ryan  
Amanda N. Lucas

#### Members Absent:

Michael J. Gasser (ex officio, voting)  
Elizabeth O. Seely (ex officio, non-voting)

### **PUBLIC SESSION**

The Wexner Medical Center Board convened for its 27th meeting on Tuesday, August 28, 2018, in the Ross Auditorium of the Richard M. Ross Heart Hospital. Board Secretary Jeff Kaplan called the meeting to order at 9:01 a.m.

#### ***Item for Action***

1. Approval of Minutes: No changes were requested to the June 6, 2018, meeting minutes; therefore, a formal vote was not required and the minutes were considered approved.

#### ***Items for Discussion***

2. Operational Excellence and Resource Stewardship: Craig Kent, dean of the College of Medicine, and Patty Hill-Callahan, vice president of Medical and Health Sciences Advancement, highlighted the culture of philanthropy that exists at the medical center. They announced a \$10 million gift from the Belford Family Charitable Fund to establish the Belford Center for Spinal Cord Injury at the College of Medicine, in collaboration with Ohio State's Neurological Institute. This gift will allow the center to recruit new faculty, conduct more research, and create an infrastructure that will help the team solve the major issues facing spinal cord patients. Donors and researchers in the areas of mental health and physician-scientist training also spoke about the impact of giving on their lives and work.
3. The James Update: William Farrar, interim CEO of the James Cancer Hospital and Solove Research Institute, shared an update on The James, which will be opening 36 new beds at the end of October. He noted that the cancer program rose from No. 23 to No. 20 on *U.S. News & World Report's* Best Hospitals list. The James also earned special recognition from the Oncology Nursing Certification Corporation for having 51 percent of nurses certified. The James is the only hospital in Ohio to have ever received this recognition.
4. OSUCCC Update: Raphael Pollock, director of the Comprehensive Cancer Center, discussed the center's recruitment efforts, particularly in the Immuno-Oncology program. The center is also moving forward with the development of a Cancer Engineering program, in partnership with Dean Williams and the College of Engineering.
5. College of Medicine Report: Dean Kent shared that in Fiscal Year 2018, 93 new funded researchers were recruited into the college. Dean Kent and David McQuaid, CEO of the University Health System and COO of the Wexner Medical Center, also reviewed the *U.S. News & World Report's* Best Hospitals list, and shared how 10 of the medical center's specialty programs are now included in that list, which is important for students and the ability to attract top talent to the university.

**Items for Discussion (cont'd)**

6. Wexner Medical Center Operations Report: Susan Moffatt-Bruce, executive director of University Hospital, talked about the medical center's multidisciplinary approach to Enhanced Recovery After Surgery, which is improving outcomes and setting standards for how the center provides care to patients. Mr. McQuaid noted that the Wexner Medical Center is the first medical center in the Midwest to be awarded accreditation from the Geriatric Emergency Department. As demographics shift and Baby Boomers reach the age of 65, this allows the medical center to be a destination for the geriatric population's emergency needs.
7. Wexner Medical Center Financial Summary: Mark Lamore, CFO of the Wexner Medical Center, presented the Health System Financial Summary for the fiscal year that ended June 30. The system had a bottom line of \$274 million and a 9.1% operating margin, an improvement year-over-year of \$36 million. Revenue has grown 9.2% while expenses grew 7.8%. Admissions grew 4.6% and Mr. Lamore noted that there are very few health systems growing at such an accelerated rate. The most telling figure is the center's cash position, which was \$643 million four years ago, and has since grown to \$1.375 billion.

**EXECUTIVE SESSION**

It was moved by Michael V. Drake, and seconded by Abigail Wexner, that the board 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 the purchase of real property and personnel matters regarding the employment, appointment, compensation, discipline and dismissal of public officials.

A roll call vote was taken and the board unanimously voted to go into executive session, with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Zeiger, Dr. Porter, Mr. Steinour, Mr. Schottenstein, Mr. Jurgensen, Ms. Hilsheimer, Dr. Drake, Dr. McPherson and Mr. Papadakis.

The board entered executive session at 10:50 a.m. and returned to public session at 1:54 p.m.

**PUBLIC SESSION**

**Items for Action**

8. Vote on QPAC Recommendation: The Wexner Medical Center Board reviewed a recommendation from the Quality and Professional Affairs Committee to terminate the medical staff membership and clinical privileges of Provider No. 904285.

**Action:** See below, item No. 10, for the details of this combined action.

9. Resolution No. 2019-01, Approval of Trauma Certification Action Plan – University Hospital East:

Synopsis: The Ohio State University Wexner Medical Center commits to maintain the high standards needed to provide optimal care of all trauma patients at The Ohio State University Hospital East emergency department and recommends trauma verification by the American College of Surgeons, Committee on Trauma, for approval.

WHEREAS the Wexner Medical Center's mission includes teaching, research and patient care; and

WHEREAS the Wexner Medical Center is cognizant of the resources needed to support a Level 3 Trauma Program at University Hospital East and the contribution of these programs to its tripartite mission; and

WHEREAS the commitment to maintain the high standards needed to provide optimal care of all trauma patients and support of the application for a Level 3 trauma verification for University Hospital East by the American College of Surgeons, Committee on Trauma, was approved by University Hospitals Medical Staff Administrative Committee on February 12, 2018, the Quality and Professional Affairs Committee on March 27, 2018, and the Wexner Medical Center Board on April 4, 2018:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby commits to maintain the high standards needed to provide optimal care of all trauma patients and approves the application and action plan for a Level 3 trauma verification at University Hospital East by the American College of Surgeons, Committee on Trauma.

(See Attachment I for background information, page 57)

**Action:** See below, item No. 10, for the details of this combined action.

**Items for Action (cont'd)**

10. Resolution No. 2019-02, Approval of Plan for Patient Care Services – 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 University Hospitals Medical Staff Administrative Committee on June 13, 2018, and the Quality and Professional Affairs Committee on August 20, 2018:

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 II for background information, page 64)

Resolution No. 2019-03, Approval of Plan for Patient Care Services – The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute:

Synopsis: Approval of the annual review of the plan of care and scope of services for the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, 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 Arthur G. James Cancer Hospital and Richard J. Solove Research Institute plan for inpatient and outpatient care describes the integration of clinical departments and personnel who provide care and services to patients at the James Cancer Hospital; and

WHEREAS the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute Plan for Patient Care Services was approved by the James Cancer Hospital Medical Staff Administrative Committee on July 13, 2018, and the Quality and Professional Affairs Committee on August 20, 2018:

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 and Richard J. Solove Research Institute as outlined in the attached Plan for Patient Care Services.

**Action:** Upon the motion of Ms. Krueger, seconded by Mr. Zeiger, the board adopted the foregoing motions by unanimous roll call vote with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Zeiger, Dr. Porter, Mr. Schottenstein, Mr. Jurgensen, Ms. Hilsheimer, Dr. Drake, Dr. McPheron and Mr. Papadakis. Mr. Steinour and Mr. Gasser were absent.

(See Attachment III for background information, page 76)

**Items for Action (cont'd)**

11. Resolution No. 2019-04, Approval to Enter into Professional Services and Construction Contracts:

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 and construction contracts for the following projects:

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Project Cost	
<b>Health Sciences Faculty Office and Optometry Clinic Building</b>	\$2.3M	\$25.4M	\$28.3M	Auxiliary Funds University Funds
<b>WMC Regional Ambulatory Facilities</b>	\$3.1M	\$4.9M	TBD	Auxiliary Funds

NOW THEREFORE

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

BE IT FURTHER RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to enter into professional services 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.

**Action:** Upon the motion of Ms. Hilsheimer, seconded by Mr. Schottenstein, a majority of the board adopted the foregoing motion by roll call vote with the following members present and voting: Ms. Krueger, Dr. Fujita, Dr. Porter, Mr. Schottenstein, Mr. Jurgensen, Ms. Hilsheimer, Dr. Drake, Dr. McPherson and Mr. Papadakis. Mr. Wexner, Mrs. Wexner and Mr. Zeiger abstained. Mr. Steinour and Mr. Gasser were absent.

(See Attachment IV for background information, page 93)

12. Resolution No. 2019-05, Approval for Acquisition of Real Property:

Synopsis: Authorization is requested to purchase approximately 2 acres of real property located adjacent to CarePoint East, Franklin County, Ohio.

WHEREAS the property is located on Atcheson Street and Johnson Street, Columbus, Ohio; and

WHEREAS the property will be utilized for parking expansion; and

WHEREAS the acquisition will be contingent upon zoning changes that will allow construction of the parking facilities; and

WHEREAS it has been recommended by the Office of Planning and Real Estate, in coordination with the Wexner Medical Center, that the university purchase the land; and

WHEREAS funds for the acquisition will be provided by the Wexner Medical Center:

NOW THEREFORE

***Items for Action (cont'd)***

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

BE IT FURTHER RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to take any action required to effect the sale of the property and to negotiate a purchase contract containing terms and conditions deemed to be in the best interest of the university.

**Action:** Upon the motion of Mrs. Wexner, seconded by Mr. Zeiger, the board adopted the foregoing motion by unanimous roll call vote with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Zeiger, Dr. Porter, Mr. Schottenstein, Mr. Jurgensen, Ms. Hilsheimer, Dr. Drake, Dr. McPheron and Mr. Papadakis. Mr. Steinour and Mr. Gasser were absent.

(See Attachment V for background information, page 96)

**Resolutions No. 2019-04 and No. 2019-05 were recommended by the Wexner Medical Center Board and forwarded to the University Board of Trustees for review and approval.**

The board meeting adjourned at 2:30 p.m.

## Attachment I

### **TRAUMA CERTIFICATION ACTION PLAN**

#### UNIVERSITY HOSPITAL EAST

Synopsis: The Ohio State University Wexner Medical Center commits to maintain the high standards needed to provide optimal care of all trauma patients at The Ohio State University Hospital East emergency department and recommends trauma verification by the American College of Surgeons, Committee on Trauma, for approval.

WHEREAS the Wexner Medical Center's mission includes teaching, research and patient care; and

WHEREAS the Wexner Medical Center is cognizant of the resources needed to support a Level 3 Trauma Program at University Hospital East and the contribution of these programs to its tripartite mission; and

WHEREAS the commitment to maintain the high standards needed to provide optimal care of all trauma patients and support of the application for a Level 3 trauma verification for University Hospital East by the American College of Surgeons, Committee on Trauma, was approved by University Hospitals Medical Staff Administrative Committee on February 12, 2018, the Quality and Professional Affairs Committee on March 27, 2018, and the Wexner Medical Center Board on April 4, 2018:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby commits to maintain the high standards needed to provide optimal care of all trauma patients and approves the application and action plan for a Level 3 trauma verification at University Hospital East by the American College of Surgeons, Committee on Trauma.

**Action Plan for Remediation of Deficiencies Identified in Consultative Site Visit**

Date of Consultative Visit May 15-16, 2018

**The Ohio State University Hospital East**

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The American College of Surgeons Committee on Trauma Verification Review Committee performed a Consultative Review of the University Hospitals East (UHE) on May 15<sup>th</sup> and 16<sup>th</sup>, 2018. This review was in accordance with the State of Ohio rules for designation of trauma centers. In order to become a provisional trauma center a consultative visit is required. Any deficiencies from the consultative review must be addressed in an action plan for remediation which is then approved by the hospital board prior to the facility becoming a Provisionally Designated Trauma Center.

The Consultative Review was performed and there were multiple deficiencies identified. The reviewers acknowledged that due to Ohio laws and state rules, UHE is currently not allowed to admit trauma patients prior to this site survey and this impairs the ability of the reviewer to verify aspects of the program which require patient movement through the system to fully validate. This limitation in addition to the facility not functioning as a trauma center during the time period prior to the Consultative Visit resulted in the vast majority of the deficiencies. The reviewers acknowledged that there was policy in place to address many of these deficiencies but without patients there was no mechanism to verify that the process was functioning as described.

The following action plan is detailed by deficiency as cited. Unless otherwise stated the deficiencies are being addressed by the activation of the trauma center at UHE and implementation of the policies and procedures which have been developed for the trauma center. We will be able to demonstrate compliance with all of the deficiencies listed below within six months of implementation or and will be fully prepared for a Verification Review visit to be schedule approximately 12 months after the go live of the trauma center.

**Deficiencies:** (CD: Criteria Deficiency number reflecting the requirement from the ACS Resources for the Optimal care of the Trauma Patient document)

1. **CD 2-8:** The attendance threshold of 80% is not met for the attending trauma surgeon presence in the emergency department.

**PLAN:** As there were no trauma activations during the one year period prior to the Consultative visit, the reviewers were unable to verify compliance with this CD. There is clear understanding of this requirement within the trauma team and this will be monitored in aggregate and by surgeon on a monthly basis to ensure compliance. Monthly reports will be provided to surgeons to ensure they are aware of their response times.

2. **CD 5-11:** The TMD (Trauma Medical Director) does not perform an annual assessment of the trauma panel providers in the form of Ongoing Professional Practice Evaluation

(OPPE) and Focused Professional Practice Evaluation (FPPE) when indicated by findings of the Performance Improvement and Patient Safety (PIPS) process.

**PLAN:** The TMD has developed a form and OPPE folder system for the tracking of provider related Performance Evaluation and Improvement filters as well as cases discussed in quality and peer review meetings. This will be reviewed on a semiannual basis to ensure transparency with the providers and an awareness of any trends by the TMD.

3. **CD 6-8 and CD 16-15:** The general surgeons do not have a 50% or greater attendance documented at the multidisciplinary trauma peer review committee.

**PLAN:** At the time of the Consultative Visit, there had been no peer review committee meetings. This is due to the trauma center at UHE not being active during the year prior to the visit. The multidisciplinary trauma peer review committee has been appointed and there are clear expectations for attendance which will be monitored and feedback provided on a monthly basis.

4. **CD 7-14:** Physicians who are board certified/eligible in emergency medicine must successfully complete the ATLS course at least once..

**PLAN:** There was one Emergency Medicine Physician for whom we were not able to produce evidence of prior completion of Advanced Trauma Life Support once in their career. This provider is going to attempt to produce the record of successful completion or will retake the class before November 1<sup>st</sup>, 2018.

5. **CD 11-69:** Trauma patients are admitted or transferred by a primary care physician without the knowledge and consent of the trauma service.

**PLAN:** With the implementation of the trauma program UHE will have guidelines for what constitutes an appropriate transfer. Trauma Surgeon involvement in all decisions to transfer will be mandatory and the trauma PIPS program will monitor all transfers for appropriateness requirements and the participation of the trauma team in that decision to transfer.

6. **CD 15-7:** The registrar has not attended or previously attended two courses within 12 months of being hired.

**PLAN:** The individual serving the role of registrar started the day prior to the Consultative Visit, she is currently scheduled to have the required courses completed by the end of December 2018. She is scheduled for these courses and the registration and travel are included in the budget.

7. **CD 3-3:** There is no rigorous multidisciplinary performance improvement to evaluate overtriage and undertriage rates to attain the optimal goal of less than 5 percent undertriage.

**PLAN:** Prior to the go live date of the UHE Trauma Center there has been no specific activation criteria for trauma patients. Absent activation criteria there is no way to determine over and under triage rates. This is a part of the planned PIPS program and will be reviewed on a quarterly basis to ensure that the activation criteria are appropriate for the facility capabilities.

8. **CD 16-13:** There is no documentation (minutes) reflecting the review of operational events and, when appropriate, the analysis and proposed corrective actions.

**PLAN:** In the absence of admissions and a trauma service there was no prospective or concurrent operational or peer review meetings. As the program becomes active these meetings are scheduled on a monthly basis and are focused on the identification of problems or processes that create an opportunity for improvement. Activation of the trauma program at UHE will provide the mechanism to identify these opportunities for the development of corrective action plans to achieve loop closure.

9. **CD 16-14:** Identified problem trends do not undergo multidisciplinary trauma peer review.

**PLAN:** Prior to the consultative visit there was no UHE trauma program or PIPS process to identify trends. Activation of the UHE trauma service will provide the necessary programmatic review to look for opportunities for improvement or deviation from existing processes or guidelines.

10. **CD 16-17:** The PIPS program does not systematically review mortalities, significant complications, and process variances associated with unanticipated outcomes and determine opportunities for improvement.

**PLAN:** Prior to the go live of the trauma service at UHE there has been no PIPS process in place. With the initiation of the service at UHE the proper personnel are now in place to ensure that there is a robust PIPS process to identify and intervene on opportunities for improvement such that a similar patient in a similar circumstance would not have the same issue in the future.

11. **CD 16-18:** When an opportunity for improvement is identified, appropriate corrective actions to mitigate or prevent similar future adverse events are not developed, implemented, or clearly documented by the trauma PIPS program.

**PLAN:** Prior to the go live of the trauma service at UHE there has been no PIPS process in place. With the initiation of the service at UHE the proper personnel are now in place to ensure that there is a robust PIPS process to identify and intervene on opportunities for

improvement such that a similar patient in a similar circumstance would not have the same issue in the future.

12. **CD 16-19:** The PIPS program does not demonstrate through documentation that identified opportunities for improvement lead to specific interventions that result in an alteration in conditions such that similar adverse events are less likely to occur.

**PLAN:** Prior to the go live of the trauma service at UHE there has been no PIPS process in place. With the initiation of the service at UHE the proper personnel are now in place to ensure that there is a robust PIPS process to identify and intervene on opportunities for improvement such that a similar patient in a similar circumstance would not have the same issue in the future.

13. **CD 16-19:** The TMD does not attend 50% of the multidisciplinary trauma peer review committee meetings.

**PLAN:** Prior to the Consultative Visit there was no trauma service or trauma peer review committee meetings. This resulted in the inability to demonstrate appropriate attendance at these meetings. These meetings are scheduled on a monthly basis going forward with attendance to be traced and reported monthly.

14. **CD 7-11 and CD 16-15:** The emergency medicine liaison or designated representative does not attend 50% of the multidisciplinary trauma peer review committee meetings.

**PLAN:** Prior to the Consultative Visit there was no trauma service at UHE or trauma peer review committee meetings. This resulted in the inability to demonstrate appropriate attendance at these meetings. These meetings are scheduled on a monthly basis going forward with attendance to be traced and reported monthly.

15. **CD 9-16 and CD 16-15:** The orthopaedic liaison or designated representative does not attend 50% of the multidisciplinary trauma peer review committee meetings.

**PLAN:** Prior to the Consultative Visit there was no trauma service at UHE or trauma program peer review committee meetings. This resulted in the inability to demonstrate appropriate attendance at these meetings. These meetings are scheduled on a monthly basis going forward with attendance to be traced and reported monthly.

16. **CD 11-12, CD 11-13 and CD 16-15:** The anesthesiologist liaison or designated representative does not attend 50% of the multidisciplinary trauma peer review committee meetings.

**PLAN:** Prior to the Consultative Visit there was no trauma service at UHE or trauma peer review committee meetings. This resulted in the inability to demonstrate appropriate attendance at these meetings. These meetings are scheduled on a monthly basis going forward with attendance to be traced and reported monthly.

17. **CD 11-62 and CD 16-15:** The ICU director liaison or designated representative does not attend 50% of the multidisciplinary trauma peer review committee meetings.

**PLAN:** Prior to the Consultative Visit there was no trauma service at UHE or trauma peer review committee meetings. This resulted in the inability to demonstrate appropriate attendance at these meetings. These meetings are scheduled on a monthly basis going forward with attendance to be traced and reported monthly.

**Improvement Opportunities:** these observations did not result in a criteria deficiency but were seen by the reviewers as an opportunity to improve the program.

1. The UHE ED dwell time was consistently greater than the benchmark time set by the trauma program.

**PLAN:** The UHE ED plan for transfer when appropriate has been developed and is being distributed to the ED faculty to ensure awareness of the plan. The Benchmarks for decision to transfer and the execution of the transfer have been developed to assure the patients are transferred in a timely manner, when appropriate, based on their disease.

2. Nursing documentation of the trauma flow sheet is inconsistent in terms of its quality.

**PLAN:** At the time of the Consultative visit, there had been no education of the nursing staff on the use of the Trauma Narrator and appropriate clinical documentation. The standard UHE ED documentation was the predominant form used for the patients reviewed. The nursing staff has been educated on the Trauma Narrator prior to go live of the trauma program and there is an ongoing effort between UHE and University Hospitals on main campus on the modification of the Trauma Narrator to better capture the activities of the trauma resuscitation.

3. There is inconsistent grading of solid organ injuries.

**PLAN:** With the implementation of the trauma service at UHE the Emergency Radiologists will better report the organ injury grading in to their documentation. This is already done successfully for the trauma patients at University Hospitals on campus but has not been a focus at UHE as it was not a trauma center.

4. There is no backup system in place for anesthesia coverage.

**PLAN:** There have been multiple discussions and we have settled on a plan to increase CRNA backup coverage for Anesthesia at UHE. This will result in redundant Anesthesia coverage and improve throughput and readiness for additional patients.

5. Although there are several established guidelines, the PIPS process does not monitor them for compliance.

**PLAN:** The development and implementation of the guidelines will transition to the PIPS process for their monitoring. The relevant performance indicators from the guidelines are already incorporated into the PIPS process to be implemented upon activation of the trauma program.

**Summary:**

The issues identified in the Consultative Visit were largely related to the inability to admit patients to the UHE facility and exercise the elements of the PIPS program of the facility. The go live of the trauma service will resolve many of these issues. We should see the well described PIPS process in place and actively identify opportunities for improvement. Attendance at the scheduled PIPS meetings will be monitored and feedback sent to the participants resolving the deficiencies related to attendance. Finally the implementation of the program will show the responsiveness of the trauma surgeons and other individuals on call for the trauma patient, arriving in a timely manner to care for the injured patient.

The remaining issues identified are being resolved within a timely fashion and none of the identified issues pose an obstacle to verification of the Trauma program at UHE.

## Attachment II

### PLAN FOR PATIENT CARE SERVICES

#### 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 University Hospitals Medical Staff Administrative Committee on June 13, 2018, and the Quality and Professional Affairs Committee on August 20, 2018:

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.



Approvals:  
MSAC - 6/10/2015; 6/8/2016; 6/14/2017; 06/13/2018  
QPAC-7/22/2015; 6/28/2016; 6/27/2017; 08/20/2018  
Wexner Medical Center Board - 8/25/2015, 8/31/2016;  
8/23/2017; 08/28/2018

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

The Ohio State University Hospital, Richard M. Ross Heart Hospital, Brain and Spine 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 Statement:**

To improve health in Ohio and across the world through innovation in research, education and patient care.

**Vision Statement:**

By pushing the boundaries of discovery and knowledge, we will solve significant problems and deliver unparalleled care.

**Values:**

Inclusiveness, Determination, Empathy, Sincerity, Ownership and Innovation

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, governing body members and administration team members, complements and reflects our unique role in The Ohio State Wexner Medical Center.

**PHILOSOPHY OF PATIENT CARE SERVICES**

In collaboration with the community, the Hospitals will provide innovative, personalized, and patient-focused care 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 areas of concentration (Cancer, Heart, Neurosciences, Transplant, Diabetes, Musculoskeletal, Digestive Diseases, and Critical Care);
- 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 Chief Nursing and Patient Care Services Officer 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 Associate Chief Nursing Officer (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 ACNOs 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 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 Administrative Team, 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

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 the AACN Synergy model for patient care. This model is driven by the core concept that the patient and family needs influence the competencies and characteristics of the nursing care provided. The benefits include enhanced quality of care, improved service, appropriate length of hospitalization and minimized cost.
- Hospital employees will demonstrate values and behaviors consistent with the OSUWMC Buckeye Spirit set of core values. The philosophical foundation reflects a culture of inclusiveness, sincerity, determination, ownership, empathy and innovation.
- 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.
- The Synergy professional nursing practice model is a framework which reflects our underlying philosophy and vision of providing care to patients based on their unique needs and characteristics. 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 restore a patient to the optimal level of wellness based on the patient's definition;

(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:

<b>DEPARTMENT</b>	<b>SERVICE</b>
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 owned or used by the hospital; 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 on-site 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

DEPARTMENT	SERVICE
	and reports on financial performance monthly.
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, Storeroom - 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

DEPARTMENT	SERVICE
	physician order, mainly to critically ill adults and neonates, requiring some type of ventilator support, bronchodilator therapy, or pulmonary hygiene, due to chronic lung 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 III

### **PLAN FOR PATIENT CARE SERVICES**

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

Synopsis: Approval of the annual review of the plan of care and scope of services for the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, 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 Arthur G. James Cancer Hospital and Richard J. Solove Research Institute plan for inpatient and outpatient care describes the integration of clinical departments and personnel who provide care and services to patients at The James Cancer Hospital; and

WHEREAS the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute Plan for Patient Care Services was approved by the James Cancer Hospital Medical Staff Administrative Committee on July 13, 2018, and the Quality and Professional Affairs Committee on August 20, 2018:

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 and Richard J. Solove Research Institute as outlined in the attached Plan for Patient Care Services.

Revised: May 2018 MSAC Approval: July 13, 2018 Board Approval: August 28, 2018
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## 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:** Create 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.

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. The James' patient-centered care is enhanced by the teaching and research programs. Our mission, and a staff dedicated to its fulfillment, distinguishes 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:

- Maintaining a current mission statement which outlines the synergistic relationship between patient care, research, and teaching
- Developing a long-range strategic plan with input from hospital leaders to determine the services to be provided

- Establishing annual goals and objectives that are consistent with the hospital mission, the strategic plan, which are based on a collaborative assessment of patient/family and the community's needs
- Planning and designing from the hospital leadership, involving the communities to be served
- Providing services appropriate to the scope and level required by each patient served based on assessment of need
- Evaluating ongoing services provided through formalized processes, such as performance assessment and improvement activities, budgeting and staffing plans
- Integrating 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 OSUWMC 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
- Respecting each patient's rights and their decisions as an essential component in the planning and provision of care
- Assuring that every staff member demonstrates behaviors which 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 body, 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.

The planning process includes an assessment of our customer and community needs. This process begins with:

- Developing a long range strategic plan
- Developing operational plans

- Establishing annual operating and capital budgets, monitoring compliance
- Establishing resource allocations and policies
- Ongoing evaluation of each plan's 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 there is integration of the planning, evaluation and communication processes both within and between departments in order 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 continuum of care

- 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 and develop 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
- 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. The Executive Director, Patient Services 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:

- Evaluation of patient care programs, policies, and procedures which 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
- 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 organized and systematic through-put processes designed to ensure the delivery of appropriate, safe, effective and timely care and treatment. The patient through-put 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
- 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 an interdisciplinary, 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)
- Recognized standards or practice guidelines

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, assistant nurse manager, charge nurse or the Administrative Nursing Supervisor (ANS) provides onsite oversight in the absence of the NM) reviews 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.

Administration leaders, in conjunction with budget and performance measurements, review staffing within all patient care areas and monitor 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, we 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. Therefore, the direction of personalized health care is to be predictive and preventive.

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

- Hospital staff provides 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, implementation and evaluation of care delivery systems and services which are consistent focuses on patient-centered care 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 identifies 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 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 personnel needed to provide care within the service needs of the department.

**Patient Support Services** are 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.

### **Care Delivery Model**

Individualized, patient-focused care is the model in which teams deliver 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 value-based cost related to quality outcomes
- Hospital employees will demonstrate behaviors consistent with the philosophy of personalized health care; this 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 their 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

## **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 utilizes 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 hospital 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, 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 of underlying disagreements
- Facilitate communication between the attending physician, the patient, members of the treatment team, and the patient's family (as appropriate)
- Mediate and resolve disagreements

## **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. Continual process improvement initiatives support effective integration of hospital and health system policies, procedures and protocols, and 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. 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 scope; positive interdepartmental communications are strongly encouraged. Direct 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 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's Plan for Providing Patient Care will be reviewed regularly by the 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, care delivery systems, processes that affect the delivery, and level of patient care required.

### 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: 4:00 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	Enhances the quality of patient care and the work environment by

	minimizing the risk of acquiring infection within the hospital and ambulatory setting.
Facilities Operations	Provides oversight, maintenance and repair of the building's life safety, fire safety, and utility systems. Provides preventative, repair, and routine maintenance in all areas of all buildings serving patients, guests, and staff.
Financial Services	Assists managers in preparation and management of capital and operational budgets; provides comprehensive patient billing services and works with patients and payers to facilitate meeting all payer requirements for payment.
Patient Experience	Develops programs for support of patient relations and customer service and information desk. Volunteers do way-finding, host visitors in waiting areas, serve as patient/family advisors, and assist staff. Volunteer Services serves as a liaison for the Service Board auxiliary that annually grants money to department-initiated projects that enhance the patient and family experience.
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 human resources information to employees, and established equity for payroll.
Information Systems	Assists departments to explore, deploy and integrate reliable, state of the art information systems technology solutions to manage change.
Laboratory	Provides laboratory testing of ambulatory patients with a diagnosis of malignant disease and those that require urgent medical treatment given by the emergency department. Lab Reports are included in the patient record.
Materials Management	Supplies stock in patient care areas.
Medical Information Management	Maintains patient records serving the needs of the patient, provider, institution, and various third parties to health care in the inpatient and ambulatory setting.
Nutrition Services	Provides nutrition care and food service to The James and ambulatory site patients, staff, and visitors. Clinical nutrition assessment and consultation are available in both inpatient and outpatient settings. The department provides food service to inpatients and selected ambulatory settings.
Oncology Laboratories	Provides clinical laboratory support services for medical, surgical, bone marrow transplantation, and radiation oncology units.

Pathology	The Molecular Pathology Laboratory provides testing of inpatient and ambulatory patients with a diagnosis of malignant disease and/or genetic disease. Final Reports are included in the patient record.
Patient Access Services (PAS)	Coordinates registration/admissions with nursing management.
Patient Care Resource Management and Social Services	Provides personalized care coordination and resource management with patients and families. Provides discharge planning, coordination of external agency contacts for patient care needs, and crisis intervention and support for patients and their families. Provides services upon phone/consult request of physician, nurse or the patient or family.
Patient Financial Services	Provides financial assistance upon request from the patient/family.
Perioperative Services	Provides personalized care of the patient requiring surgical services, from pre-anesthesia through recovery, for the ambulatory and in-patient surgical patient.
Pharmacy	Patient care services are delivered via specialty practice pharmacists and clinical generalists. Each practitioner promotes optimal medication use and assists in achieving the therapeutic goals of the patients. Areas of service include, but are not limited to: Oncology, Breast Oncology, Hematology, Bone Marrow Transplant, Gynecologic Oncology, Pain and Palliative Care, Anticoagulation Management, Infectious Disease, and Intensive Care.
Process Engineers	Process engineering utilizes industrial engineering knowledge and skills, as well as LEAN and Six Sigma methods to provide internal consulting, coaching and training services for all departments across all parts of The James Cancer Hospital in order to develop, implement, and monitor more efficient, cost-effective business processes and strategies.
Quality and Patient Safety	Provides integrated quality management and facilitates continuous quality improvement efforts throughout the Hospital.
Pulmonary Diagnostics Lab	Provides service to patients requiring an evaluation of the respiratory system including pulmonary function testing, bronchoscopy and other diagnostic/interventional pulmonary procedures.
Radiation Safety	Oversees the safe use of all forms of ionization radiation used in conjunction with humans for diagnostic, therapeutic, or research purposes at all OSUWMC James locations.
Radiation Oncology	Responsible for clinical care related to the application of radiation treatments.
Radiology Services	Provide state-of-the-art radiological diagnostic and therapeutic testing and treatment. Services offered by the Radiology Imaging Department range from general radiography and fluoroscopy to new

	and advanced interventional procedures, contrast imaging, which include, but not limited to CT, MRI, IVP, etc., in which contrast agents are administered by IV certified radiology technologists.
Rehabilitation Services	Physical therapists, occupational therapists, speech and language pathologist, and recreational therapists, evaluate, formulate a plan of care, and provide treatment based on physician referral and along with the interdisciplinary medical team for appropriate treatment and education needed for the established discharge plan.
Respiratory Therapy	Provides respiratory therapeutic interventions and diagnostic testing, by physician order including ventilator support, bronchodilator therapy, and pulmonary hygiene.
Security	Provides a safe and secure environment for patients, visitors, and staff members by responding to emergencies such as workplace violence, fires, bomb threats, internal and external disasters, armed aggressors, or any other incident that needs and emergency response.
Staff Development and Education	Provides and promotes ongoing employee development and training related to oncology care, provides clinical orientation, and continuing education of staff.
Transfer Center	Coordinate with inpatient units and ancillary departments to ensure patient flow efficiency and timely access for patients who seek care. Provide transparency real-time across the Medical Center on capacity and all ADT (Admission, Discharge, and Transfer) activity. Timely and accurate patient placement based on level of care and service line is expedited through a capacity management technology platform.

## Attachment IV

### APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

#### APPROVAL TO ENTER INTO PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS Health Sciences Faculty Office and Optometry Clinic Building WMC Regional Ambulatory Facilities

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 and construction contracts for the following projects:

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Project Cost	
<b>Health Sciences Faculty Office and Optometry Clinic Building</b>	\$2.3M	\$25.4M	\$28.3M	Auxiliary Funds University Funds
<b>WMC Regional Ambulatory Facilities</b>	\$3.1M	\$4.9M	TBD	Auxiliary Funds

NOW THEREFORE

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

BE IT FURTHER RESOLVED, That the President and/or Senior Vice President for Business and Finance be authorized to enter into professional services 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.

Project Data Sheet for Board of Trustees Approval

**Health Sciences Faculty Office and Optometry Clinic Building**

OSU-180356 (CNI# 180000074, 18000019, 18000158)

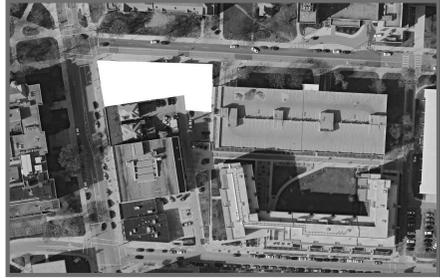
Project Location: West 11<sup>th</sup> Ave & Neil Ave

- **approval requested and amount**

professional services	\$2.3M
construction	\$25.4M
  
- **project budget**

professional services	\$2.9M
construction w/contingency	\$25.4M
<hr/>	
total project budget	\$28.3M
  
- **project funding**
  - university debt
  - development funds
  - university funds
  - auxiliary funds
  - state funds
  
- **project schedule**

BoT prof serv appr (criteria design)	11/17
design/bidding	4/18 – 11/18
construction	12/18 – 3/20



- **project delivery method**
  - general contracting
  - design/build
  - construction manager at risk
  
- **planning framework**
  - the FY 2018 Capital Investment Plan included the professional services amount for criteria design
  - the FY 2019 Capital Investment Plan includes the remainder of the professional services and construction costs
  
- **project scope**
  - demolish three existing buildings at the corner of W. 11<sup>th</sup> Ave and Neil Ave
  - construct approximately 87,000 GSF for optometry clinics, retail, faculty offices and support spaces
  - key enabling project for the Interdisciplinary Health Sciences Center
  
- **approval requested**
  - approval is requested to enter into professional services contracts for the remainder of the design phase and to enter into construction contracts

- 
- **project team**

University project manager:	Evan Gardiner
Criteria architect:	Acock Associates
Design-builder:	TBD

## Project Data Sheet for Board of Trustees Approval

### WMC Regional Ambulatory Facilities

OSU-180636 (CNI# 18000157, 18000177)

Project Location: Hamilton Road and SR 161

- **approval requested and amount**

professional services	\$3.1M
construction	\$4.9M
- **project budget**

professional services	
construction w/contingency	TBD
total project budget	TBD



- **project funding**
  - university debt
  - development funds
  - university funds
  - auxiliary funds (health system)
  - state funds
- **project schedule**

BoT professional services approval (SD only)	4/18
BoT professional services approval	8/18
design	4/18 – 5/19
construction	9/18 – 9/20
- **project delivery method**
  - general contracting
  - design/build
  - construction manager at risk
- **planning framework**
  - consistent with the strategic plans of the university and Wexner Medical Center to provide medical services within community-based ambulatory facilities
  - this project is included in the FY 2019 Capital Investment Plan
- **project scope**
  - design approximately 222,000 square foot ambulatory building that will include ambulatory surgery, endoscopy, primary care, specialty medical and surgical clinics, and related support
  - the facility will be located at Hamilton Road and SR 161 in Columbus
  - the total project cost will be validated during design
- **approval requested**
  - approval is requested to enter into professional services contracts for the remainder of design and enter into construction contracts for site work

- 
- **project team**

University project manager:	Paul Lenz
AE/design architect:	DLR Group
CMR:	Daimler Group

Att Attachment Vachment V

**APPROVAL FOR ACQUISITION OF REAL PROPERTY**

**NEAR CAREPOINT EAST – WEXNER MEDICAL CENTER  
IN COLUMBUS, FRANKLIN COUNTY, OHIO**

Synopsis: Authorization is requested to purchase approximately 2 acres of real property located adjacent to CarePoint East, Franklin County, Ohio.

WHEREAS the property is located on Atcheson Street and Johnson Street, Columbus, Ohio; and

WHEREAS the property will be utilized for parking expansion; and

WHEREAS the acquisition will be contingent upon zoning changes that will allow construction of the parking facilities; and

WHEREAS it has been recommended by the Office of Planning and Real Estate, in coordination with the Wexner Medical Center, that the university purchase the land; and

WHEREAS funds for the acquisition will be provided by the Wexner Medical Center.

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center hereby approves and proposes that the purchase of said property 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 any action required to effect the sale of the property and to negotiate a purchase contract containing terms and conditions deemed to be in the best interest of the university.

**APPROVAL FOR ACQUISITION OF REAL PROPERTY  
NEAR CAREPOINT EAST  
COLUMBUS, FRANKLIN COUNTY, OHIO**

**Background**

The Ohio State University seeks to acquire from Blueprint Community Development LLC, approximately 2 acres of land located on Atcheson and Johnson Streets, Franklin County, Columbus, Ohio. This land is adjacent to CarePoint East and will be used for parking expansion.

**Location and Description**

Ohio State is purchasing a portion of the property located on Atcheson Street and Johnson Streets, Columbus, Ohio, adjacent to the university's CarePoint East facility. The site currently contains some structures that were constructed in 1946. The site is currently zoned R3 (Residential).

**Purchase Rationale**

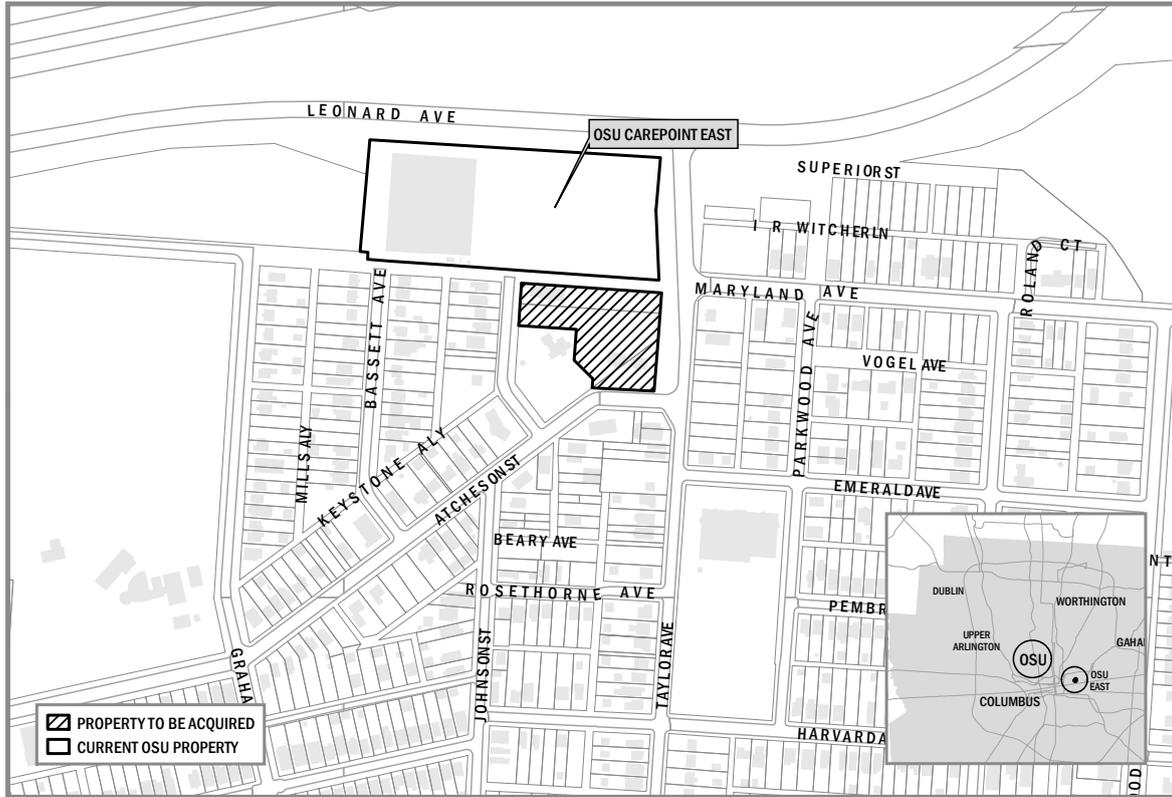
The acquisition of this adjacent property is strategic to address current parking issues at CarePoint East and provides parking for future growth of services, enhancing the patient and visitor experience.

The operations of CarePoint East saw a FY18 growth of 12% over FY17 (88% since opening in 2011), averaging nearly 1,250 patient visits per day. The parking expansion will be designated for staff, allowing spaces closer to the facility to remain available for patients.

The existing configuration is narrow in parking space and row width, resulting in limited driver vision and difficult navigation for pedestrians and drivers. The additional parking will allow for the total parking lot to be configured at current parking standards.

**Acquisition of Property**

The Office of Planning and Real Estate, together with the Wexner Medical Center, recommends the acquisition of the +/- 2 acres. The property will be acquired for \$1.00.



**PURCHASE OF REAL PROPERTY  
ATCHESON & JOHNSON STREET COLUMBUS,  
FRANKLIN COUNTY, OHIO 43203**