

THE OHIO STATE UNIVERSITY
OFFICIAL PROCEEDINGS OF THE
ONE THOUSAND FIVE HUNDRED AND EIGHTH
MEETING OF THE BOARD OF TRUSTEES

Columbus, Ohio, August 10-27, 2020

The Board of Trustees and its committees met at various times virtually between August 10 and August 27, 2020, pursuant to adjournment.

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Minutes of the last meetings were approved.

**TALENT, COMPENSATION & GOVERNANCE COMMITTEE
OFF-CYCLE EXECUTIVE SESSION**

Committee Chair Hiroyuki Fujita called the meeting of the Talent, Compensation and Governance Committee of the Board of Trustees to order on Monday, August 10, 2020 at 3:01 p.m.

Members Present (online): Hiroyuki Fujita, Erin P. Hoeflinger, John W. Zeiger, Elizabeth P. Kessler, Lewis Von Thaer, Jeff M.S. Kaplan, Gary R. Heminger (ex officio)

Members Absent: None

Upon the motion of Dr. Fujita, seconded by Mr. Von Thaer, the committee voted unanimously by roll call vote to recess into executive session to discuss business-sensitive trade secrets required to be kept confidential by federal and state statutes, and to discuss personnel matters regarding the appointment, employment and compensation of public employees. Votes were cast by trustees Mr. Heminger, Dr. Fujita, Mr. Von Thaer, Mrs. Hoeflinger, Mr. Zeiger, Ms. Kessler and Mr. Kaplan.

The committee entered executive session at 3:02 p.m. and reconvened briefly in public session at 5:30 p.m. The meeting adjourned at 5:31 p.m.

**TALENT, COMPENSATION & GOVERNANCE COMMITTEE
OFF-CYCLE EXECUTIVE SESSION**

Committee Chair Hiroyuki Fujita called the meeting of the Talent, Compensation and Governance Committee of the Board of Trustees to order on Wednesday, August 19, 2020 at 8:02 a.m.

Members Present (online): Hiroyuki Fujita, Erin P. Hoeflinger, John W. Zeiger, Elizabeth P. Kessler, Lewis Von Thaer, Jeff M.S. Kaplan, Gary R. Heminger (ex officio)

Members Absent: None

Upon the motion of Dr. Fujita, seconded by Mr. Von Thaer, the committee voted unanimously by roll call vote to recess into executive session to discuss personnel matters regarding the appointment, employment and compensation of public employees. Votes were cast by trustees Mr. Heminger, Dr. Fujita, Mr. Von Thaer, Mrs. Hoeflinger, Mr. Zeiger, Ms. Kessler and Mr. Kaplan.

The committee entered executive session at 8:03 a.m. and reconvened briefly in public session at 9:30 a.m. The meeting adjourned at 9:34 a.m.

**AUDIT, COMPLIANCE & FINANCE COMMITTEE
OFF-CYCLE EXECUTIVE SESSION**

Committee Chair John Zeiger called the meeting of the Audit, Compliance and Finance Committee of the Board of Trustees to order on Friday, August 21, 2020 at 9:30 a.m.

Members Present (online): John W. Zeiger, Brent R. Porteus (joined late), Erin P. Hoeflinger, Alexander R. Fischer, Hiroyuki Fujita, Elizabeth P. Kessler, Lewis Von Thaeer, Jeff M.S. Kaplan, James D. Klingbeil, Gary R. Heminger (ex officio)

Members Absent: Amy Chronis

Upon the motion of Mr. Zeiger, seconded by Ms. Kessler, the committee voted unanimously by roll call vote to recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes. Votes were cast by trustees Mr. Heminger, Mr. Zeiger, Mrs. Hoeflinger, Mr. Fischer, Dr. Fujita, Ms. Kessler, Mr. Von Thaeer, Mr. Kaplan and Mr. Klingbeil. Mr. Porteus was not present for this vote.

The committee entered executive session at 9:34 a.m. and reconvened briefly in public session at 10:30 a.m. The meeting adjourned at 10:35 a.m.

ACADEMIC AFFAIRS, STUDENT LIFE & RESEARCH COMMITTEE MEETING

Committee Chair Brent Porteus called the meeting of the Academic Affairs, Student Life and Research Committee of the Board of Trustees to order on Tuesday, August 25, 2020 at 2:30 p.m.

Members Present (online): Gary R. Heminger, Brent R. Porteus, Cheryl L. Krueger, Abigail S. Wexner, Hiroyuki Fujita, Elizabeth P. Kessler, Jeff M.S. Kaplan, Anand Shah, Susan Olesik

Members Absent: Alan A. Stockmeister

(See Appendix III for Summary of Actions Taken, page 95)

WEXNER MEDICAL CENTER BOARD MEETING

Board Secretary Jessica Eveland called the meeting of The Wexner Medical Center Board to order on Wednesday, August 26, 2020 at 8:00 a.m.

Members Present (online): Leslie H. Wexner, Abigail S. Wexner, Cheryl L. Krueger, Hiroyuki Fujita, John W. Zeiger, Stephen D. Steinour, Robert H. Schottenstein, Cindy Hilshemer, Harold L. Paz (ex officio), Bruce McPheron (joined late, ex officio), Michael Papadakis (ex officio), Gary R. Heminger (ex officio)

Members Absent: W.G. Jurgensen

(See Appendix IV for Summary of Actions Taken, page 102)

SPECIAL FULL-BOARD PUBLIC SESSION

Board Chair Gary R. Heminger called the meeting of The Ohio State University Board of Trustees to order on Wednesday, August 26, 2020 at 11:45 a.m.

Members Present (online): Gary R. Heminger, Abigail S. Wexner, Cheryl L. Krueger, Brent R. Porteus, Erin P. Hoeflinger, Alexander R. Fischer, Hiroyuki Fujita, Alan A. Stockmeister, John W. Zeiger, Elizabeth P. Kessler, Lewis Von Thaeer, Jeff M.S. Kaplan, Michael Kiggin, Elizabeth A. Harsh, Reginald A. Wilkinson, Anand Shah

Members Absent: None

Mr. Heminger:

Good morning. We are going to wait a moment to make sure that everyone is here. Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Heminger:

Thank you. I would like to convene this special public session of the Board of Trustees. Reminder that this meeting is being recorded and livestreamed for the public by WOSU. At this time, I will make a motion that we convene a committee of the whole to take under consideration the request to Increase Professional Services and Construction Contracts related to the Wexner Medical Center Inpatient Hospital.

Upon the motion of Mr. Heminger, seconded by Mr. Zeiger, the Board of Trustees adopted the foregoing motion by unanimous voice vote.

Mr. Heminger:

Thank you. We have convened a committee of the whole. Before I turn this over to Alex Fischer to get us started, I want to make a few comments to recognize the tremendous hours and dedication to the new Wexner Medical Center inpatient hospital, namely by the chair of the Master Planning and Facilities Committee, Alex Fischer; Bobby Schottenstein; John Zeiger, who is chair of our Audit, Compliance and Finance Committee; Dr. Paz, who reviewed the overall strategy; Jay Kasey, who is in charge of all the project management in and around this project; Mike Papadakis, from the financial side of The Ohio State University; and Mark Larmore, the CFO of the Wexner Medical Center; and the list can go on and on. They have spent countless hours and we compliment you and we thank you for that tremendous work that you have done to really dig into not only the construction side and looking at how this facility will be built, but also the detailed financial analysis that supports such an investment.

With that, Mr. Fischer, I will turn it over to you.

Mr. Fischer:

Thank you, Mr. Chairman. I will make a couple brief, introductory remarks and then I will ask Mr. Schottenstein and Mr. Zeiger to do the same. We will ask Dr. Paz to give a brief overview of the strategy and I am going to ask Mrs. Wexner to comment. Then we will review the site and program design, components and cost, and the funding plan. Throughout it all, if you have questions don't hesitate to ask those, but we will reserve time at the end for questions as well.

This inpatient hospital project, the largest in university's history has been in the makings for over a decade. It is a great example of the long-range planning that happens by the Board of Trustees and all those associated with the university. You can go back to the year 2007, in which the ideas for a replacing Rhodes and Doan Hall first started to show up in the first Framework Plan. They solidified the concept of relocating Cannon Drive, which was completed earlier this year. That allowed 12 acres of development opportunity adjacent to the university's medical center complex.

Over the last several years, we have done a refresh of the university's strategic plan, the Wexner Medical Center's strategic plan and the Framework 2.0 Master Plan on the university. And in all three of those instances, those planning processes have been integrated together, and all three have identified the need to significantly upgrade the inpatient hospital to maximize patient satisfaction, the support for healing of our patients, better patient care and overall operational efficiencies.

This facility will provide students, faculty and staff with a state-of-the-art facility, leading-edge access to digital technologies in advanced patient care. It will provide central Ohio residents and those beyond with one of the best facilities in the country, so that those who are sick can get well in their own hometown.

Our long-term vision is to develop space and facilities that strengthen our position as a national flagship public research university, and this project is critical to making that vision happen. It integrates all aspects of the overall university's strategy, reputation and vision.

The formal programming began back in April 2017, when we confirmed as a group the site and development-specific programmatic elements. Professional services were first entered into in November 2018 for preliminary design on the inpatient hospital, as well as a new inpatient garage and the Central Sterile Supply facility, which were both key enabling projects.

Subsequent approvals for the enabling projects to advance the design of the inpatient hospital have been reviewed by the Wexner Medical Center Board, the Master Planning and Facilities Committee, and the Audit, Compliance and Finance Committee. So what I would like to do is ask each of those respective leaders, starting with Mr. Schottenstein, to provide comments on this historic and very important project.

Mr. Schottenstein:

Thank you, Alex, and thank you, Mr. Chairman. Good afternoon, everyone.

The 820-bed, nearly 2-million square foot inpatient hospital project is a once in a generation opportunity to transform and propel the Wexner Medical Center by advancing the research, education and outreach goals of the university. As Alex mentioned, this extraordinary project, the largest in university history, was specifically called for and identified in the medical center's strategic plan.

A project of this magnitude and importance from the very outset required a different approach both in terms of oversight and in terms of selecting and managing the project team. Everyone should know that this process first began under the watchful eye and steady hand of the late John F. Wolfe, who at the time served on the Medical Center Board and chaired the Facilities Committee. When I joined the Medical Center Board and succeeded John as chair of the Facilities Committee, we continued to follow the very smart process that John started. As part of that process, a very thorough and thoughtful interview and selection process resulted in putting together what I consider to be a world-class team on both the design and construction side, with design being led by HDR architects and the construction managers being the joint venture Walsh/Turner.

Internally, the university assembled a strong staff to manage various aspects of the project and they in turn were supplemented by third-party industry experts, most notably Ed Lampert, to ensure that we build a building that is not only beautiful, but one that also works – one that is efficient, effective and lasting.

As Alex mentioned, this project also represents a very material investment in the health of central Ohio. Clearly it is more than bricks and mortar; it's about improving the health outcomes of families in our community and beyond for many years to come. I know firsthand that there has been an unprecedented, extraordinary degree of comprehensive oversight of this project from day one. It is critical that the same degree of oversight that brought us to this day continues as we proceed from final design to commencement of construction. Finally, I'd like to say, it has been a tremendous honor for me to be a part of this project and I enthusiastically support it. Thank you.

Mr. Fischer:

Mr. Zeiger, on behalf of the Audit, Compliance and Finance Committee, could I ask you to make some comments?

Mr. Zeiger:

Thank you, Alex. As each of you are aware, the Audit, Compliance and Finance Committee of the Board of Trustees at the university has responsibility for strategic oversight of the operating annual budget but also the capital budget on expenditure of property. Those are responsibilities the committee takes very seriously.

As a result, for about the last two-and-a-half years the committee has been engaged quite regularly on evaluating this project, given the financial size of the undertaking. Everything was moving along nicely until we came to the COVID situation, and that of course has changed a lot of things. It caused our committee to take a step back and again assess the appropriateness of moving forward with such a large project at this time. In the last two-and-a-half months, we've asked a lot of questions and we've reviewed a lot information. The degree of cooperation by the management team has been very strong. And the result of that is we have redone all of the due diligence relating to this potential expenditure.

The conclusion of that due diligence is that the plan that has been presented by the Wexner Medical Center is a solid and achievable capital plan for this project – a badly needed project, which we all recognize, but importantly the financial plan is both achievable and solid. Also importantly, we believe this capital plan will not impair the operating budget of the university in as much as it is on the capital side as distinguished from the regular operating budget.

We did in fact think about the consequences of pausing because of the pandemic. That would be very difficult given the very detailed and fine work that has been undertaken to date, all of which is culminating with a construction start date in the very near future. What we concluded if we did pause was that there would be a financial loss to the university, for even a brief pause, in the range of \$85 million or more. So, having concluded that there is a solid and dependable plan that is achievable to finance the construction, understanding the timeframes in which things need to proceed and the losses we would incur should we not proceed, the committee has concluded that it is not appropriate or advisable to delay the project. And you will find that, I believe, each committee member is prepared to support the project going forward.

Thanks, Alex.

Mr. Fischer:

Thank you, Mr. Zeiger, and especially thanks for all the work that you have undertaken over the last several weeks in light of everything that the university is facing to make sure we have considered all and every contingency as we undertake this project.

Dr. Paz, I would like to ask you to give a brief overview of your view of the strategic intent of what we are undertaking here.

Dr. Paz:

Thank you very much for this opportunity. I appreciate Mr. Zeiger, Mr. Fischer and Mr. Schottenstein's comments about this critically important project, and I'd like to spend a few minutes reinforcing how integral this investment is to our delivery of care at the Wexner Medical Center. As you heard, though we continue to face the healthcare and economic consequences of the COVID-19 pandemic, what we are experiencing as an industry is already changing the healthcare landscape in ways we have only begun to understand.

For example, the pandemic has underscored a real and pressing need to invest in state-of-the-art brick and mortar inpatient facilities to ensure that we have a means to care for those who we serve. And although the pandemic reinforced the need, this project is informed first and foremost by our strategic plan. I'd like to recognize Abigail Wexner in particular for her work on the medical center's strategic plan that informed the recommendation to replace University Hospital.

Here is why the inpatient tower is so important: Even as we continue to advance our strategy to transform the health system to a health platform focused on driving care into the home using virtual and digital solutions to create personalized health, we must fulfill our responsibility to the state as a land-grant institution and our mission as an academic health center to meet the needs of the sickest of the sick. The design of the new hospital tower will position us to improve health in Ohio and across the nation by enabling us to respond quickly to future pandemics and other crises; stimulate innovative solutions for challenges at the local, state and national levels; and accommodate the demand for high acuity care of an aging population.

The tower will be the centerpiece of a network of inpatient and outpatient facilities providing access to all communities in central Ohio and beyond. The new hospital facility and clinical space will help us fulfill our academic health center mission by providing a state-of-the-art space for exceptional clinical care, facilitating teaching of multi-disciplinary team-based healthcare, propelling breakthrough research of new clinical treatments and establishing new evidence-based practices, as we've seen so evident during this pandemic.

To accomplish this, we now know that we need more beds, not fewer. As the healthcare landscape dramatically shifts and regional hospitals with smaller footprints are closing due to economic realities, larger academic health centers like the Ohio State Wexner Medical Center are in a position to expand and support these additional patient populations. Even though COVID-19 has demonstrated the need for more beds, not fewer, these hospitals in the community are unable to stay in their operations and will look to metropolitan hospitals like us for care.

In many ways, these patients already depend on us. The Ohio State Wexner Medical Center serves patients from all of Ohio's 88 counties. By doubling the number of rooms available in University Hospital to 820, the new tower will expand Ohio State's ability to serve patients from both rural and urban settings. We are a destination academic health center with critical care services that many rural hospitals across the state depend on to

take care of their patients. The Ohio State Wexner Medical Center receives patients transferred from across Ohio, regionally and nationally for care they cannot be provided optimally in community hospitals, particularly in rural areas. We support many critical access rural hospitals through our group purchasing organization and outreach efforts. In Ohio, the Ohio State Wexner Medical Center is a safety net provider with the single largest number of Medicaid discharges for all hospitals in the state.

We also have a long-standing relationship with the Ohio Department of Corrections, serving as a provider for select ambulatory services and as the state's hospital for inmates needing complex inpatient care. This need has been magnified during the COVID-19 pandemic. Leading academic health centers like Ohio State Wexner Medical Center have been frontline responders, putting safety nets in place to help ease the burden on community hospitals that could easily be overwhelmed with a surge of COVID-19 patients. In fact, Ohio State Wexner Medical Center cared for most of our region's most critically ill COVID-19 patients, which is the strongest indication I can think of that we need a modern bed tower that is built not just in this century, but in this decade.

In addition to extending our reach into these regional areas across Ohio, we are facing a growing Columbus population continuing to increase with our national and international reach as a community. We must be prepared to take care of those patients. This project presents a unique opportunity for Ohio State to continue leading the state and the nation's response to the COVID-19 pandemic, while also stimulating the economy and ensuring we are preparing for future crises. Estimated job creation for the new tower is 1,800 permanent new jobs at an average annual salary of \$75,000. As Ohio State plans to build out the West Campus Innovation District, the new tower becomes an integral component to leverage the healthcare and medical device expertise that will be a driver for central Ohio's economy for years to come. We estimate that an approximate \$2 billion investment in the construction would produce a \$4 billion benefit to the state.

The reputation of the Ohio State Wexner Medical Center is one of leading the way and creating a model for academic healthcare to improve the health in Ohio and globally. We cannot do that successfully unless we replace the antiquated facilities of Doan and Rhodes Hall with a 21st century facility. Doan Hall opened in 1951 and the Rhodes Hall addition opened in 1979. They are marked by shared and undersized private rooms with floor-to-ceiling heights just over 7 feet and small, undersized operating rooms that are unable to accommodate the most current equipment and lighting standards.

We have to put more emphasis around critical care services, and how we can most efficiently care for patients, so they are prepared for what happens next. With this building we are anticipating the future of healthcare and planning a facility that is going to be around for decades. These plans demonstrate our continued efforts to provide next-generation solutions by aligning hospital resources with an interprofessional education model and innovative research and will allow us to translate groundbreaking discoveries into patient care more quickly than ever before.

The new university hospital will be the largest single facilities project ever undertaken at Ohio State with nearly 2 million square feet of clinical space infused with leading-edge technologies to provide high-quality complex patient care. It will have approximately 820 beds in private room settings to elevate patient-centered care. Approximately 440 of those beds are replacements and approximately 380 reflect expansion. It will greatly increase bed capacities that will help free up space and expedite throughput in the emergency department. The tower also improves technology for patients and families through the use of advanced in-room technologies such as large screen interactive monitors integrated with the electronic medical record. This innovative technology will

facilitate virtual team engagements with patients and their caregivers while minimizing exposure in an infectious disease situation such as COVID-19.

This new hospital shows our commitment to advancing the future of medicine for a rapidly growing community with evolving healthcare needs and positions us as a leader in the rapidly changing healthcare landscape by revolutionizing the way the care is delivered. This will be the flagship hospital for The Ohio State University Wexner Medical Center, creating a world-class facility for exemplary clinical care that occurs inside our institution already. And with that, I would like to turn it over to Abigail Wexner, who has a few words to add. Thank you.

Mrs. Wexner:

Thank you, Dr. Paz. Thank you for your comments and, most importantly, thank you for your leadership. I think it is hard for many of us to remember that you have only been with us for a little over a year and already we feel so comfortable and confident in the leadership that you provide. As trustee liaison to the Wexner Medical Center Board, I enthusiastically endorse this plan. I want to express enormous appreciation for all the years of good work, due diligence and creativity that have gotten us to this point.

Today we are approving the construction of critical buildings that will drive the future of healthcare in central Ohio and beyond. But in reality, and we must never lose sight of this, we are investing in the leaders who will do important work inside of these facilities. These are our physicians, our nurses, our caregivers – they are what is most critical in these buildings. And most importantly, we are investing in the citizens of central Ohio who will always get the best possible care here at home, in their own community, at the Wexner Medical Center. This is an important day for the medical center, for The Ohio State University and for the Columbus community. Thank you.

Mr. Fischer:

Thank you, Mrs. Wexner and Dr. Paz, for a fantastic overview of our strategy. I would now like to as Mr. Aucremanne and Jay Kasey to give us an overview of the program and design of this state-of-the-art facility.

Mr. Aucremanne:

Thank you, Mr. Fischer. You heard Dr. Paz describe the age and condition of Doan Hall. Constructed between 1948 and 1951, Doan Hall will be 70 years old next year. Doan has served us well, but it is well beyond its expected life and, more importantly, the building can no longer support the rapid advancements in healthcare delivery we are seeing today.

As noted during the introductory remarks, the new bed tower needs to be more than just a recapitalization of Rhodes and Doan Hall. It needs to meet the demands of an ever-growing population, to provide the best care available and become a model for all 21st century hospitals by bringing researchers and clinicians into closer proximity so they can translate groundbreaking discoveries into patient care more quickly than ever before.

Sited on the western edge of the medical center campus, when completed the new bed tower will be a dynamic shape that allows great views to the surrounding community and integrates itself well with the adjacent neighborhood, the overall campus and the medical center. When completed in 2025, the bed tower will be over 1.9 million square feet and rise 26 stories into the air, making it the tallest structure on The Ohio State University campus and 11th-tallest building in Columbus.

In its simplest form, the new hospital tower will consist of three parts: A five-story podium at the base, a 14-story bed tower and an 11-story pavilion. In addition to housing the

lobby, public spaces and the ground- and second-floor entrances, the podium will also house the interventional platform, which consists of 10 interventional radiology suites, six endoscopy suites and four bronchoscopy suites, plus 24 new operating rooms including two hybrid operating rooms. The new operating rooms are between one-and-a-half and two times the size of the existing operating rooms in Rhodes and Doan, allowing for the use of the latest technology and equipment.

Moving up the tower to the critical care floors, the new bed tower will provide greatly increased intensive care and progressive care capacity compared to Doan and Rhodes today. The new intensive care rooms will accommodate large medical teams treating the most complex cases. Two ceiling booms will enable the patient headwall to move alongside the patient and it will provide a family zone to enable loved ones to remain with the patient when treatment allows. With a focus on the patient experience, all 820 patient rooms will be private and feature a large window and digital footwall, as noted by Dr. Paz, and more space for the family and clinical team. At the top of the bed tower will be the women's and infant program with beautiful views to the east and west. The NICU floor is being built in partnership with Nationwide Children's Hospital to provide the best infant care in central Ohio.

Earlier, I mentioned the pavilion – sometimes referred to as the knuckle – which will connect the new bed tower to the existing James. The façade for this portion of the new bed tower has been detailed to closely resemble, but not match, the existing James so as to differentiate it while complimenting the James' design features. But more importantly, this 11-floor pavilion provides an additional 110,000 square feet to the James Cancer Center to allow it to continue to grow and meet an ever-increasing demand for its services.

HDR, the architect of record for this project, has designed an iconic building that both stands out as a landmark but at the same time blends in and compliments the existing campus and adjacent facilities. Patients arriving at the main entrance, located in the elbow, will enter the main lobby where they will be greeted by a receptionist and a large digital information wall, which will provide them the latest medical center news and information and welcome them to the best healthcare available in central Ohio.

Viewed from the exit ramp off 315, the new bed tower is an awe-inspiring building with the north and south wings, the new parking garage and the big O clearly visible from miles around, a testament to the leaders who so boldly envisioned the future. Patients or family members who choose to self-park in the new garage will enter the bed tower via a skyway connector that will then lead them to a receptionist and digital information board on the second floor of the tower, where their journey to recovery will begin.

As I turn over the podium to Jay Kasey, I would like to leave you with this beautiful rendering of the new tower, as viewed from Jones Legacy Park.

Mr. Kasey:

Thank you, Frank. I want to now give you further information on the component parts of the project and their costs. Let me say that we have been planning this, as mentioned by the previous speakers, for almost a decade. And the specific planning to prepare the site has been going on actively for the last two years.

With this in mind, we have started the construction of enabling elements of the medical center's strategic plan starting with two facilities which are nearing completion now. The Central Sterile Supply Facility and the new med center garage allow us to prepare the new tower's construction site and centralize sterile supplies services to all our surgical sites across the med center system. These projects are being completed on time and under budget.

Upon completion, we expect to return approximately \$10 million to the new hospital's budget from savings on these projects. That savings will go into the new hospital's contingency budget. The new hospital tower itself, as mentioned, is almost 2 million square feet. As previously detailed, the facility contains replacement clinical services for the existing University Hospital. The project expands on these services to provide both more advanced care and nearly doubles the hospital's capacity. The existing Rhodes and Doan facilities will continue to provide service to the medical center. Parts of the existing facilities will be used to provide support and non-clinical services to the new hospital.

Further detail on the cost of the new University Hospital is shown on this slide. The actual construction cost of the hospital is \$1.2 billion. Other major elements of the project include almost \$300 million of medical equipment, furnishings and information technology. The budget calls for \$118 million to be paid for architectural design, contractor estimating and preconstruction management by our construction management firms and major subcontractors. Project administration across the last two years and the coming five years is expected at \$35 million. We have called out approximately \$4 million of unique investments we are making in pandemic modifications to enhance the building's ability to address unique heating, ventilation and air conditioning needs and isolation room adjustments to address current or future pandemic needs.

Finally, our contingency account is healthy at \$139 million. This account will take care of unanticipated costs across the next five years and can only be accessed through the agreement and insights of Mark Larmore and me. I now want to hand it over to Mark Larmore for further discussion about the funding of the project.

Mr. Larmore:

Thank you, Jay. This project is one of our ongoing projects as part of our strategic plan and it is built into our long-range financial plan. This slide lays out our plan to finance the project. The \$1.8 billion funding components are cash from the hospital operations at \$357 million. We have an active fundraising campaign going on with a target to raise \$450 million towards this project. We're getting a small amount from the Ohio State Energy Partners program that we have ongoing and our intent is to issue \$984 million worth of debt, which is our total debt that we're planning to issue on our overall strategic plan. We have chosen to put it on this one project for simplicity. Now, I will ask if Mike Papadakis wants to comment on how this is intertwined with the overall university capital plan.

Mr. Papadakis:

Thank you, Mark, I appreciate it. I will be brief; I just have a few comments. Thinking about all the planning work and modeling that has gone into this exercise, we wanted to make sure that we were comfortable in overall university debt capacity and making sure that the \$984 million fit that. We are very comfortable with the amount of debt capacity that's being used on this project in the overall scheme of university capital needs going forward.

Also, we spent a large amount of time looking at all the impacts of COVID-19 over the course of the last six months and what we see with regard to impacts going forward as well. We feel very comfortable that both from an operational standpoint as well as a capital investment standpoint that this, again, still fits very nicely into the long-term plan for both the university as well as the Wexner Medical Center.

So, with that, I am happy to pause here and hand it back to Alex Fischer. Thank you.

Mr. Fischer:

Thank you to all of our presenters. Mr. Chairman, I will turn it back to you and we are happy to answer and all question or comments from our Board of Trustees.

Mr. Heminger:

Okay, thank you, Alex. Are there any questions or discussion from any members of the board?

Mr. Zeiger:

Mr. Chairman, in addition to reviewing the financial aspects of the program, I have become aware of the reality of the need for this project, both given the momentum of the medical center and in addition the current situation with the facilities. So I think it is important that we recognize that major things are happening at the medical center and that this will be just another enhancement to them.

Mr. Heminger:

Well, thank you for that comment. Any other comments?

Mr. Von Thaar:

Mr. Chairman, I would just add and thank – as a part of the Audit, Compliance and Finance Committee and watching a lot of this come together over the last many months – I think the team has done an exemplary job and Ohio is always at its best when the university leads. I think this is a great example of leadership by the trustees, by the university and I look forward to going forward with this project.

Mr. Heminger:

Thank you. Let me turn this discussion over quickly to President-Elect Johnson to make a few comments.

President-Elect Johnson:

Thank you very much, Mr. Chairman. I just want to say this is a very bold and exciting project. I know I don't start officially until September 1, but I am very enthusiastic, and I have had a chance to review this in detail. I think this is a tremendous opportunity to open up collaborations across our entire university and I applaud Chancellor Paz, the Board of Trustees and the entire university community and project board and everyone who worked on this. Thank you.

Mr. Heminger:

Thank you, President Johnson. Any other comments by other board members?

Mrs. Hoefflinger:

I just wanted to say thank you, in line with what Lou said – there has been lots of work happening to understand what's happening today with COVID and the spend and what we are working on as a group. It is just really critical that we take into account all of these items and ensure that where we are focused today is the right thing for the university in the future. I know everyone came together and spent enormous amounts of time and we appreciate that. I just wanted to say thank you to the group as well. Thank you.

Mr. Heminger:

Thank you, Erin. I think all of the members of the Board of Trustees would be remiss if we didn't step back and recognize the vision and the long horizon that the Wexner's have had in being able to provide the vision for the medical center that we have today. Going back to Erin's comments – think where central Ohio and the state of Ohio would be if we didn't have the advancements in medicine that we already have here with this unbelievable outbreak of the pandemic that we have today. So this tees us up for the future and it tees us up for who knows what is to come, but we at The Ohio State University Wexner Medical Center are certainly going to have the facility to attract the talent to be able to take on anything that comes our way into the future. I know this project is coming forward at a difficult time with this pandemic, but it also illustrates that it is the right time so that we can take the university forward.

With that, if there is no further discussion, I would like to make a motion to approve this request to Increase Professional Services and Construction Contracts related to the Wexner Medical Center Inpatient Hospital.

APPROVAL TO INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Resolution No. 2021-39

**APPROVAL TO INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
Wexner Medical Center Inpatient Hospital**

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

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

| | Prof. Serv. Approval Requested | Construction Approval Requested | Total Requested | |
|---|--------------------------------------|---------------------------------------|--------------------|--|
| Wexner Medical Center Inpatient Hospital | \$58.1M | \$1,634.7M | \$1,692.8M | Auxiliary Funds University Debt Fundraising |

WHEREAS the Capital Investment Plan (CIP) outlines capital projects recommended for funding and is before the University Board of Trustees for approval on August 27, 2020; and

WHEREAS the Fiscal Year 2021 CIP includes the remaining funding requested for the Wexner Medical Center Inpatient Hospital; and

WHEREAS approval for professional services and construction for the Wexner Medical Center Inpatient Hospital is needed to advance this strategically important project; and

WHEREAS the University Board of Trustees has reviewed the project listed above for alignment with all applicable campus plans and guidelines, financial plans and the strategic plan:

NOW THEREFORE

August 10-27, 2020, Board of Trustees Meetings

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to increase professional services and construction contracts for the project listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix V for background information, page 232)

Upon the motion of Mr. Heminger, seconded by Mr. Fischer, the Board of Trustees adopted the foregoing motion by unanimous roll call vote, cast by trustees Mr. Heminger, Mrs. Wexner, Ms. Krueger, Mr. Porteus, Mrs. Hoeflinger, Mr. Fischer, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Von Thae, Mr. Kaplan, Mr. Kiggin, Mrs. Harsh, Dr. Wilkinson and Mr. Shah.

Ms. Eveland:

Motion carries.

Mr. Heminger:

Thank you all. Are there any further comments or questions to being forward? Hearing none, this meeting is recessed. Great job by all and thank you very much.

MASTER PLANNING & FACILITIES COMMITTEE MEETING

Committee Chair Alex Fischer called the meeting of the Master Planning and Facilities Committee of the Board of Trustees to order on Wednesday, August 26, 2020 at 1:00 p.m.

Members Present (online): Alexander R. Fischer, James D. Klingbeil, Brent R. Porteus, Anand Shah, Robert H. Schottenstein, Gary R. Heminger (ex officio)

Members Absent: None

(See Appendix VI for Summary of Actions Taken, page 256)

TALENT, COMPENSATION & GOVERNANCE COMMITTEE MEETING

Committee Chair Hiroyuki Fujita called the meeting of the Talent, Compensation and Governance Committee of the Board of Trustees to order on Wednesday, August 26, 2020 at 3:15 p.m.

Members Present (online): Hiroyuki Fujita, Lewis Von Thae, Erin P. Hoeflinger, John W. Zeiger (joined late), Elizabeth P. Kessler, Jeff M.S. Kaplan, Gary R. Heminger (ex officio)

Members Absent: None

(See Appendix VII for Summary of Actions Taken, page 294)

ADVANCEMENT COMMITTEE MEETING

Committee Chair Erin Hoeflinger called the meeting of the Advancement Committee of the Board of Trustees to order on Thursday, August 27, 2020 at 8:00 a.m.

Members Present (online): Erin P. Hoeflinger, Alan A. Stockmeister, Cheryl L. Krueger, Craig S. Bahner, Thomas M. Murnane, Catherine Baumgardner, Janelle Jordan, Alec Wightman, Anne E. Klamar, Gary R. Heminger (ex officio)

Members Absent: Abigail S. Wexner

(See Appendix VIII for Summary of Actions Taken, page 306)

AUDIT, COMPLIANCE & FINANCE COMMITTEE MEETING

Committee Chair John Zeiger called the meeting of the Audit, Compliance and Finance Committee of the Board of Trustees to order on Thursday, August 27, 2020 at 10:15 a.m.

Members Present (online): John W. Zeiger, Brent R. Porteus, Erin P. Hoeflinger (joined late), Alexander R. Fischer, Hiroyuki Fujita, Elizabeth P. Kessler, Lewis Von Thaer, Jeff M.S. Kaplan, James D. Klingbeil, Amy Chronis, Gary R. Heminger (ex officio)

Members Absent: None

(See Appendix IX for Summary of Actions Taken, page 317)

FULL-BOARD EXECUTIVE SESSION

Board Chair Gary Heminger called the meeting of the Board of Trustees to order on Thursday, August 27 at 12:45 p.m.

Members Present (online): Gary R. Heminger, Abigail S. Wexner, Cheryl L. Krueger, Brent R. Porteus, Erin P. Hoeflinger, Alexander R. Fischer, Hiroyuki Fujita, Alan A. Stockmeister, John W. Zeiger, Elizabeth P. Kessler, Lewis Von Thaer, Jeff M.S. Kaplan, Michael Kiggin, Elizabeth A. Harsh, Reginald A. Wilkinson, Anand Shah

Members Absent: None

Mr. Heminger:

Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Heminger:

Thank you. At this time, I would like to convene this meeting of the Board of Trustees and move that the board recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes.

Upon the motion of Mr. Heminger, seconded by Mr. Zeiger, the Board of Trustees adopted the foregoing motion by unanimous roll call vote, cast by trustees Mr. Heminger, Mrs. Wexner, Ms. Krueger, Mr. Porteus, Mrs. Hoeflinger, Mr. Fischer, Dr. Fujita, Mr.

August 10-27, 2020, Board of Trustees Meetings

Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Von Thaeer, Mr. Kaplan, Mr. Kiggin, Mrs. Harsh, Dr. Wilkinson and Mr. Shah.

The meeting entered adjourned at 2:31 p.m.

RECONVENING OF THE BOARD

Board Chair Gary Heminger reconvened The Ohio State University Board of Trustees on Thursday, August 27 at 3:15 p.m.

Members Present (online): Gary R. Heminger, Abigail S. Wexner, Cheryl L. Krueger, Brent R. Porteus, Erin P. Hoeflinger, Alexander R. Fischer, Hiroyuki Fujita, Alan A. Stockmeister, John W. Zeiger, Elizabeth P. Kessler, Lewis Von Thaeer, Jeff M.S. Kaplan, Michael Kiggin, Elizabeth A. Harsh, Reginald A. Wilkinson, Anand Shah

Members Absent: None

Mr. Heminger:

Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Heminger:

Thank you. At this time, I would like to convene this meeting of the Board of Trustees. Reminder to everyone that this meeting is being recorded and livestreamed for the public by WOSU. We have been meeting virtually this week in accordance with government recommendations provided by the CDC, and ordered by Governor DeWine, related to limiting in-person gatherings. We are also following the guidance outlined by the Ohio Attorney General's Office, which permits public meetings to be held virtually during this time of emergency. So thank you all for your flexibility.

Amid the challenges that have come our way this year, I am pleased to say that we do have one very bright spot to look forward to, and that is the presidency of Dr. Kristina Johnson. Though her official start date isn't until September 1, Dr. Johnson has joined us for our meetings this week. In fact, she has been in and around campus for the last month. She has been learning about the work of our committees and adding great insights to our work. Dr. Johnson, thank you for being here. We are all looking forward to working with you in the years to come. Our two newly appointed trustees are also with us today.

We have Elizabeth Harsh, who is executive director of the Ohio Cattleman's Association and Ohio Beef Council. Elizabeth and her husband, Tim, have a deep connection to the university's land-grant mission. They live on a grain and cattle farm in Delaware County where they also raise registered Angus cattle and grow 3,500 acres of corn, soybeans and hay. Elizabeth is also a Buckeye, having received a Bachelor of Science in Agriculture from Ohio State.

Dr. Reginald Wilkinson serves as president of Connecting the Dots, LLC, a consulting company. His fields of expertise range from corrections and law enforcement to secondary- and post-secondary education, as well as for-profit and nonprofit sectors. Reggie was Ohio's longest-serving director of the Ohio Department of Rehabilitation and

Corrections. He spent 33 years with the agency before retiring in 2006. Since then, he has led both the Ohio College Access Network and the Business Alliance for Higher Education and the Economy. Like Elizabeth, Reggie is also a Buckeye. He received a Bachelor of Arts in Political Science and a Master of Arts in Higher Education Administration from Ohio State. And I have worked with Reggie as a board member of Tiffin University for a number of years, so welcome, Reggie.

I know I speak for the entire board when I say we are excited to work with both of our new trustees and look forward to their contributions.

APPROVAL OF MINUTES

Mr. Heminger:

Our first order of business is the approval of the minutes from the board's June 3 meeting, which were distributed to all trustees. If there are no additions or corrections, the minutes are approved as distributed.

DISTINGUISHED UNIVERSITY PROFESSORS RECOGNITION

Mr. Heminger:

Now we have the great privilege of presenting, albeit virtually, the Distinguished University Professor Awards to three recipients who have gone above and beyond to inspire students and contribute to the teaching, research and service missions of the university.

One of the recipients we know very well – Susan Olesik serves as the faculty member on our Academic Affairs, Student Life and Research Committee, and she did a fantastic job co-chairing our Presidential Search Committee's University Advisory Subcommittee. So I know we are all pleased to see this recognition for Susan.

Dr. McPheron, I give you the floor.

Dr. McPheron:

Thank you, Mr. Chairman. I will say this is one of my very favorite things I am able to do as the chief academic officer of the university. It is my great honor and pleasure today to highlight three professors who have been selected for the university's highest faculty honor. Since 1987, the university has awarded the permanent honorific title of Distinguished University Professor on a competitive basis to full professors who have truly exceptional records in teaching, research, scholarly or creative work and service. Less than 70 of our faculty have received this honor in the more than 30 years that we have bestowed it.

One to three appointments may be awarded annually to faculty members who have been at Ohio State for at least five years. Distinguished University Professors automatically become members of the President's and Provost's Advisory Committee. In addition, recipients are awarded a \$30,000 one-time grant to support their academic work and are expected to maintain a regular program of teaching, mentorship, research, scholarly or creative work and service. Faculty are chosen for this high honor through a university-wide call for nominations, followed by a rigorous review process that includes support from their colleges and letters of support from national and international leaders in their fields.

Allow me to take a moment to say a few words about each of the honorees.

Janet Box-Steffensmeier is a renowned scholar whose research focuses on American politics and political methodology. She is the Vernal G. Riffe Professor in Government and Politics in the Department of Political Science. Professor Box-Steffensmeier is a member of the American Academy of Arts and Sciences, a Fellow of the Society for Political Methodology, and is currently serving a three-year term as president of the American Political Science Association. The Inter-university Consortium for Political and Social Research annually bestows the Box-Steffensmeier Graduate Student Award to recognize her contributions to political methodology and her support of women in the field.

Susan Olesik is a professor in the Department of Chemistry and Biochemistry whose work focuses on developing new analytical methods involving mass spectrometry, chromatography and other techniques. Of course, as the Chairman mentioned, you also know Professor Olesik as the faculty representative on the Academic Affairs, Student Life and Research Committee of the Board of Trustees. She is also a Fellow of both the American Association for the Advancement of Science and the American Chemical Society. She received a commendation from NASA for contributing a gas chromatography column to the Cassini-Huygens space probe that spent two decades studying Saturn and its system.

Finally, Roger Ratcliff has made vast contributions to the field of cognitive psychology, and his research focuses on modeling application and methodology for rapid decision-making. Professor Ratcliff is a professor of Behavioral and Social Sciences in the Department of Psychology. His diffusion model of decision-making is used by researchers around the world, and he is the most-published living author in the prestigious psychology journal *Psychological Review*, for which he has authored 30 publications. He is a member of the American Academy of Arts and Sciences and a Fellow of the Society of Experimental Psychologists and the American Psychological Society.

At this time, we have a short video to introduce the award winners. After that, you will have the opportunity to hear from each of them directly.

[Video plays]

Dr. McPheron:

Let's hear first from Professor Box-Steffensmeier.

Dr. Box-Steffensmeier:

Hello everyone. Thank you so much for this prestigious honor. I am, of course, grateful and very humbled. Ohio State has been my home for my entire career. So, 28 wonderful years at The Ohio State University, which has allowed me to grow and change over those years. I credit the strong leadership of the department, the college and the university, and I thank the board members for your service, to have this be a place where faculty can grow and change.

I am especially grateful to my department colleagues whose intellectual curiosity has pushed me and challenged me and made my work better. Collectively, my department has always strived to be one of the top [political science departments] in the country, which is one of the reasons I have stayed here for 28 years. I hope that selective investment in our department to maintain that excellence will continue for many years. I am extremely grateful to my partner, Mike, my four kids, my daughter-in-law and grandson, now, as well. They are the ones who help make the philosophy of "work hard, play hard" a reality. I am also grateful to my parents, my in-laws, extended family and friends.

I want to talk a little bit about my research, which asks substantive questions about temporal dynamics in politics, questions about campaigns and elections, interest group coalitions and how they change over time, presidential approval and the nature of partisanship in the American public. I have studied the evolution of political behavior and political institutions through the development of new theory, data and methods, including time series, event history and network analysis in my career. In short, data analytics for social sciences.

One example is a piece co-authored with both graduate and undergraduate students, funded by the National Science Foundation, where we created a database of all of the interest groups, organizations, associations and corporations that had signed amicus curiae briefs in the last 90 years. This list of co-signatories makes it possible, for the first time, to trace the purpose and coordinated behavior of a comprehensive collection of interest groups. You may think, why is this important? Well, debates about competition for factions in favorable policy outcomes really go back to the founding of our country. A focal point for this debate in modern times is really the nature of interest group impact across all three branches of government. Understanding which interest groups win and why, and why some groups succeed more often, through study is a fundamental concern of democracy.

As for a broader look at my work and why does this research matter, for those of you who love Ohio State like I do, you know the university motto by heart, which is, "Education for Citizenship." In that case, the study of political science may be obvious. However, to spell it out, my work illuminates how individuals and groups exercise power and the institutions, rules and processes that are put into place to promote or decrease cooperation. That is, I am studying and sharing through my teaching, the nature, the causes and the consequences of collective action, and those things taken by individuals and groups that are embedded in political culture and in political institutions that really structure the outcomes we get.

My passion for both my research and teaching is fueled by the same things – by making a difference in my research, making a difference in my teaching and really paying it forward to all the mentors who have helped me along the way. I had an incredible set of mentors as an undergraduate at Coe College, as a graduate student at the University of Texas at Austin and as a junior professor here at Ohio State. And during my administrative time at Ohio State, I have had amazing mentors, including Bruce McPherson who is on this call. And this really set me up for the leadership positions in the American Political Science Association, which has over 11,000 members in over 100 countries.

Most important though, my passion comes from the excitement of the "aha" moment that you get from working with students, whether it's in the classroom or, today, over Zoom, or working and brainstorming on a research project with them. Nothing compares to the excitement of seeing a student do that. It doesn't matter if this is your first day in the classroom or your 28th year in the classroom, that "aha" moment is what keeps you going. I simply love being a professor and I so appreciate being able to have had my career here at Ohio State. So, thank you very much.

Dr. McPherson:

Thank you, Jan, I'm really proud of you. Let's turn now to Professor Olesik.

Dr. Olesik:

Thank you Chairman Heminger, board members, President Johnson and Provost McPherson for the opportunity to speak to you this afternoon. I'd like to tell you a little bit about my research and also teaching efforts. And through the description of my research,

I would like to describe to you how OSU is a spectacular platform for innovation and collaboration. As Provost McPheron already mentioned, my area of expertise is analytical chemistry. I hope you won't hold that against me! But as a chemist, I function in a subfield often called separation science, and that's an area of chemistry where you work with big mixtures and try to separate those mixtures based on chemical identity. My own research in that particular subfield has spanned from gas separations all the way to the separation of ultra-trace levels of proteins that are biomarkers for specific cancers.

But now I want to show you an example of innovation and collaboration. Some time ago, in my faculty office, I was sitting and working at my desk and I got a phone call. The person at the other end of the phone says this: "Hello. I saw your talk at a recent national meeting. It was very interesting. I have some questions for you, and we think you might be able to help us." Here is the deal – this was a scientist from NASA. He said, "We've decided that we would like to add a component to the Cassini-Huygens space probe, and it looks like what you're building might be useful to that enterprise."

Basically, what they were trying to do was they wanted to add a device that would be able to separate and identify compounds that were indications of prebiotic activity. Knowing what those compounds were, my initial thought was maybe that would work. However, he said, "Well, you know, there are some details I need to describe for you." And then the collaboration part of this started because, he said, "This device has to withstand significant rocket shake. It also has to be able to be stable for over seven years. And after that time, we need to be able to turn that device on and it needs to function. The Huygens part of the Cassini-Huygens probe will then separate from the whole probe, parachute down onto the surface of Titan, and we want this device to sample the atmosphere of Titan and tell us what's there as it's moving down."

So, the incredible thing about the platform ability of Ohio State is that two years later, I had a device that was on the Cassini-Huygens probe. And then a little bit over seven-and-a-half years later, we watched that device parachute down, sample the atmosphere of Titan and provide the data. The net result was the device did not find any compounds that were indicative of prebiotic activity, however, it functioned just fine. It was not ours to decide what was actually there in the atmosphere, only to collect and report.

Ohio State provides the platform for innovation and also collaboration – collaboration across the whole country and internationally. With that, I would also like to tell you a little bit about my own connection to outstanding research and philosophy. In teaching I always try to find a way with whatever I am teaching to connect it to what is happening. Last spring, I taught Chemical Instrumentation. I am sure that is a baffling class in the first place, but basically, as part of that class, we talked about the actual chemistry that was involved in the COVID-19 testing that was occurring and also the instrumentation that was being used. But when I'm teaching, one of the most important attributes of instruction that really is quite exciting to me, is to find the students who are really struggling, help them and hopefully by the end of the term make them just incredibly successful in the class.

And so finally, I would like to end by saying that, like Dr. Box-Steffensmeier, I am just incredibly thankful to receive this award. I was a first-generation college student. And so, as such, I would hope that other first-generation college students who perhaps might see this today, I would like to challenge them to do incredibly great things in their careers and supersede mine a hundred fold, because that opportunity is really truly there. Thank you all very, very much. I am really happy to be a faculty member at Ohio State and thrilled to have this opportunity to talk to you.

Dr. McPheron:

Thank you so much, Susan. You have elevated the lives of literally hundreds of people around you over time. Finally, let's turn to Professor Ratcliff. Roger, could you share a few things with us?

Dr. Ratcliff:

I echo everything about Ohio State and the university and my department and how exciting and nice it is to be here. I am a little different. I am a first-generation student. I grew up in England until about age 11 and then my family emigrated from England to New Zealand. My parents both left school at age 14, so I am first-generation as well. It was a happy series of accidents getting to the United States and working in psychology.

Let me talk a little bit about the kind of modeling work I do. The idea is to understand very simple tasks like, what is this word in the list? Is this patch on the screen bright or dark? So, these are very simple tasks. I developed a model in the late 1970s and for the last 20 years that has been the main focus of my work. What it does, it takes response time and accuracy when people make these decisions and transforms it into the cognitive processes that underlie what is going on – namely, an accumulation of evidence. So, it decomposes reaction time and accuracy and the quality of evidence used to make the decision and the amount of evidence you need to make the decision.

One of the applications has been to aging research. Older adults are slower than young adults, and this was thought to be a problem with their speed of processing. We applied the model and found that the evidence used to make a decision was pretty much the same for older and younger adults in many tasks, though not all tasks. What was different is that older adults required more evidence to make a decision. In other words, they became more conservative. Not in a political sense, of course, I don't mean that. What we found is that older adults didn't want to make mistakes because making mistakes made them seem old. And this line of research has sort of continued on for quite a while.

We were asked about passion for research. Well, research is my hobby. Doing this kind of modeling is about the best thing I could do, so I sort of feel like I have won the lottery. If you can make your job your hobby, you have won, and I don't want you to take away my salary for that reason! I also still do my own modeling, my own programming, my own data analysis – that's the fun part of it and nobody is going to take that away from me.

The fun thing is to see new things. You have got a complicated area of research, a lot of phenomena, and then you see how they fit together. That is one of the most fun things. It's like on the A Team, you know, when a plan comes together it's really exciting. This work is important in our field. It has been applied in much of psychology, developmental psychology, social, clinical and so on. It has become an important domain in the study of the neuroscience of decision making. It has been applied to brain imaging, EEG and neural recordings in monkeys. I had a grant before I came here to study single cell recording in monkeys, and what we found was, from the model, we could predict how the firing range changed over time just prior to decision.

It is starting to turn up in diverse fields such as economics and neuroeconomics. I have seen things like application to boxing, which is really bizarre. A different kind of application is in neuropsychological testing, behavioral and clinical testing. It is not very good. I think everybody agrees that neuropsych tests are pretty much useless. They are used to verify what is going on, but they can't predict or classify. The model that I have been working on is being applied in ADHD, dyslexia, Parkinson's and so on. And right now, I'm writing a paper, actually today, on Alzheimer's disease and mild cognitive impairment, and what we're getting is about 83 percent accuracy on diagnosis with about 90 percent on Alzheimer's patients. This is work with Doug Scharre in the Memory Disorders Research Center. I have also got a big NIA grant on numeracy and aging. The idea there is to take

basic tests of number memory – are there more dots on the left side of the screen or the right-side? – and see how well we can predict financial and health literacy. These are things that are problems in old age. Many of you have probably had to have health and financial decisions taken away from aged parents or grandparents, and so on.

So, what fuels my passion for teaching? There was a fun thing I had: I was teaching an introductory statistics class and I had one student who complained a lot. He always raised his hand in class and challenged what was going on. So, I thought, this guy really doesn't like what I'm doing. A year later, I ran into him in the hall and he thanked me because I taught him stuff that allowed him to understand what was going on in the advanced class that other students hadn't been able to figure out. When you get something like that, that's sort of the height of teaching, I think.

I love working with graduate students. They come in as undergraduates without a lot of knowledge and the fun thing is to get them to see something they have never seen before, to organize something. They started as undergraduates and by the end, they start to argue with me and maybe occasionally win the argument. And then to see them go from that point to grow through the field. I think I've had about five of them as associate editors of major journals and some of them have even reviewed my papers nicely.

What does this award mean to me personally? Well, as I said, I am first generation. So much feedback in academia is negative: you write a paper, it gets rejected with criticisms, you send it back, again rejected and criticized, and eventually it gets in. Grants go through many lines of reviews that say this is bad, you should be doing this, etc. Student reviews and teaching reviews may be harsh and review letters usually focus on the areas that you're not doing so well. In fact, I think if you were perfect, the chair would ask you to do something worse, so they would have something to criticize you for the next year. So this recognition is special. I would also like to point out that my wife, Gail McKoon, is also a professor and we have published over 100 papers together. We argue like crazy on papers, but it doesn't seem to affect the collaboration.

I guess that is all I have to say, except that Ohio State has been really good to me. We have built a really good department in psychology and I just really appreciate being here and receiving this recognition. Thanks.

Dr. McPherson:

Roger, thank you. I will make a quick decision to demonstrate that I am not growing old and it will be right – your salary is in no danger, even though your hobby is your passion. So congratulations. Folks, please join me in congratulating all three of these extraordinary colleagues for this honor.

With that, Mr. Heminger, I will hand the meeting back to you.

Mr. Heminger:

Thank you to all of the professors and congratulations. It was great hearing your life stories, those were wonderful stories, and there will be a day that we will recognize you in person.

At this time, I would like to turn the discussion over to Dr. Johnson and ask her to give the President-Elect's report to the board.

PRESIDENT-ELECT'S REPORT

President-Elect Johnson:

Thank you very much, Chairman Heminger. Good afternoon, everyone. It is wonderful to be back on campus. I want to welcome all of you – board members, students, faculty, staff and other guests. I would also like to give a special welcome to our newest board members, Elizabeth Harsh and Reginald Wilkinson. We are so grateful to have both of you join the board and I look forward to working with you and the entire Buckeye community to move the university forward.

I would also like to congratulate our outstanding Distinguished University Professors who spoke earlier. Dr. Janet Box-Steffensmeier – I loved what you said about the “aha” moment that goes off within our students. I often use those same words, so I chuckled about that. Dr. Susan Olesik – collaboration, I thought that was terrific and how you can answer the telephone and 10 years of your life go by with such a stunning result, so congratulations on that. And then finally, Dr. Roger Ratcliff – I would like to follow up and talk with you about some of your work about decision making and not wanting to make a mistake, I think I could use some advice there, so let's get together. You clearly all represent the excellence of our faculty. It is wonderful to hear about the research and the scholarship.

As you know, our return to campus this fall has been unlike any other. These are in fact uncertain times and we will continue to make adjustments and enhancements based on the newly emerging information and data that we get. Through it all, however, our objective remains the same – to support a safe and healthy environment in which everyone can learn, teach, live and work together. As you know, the university began by setting up the COVID-19 Transition Task Force to return to in-classroom instruction in the fall, which was led by Ms. Gail Marsh, our Chief Strategy and Implementation Officer. The task force engaged in an inclusive and comprehensive planning process from April through July to develop guidelines and recommendations for a safe return to on-campus operations.

In August, we stood up the COVID-19 Implementation Response Team or IRT, chaired by Dr. Morley Stone and Mr. Mike Hofherr, to execute the plan. We created and continue to update our Safe and Healthy Buckeyes website, which includes information on topics such as safety measures, campus readiness, classrooms, and health and wellness resources. We implemented guidelines and requirements related to personal hygiene, wearing of face masks, physical distancing, surveillance testing, daily health checks and more. We established a requirement that every student, faculty member and employee complete online training on health and safety and then sign the “Together As Buckeyes” pledge, promising to follow university guidelines to protect ourselves and to protect others. And as new data and discoveries about COVID-19 became available, we identified opportunities to further enhance the safety of our students, faculty and staff.

For example, the IRT in August, further reduced the maximum class size from 100 to 50 students to reduce the probability of transmission in our classroom settings. We significantly increased the number of contact tracers to help reduce the spread of the virus to more than 50 and growing. We expanded our testing program to include weekly testing of all students living on our campuses and we are going to test off-campus students as well. We limited the number of people for in-person gatherings to 10 or fewer to align with the governor's guidance. And this week, we launched the university's dashboard of aggregate test results from our comprehensive COVID-19 testing program, as well as metrics on health and pandemic preparedness. Information is a powerful tool in stopping the spread of the virus and we want our community to have as much information as possible. We know we can keep people from getting COVID-19. So to inform our faculty, students and staff on how to do that, we also launched a “Together

As Buckeyes" public health campaign to ask, Why do you want to follow the guidelines to stay safe and healthy on campus? What's your why?

My why is that I want to have the students, faculty and staff back on campus. I want to give our students that special Ohio State experience, keep Oval Beach open, allow walks around Mirror Lake and offer the joy of watching our students perform and the excitement of cheering on our athletic teams.

I would like to personally thank each and every one of you from across the university — and throughout the community — who have worked so hard to support our return to campus. I want to thank our students, faculty and staff for their collaboration, resilience and engagement. And I would like to especially thank the Board of Trustees for your leadership and guidance. And, finally, I would like to thank Governor DeWine and Mayor Ginther and all of our government partners for their support and cooperation.

While the start of this academic year looks different and lacks some of the traditional fanfare and events, it is still a time of great celebration and excitement. Our newest Buckeyes have just embarked on their academic journey with us and we are thrilled to have them. Veronica and I volunteered for student move-in last Sunday and it was fantastic to see the students and families – see their excitement and desire to be back on campus.

We received positive feedback about the move-in process from our students and parents. As one family shared, "Please know these 'first timer' parents were thankful for the ease, mystified at the efficiency and grateful" that their daughter was so happy.

I am thankful for the hard work and flexibility of our Student Life staff, chaired and led admirably by Dr. Melissa Shivers, and all of the volunteers from across the campus for pulling off this new phased-in approach to move-in this year. In typical Buckeye style, it was a true tour de force. But the only way we can stay open and keep down infection rates is by wearing a mask, physical distancing and not hosting large gatherings.

Great institutions — especially in the midst of daunting challenges — must continue to adapt and plan for the future. This week, we announced that we are moving forward with our plans to build an inpatient hospital tower. We are planning for a future where the Wexner Medical Center at The Ohio State University will continue to lead the way on researching and developing the breakthrough treatments that will create cures and support the public health of central Ohio and beyond. This \$1.8 billion, 1.9 million-square-foot hospital will be the largest construction project in our university's history.

This facility will provide health care for our rapidly growing community and will create 1,800 careers as well as support thousands more construction jobs over the five-year building process. Those 1,800 new jobs, in turn, will create internships and new research opportunities for our students, faculty and staff. This project is vitally important because we want to put The Ohio State University on the map as the place to come to do cross-disciplinary research, which was a hallmark of the three Distinguished Professors' research, as they shared with us just now. This facility will be a driver for convergent research and will bring together so many different disciplines to converge on solving problems that are important to our society.

One of the big problems we are trying to address right now is COVID-19 — how to develop better rapid testing, new vaccines and antivirals. As a great public land-grant research university, we bring together disciplines such as computer science, physics and quantum computing to confront these big challenges from a variety of angles. In times of uncertainty, if you have clarity and vision, you *have* to move forward. Times like this require leadership, and that is what we are exhibiting with this project that will better serve our community, create jobs and support leading-edge, life-changing innovation.

Another critical area of focus will be to ensure that our students, faculty and staff can learn, teach and work in a world in which they are safe and healthy and free from fear, intimidation and discrimination. We were all horrified and disgusted by the brutal killing of George Floyd and we witnessed and joined in the mobilization of a movement to put an end to the evil of racism. And now again this week, the nation witnessed another black man killed by police.

In the name of George Floyd, Breonna Taylor, Jacob Blake, Maurice Gordon and so many others, we affirm that Black Lives Matter and the need to create an antiracist society. In June, the university established a Task Force on Racism and Racial Inequities to lead conversations, explore solutions and develop principles to guide the university toward a more inclusive and antiracist future. I conferred with former President Drake in establishing the task force and offered my full support. The task force is led by Dr. James Moore, the university's chief diversity officer, and Dr. Tom Gregoire, dean of the College of Social Work, and includes students, faculty and staff from across the university. I have met with the task force leaders and members of the task force to talk about the importance of its charge and that work that needs to be done this fall. This will be one of my top priorities and I want the university to do something bold in this area.

Finally, Veronica and I would like to share again with the board and with Buckeye Nation just how happy we are to be here and to be a part of this tremendous community. We are going to work very hard to continue to build on the excellence that is "The" Ohio State University. Know that we want to meet each and every one of you just as soon as we can — even if that means meeting you virtually or in many, many groups of 10 or fewer. I know there are a lot of you in Buckeye Nation, but as I have often said, I am an obnoxious optimist! If you visit my office, you will see that the centerpiece on the wall behind my desk is my grandfather's diploma from 1896, signed by the fourth president of The Ohio State University, James Canfield. I am proud of my family history and connection to this university. I have had a love for Ohio State for many years and we are so excited to work with all of you to make the seasons and years brighter and more inclusive for everyone.

Thank you very much.

Mr. Heminger:

Thank you, Dr. Johnson for those remarks. And don't go away, because now we will move to today's consent agenda, and we will turn the podium back to you again.

President-Elect Johnson:

Thank you. The consent agenda reflects the two hand-carried resolutions that were presented yesterday during the Talent, Compensation and Governance Committee meeting. In total, we have 25 resolutions on the consent agenda. The university is seeking approval of the following:

CONSENT AGENDA

RESOLUTIONS IN MEMORIAM

Resolution No. 2021-03

C. Richard Dorn

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 27, 2020 of Dr. C. Richard Dorn, Professor Emeritus in the College of Veterinary Medicine.

Professor Dorn grew up working on the family farms in London and Midway, Ohio, and was the first in his family to go to college. He received his Doctor of Veterinary Medicine degree from The Ohio State University College of Veterinary Medicine in 1957 and a Master's in Public Health from Harvard University in 1962. He also completed postdoctoral training at the University of California, Berkeley.

Professor Dorn enlisted in the United States Air Force, served in France and England, and continued to serve in the Air Force Reserves for 20 years, culminating with a rank of Colonel. In 1976, Professor Dorn was appointed chair of the Ohio State Department of Veterinary Preventive Medicine. He began his research career with work on feline leukemia and was known for his work on E. coli, salmonella and environmental health.

Professor Dorn served on the board of the Columbus Zoo and Aquarium and was active with the American Kennel Association. He was widely known in the veterinary world, not only as a renowned scholar, but as a very kind man. In 1992, Professor Dorn retired from Ohio State and also received the College of Veterinary Medicine's Distinguished Alumnus Award.

Following his retirement, Professor Dorn was a Fulbright scholar at the National Autonomous University of Mexico, served with the Federal Emergency Management Agency (FEMA), and helped build houses with Habitat for Humanity.

On behalf of the university community, the Board of Trustees expresses to the family of Dr. C. Richard Dorn its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

Harrison M. Gardner

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on June 16, 2020, of Dr. Harrison M. Gardner, Professor Emeritus in the College of Veterinary Medicine.

Professor Gardner was born in 1920 in Clover Lick, West Virginia and served in the United States Navy as a Storekeeper Third Class during World War II. After the war, he spent time as a cattleman on a Wyoming Herford ranch before attending The Ohio State University College of Veterinary Medicine, from where he graduated in 1956. He worked as a mixed-animal veterinary practitioner in West Virginia upon graduation, before returning to the college to join the faculty in 1960. Professor Gardner was one of the founding members of the Department of Veterinary Clinical Sciences, where he worked, served, taught and mentored until his retirement in 1988.

A stalwart of the ambulatory service, Dr. Gardner was the primary (sole) veterinarian for both the Columbus Zoo and Aquarium and Select Sires during his 28-year tenure on the faculty. His approach to zoo animal medicine inspired a number of the college's graduates to enter this field. Professor Gardner was also the primary veterinarian who served Select Sires as it developed. Today, the Columbus Zoo and Aquarium is one of the most highly ranked zoos, and Select Sires, Inc. is a leader in the field of preserving bovine genetics through artificial insemination, embryo transfer and many other techniques. Professor Gardner's role and contributions were of paramount importance to helping develop a strong foundation from which these two organizations have grown and thrived over the last few decades.

Professor Gardner was named a Distinguished Alumnus of the Ohio State College of Veterinary Medicine in 1990. He also received the Veterinary Medicine Alumni Society Recognition Award in 2005, in honor and recognition of his many years of contributions to

veterinary education and to the advancement of veterinary care to a variety of animal species.

On behalf of the university community, the Board of Trustees expresses to the family of Dr. Harrison M. Gardner its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

Joan Elsensohn Herr

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 14, 2020, of Professor Joan E. Herr, Faculty Emerita of Human Nutrition in the College of Education and Human Ecology.

Born in eastern Washington, Professor Herr earned a bachelor's degree from Washington State University. Upon completing a Master's in Human Nutrition and Food Management at The Ohio State University, she became a registered dietitian and eventually joined the faculty of human nutrition, serving for more than 20 years before her retirement in 1985. Early in life, while in New York City as part of an International Farm Youth Exchange event, Professor Herr met and eventually married Donald Herr, who became a professor of agronomy at Ohio State. With their two sons, the Herr family accepted an assignment in India in the 1970s as part of Ohio State's overseas extension service. Joan was in Punjab advising on nutrition, and Don was in Haryana focused on weed control in irrigation canals. The family had amazing travels throughout Asia during this time.

Back in the United States, Professor Herr settled into her career teaching human nutrition and food management in what was then the College of Home Economics. She retired from teaching in 1985, and she and Don then traveled extensively. Those who knew Professor Herr said she displayed genuine care and concern, diligence, creative energy, kindness, compassion and hospitality. Ohio State alumni remembered her as one of the more impactful teachers they'd had -- practical, realistic and concerned about each individual. She was generous with her time and efforts for those who wanted help. When she saw a need, she felt driven to assist however she could and took no recognition for her efforts.

Of note is the role the Herrs played in caring for Faculty Emerita Mary Eloise Green in her last years because she was Joan's colleague and friend in the college. Lacking any family of her own, Professor Green depended on the Herrs, who helped her with maintaining her home, choosing an assisted living facility and managing her estate. In later years, the Herrs moved to Friendship Village of Dublin. Neighbors remember Joan for her thoughtfulness and inclusive spirit.

She was active on multiple resident committees and was president of the Resident's Association, then the resident director until January 2020. She was always the one to initiate the welcome party for a new homeowner and the farewell party for a friend moving away. Residents remember her kindness and hospitality in personally welcoming new members into the community. In her gracious way, Professor Herr was a friend to so many and cared deeply about each and every one of those connections.

When Professor Herr felt something needed doing, she got it done. When Don was diagnosed with dementia and eventually Alzheimer's, she was a stalwart caregiver and a vocal advocate for those affected. She felt a personal responsibility to give Don the best care at home until she was no longer able. He passed away on February 1, 2020.

On behalf of the university community, the Board of Trustees expresses to the family of Professor Joan E. Herr its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and

that a copy be tendered to her family as an expression of the board's heartfelt sympathy and appreciation.

Janet Hope Hickman

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 30, 2020, of Dr. Janet H. Hickman, Faculty Emerita of Education in the College of Education and Human Ecology.

Professor Hickman was a three-time alumna of the college and served on the faculty from 1979 to 2005. She is remembered as an educator, author and mentor, and her life's work was teaching others how to use children's literature to enrich the lives and learning of children and young adults. She began her career instructing gifted eighth graders in Whitehall after earning a Bachelor of Science in Education in 1960. She earned a Master of Science in Education in 1964 and spent from 1968 to 1973 as a part-time children's literature instructor for the college. One year after leaving that position, she published her first young adult novel, *The Valley of the Shadows*.

Professor Hickman completed her PhD in 1979 in Early and Middle Childhood Education and joined the faculty in what was then the College of Education. She taught and mentored many librarians, elementary educators and future college professors and worked closely with now-deceased Faculty Emerita Charlotte S. Huck, with whom she co-authored several editions of the widely used textbook *Children's Literature in the Elementary School* published by Harcourt Brace Jovanovich. Professor Hickman spearheaded fundraising to create the endowed Charlotte S. Huck Professorship in Children's Literature, still existing today in the College of Education and Human Ecology, to honor her friend upon Professor Huck's 1986 retirement. Working with Bernice E. Cullinan, a now-deceased faculty emerita, Professor Hickman co-edited *Children's Literature in the Classroom: Weaving "Charlotte's Web"* and, later, *Children's Literature in the Classroom: Extending "Charlotte's Web."*

Professor Hickman wrote seven books in all for middle-grade readers: three were Ohio-based, well-researched historical fiction, one was a fantasy novel and three were novels about growing up in small town Ohio. *Jericho*, one of the latter, won several awards in 1995. It received an Ohioana Book Award, was named a Boston Globe/Horn Book Honor Book and was a Notable Children's Trade Book in the Language Arts by the National Council of Teachers of English. In 1999, her book *Susannah* received a Society of Midland Authors Award. In 2002, she received the Arbuthnot Award from the International Reading Association, which honors college instructors of children's and young adult literature. For many years, Professor Hickman co-organized a prominent children's literature conference in Columbus. She worked with Faculty Emerita Rudine Sims Bishop to bring together educators, authors and book lovers who came from across the United States to attend the event.

On behalf of the university community, the Board of Trustees expresses to the family of Dr. Janet H. Hickman its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family as an expression of the board's heartfelt sympathy and appreciation.

Vernal "Vern" Kenner

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 17, 2020, of Professor Vernal "Vern" Kenner, Faculty Emeritus in the Department of Mechanical and Aerospace Engineering in the College of Engineering.

Professor Kenner was a California native who joined the Department of Mechanical and Aerospace Engineering at Ohio State in the early 1980s. His background was in theoretical

and experimental mechanics. Professor Kenner's primary teaching assignments were in the core mechanics courses, allowing him to interact with many undergraduate students of the department. He also taught graduate courses on experimental mechanics and elasticity.

Professor Kenner conducted much of his sponsored research activity in collaboration with his colleague, Professor Carl Popelar. Some of their notable research includes investigations into the fracture and failure of plastic pipelines used in gas distribution.

Outside of his teaching and research duties, Professor Kenner was an avid golfer and pilot. He had a passion for aviation and was known for taking his V-Tail Bonanza on long flights across the United States, with the San Francisco Bay Area and the Grand Canyon being two of his favorite destinations. When possible, Professor Kenner would also fly his colleagues to the Winter Annual Mechanics Meetings.

Professor Kenner was an involved member of the Ohio State community. He was always willing to help organize and participate in departmental activities, such as picnics and intramural softball. He cared greatly for the students he taught and for the colleagues he worked alongside. He was known by many for his sense of humor, quick wit and easygoing nature. He is remembered as a dedicated and passionate educator and engineer.

On behalf of the university community, the Board of Trustees expresses to the family of Professor Vernal Kenner its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

Sharron Martin Capen

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 28, 2020, of Dr. Sharron Martin Capen, Professor Emeritus in the College of Veterinary Medicine.

Professor Martin Capen received her Doctor of Veterinary Medicine degree from Ohio State in 1959, followed by a master's degree in 1962. She was renowned as the College of Veterinary Medicine's first female faculty member and full professor. She practiced small animal medicine with a special interest in dermatology and avian medicine. Professor Martin Capen was also the director of the college's Raptor Rehabilitation Program. She passed away after a long struggle with Alzheimer's disease.

Professor Martin Capen retired from Ohio State after 36 years of service as a faculty member in the Department of Veterinary Clinical Sciences. She was granted emeritus status in 1995 and received the College of Veterinary Medicine's Distinguished Alumna Award in 1996. She and her husband, Dr. Charles Capen, were avid wildlife photographers and world travelers, visiting and photographing all seven continents.

On behalf of the university community, the Board of Trustees expresses to the family of Dr. Sharron Martin Capen its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family as an expression of the board's heartfelt sympathy and appreciation.

Walter Timothy "Tim" Rhodus

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 18, 2020, of Walter Timothy "Tim" Rhodus, Professor Emeritus

of Horticulture and Crop Science in the College of Food, Agricultural and Environmental Sciences.

Professor Rhodus served on the faculty from 1985 until he retired in 2019. His expertise focused on marketing and communications, especially within the agricultural context. He was a pioneer in the application of digital technologies for communication and a visionary when it came to information technology and its use in teaching and outreach. His contributions extended beyond his college and the university to national and international professional organizations, such as the American Society for Horticultural Science, and to the local communities, including local schools. He was a major contributor to the university's Exploring Learning Technologies community and participated in many university-wide organizations, including Faculty Senate.

His creative energy led to the development of some of the first university websites, to one of the earliest implementations of mobile devices in teaching and outreach, to the application of online resumes and portfolios for students, and to the integration of virtual reality experiences in teaching. He initiated the concept of horticulture in virtual perspective that stimulated countless colleagues and students to apply the emerging technologies to the myriad dimensions of applied plant science. He developed many web communication systems for scholarly organizations, such as ePortfolio Technologies, ePoster Technologies, Digital Badging Systems and Digital Evaluator Apps. A particularly notable contribution was the website PlantFacts that has been widely used as an educational resource by horticulture professionals and the general public.

His overall philosophy was encapsulated in his motto: "Information is not education." Professor Rhodus was a firm believer in harnessing the abundance of information available through digital means to serve a meaningful and life-long educational endeavor. As a consequence, he applied his knowledge and expertise to the development of innovative approaches to teaching, using his courses to prepare students for a world centered on constantly evolving digital technologies. Professor Rhodus contributed to the development and management of some of the first (and still ongoing) online certificate courses in the area of turf science. He led the way in preserving, photographing, archiving and cataloging the 700 folios of the Emmanuel Rudolph Collection of Botanical Illustrations held by the university's Chadwick Arboretum. And he was instrumental in developing a nationally renowned outreach program for professionals and practitioners in horticulture, BYGL (the Buckeye Yard and Garden onLine).

On behalf of the university community, the Board of Trustees expresses to the family of Professor Walter Timothy "Tim" Rhodus its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

George R. St. Pierre

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on March 4, 2020, of George R. St. Pierre, Distinguished Professor and Chair Emeritus of the Department of Materials Science and Engineering in the College of Engineering.

Professor St. Pierre served on the faculty from 1957 until he retired in 1992. His research on applications of physical chemistry in metallurgical and materials processing brought him international recognition and numerous awards. He published some 150 scholarly works in scientific literature as well as numerous technical reports for government and industry. He became a full professor in 1964 and served as associate dean of the Graduate School from 1964 to 1966. Professor St. Pierre served as chair of the Department of Metallurgical Engineering from 1984 to 1988. The boundary between traditional materials disciplines of metallurgy and ceramics was unnecessary and other such curricula in the world had

changed their emphasis, names and degrees at this time. Under the direction of Professor St. Pierre, the Department of Metallurgical Engineering and Ceramics Engineering merged to encompass the broader spectrum of materials. He was the first chair of the newly reconfigured Department of Materials Science and Engineering from 1988 until his retirement.

Professor St. Pierre's teaching skill and commitment to students was honored throughout his career. He was a four-time recipient of Ohio State's student-driven Mars G. Fontana Teaching Award and received both the Alumni Award for Distinguished Teaching and Distinguished Scholar Award. The American Society for Metals gave him its Bradley Stoughton Outstanding Young Teacher award in 1961 and the Albert Easton White Distinguished Teacher Award in 1997. In 1988, he received the university's Presidential Professor Award. He was given an honorary Doctor of Science degree at the spring commencement in 1998.

Professor St. Pierre served his country and the field generously. He served an active duty tour in the Air Force Materials Laboratory before joining the faculty at Ohio State and was honorably discharged from the military four years later. He also served internationally on many university councils, professional society committees, government advisory panels and industrial consulting groups. He authored technical reports for government and industry in connection with contract research, consulting and committee assignments, including for the Office of Technology Assessment, the United States Congress and several other national studies. After his retirement from Ohio State, from April 1995 to May 1996, Professor St. Pierre served as Chief Scientist, Materials Directorate at Wright-Patterson Air Force Base, and then continued his participation in university programming until 2019.

On behalf of the university community, the Board of Trustees expresses to the family of Professor George R. St. Pierre its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

Thomas Maron Stephens

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on June 18, 2020, of Thomas M. Stephens, Professor Emeritus in the College of Education and Human Ecology.

Professor Stephens was a champion of public education and an advocate for children with disabilities in Ohio and nationwide. He specialized in preparing teachers of children and youth with learning and behavior disorders. He was dedicated to improving the lives of the most vulnerable — those with disabilities, without equal access to education and with psychological issues — as well as the gifted and talented.

He began his 60-year career as a schoolteacher after earning a Bachelor of Science at what is now Youngstown State University. Later, with a master's degree from Kent State University, he was a school psychologist for two Ohio counties and a clinical psychologist at Dayton State Hospital. During the Korean Conflict, he served briefly in the United States Army. Upon his honorable discharge, he joined the Ohio Department of Education, becoming the first director of its gifted and talented program. He was Ohio's first director of former President Johnson's Title One ESEA program and advised federal officials in the early years of the 1965 Elementary and Secondary Education Act.

Upon receiving a Doctor of Education degree from the University of Pittsburgh, Professor Stephens joined the faculty there, rising to associate professor. In 1970, he was recruited to join Ohio State, and under his watch as chair, the special education and applied behavior

analysis programs flourished. At the same time, he also was executive director of the School Study Council of Ohio, serving for 23 years.

Professor Stephens leaves a rich legacy of scholarship, having authored or co-authored 16 textbooks and hundreds of journal articles. He led multiple regional and national organizations, including the Great Lakes Area Regional Center for Deaf-Blind Education. He co-founded the Higher Education Consortium of Special Education Programs and edited leading journals.

Through multiple grants, Professor Stephens created, implemented and evaluated model programs, supported a generation of graduate students and inspired faculty in their own projects. He consulted regularly with school principals and superintendents to improve assessment, planning, intervention and evaluation strategies for students with significant behavior disabilities and wrote authoritatively on administrative topics to advance integrative programs for such students. His 2019 book, *Interpersonal Matters: Three Lessons for School Superintendents*, provides practical relationship development tools to improve the function of public schools.

In his last years at Ohio State, Professor Stephens served as associate dean for research in the college, which showcased his keen administrative ability. In 1999, he was inducted into the college's Hall of Fame. Through 2005, he also directed grants for the University of Dayton, School of Education Research Center. As late as May 2020, despite significant health issues, he continued to offer his expertise by writing an essay on his view of public education in the wake of the COVID-19 pandemic.

On behalf of the university community, the Board of Trustees expresses to the family of Professor Thomas M. Stephens its deepest sympathy and sense of understanding of their loss. It is directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the board's heartfelt sympathy and appreciation.

STRATEGIC COMPLETION PLAN

Resolution No. 2021-04

Synopsis: Approval of the 2020-2022 Strategic Completion Plan, is proposed.

WHEREAS Ohio Revised Code 3345.81 requires the Board of Trustees of each Ohio institution of higher education every two years to adopt a strategic completion plan designed to increase the number of degrees and certificates awarded to students; and

WHEREAS The Ohio State University Board of Trustees approved the 2018-2020 strategic completion plan on June 8, 2018; and

WHEREAS the university has updated the strategic completion plan through 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the 2020-2022 Strategic Completion Plan.

(See Appendix X for background information, page 366)

FACULTY PERSONNEL ACTIONS

Resolution No. 2021-05

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the June 3, 2020, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name: *YIGIT AKIN
Title: Associate Professor (Carter V. Findley Professorship in Ottoman and Turkish History)
College: Arts and Sciences
Term: August 15, 2020 through August 14, 2025

Name: PROSPER N. BOYAKA
Title: Professor and Interim Chair (Stanton Youngberg Professorship of Veterinary Medicine)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: TERESA A. BURNS
Title: Assistant Professor (Bud and Marilyn Jenne Designated Professorship in Equine Clinical Sciences and Research)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: JIM LANDERS
Title: Professor-Clinical (Harold L. and Audrey P. Enarson Professorship in Public Policy)
College: John Glenn College of Public Affairs
Term: September 1, 2018 through August 31, 2022

Name: *JONDA C. MCNAIR
Title: Professor (Charlotte S. Huck Professorship in Children's Literature)
College: Education and Human Ecology
Term: August 15, 2020 through August 14, 2025

Name: SARAH A. MOORE
Title: Professor (Wolfe Associates Inc. Endowed Professorship in Canine Clinical and Comparative Medicine)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: ANDREW J. NIEHAUS
Title: Professor-Clinical (Vernon L. Tharp Professorship in Food Animal Medicine)
College: Veterinary Medicine

August 10-27, 2020, Board of Trustees Meetings

Term: September 1, 2020 through June 30, 2024

Name: MATTHEW P. OHR
Title: Professor-Clinical (Irene D. Hirsch Chair in Ophthalmology)
College: Medicine
Term: September 1, 2020 through June 30, 2024

Name: TIMUR P. SARAC
Title: Professor (Luther M. Keith Professorship in Surgery)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: LAURA E. SELMIC
Title: Associate Professor (Teckie and Don Shackelford Chair in Canine Medicine)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: RAMIRO E. TORIBIO
Title: Professor (Trueman Chair in Equine Clinical Medicine and Surgery)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: YIPING YANG
Title: Professor (Jeg Coughlin Chair in Cancer Research)
College: Medicine
Term: September 1, 2020 through June 30, 2024

*New Hire

Reappointments

Name: RALPH S. AUGOSTINI
Title: Professor-Clinical (Bob and Corrine Frick Chair in Cardiac Electrophysiology)
College: Medicine
Term: February 1, 2020 through June 30, 2024

Name: WILLIAM L. BELL
Title: Professor-Clinical (Richard J. and Martha D. Denman Professorship for Clinical Research in Epilepsy)
College: Medicine
Term: May 1, 2020 through June 30, 2021

Name: GAIL E. BESNER
Title: Professor (H. William Clatworthy, Jr., Professorship in Pediatric Surgery)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: PHILIP F. BINKLEY
Title: Professor (James W. Overstreet Chair in Cardiology)
College: Medicine
Term: July 1, 2020 through June 30, 2024

August 10-27, 2020, Board of Trustees Meetings

Name: GREGORY CALDEIRA
Title: Professor and Chair (Ann and Darrell Dreher Chair in Political Communication and Policy Thinking)
College: Arts and Sciences
Term: July 1, 2020 through June 30, 2024

Name: DAVID P. CARBONE
Title: Professor (Barbara J. Bonner Chair in Lung Cancer Research)
College: Medicine
Term: October 1, 2020 through June 30, 2024

Name: JOHN CASTERLINE
Title: Professor (Robert Lazarus Professorship in Population Studies)
College: Arts and Sciences
Term: July 1, 2019 through June 30, 2023

Name: COLLEEN M. CEBULLA
Title: Associate Professor (Torrence A. Makley Research Professorship)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: DARWIN L. CONWELL
Title: Professor (Dr. Floyd M. Beman Chair in Gastroenterology)
College: Medicine
Term: November 1, 2020 through June 30, 2024

Name: WILLIAM B. FARRAR
Title: Professor (Dr. Arthur G. and Mildred C. James - Richard J. Solove Chair in Surgical Oncology)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: ANDREW J. HENDERSHOT
Title: Associate Professor-Clinical (Thomas F. Mauger and L. Carol Laxson Professorship for Ophthalmology Research)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: RAY E. HERSHBERGER
Title: Professor (Charles Austin Doan Chair of Medicine)
College: Medicine
Term: November 1, 2020 through June 30, 2024

Name: CHRISTOPHER HOCH
Title: Assistant Professor (Endowed Chair for Director of The Ohio State University Marching Band)
Title: Director of Marching and Athletic Bands
College: Arts and Sciences
Term: June 1, 2020 through June 30, 2024

Name: MARJEAN T. KULP
Title: Professor (Distinguished Professor of Optometry and Vision Science)
College: Optometry
Term: July 1, 2020 through June 30, 2025

August 10-27, 2020, Board of Trustees Meetings

Name: CHERYL T. LEE
Title: Professor and Chair (Dorothy M. Davis Chair in Cancer Research)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: RUSSELL R. LONER
Title: Professor and Chair (Dardinger Family Endowed Chair in
Oncological Neurosurgery)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: ROBERT A. MAGNUSSEN
Title: Associate Professor (Bruce and Susan Edwards Sports Medicine
Endowed Professorship)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: ERNEST L. MAZZAFERRI
Title: Professor-Clinical (Charles A. Bush M.D. Professorship in
Cardiovascular Medicine)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: LAXMI S. MEHTA
Title: Professor-Clinical (Sarah Ross Soter Endowed Chair for Women's
Cardiovascular Health at OSU Heart Center)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: ELECTRA D. PASKETT
Title: Professor (Marion N. Rowley Chair in Cancer Research)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: CYNTHIA J. ROBERTS
Title: Professor (Martha G. and Milton Staub Chair for Research in
Ophthalmology)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: JULIA R. WHITE
Title: Professor (Klotz Sisters Chair in Cancer Research)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Extensions

Name: RUSTIN M. MOORE
Title: Dean
College: Veterinary Medicine
Term: July 1, 2020 through December 31, 2020

(See Appendix XI for background information, page 417)

**APPROVAL OF FISCAL YEAR 2021
CAPITAL INVESTMENT PLAN**

Resolution No. 2021-06

Synopsis: Authorization and acceptance of the Capital Investment Plan for the fiscal year ending June 30, 2021 as proposed.

WHEREAS the university has presented the recommended capital expenditures for the fiscal year ending June 30, 2021; and

WHEREAS the recommended capital expenditures are the result of the university's comprehensive annual capital planning process; and

WHEREAS only those projects outlined in these recommendations will be approved for funding;

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Capital Investment Plan for the fiscal year ending June 30, 2021, as described in the accompanying documents; and

BE IT FURTHER RESOLVED, That any request for authorization to proceed with any project contained in these recommendations or for university funds for any such projects must be submitted individually by the university for approval by the Board of Trustees, as provided for by board policy.

(See Appendix XII for background information, page 420)

**APPROVAL OF OHIO STATE ENERGY PARTNERS
UTILITY SYSTEM CAPITAL IMPROVEMENT PLAN
FOR FISCAL YEAR 2021**

Resolution No. 2021-07

Utility System Life-Cycle Renovation, Repair and Replacement Projects
Utility System Expansion and Extension Projects
Energy Conservation Measure Projects

Synopsis: Authorization and acceptance of the Ohio State Energy Partners LLC fiscal 2021 capital improvement plan and authorization for Ohio State Energy Partners LLC to make capital improvements to the utility system pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), is proposed.

WHEREAS the Agreement requires the concessionaire, Ohio State Energy Partners LLC, ("OSEP") to annually submit a plan for utility system capital improvement projects for university approval; and

WHEREAS the plan includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2020; and

WHEREAS OSEP has provided detailed descriptions of the proposed capital improvements, supporting technical data and analysis, pursuant to Section 4.3(c) of the Agreement; and

WHEREAS the utility system capital improvement projects will be delivered pursuant to the terms of the Agreement; and

WHEREAS the capital expenditures for the approved utility system projects will be added to the utility fee pursuant to the Agreement; and

WHEREAS the university has reviewed and considered the financial, technical, and operational aspects of the projects and the projects' alignment with university plans and sustainability goals; and

WHEREAS the Master Planning & Facilities Committee has reviewed the projects for alignment with all applicable campus plans and guidelines; and

WHEREAS the Audit, Compliance & Finance Committee has reviewed the projects for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves and authorizes Ohio State Energy Partners LLC to proceed with the fiscal year 2021 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix XIII for background information, page 422)

APPROVAL TO INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS

Resolution No. 2021-08

**APPROVAL TO INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
Morehouse – Chiller and Electrical Distribution Phase 2**

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

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

| | Prof. Serv. Approval Requested | Construction Approval Requested | Total Requested | |
|--|--------------------------------------|---------------------------------------|--------------------|--------------------|
| Morehouse – Chiller and Electrical Distribution Phase 2 | \$0.1M | \$0.6M | \$0.7M | Auxiliary Funds |

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Audit, Compliance and Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to increase professional services and construction contracts for the project listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix XIV for background information, page 427)

APPROVAL FOR SALE OF REAL PROPERTY

Resolution No. 2021-09

0.1+/- ACRES ON BARRYS RIDGE ROAD,
CALDWELL, NOBLE COUNTY, OHIO

Synopsis: Authorization to sell real property located along Barrys Ridge Road, Caldwell, Noble County, Ohio, is proposed.

WHEREAS The Ohio State University seeks to sell approximately 0.1 acres of unimproved real property located along Barrys Ridge Road in Caldwell, Ohio, identified as a portion of Noble County, parcel number 070021430000 and adjacent to the College of Food, Agricultural and Environmental Sciences Unit 1, Eastern Agricultural Research Station; and

WHEREAS the property is deemed excess and sale of the property will not affect the Research Station operations:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to take 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.

(See Appendix XV for background information, page 428)

APPROVAL FOR ROADWAY EASEMENT

Resolution No. 2021-10

ARTHUR ADAMS DRIVE BETWEEN LANE AVENUE AND NORTH STAR ROAD
IN COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Approval to grant a 25-year easement to the City of Upper Arlington for an access road across Arthur E. Adams Drive between Lane Avenue and North Star Road, Columbus, Franklin County, Ohio, is proposed.

WHEREAS the City of Upper Arlington has requested an easement for an access road across existing portions of Arthur E. Adams Drive and plans to extend the access road to North Star Road; and

WHEREAS the access road would support development and construction of the roadway along the southern border of retail properties located at the southeast corner of North Star Road and Lane Avenue; and

WHEREAS the City of Upper Arlington will be responsible for the costs and expenses of and the ongoing operation and maintenance of the access road:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix XVI for background information, page 430)

**APPROVAL FOR RECOGNITION, NON-DISTURBANCE
AND ATTORNMENT AGREEMENT**

Resolution No. 2021-11

LANE AVENUE AND CARMACK ROAD
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Approval to enter into a Recognition, Non-Disturbance and Attornment Agreement between The Ohio State University and Andelyn Biosciences, Inc., is proposed.

WHEREAS Andelyn will be developing and operating a facility for research and manufacturing of medical, biotechnology and pharmaceutical materials for gene and cell-based therapies; and

WHEREAS the subject Development Parcel is located at the southwest corner of Lane Avenue and Carmack Road, Columbus, Ohio; and

WHEREAS this resolution affirms that the intended use by Andelyn is consistent with the uses specified in the Development Agreement and approves continued authority to take actions in support of the development; and

WHEREAS The Ohio State University has approved a ground lease of 7.8 +/- acres of unimproved real property located at the southwest corner of Lane Ave and Carmack Road, Columbus, Ohio (Development Parcel), to the Science and Technology Campus Corporation (SciTech); and

WHEREAS the Development Parcel is subject to a certain Development Agreement, dated May 28, 1998 and as amended, which provides that the university desires to foster and encourage research and education linkages with business, government entities and nonprofit organizations to increase the range of educational experiences available to students, increase research support from industry, provide greater economic enrichment and development within Ohio and enhance the university's pre-eminence as a major research organization (Development Agreement Mission); and

WHEREAS SciTech seeks to sublease the Development Parcel to Andelyn Biosciences, Inc., for the purpose of making improvements to be used for research, development and commercial grade manufacturing activities of biotechnology and pharmaceutical materials and products for gene and other cell-based therapies and any other uses directly related thereto; and

WHEREAS the long-term ground lease of the Development Parcel to SciTech and sublease to Andelyn Biosciences, Inc., is in the best interest of the university:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the proposed development and the anticipated use of the premises by sublessee Andelyn Biosciences, Inc., is recognized as consistent with the Development Agreement, will advance the Development Agreement Mission and has accordingly been considered in the authorization of a prime lease with SciTech.

(See Appendix XVII for background information, page 432)

APPROVAL TO ENTER INTO A JOINT USE AGREEMENT

Resolution No. 2021-12

**BETWEEN THE OHIO STATE UNIVERSITY
AND RAEMELTON THERAPEUTIC EQUESTRIAN CENTER INC.**

Synopsis: Authorization to enter into a Joint Use Agreement (JUA) with Raemelton Therapeutic Equestrian Center Inc., an Ohio nonprofit agency, to document the value and permit the release of funds appropriated in the State Capital Bill for improvements and renewal of several facilities, is proposed.

WHEREAS The Ohio State University was allocated \$90,000 in the 2019-20 State Capital Bill that is specifically designated for use by Raemelton; and

WHEREAS Raemelton will utilize the funds for the construction and renewal of facilities, greenhouse and equine therapy space in Mansfield, Ohio; and

WHEREAS The Ohio State University has an opportunity to expand its partnerships and activities in the Mansfield area and would benefit from having a space locally to support a variety of engagements; and

WHEREAS Raemelton commits to offering internships to Ohio State students as well as to making the space in Raemelton facilities available for the university's use; and

WHEREAS the terms and conditions for this university use shall be more favorable than the terms and conditions of use by any other entity to a degree that reasonably reflects the magnitude of the university's investment in the Raemelton facility for the term of the agreement; and

WHEREAS except for the funds used to cover the university's reasonable administrative costs related to the project, the funds provided under this JUA shall be used by Raemelton only for capital improvements or purchases and shall not be used for operating expenses; and

WHEREAS the university's use of Raemelton space will promote the university's mission to advance the well-being of the people of Ohio and the global community through the creation and dissemination of knowledge; and

WHEREAS before the state capital appropriation may be released to Raemelton, the Ohio Department of Higher Education requires that a JUA between the university and Raemelton be signed to document the value of the appropriation to Ohio State and to ensure the benefits to the university will continue for a minimum period of 20 years:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance and/or Senior Vice President for Administration and Planning be authorized to take any action required to effect the JUA containing terms and conditions deemed to be in the best interest of the university.

(See Appendix XVIII for background information, page 434)

**APPROVAL OF TALENT, COMPENSATION & GOVERNANCE
COMMITTEE CHARTER**

Resolution No. 2021-13

Synopsis: Approval of Talent, Compensation & Governance Committee Charter, which will supersede and replace the Talent & Compensation Committee Charter and the Governance Committee Charter, is proposed.

WHEREAS the Board of Trustees may adopt individual committee charters, consistent with committee descriptions, that set forth further information and definition regarding the committee's charge, committee composition, or the delegated authority and responsibilities of each committee; and

WHEREAS the delineation and description of each committee function will enable the board to be more effective in the execution of its duties and responsibilities; and

WHEREAS the Board of Trustees combined the Talent & Compensation Committee and the Governance Committee and created a Talent, Compensation & Governance Committee of the board effective August 30, 2019; and

WHEREAS section 3335-1-02(C)(1)(d) of the *Bylaws of the Ohio State University Board of Trustees* sets forth the description of the Board of Trustees' Talent, Compensation & Governance Committee; and

WHEREAS the Talent, Compensation & Governance Committee has developed a proposed charter, consistent with that description, that reflects its status as a standing committee of the Board of Trustees, and that charter has been fully reviewed by the committee; and

WHEREAS the Board of Trustees desires to supersede and replace the Talent & Compensation Committee Charter adopted November 6, 2015, and the Governance Committee Charter adopted February 1, 2013, with the attached Talent, Compensation & Governance Committee Charter dated August 27, 2020; and

WHEREAS the Talent, Compensation & Governance Committee shall be governed by the rules set forth in this Talent, Compensation & Governance Committee Charter:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Talent, Compensation & Governance Committee Charter dated August 27, 2020.

(See Appendix XIX for background information, page 435)

**AMENDMENTS TO THE BYLAWS OF
THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES**

Resolution No. 2021-14

Synopsis: Approval of the attached amendments to the *Bylaws of The Ohio State University Board of Trustees*, is proposed.

WHEREAS pursuant to 3335-1-09 (C) of the Administrative Code, the rules and regulations for the university may be adopted, amended or repealed by a majority vote of the University Board of Trustees at any regular meeting of the board; and

WHEREAS a periodic review of the board's bylaws is a governance best practice; and

WHEREAS the last revisions to the *Bylaws of the Ohio State University Board of Trustees* took place on June 3, 2020:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached amendments to the *Bylaws of the Ohio State University Board of Trustees*.

(See Appendix XX for background information, page 438)

RATIFICATION OF COMMITTEE APPOINTMENTS 2020-2021

Resolution No. 2021-15

BE IT RESOLVED, That the Board of Trustees hereby approves that the ratification of committee appointments for 2020-2021 are as follows:

Academic Affairs, Student Life & Research:

Brent R. Porteus, Chair
Cheryl L. Krueger
Abigail S. Wexner
Hiroyuki Fujita
Alan A. Stockmeister
Elizabeth P. Kessler
Jeff M.S. Kaplan
Anand Shah
Susan Olesik (faculty member)
Gary R. Heminger (ex officio)

Advancement:

Erin P. Hoeflinger, Chair
Alan A. Stockmeister, Vice Chair
Cheryl L. Krueger
Abigail S. Wexner
Craig S. Bahner
Thomas M. Murnane
Catherine Baumgardner (Alumni)
Janelle Jordan (Alumni Assn)
Alec Wightman (Foundation Board)
Anne Klamar (Foundation Board)
Gary R. Heminger (ex officio)

Audit, Compliance & Finance:

John W. Zeiger, Chair
Brent R. Porteus
Erin P. Hoeflinger
Alexander R. Fischer
Hiroyuki Fujita
Elizabeth P. Kessler
Lewis Von Thaeer
Jeff M.S. Kaplan
James D. Klingbeil
Amy Chronis
Gary R. Heminger (ex officio)

Talent, Compensation & Governance:

Hiroyuki Fujita, Chair
Lewis Von Thaeer, Vice Chair
Erin P. Hoeflinger
John W. Zeiger
Elizabeth P. Kessler
Jeff M.S. Kaplan
Gary R. Heminger (ex officio)

Master Planning & Facilities:

Alexander R. Fischer, Chair
James D. Klingbeil, Vice Chair
Brent R. Porteus
Anand Shah
Robert H. Schottenstein
Gary R. Heminger (ex officio)

Wexner Medical Center:

Leslie H. Wexner, Chair
Abigail S. Wexner
Cheryl L. Krueger
Hiroyuki Fujita
John W. Zeiger
Stephen D. Steinour
Robert H. Schottenstein
W.G. Jurgensen
Cindy Hilsheimer
Gary R. Heminger (ex officio, voting)

KRISTINA M. JOHNSON (ex officio, voting) – effective September 1, 2020

Harold L. Paz (ex officio, voting)
Bruce A. McPheron (ex officio, voting)
Michael Papadakis (ex officio, voting)

UNIVERSITY FOUNDATION REPORT

Resolution No. 2021-16

Synopsis: Approval of the University Foundation Report as of July 31, 2020, is proposed.

WHEREAS monies are solicited and received on behalf of the university from alumni, industry and various individuals in support of research, instructional activities and service; and

WHEREAS such gifts are received through The Ohio State University Foundation; and

WHEREAS this report includes: (i) the establishment of two (2) endowed professorships: the John W. Wilkins Endowed Professorship of Physics, and The John I. Makhoul Professorship in Electrical and Computer Engineering; one (1) endowed professorship fund: the Centennial Endowed Professor of Nursing Fund; and twenty-one (21) additional named endowed funds; (ii) the revision of seven (7) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of July 31, 2020.

(See Appendix XXI for background information, page 439)

NAMING OF BAGNOLI FAMILY TOWER AT OHIO STADIUM

Resolution No. 2021-17

IN THE DEPARTMENT OF ATHLETICS

Synopsis: Approval for naming the northeast tower at Ohio Stadium, located at 411 Woody Hayes Drive, is proposed.

WHEREAS the Ohio Stadium is one of the most recognizable landmarks in all of college athletics, built in 1922 and renovated in 2001; and

WHEREAS the Ohio Stadium continues to advance Ohio State's athletic reputation and helps attract and retain the best prospective student-athletes; and

WHEREAS Dr. Vivian von Gruenigen and Dr. Dominic J. Bagnoli, Jr. have provided significant contributions to the Department of Athletics to support the men's football program and all student-athletes who train and compete in the Athletics District; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Dr. Vivian von Gruenigen and Dr. Dominic J. Bagnoli, Jr.'s philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned tower be named Bagnoli Family Tower for the life of the physical facility.

NAMING OF THOMAS W. AND ELEANORE A. SHULMAN LOBBY

Resolution No. 2021-18

AT THE TY TUCKER TENNIS CENTER
IN THE DEPARTMENT OF ATHLETICS

Synopsis: Approval for naming the lobby at the Ty Tucker Tennis Center, located within the Athletics Districts on The Ohio State University Columbus campus, is proposed.

WHEREAS the Ty Tucker Tennis Center will provide the men's and women's tennis programs with a state-of-the-art practice and competition facility, offices and other spaces for student-athletes; and

WHEREAS the Ty Tucker Tennis Center will allow the Ohio State men's and women's tennis teams to excel in education, recruiting, training and competition, and it will result in increased student-athlete success; and

WHEREAS through generous philanthropy to the Department of Athletics, Eleanore A. and Thomas W. Shulman have made a lasting impact at The Ohio State University by creating opportunities for outstanding tennis student-athletes to hone their talents; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

August 10-27, 2020, Board of Trustees Meetings

BE IT RESOLVED, That in acknowledgement of Eleanore A. and Thomas W. Shulman's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned lobby be named Thomas W. and Eleanore A. Shulman Lobby for the life of the physical facility.

**NAMING OF THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
SERVICE BOARD CONFERENCE ROOM**

Resolution No. 2021-19

**IN THE JAMESON CRANE SPORTS MEDICINE INSTITUTE
WEXNER MEDICAL CENTER**

Synopsis: Approval for the naming of the conference room (Room 3202) in the Jameson Crane Sports Medicine Institute, located at 2835 Fred Taylor Drive, is proposed.

WHEREAS the Jameson Crane Sports Medicine Institute is the Midwest's largest and most advanced sports medicine facility, serving as the home of innovation and discovery in helping people improve their athletic performance, recover from injury and prevent future injuries; and

WHEREAS the Institute's research is focused on learning what causes athletic injuries, developing preventive interventions and enhancing how we get patients back to an active lifestyle, relying on a collaborative effort between engineers, athletic trainers, physical therapists, physicians and coaches; and

WHEREAS the Ohio State University Wexner Medical Center Service Board has provided significant contributions to the Jameson Crane Sports Medicine Institute; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the Ohio State University Wexner Medical Center Service Board's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned conference room (Room 3202) be named the Ohio State University Wexner Medical Center Service Board Conference Room for the life of the current facility.

NAMING OF INTERNAL SPACES

Resolution No. 2021-20

IN THE OPTOMETRY CLINIC AND HEALTH SCIENCES FACULTY OFFICE BUILDING

Synopsis: Approval for naming of internal spaces in the Optometry Clinic and Health Sciences Faculty Office Building, located at 1664 Neil Avenue, is proposed.

WHEREAS the College of Optometry is dedicated to recruiting and developing the future leaders, the next generation of professors, and the most successful practitioners in the country; and

WHEREAS in addition to patient care facilities, the Optometry Clinic and Health Sciences Faculty Office Building will include clinical faculty offices and open workspaces; and

WHEREAS current and future Optometry services have moved from Fry Hall to the new Optometry Clinic and Health Sciences Faculty Office Building and students, faculty and patients will be using this new clinic for decades to come; and

WHEREAS the donors listed below have provided significant contributions to support the College of Optometry and the Optometry Clinic and Health Sciences Faculty Office Building; and

- Dr. Kathleen Murphy
- HOYA Vision Care
- Bad Habits Band - The Eye Docs of Rock
- Optometry Alumni Society
- Optometric Educators, Inc.
- Dr. Jim Bieber
- Dr. Jen Mattson
- Ms. Cary Boyd
- Eye Love Cares - Drs. Jenna and Travis Zigler
- Dr. Dawn Hartman and Dr. Richard Orlando
- Dr. Jason Miller and Dr. San San Cooley
- Multiple Gifts Coordinated by Dr. Bob Newcomb
- Multiple Gifts Coordinated by Dr. Andy Feltz
- Class of 2020 and Friends
- Dr. Susan Gromacki Lathrop
- Drs. Dave & Staci Anderson
- Dr. Ronald Ling and Mrs. Caron Lau
- Multiple Gifts Coordinated by Dr. Sarah Watkins - Class of 2006
- Dr. Yoongie Min
- Dr. Jeff Timko
- Dr. Matt Ingram
- Dr. Terry Bolen
- Dr. Bryan Heitmeyer
- Dr. Tim Fries
- Multiple Gifts Coordinated by Dr. Richard Lodwick
- Dr. Daniel Runyan
- Dr. Jeff Ahrens, Dr. Brian Armitage, and Dr. Bruce Manning
- Dr. Terri Gossard
- Dr. Scott Bowser
- Dr. Frank Tangeman
- Dr. Bob Layman
- Dr. Bill Thomas
- Multiple Gifts Coordinated by Dr. Katie Greiner - Class of 2009
- Dr. Lee Halsted
- Dr. John Conrad
- Multiple Gifts from the Class of 1981
- Dr. D. Blair Harrold
- Multiple Gifts Coordinated by Dr. Julie Miavez - Class of 1990
- Dr. Ralph Williams, Dr. Khristopher Ballard, Dr. Leah McConnaughey
- Dr. Richard Hill
- Ohio Optometric Association
- Dr. Ron Cooke
- Dr. Wayne Collier

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgment of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned internal spaces be named the following:

- Kathleen A. Murphy, OD Reception & Patient Waiting Area (1001)
- HOYA Vision Care Eyewear Gallery (1030)
- Bad Habits - "The EyeDocs of Rock" Faculty, Staff and Student Lounge (1100)
- The Ohio State University College of Optometry Alumni Society Waiting Room (2001)
- Optometric Educators, Inc. Binocular Vision/Pediatric Service Consultation Room (2018)
- Janet P. Bieber Binocular Vision/Pediatric Service Exam Room (2020)
- Galloway Eye Care Binocular Vision/Pediatric Service Exam Room (2022)
- Dr. Roger G. Boyd, OD Binocular Vision/Pediatric Service Exam Room (2034)
- Eye Love Cares Foundation Advanced Ocular Care Service Consultation Room (2069)
- Andrea Blanton Advanced Ocular Care Service Exam Room (2073)
- Dr. Jason Miller & Dr. San-San Cooley Advanced Ocular Care Service Exam Room (2080)
- Columbus and Chillicothe VA Residents 1981-1997 Advanced Ocular Care Service Exam Room (2082)
- Rich Bell, OD Advanced Ocular Care Service Exam Room (2084)
- Jeanne Danker Advanced Ocular Care Service Exam Room (2086)
- Dr. Susan Gromacki Lathrop, OD, MS and Dr. Scott D. Lathrop Contact Lens Service Exam Room (3017)
- Drs. Dave and Staci Anderson Primary Vision Care Service Consultation Room (3019)
- The Hawaii Room Contact Lens Service Exam Room (3019)
- The Optometry Class of 2006 Contact Lens Service Exam Room (3024)
- Northwest Vision Center Contact Lens Service Exam Room (3026)
- Dr. Jeff Timko and Katie Timko Contact Lens Service Exam Room (3027)
- Dr. Matthew and Cara Ingram Contact Lens Service Exam Room (3029)
- Terry L. Bolen, OD Contact Lens Service Exam Room (3035)
- Lorraine and Marvin Heitmeyer Contact Lens Service Exam Room (3036)
- Stephanie Renee (Fries) Hoover Primary Vision Care Service Exam Room (3044)
- Dr. Lyle AJ Gassmann Primary Vision Care Service Exam Room (3048)
- Dr. Daniel M. Runyan Primary Vision Care Service Exam Room (3050)
- Bruce Manning, OD, Brian Armitage, OD, Jeff Ahrens, OD Primary Vision Care Service Exam Room (3060)
- Terri Gossard, OD/MS Primary Vision Care Service Exam Room (3062)
- Scott A. Bowser, OD and Family Primary Vision Care Service Exam Room (3064)
- Dr. Frank and Deborah Tangeman Primary Vision Care Service Exam Room (3067)
- Dr. and Mrs. Robert C. Layman Primary Vision Care Service Exam Room (3069)
- William B. Thomas, OD Primary Vision Care Service Exam Room (3070)
- The Optometry Class of 2009 Primary Vision Care Service Exam Room (3072)
- Dr. Lee Halsted, OD Primary Vision Care Service Exam Room (3074)
- Jim Noe Primary Vision Care Service Exam Room (3075)
- Dr. Jack King Primary Vision Care Service Exam Room (3077)
- D. Blair Harrold, OD Primary Vision Care Service Exam Room (3080)
- The Optometry Class of 1990 Primary Vision Care Service Exam Room (3082)

August 10-27, 2020, Board of Trustees Meetings

- Hillsboro Family Vision Waiting Room (3001, 3010, 3010A)
- Dr. and Mrs. Richard M. Hill Contact Lens Service Consultation Room (3018, 3018A)
- Ohio Optometric Association Main Clinic Elevator (X125E, X126E)
- Ronald Cooke, O.D. All Access Elevator (X127E, X128E)
- Herbert and Frieda Collier Binocular Vision/Pediatric Service Wing (X205C)

NAMING OF MULTIPLE SPACES IN POSTLE HALL

Resolution No. 2021-21

COLLEGE OF DENTISTRY

Synopsis: Approval for the naming of multiple spaces in Postle Hall, located at 305 West 12th Avenue, is proposed.

WHEREAS for more than 125 years, the College of Dentistry has embraced its public purpose of educating exceptionally capable and compassionate dentists, providing care to patients, conducting research at the forefront of dentistry and oral health, and serving the community; and

WHEREAS the transformative renovation of Postle Hall includes high-tech classrooms, simulation laboratories, student practice space, and surgery clinics to expand the College's position as a national leader in dental education, research, and patient care; and

WHEREAS the donors listed below have provided significant contributions to support the College of Dentistry; and

- Ohio Dental Association
- Dr. Richard W. Bowen
- Dr. Robert & Anita Rankin
- Columbus Dental Society

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned spaces be named the following:

- Ohio Dental Association Elevator Lobby (Room X302L)
- Bowen Legacy Dental - Robert K. Bowen, DDS, Richard W. Bowen, DDS, & Taryn Bowen Gehlert, DDS Student Clinic Operatory (Room 3319-02)
- Dr. Robert & Anita Rankin Student Clinic Operatory (Room 3319-04)
- Columbus Dental Society Student Clinic Operatory (Room 4319-02)

APPROVAL OF FISCAL YEAR 2021 OPERATING BUDGET

Resolution No. 2021-22

Synopsis: Approval of the operating budget for the fiscal year ending June 30, 2021, is proposed.

WHEREAS the State of Ohio Biennial Budget for State Fiscal Years 2020 and 2021, including funding levels for state institutions of higher education, has been signed into law; and

WHEREAS tuition and fee levels for the Columbus and regional campuses for the fiscal year ending June 30, 2021, were approved at the June 3, 2020 Board of Trustees meeting; and

WHEREAS the administration now recommends approval of the FY2021 operating budget for the university for the fiscal year ending June 30, 2021:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the university's operating budget for the fiscal year ending June 30, 2021, as described in the accompanying Fiscal 2021 Financial Plan for the fiscal year ending June 30, 2021, with authorization for the President to make expenditures within the projected income.

(See Appendix XXII for background information, page 463)

**APPROVAL OF EXPENSE REPAYMENT
ENDOWMENT FUND**

Resolution No. 2021-23

Synopsis: Approval of the Expense Repayment Endowment Fund, is proposed.

WHEREAS the university has incurred or will incur expenses, some of which shall be necessary to pay via either a significant one-time lump sum payment or significant anticipated periodic payments ("Lump Sum Expenses"); and

WHEREAS the university desires to invest operating funds of the university from time to time for long-term investment in order to defray Lump Sum Expenses when due; and

WHEREAS the university desires to establish a new endowment fund with such operating funds for the purpose described above:

NOW THEREFORE

BE IT RESOLVED That the Board of Trustees hereby approves the establishment of the Expense Repayment Endowment Fund as of August 27, 2020.

(See Appendix XXIII for background information, page 525)

**APPROVAL OF NON-RESIDENT SURCHARGE WAIVER
FOR SELECT GRADUATE STUDENTS WITH
BACCALAUREATE DEGREES FROM INSTITUTIONS
WITHIN OHIO BEGINNING SPRING SEMESTER 2021**

Resolution No. 2021-24

Synopsis: Approval of non-resident surcharge decrease for select graduate students with baccalaureate degrees from institutions within Ohio, is proposed.

WHEREAS the university is committed to providing a quality and affordable education and services to its graduate students; and

WHEREAS the Board of Trustees of The Ohio State University annually adopts tuition and mandatory fees and an out-of-state surcharge for graduate students on all campuses; and

WHEREAS in an attempt to meet state economic development and educational attainment goals, retain talent in the state of Ohio, and to increase graduate enrollment, out-of-state students who have attained a baccalaureate degree from an institution within the state of Ohio and are enrolled in select graduate programs with specific graduate comprehensive tuition rates, excluding professional and online programs, will receive a waiver of all but \$5.00 per semester of the standard non-resident surcharge; and

WHEREAS a list of these select graduate programs is included in the attached appendix; and

WHEREAS §381.170 of Am. Sub. House Bill 166 of the 133rd General Assembly requires any waiver of tuition for a student, or class of students, not otherwise permitted by law at a state- assisted institution of higher education, be approved by the Chancellor of the Ohio Department of Higher Education; and

WHEREAS a request will be made to the Chancellor of the Ohio Department of Higher Education for approval of a change to the non-resident surcharge for out-of-state students who have attained a baccalaureate degree from an institution within the state of Ohio and are enrolled in a non-professional graduate or online program:

NOW THEREFORE

BE IT RESOLVED, That, beginning Spring semester 2021, the Board of Trustees of The Ohio State University authorizes the administration to offer a waiver of all but \$5.00 per semester of the standard non-resident surcharge to non-Ohio-resident students who completed their bachelor's degrees in Ohio and are enrolled in the select graduate programs; and

BE IT FURTHER RESOLVED, That the administration will seek prior approval from the Chancellor of the Ohio Department of Higher Education for the associated fee waiver, as required by law.

(See Appendix XXIV for background information, page 526)

CHARTER FOR THE INTERNAL AUDIT DEPARTMENT

Resolution No. 2021-25

Synopsis: Approval of the amended and updated charter for the Internal Audit Department is proposed.

WHEREAS in November 2004 the Board of Trustees adopted a charter for the Internal Audit Department; and

WHEREAS in January 2015 the Board of Trustees last adopted an amended and updated charter; and

WHEREAS to ensure comprehensive oversight of the university's Internal Audit Department and university's operations through the adoption of best practices, it is important to update the charter for the university's Internal Audit Department periodically:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the attached amended and updated charter for the university's Internal Audit Department.

(See Appendix XXV for background information, page 528)

PERSONNEL ACTIONS

Resolution No. 2021-26

BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the June 3, 2020, meeting of the board, including the following appointments and contract updates:

Appointment

Name: Kristina M. Johnson
Title: President
Unit: The Ohio State University
Term: September 1, 2020 – August 31, 2025

Name: Carol R. Bradford
Title: Dean
Title: Leslie H. and Abigail S. Wexner Dean's Chair in Medicine
Unit: College of Medicine
Title: Vice President of Health Sciences
Unit: Wexner Medical Center
Term: October 1, 2020 – September 30, 2025

Note: Dr. Carol Bradford holds a Visiting Professor appointment in the Department of Otolaryngology. Her appointment as a tenured Professor in Otolaryngology will come forward for approval at the November Board of Trustees meeting.

PRESIDENTIAL REVIEW AND COMPENSATION

Resolution No. 2021-27

Synopsis: Approval of President Drake's review and compensation is proposed.

WHEREAS it is best practice across higher education for a governing board to conduct an annual performance review of the university president; and

WHEREAS under the terms of President Drake's letter of offer, the president shall be eligible for a contractually required annual performance award as determined by the Board of

August 10-27, 2020, Board of Trustees Meetings

Trustees; and

WHEREAS pursuant to its charter, the Talent, Compensation & Governance Committee has reviewed the performance of the president for fiscal year 2020; and

WHEREAS the Procedure for Setting and Reviewing Compensation for University Executives authorizes the chair of the Talent, Compensation & Governance Committee to review and approve an annual performance award for the president, subject to ratification by the committee and the Board of Trustees:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves a contractually required annual performance award for the president of \$133,792 which amounts to 15% percent of his annual base salary.

Mr. Heminger:

Thank you, Dr. Johnson. First, we will hold a separate vote that includes item No. 4, Approval of the Fiscal Year 2021 Capital Investment Plan; item No. 9, Approval for a Recognition, Non-Disturbance and Attornment Agreement; and item No. 24, Personnel Actions. Please note that Mrs. Wexner, Mr. Fischer and Mr. Von Thaer have all been advised to abstain.

Upon the motion of Mr. Heminger, seconded by Dr. Fujita, the Board of Trustees adopted the foregoing motion by majority roll call vote, cast by trustees Mr. Heminger, Mr. Porteus, Mrs. Hoeflinger, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Kaplan, Mr. Kiggin, Mrs. Harsh, Dr. Wilkinson and Mr. Shah. Mrs. Wexner, Mr. Fischer and Mr. Von Thaer abstained. Ms. Krueger was not present for this vote.

Ms. Eveland:

Motion carries.

Mr. Heminger:

Thank you. Now we will vote on the remainder of the items listed on the consent agenda.

Upon the motion of Mr. Heminger, seconded by Mrs. Wexner, the Board of Trustees adopted the foregoing motion by unanimous roll call vote, cast by trustees Mr. Heminger, Mrs. Wexner, Mr. Porteus, Mrs. Hoeflinger, Mr. Fischer, Dr. Fujita, Mr. Stockmeister, Mr. Zeiger, Ms. Kessler, Mr. Von Thaer, Mr. Kaplan, Mr. Kiggin, Mrs. Harsh, Dr. Wilkinson and Mr. Shah. Ms. Krueger was not present for this vote.

Ms. Eveland:

Motion carries.

August 10-27, 2020, Board of Trustees Meetings

Mr. Heminger:

Thank you. The next meetings of the Board of Trustees will take place Wednesday, November 18 and Thursday, November 19. Is there any other business to come before this board? Hearing none, this meeting is adjourned. Thank you everyone.

The meeting adjourned at 4:00 p.m.

Attest:



Gary R. Heminger
Chairman



Jessica A. Eveland
Secretary

Appendix III



Board of Trustees

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SUMMARY OF ACTIONS TAKEN

August 25, 2020 – Academic Affairs, Student Life & Research Committee Meeting

Voting Members Present by Zoom Virtual Meeting:

Brent R. Porteus
Cheryl L. Krueger
Abigail S. Wexner
Hiroyuki Fujita

Elizabeth P. Kessler
Jeff M.S. Kaplan
Anand Shah
Susan V. Olesik

Gary R. Heminger (ex officio)

Members Absent:

Alan A. Stockmeister

PUBLIC SESSION

The Academic Affairs, Student Life & Research Committee of The Ohio State University Board of Trustees convened on Tuesday, August 25, 2020, virtually over Zoom. Committee Chair Brent Porteus called the meeting to order at 2:30 p.m.

Items for Discussion

1. **Provost's Report:** During his report, Dr. Bruce McPheron highlighted two important initiatives that began prior to the pandemic but are proving to be increasingly important in light of current events. First, the Digital Flagship Initiative is developing a permanent design lab, which will ultimately host coding courses, startup gatherings and more. Second, he discussed the first overhaul of our core curriculum in General Education in 30 years. The new General Education structure, once finalized, will allow students to use more than two thirds of their credit hours for their major, minor and electives.
2. **Delivering High-Quality Instruction in Person, Online and Blended Formats:** Dr. McPheron, Dr. Trevor Brown (Dean of the John Glenn College of Public Affairs and co-chair of the university's transition group focused on academic issues) and Adrienne Bricker (University Registrar) discussed Ohio State's approach to teaching and learning, implemented over the summer, to prioritize the needs of students in autumn semester. In the midst of the pandemic, our classrooms have been adjusted for physical distancing while our college and department leaders have been working with faculty to determine the appropriate teaching mode for each course. Last autumn, 91% of all course sections were in person. This year, less than a third are in person.
3. **A Multi-Modal Student Experience on a De-Densified Campus:** Dr. Melissa Shivers, Vice President for Student Life, shared an update on the extended student move-in process and the student experience, along with the university's health and safety measures. Other focus areas included housing, dining and recreation. She noted that our institution's ability to diversify delivery models for things like programming and services will be essential for the future.
4. **Research and Creative Expression Activities:** Dr. Morley Stone, Senior Vice President for Research, shared information on the staged Return to Research plan, highlighting the work done with students, faculty and staff involved in research and creative expression that led to a successful implementation of this plan. He also noted some key pivots made during the staged approach, such as reducing density from 50% to 25% initially.



5. Committee Charter Review: Mr. Porteus and Dr. McPherson shared a draft version of the revised Academic Affairs, Student Life & Research Committee charter for review. The charter is being updated for consistency in formatting, using the same revised template as the other committees.
6. Academic Affairs, Student Life & Research Scorecard: The items marked as caution (yellow) on the scorecard include first-year retention rates at the regional campuses, participation in undergraduate student activities, sense of belonging score for graduate/professional students, graduating students' overall satisfaction with their Ohio State experience on the Columbus campus, graduating students who say Ohio State is a good investment, and the recruitment/retention of postdoctoral scholars. Updated figures for many of these metrics will be available in the fall, after the start of autumn semester.

(See Attachment I for background information, page 101)

Items for Action

7. Resolution No. 2021-04, Strategic Completion Plan

Synopsis: Approval of the 2020-2022 Strategic Completion Plan, is proposed.

WHEREAS Ohio Revised Code 3345.81 requires the Board of Trustees of each Ohio institution of higher education every two years to adopt a strategic completion plan designed to increase the number of degrees and certificates awarded to students; and

WHEREAS The Ohio State University Board of Trustees approved the 2018-2020 strategic completion plan on June 8, 2018; and

WHEREAS the university has updated the strategic completion plan through 2022:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the 2020-2022 Strategic Completion Plan.

(See Appendix X for background information, page 366)

8. Resolution No: 2021-05, Faculty Personnel Actions

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the June 3, 2020, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles

Appointments

Name: *YIGIT AKIN
Title: Associate Professor (Carter V. Findley Professorship in Ottoman and Turkish History)
College: Arts and Sciences
Term: August 15, 2020 through August 14, 2025



THE OHIO STATE UNIVERSITY

Name: PROSPER N. BOYAKA
Title: Professor and Interim Chair (Stanton Youngberg Professorship of Veterinary Medicine)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: TERESA A. BURNS
Title: Assistant Professor (Bud and Marilyn Jenne Designated Professorship in Equine Clinical Sciences and Research)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: JIM LANDERS
Title: Professor-Clinical (Harold L. and Audrey P. Enarson Professorship in Public Policy)
College: John Glenn College of Public Affairs
Term: September 1, 2018 through August 31, 2022

Name: *JONDA C. MCNAIR
Title: Professor (Charlotte S. Huck Professorship in Children's Literature)
College: Education and Human Ecology
Term: August 15, 2020 through August 14, 2025

Name: SARAH A. MOORE
Title: Professor (Wolfe Associates Inc. Endowed Professorship in Canine Clinical and Comparative Medicine)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: ANDREW J. NIEHAUS
Title: Professor-Clinical (Vernon L. Tharp Professorship in Food Animal Medicine)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: MATTHEW P. OHR
Title: Professor-Clinical (Irene D. Hirsch Chair in Ophthalmology)
College: Medicine
Term: September 1, 2020 through June 30, 2024

Name: TIMUR P. SARAC
Title: Professor (Luther M. Keith Professorship in Surgery)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: LAURA E. SELMIC
Title: Associate Professor (Teckie and Don Shackelford Chair in Canine Medicine)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024

Name: RAMIRO E. TORIBIO
Title: Professor (Trueman Chair in Equine Clinical Medicine and Surgery)
College: Veterinary Medicine
Term: September 1, 2020 through June 30, 2024



THE OHIO STATE UNIVERSITY

Name: YIPING YANG
Title: Professor (Jeg Coughlin Chair in Cancer Research)
College: Medicine
Term: September 1, 2020 through June 30, 2024

*New Hire

Reappointments

Name: RALPH S. AUGOSTINI
Title: Professor-Clinical (Bob and Corrine Frick Chair in Cardiac Electrophysiology)
College: Medicine
Term: February 1, 2020 through June 30, 2024

Name: WILLIAM L. BELL
Title: Professor-Clinical (Richard J. and Martha D. Denman Professorship for Clinical Research in Epilepsy)
College: Medicine
Term: May 1, 2020 through June 30, 2021

Name: GAIL E. BESNER
Title: Professor (H. William Clatworthy, Jr., Professorship in Pediatric Surgery)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: PHILIP F. BINKLEY
Title: Professor (James W. Overstreet Chair in Cardiology)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: GREGORY CALDEIRA
Title: Professor and Chair (Ann and Darrell Dreher Chair in Political Communication and Policy Thinking)
College: Arts and Sciences
Term: July 1, 2020 through June 30, 2024

Name: DAVID P. CARBONE
Title: Professor (Barbara J. Bonner Chair in Lung Cancer Research)
College: Medicine
Term: October 1, 2020 through June 30, 2024

Name: JOHN CASTERLINE
Title: Professor (Robert Lazarus Professorship in Population Studies)
College: Arts and Sciences
Term: July 1, 2019 through June 30, 2023

Name: COLLEEN M. CEBULLA
Title: Associate Professor (Torrence A. Makley Research Professorship)
College: Medicine
Term: July 1, 2020 through June 30, 2024



Name: DARWIN L. CONWELL
Title: Professor (Dr. Floyd M. Beman Chair in Gastroenterology)
College: Medicine
Term: November 1, 2020 through June 30, 2024

Name: WILLIAM B. FARRAR
Title: Professor (Dr. Arthur G. and Mildred C. James - Richard J. Solove Chair in Surgical Oncology)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: ANDREW J. HENDERSHOT
Title: Associate Professor-Clinical (Thomas F. Mauger and L. Carol Laxson Professorship for Ophthalmology Research)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: RAY E. HERSHBERGER
Title: Professor (Charles Austin Doan Chair of Medicine)
College: Medicine
Term: November 1, 2020 through June 30, 2024

Name: CHRISTOPHER HOCH
Title: Assistant Professor (Endowed Chair for Director of The Ohio State University Marching Band)
Director of Marching and Athletic Bands
College: Arts and Sciences
Term: June 1, 2020 through June 30, 2024

Name: MARJEAN T. KULP
Title: Professor (Distinguished Professor of Optometry and Vision Science)
College: Optometry
Term: July 1, 2020 through June 30, 2025

Name: CHERYL T. LEE
Title: Professor and Chair (Dorothy M. Davis Chair in Cancer Research)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: RUSSELL R. LONER
Title: Professor and Chair (Dardinger Family Endowed Chair in Oncological Neurosurgery)
College: Neurosurgery
Term: Medicine
July 1, 2020 through June 30, 2024

Name: ROBERT A. MAGNUSSEN
Title: Associate Professor (Bruce and Susan Edwards Sports Medicine Endowed Professorship)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: ERNEST L. MAZZAFERRI
Title: Professor-Clinical (Charles A. Bush M.D. Professorship in Cardiovascular Medicine)
College: Medicine
Term: July 1, 2020 through June 30, 2024



Name: LAXMI S. MEHTA
Title: Professor-Clinical (Sarah Ross Soter Endowed Chair for Women's Cardiovascular Health at OSU Heart Center)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: ELECTRA D. PASKETT
Title: Professor (Marion N. Rowley Chair in Cancer Research)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: CYNTHIA J. ROBERTS
Title: Professor (Martha G. and Milton Staub Chair for Research in Ophthalmology)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: JULIA R. WHITE
Title: Professor (Klotz Sisters Chair in Cancer Research)
College: Medicine
Term: July 1, 2020 through June 30, 2024

Extensions

Name: RUSTIN M. MOORE
Title: Dean
College: Veterinary Medicine
Term: July 1, 2020 through December 31, 2020

(See Appendix XI for background information, page 417)

Action: Upon the motion of Mr. Porteus, seconded by Dr. Olesik, the board adopted the foregoing motions by unanimous voice vote with the following members present and voting: Mr. Porteus, Ms. Krueger, Mrs. Wexner, Dr. Fujita, Ms. Kessler, Mr. Kaplan, Mr. Shah, Dr. Olesik and Mr. Heminger.

EXECUTIVE SESSION

It was moved by Mr. Porteus, and seconded by Mr. Kaplan, that the board recess into executive session to consider business-sensitive trade secrets and student conduct matters required to be kept confidential by federal and state statutes.

A roll call vote was taken and the board voted to go into executive session, with the following members present and voting: Mr. Porteus, Ms. Krueger, Mrs. Wexner, Dr. Fujita, Ms. Kessler, Mr. Kaplan, Mr. Shah, Dr. Olesik and Mr. Heminger.

The board entered executive session at 3:30 p.m. and the board meeting adjourned at 4:50 p.m.

August 10-27, 2020, Board of Trustees Meetings Attachment I

The Ohio State University
Board of Trustees Academic Affairs, Research and Student Life Scorecard
August 2020



| Measurement | | 2017-18 | 2018-19 | 2019-20 | Status | 2020-21 Target | | |
|---|---|--|-------------|------------------------|--------------------------|---|-------------|-------------|
| Teaching and Learning | Percentage of faculty who have completed Teaching Practices Inventory | Launched in 2019 | 74.9% | 82.7%* | ▲ | 70% (Expected of all new UG teaching faculty by 2021) | | |
| | Percentage of faculty who have completed Teaching@OhioState modules/UTL Reading List | Launched in 2019 | 47.2% | 69.0%* | ▲ | 50% (Expected of all new UG teaching faculty by 2021) | | |
| | Student participation in high impact learning opportunities | In Progress | In Progress | In Progress | | In Progress | | |
| | WSJ / THE Student Engagement Survey Public University Rank | 16th | 20th | 11th | ▲ | Top 10 | | |
| Access and Affordability | Percent of NFYS Pell recipients | Columbus | 16.9% | 16.4% | 18.2% | ▲ | 18.5% | |
| | | Regional | 38.5% | 36.5% | 34.8% | ▼ | 34.8% | |
| | Percentage of Pell recipients with 100% tuition and mandatory fees met (Ohio residents) | Columbus | 78.0% | 96.0% | Available Mid-Oct 2020 | ▲ | 95.0% | |
| | | Regional | 50.0% | 60.0% | Available Mid-Oct 2020 | ▲ | 65.0% | |
| | Total institutional aid awarded to students (Columbus) | Non-Need-based | \$74.7M | \$77.6M | \$78.5M | ▲ | N/A | |
| | | Need-based | \$114.0M | \$121.0M | \$127.8M | ▲ | N/A | |
| | Percentage of UG students graduating with no debt | | 48% | 50% | Available Mid-Oct 2020 | ▲ | 50% | |
| Average student debt for UG graduating cohorts who borrowed | | \$27,453 | \$27,242 | Available Mid-Oct 2020 | ▼ | N/A | | |
| No. of Columbus campus students who changed from Ohio State regional campuses or transferred from Ohio community and technical colleges | | 2,337 | 2,327 | 2,370 | ▲ | N/A | | |
| Student Experience and Success | First year retention rates | Columbus | 94.2% | 94.5% | 94.1% | ▼ | 94.6% | |
| | | Regional | 67.7% | 70.5% | 68.7% | ▼ | 71.0% | |
| | Four/Six-year graduation rates (Columbus, Freshman Cohort) | Four-year | 62.4% | 64.6% | 67.0% | ▲ | 65.0% | |
| | | Six-year | 82.5% | 83.5% | 85.8% | ▲ | 85.0% | |
| | Graduation rates for transfer students (to Columbus campus) | Four-year | 68.0% | 69.0% | 68.7% | ◀ | N/A | |
| | | Six-year | 72.1% | 72.7% | 74.4% | ▲ | N/A | |
| | Six-year graduation rates by Pell status (Columbus) | Pell Recipients | 74.4% | 75.7% | 78.3% | ▲ | N/A | |
| | | Non-Pell Recipients | 84.7% | 85.3% | 87.5% | ▲ | N/A | |
| | Degree completions (All Campuses) | Bachelors | 11,349 | 11,478 | 12,096 | ▲ | | |
| | | Masters | 2,761 | 2,750 | 2,914 | ▲ | | |
| | | Doctoral | 855 | 886 | 867 | ▲ | N/A | |
| | | Professionals | 807 | 802 | 863 | ◀ | | |
| | | Total | 15,772 | 15,916 | 16,740 | ▲ | | |
| | Participation in undergraduate student activities | | 80.9% | 80.2% | 76.4% | ▼ | 83% | |
| Sense of belonging score – graduate/professional students (4-point scale, 4 being the most positive) | | 3.03 | 3.06 | 3.01 | ▼ | 3.20 | | |
| Graduating students' overall satisfaction with Ohio State experience | Columbus | 91.1% | 88.8% | 89.5% | ▲ | 91% | | |
| | Regional | 90.2% | 90.3% | 92.3% | ▲ | 91% | | |
| Graduating students who say Ohio State is a good investment | Columbus | 75.2% | 70.0% | 72.2% | ▲ | 75% | | |
| | Regional | 71.1% | 76.0% | 70.1% | ▼ | 75% | | |
| Research and Creative Expression Excellence and Faculty Success | Number of National Academy Members and other Prestigious Awards | | 289 | 297 | 304* | ▲ | 300 | |
| | Recruit and retain talent | Chaired Faculty | | N/A | N/A | 198* | ▲ | 205 |
| | | Postdoctoral Scholars | | 642 | 595 | 659* | ◀ | 650 |
| | | Grad. Research Associates Funded on Grants | | 1,284 (64%) | 1,295 (62%) | 1,432 (63%)* | ▲ | 1,489 (65%) |
| | Total R&D Expenditures/ US university rank - NSF HERD | Expenditures | | \$975M | \$929M | Data Available Fall 2020 | ▲ | \$950M |
| | | Ranking | | 25th (14th public) | Rank Available Fall 2020 | | ▲ | 21st |
| | Total industry-funded R&D Expenditures/ US university rank - NSF HERD | Expenditures | | \$139M | \$158M | Data Available Fall 2020 | ▲ | \$165M |
| | | Ranking | | 5th (2nd public) | Rank Available Fall 2020 | | ▲ | 3rd |
| | Total number of publications, citations and other creative expression indicators | Publications | | 21,671 | 22,695 | Data Available Fall 2020 | ▲ | 23,150 |
| | | Citations | | 376,572 | 424,374 | Data Available Fall 2020 | ▲ | 433,000 |
| Technology Commercialization | Performances and Exhibitions | | In Progress | In Progress | In Progress | | In Progress | |
| | Gross License Income | | \$7,972,860 | \$8,862,863 | | ◀ | \$5,000,000 | |
| | Start-ups | | 19 | 14 | Data Available Fall 2020 | ◀ | 15 | |
| Invention Disclosures | | 458 | 418 | | ◀ | 425 | | |
| Reputation and Strategic Position | USNWR, America's Best Colleges Rank (Publics) | | 17 | 17 | Available Sep 2020 | ◀ | In Progress | |
| | Number of Graduate & Professional Programs in Top 25 | | 55 | 60 | 68 | ▲ | In Progress | |
| | | # of Programs | | 27 | 36 | 45 | ▲ | 50 |
| | Online Degree/certificate Programs | Program Enrollment | | 2,520 | 3,652 | 4,695 | ▲ | 5,000 |
| Revenue Generation | | | \$13.3M | \$16.6M | \$27.3M | ▲ | \$35M | |

Note: BOT Time and Change Scorecard Metrics are indicated by light blue shading in the table.

* Data with an asterisk (*) are most recent, year-to-date data.

- ▲ Meets or Exceeds Goal
- ▲ Performance Up from last Scorecard Update
- ◀ Caution
- ◀ No Performance Change from last Scorecard Update
- ▼ Below Goal - Action Needed
- ▼ Performance Down from last Scorecard Update
- Data Pending for most recent year



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APPENDIX IV

SUMMARY OF ACTIONS TAKEN

August 26, 2020 - Wexner Medical Center Board Meeting

Voting Members Present by Zoom Virtual Meeting:

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

Stephen D. Steinour
Robert H. Schottenstein
Cindy Hilsheimer
Gary R. Heminger (ex officio)
Harold L. Paz (ex officio)

Bruce A. McPheron (ex officio)
Michael Papadakis (ex officio)

Members Absent:

W.G. "Jerry" Jurgensen

PUBLIC SESSION

The Wexner Medical Center Board convened for its 35th meeting on Wednesday, August 26, 2020, virtually over Zoom. Board Secretary Jessica A. Eveland called the meeting to order at 8:00 a.m.

Item for Action

1. **Approval of Minutes:** No changes were requested to the June 3, 2020, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Items for Discussion

2. **Chancellor's Report:** During his report, Dr. Harold Paz shared how our role as an academic health center uniquely positions us to keep our community safe and healthy, especially during a pandemic. This has never been more evident than in the ways we are addressing COVID-19, from standing up a testing laboratory overnight, creating and distributing materials for hundreds of thousands of test kits, implementing a comprehensive testing program and serving as the reference laboratories for testing for both the Ohio Department of Health and for other hospitals in the state. He shared that more than 100 COVID-19 research projects are underway, and the Wexner Medical Center is implementing and sustaining an aggressive telehealth strategy to serve our patients. As a land-grant institution, it is a key part of our mission to share our knowledge, solutions and expertise to improve lives here in our communities and beyond. The Wexner Medical Center recently released a Safe Return to Work guidebook for employers and employees and launched a website with procedures for businesses across the nation to reopen and safely welcome their employees back amid this pandemic. In addition to its efforts around the pandemic, the Wexner Medical Center is also continuing its work to reduce health disparities and combat racism. In June, we became one of the first academic health centers in the nation to develop and put forward a comprehensive antiracism action plan. Dr. Paz shared that the medical center's Chief Diversity Officer, Dr. Leon McDougale, was recently named the 121st president of the National Medical Association. The Wexner Medical Center also remains in first place in central Ohio on *U.S. News & World Report's* "Best Hospitals" list, second place in the entire state and 37th in the nation with nine specialties ranked as high performing.



3. James Cancer Hospital Report: Dr. William Farrar, CEO of the James Cancer Hospital, began his report with a moment of silence for the late Dr. Dina Lev, whose husband, Dr. Raphael Pollock, serves as director of The Ohio State University Comprehensive Cancer Center. He also shared that, despite the pandemic, the James is back to pre-COVID-19 levels, with admissions, surgeries and outpatient visits climbing, and the James' patient satisfaction is at 97%, which reflects the hospital's commitment to delivering high-quality care and improving the patient experience. Additionally, the James' cancer center support grant application was approved again for five years of funding, totaling \$32.7 million. Dr. Farrar also shared that this year, Pelotonia found innovative ways to continue its success, despite not being able to host its annual ride. Thanks to its personalized participation platform, Pelotonia had raised close to \$7 million with more than 10,800 participants at the time of this report.

4. Wexner Medical Center Financial Report: Mark Larmore provided a FY20 Year in Review and a look ahead at the budget for FY21. For the entire health system, the year ended with an excess of revenue over expenses of approximately \$280 million, which was approximately \$18 million ahead of budget. Once the pandemic hit, major adjustments were made to manage and reduce expenses. Federal stimulus money helped to offset the negative impact on revenue caused by the pandemic in the last three-and-a-half months of the fiscal year. Quick transitions to telehealth, so that physicians could continue to see patients remotely, also helped significantly in the final quarter of the fiscal year. Looking ahead to FY21, the total operating revenue for the medical center is projected to be more than \$4.5 billion, with a projected excess of revenue over expenses of approximately \$295 million.

(See Attachment II for background information, page 112)

Items for Action

5. Resolution No. 2021-08, Approval to Increase Professional Services and Construction Contracts

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

WHEREAS in accordance with the attached materials, the university desires to increase professional services contracts and construction contracts for the following project:

| | Prof. Serv. Approval Requested | Construction Approval Requested | Total Requested | |
|---|--------------------------------------|---------------------------------------|--------------------|-----------------|
| Morehouse – Chiller and Electrical Distribution Phase 2 | \$0.1M | \$0.6M | \$0.7M | Auxiliary Funds |

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Audit, Compliance and Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

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

(See Attachment III for background information, page 120)



Action: Upon the motion of Mrs. Wexner, seconded by Dr. Paz, the board approved the foregoing motion by majority voice vote with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Zeiger, Mr. Steinour, Mr. Schottenstein, Ms. Hilsheimer, Mr. Heminger, Dr. Paz, Dr. McPheron and Mr. Papadakis.

6. Resolution No. 2021-28, Ratification of Committee Appointments

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves that the ratification of appointments to the Quality and Professional Affairs Committee for 2020-2021 are as follows:

Quality and Professional Affairs Committee

Cheryl L. Krueger, Chair
Harold L. Paz
Bruce A. McPheron
Michael Papadakis
David P. McQuaid
Andrew M. Thomas
David E. Cohn
Elizabeth Seely
Mink Schofield
Amit Agrawal
Scott A. Holliday
Iahn Gonsenhauser
JACALYN BUCK
Kristopher M. Kipp
Abigail S. Wexner (ex officio)

7. Resolution No. 2021-29, Clinical Quality Management, Patient Safety, and Service Plan for Ohio State University Hospitals d/b/a OSU Wexner Medical Center

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

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

WHEREAS the Clinical Quality Management, Patient Safety, and Service Plan for FY21 outlines assessment and improvement of processes in order to deliver safe, effective, optimal patient care and services in an environment of minimal risk for inpatients and outpatients of the Ohio State University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital; and

WHEREAS the annual review of the Clinical Quality Management, Patient Safety, and Service Plan for FY21 was approved by the Quality Leadership Council on July 10, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the Clinical Quality Management, Patient Safety, and Service Plan for FY21 for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital:

NOW THEREFORE



BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the Clinical Quality Management, Patient Safety, and Service Plan for FY21 (attached) for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

(See Attachment IV for background information, page 121)

8. Resolution No. 2021-30, Clinical Quality Management, Patient Safety, and Service Plan for the Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Synopsis: Approval of the annual review of the Clinical Quality Management, Patient Safety, and Service Plan for FY21 for the Ohio State Comprehensive Cancer Center — James Cancer Hospital and Solove Research Institute, is proposed.

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

WHEREAS the Clinical Quality Management, Patient Safety, and Service Plan for FY21 outlines assessment and improvement of processes in order to deliver safe, effective, optimal patient care and services in an environment of minimal risk for inpatients and outpatients of The James; and

WHEREAS the annual review of the Clinical Quality Management, Patient Safety, and Service Plan for FY21 was approved by The James Quality, Patient Safety, and Reliability Committee on July 9, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the Clinical Quality Management, Patient Safety, and Service Plan for FY21 for The James:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves the Clinical Quality Management, Patient Safety, and Service Plan for FY21 (attached) for The James.

(See Attachment V for background information, page 151)

9. Resolution No. 2021-31, Plan for the Scope of Patient Care Services at Ohio State University Hospitals d/b/a OSU Wexner Medical Center

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

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



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

WHEREAS the annual review of the plan for the scope of patient care services was approved by the Medical Staff Administrative Committee (University Hospitals) on June 10, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the plan for the scope of patient care services:

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

(See Attachment VI for background information, page 187)

10. Resolution No. 2021-32, Plan for the Scope of Patient Care Services at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

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

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

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

WHEREAS the annual review of the plan for the scope of patient care services was approved by the Medical Staff Administrative Committee (The James) on May 15, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the plan for the scope of patient care services:

NOW THEREFORE

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

(See Attachment VII for background information, page 200)



11. Resolution No. 2021-33, Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluation at Ohio State University Hospitals d/b/a OSU Wexner Medical Center

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

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

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

WHEREAS the annual review of these contracts was approved by the Medical Staff Administrative Committee (University Hospitals) on February 12, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the direct patient care service contracts and patient impact service contracts for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital:

NOW THEREFORE

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

(See Attachment VIII for background information, page 220)

12. Resolution No. 2021-34, Direct Patient Care Services Contracts and Patient Impact Service Contracts Evaluations at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

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

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

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

WHEREAS the annual review of these contracts was approved by the Medical Staff Administrative Committee (The James) on January 17, 2020; and



WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of the direct patient care service contracts and patient impact service contracts for The James:

NOW THEREFORE

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

(See Attachment IX for background information, page 224)

13. Resolution No. 2021-35. Infection Prevention and Control Program at Ohio State University Hospitals d/b/a OSU Wexner Medical Center

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

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

WHEREAS the leaders of the Infection Prevention and Control Program are responsible for managing and directing the program by: employing methods for preventing and controlling the transmission of infections through surveillance, prevention, and control of hospital-acquired infections; providing and maintaining clean and sanitary environments to avoid sources and transmission of infection; and addressing any infection control issues identified by public health authorities for the Ohio State University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital; and

WHEREAS Nora Colburn, MD and Shandra Day, MD are qualified through education, training, and experience in infection prevention and control; and

WHEREAS Andrew Thomas, MD, the Chief Medical Officer for the OSU Wexner Medical Center, and Cheryl Hoying, PhD, RN, NEA-BC, FACHE, FAONL, FAAN, the Chief Nurse Executive Officer for the OSU Wexner Medical Center, recommended that Dr. Colburn and Dr. Day serve as the leaders responsible for the Infection and Prevention Control Program for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital by letter (attached) dated June 19, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended the Wexner Medical Center Board approve Dr. Colburn and Dr. Day serve as the leaders responsible for the Infection and Prevention Control Program for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves Dr. Colburn and Dr. Day as the leaders responsible for the Infection Prevention and Control Program for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

(See Attachment X for background information, page 228)



14. Resolution No. 2021-36, Infection Prevention and Control Program at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

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

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

WHEREAS the leader of the Infection Prevention and Control Program is responsible for managing and directing the program by: employing methods for preventing and controlling the transmission of infections through surveillance, prevention, and control of hospital-acquired infections; providing and maintaining clean and sanitary environments to avoid sources and transmission of infection; and addressing any infection control issues identified by public health authorities for The James; and

WHEREAS Christina Liscynsky, MD, is qualified through education, training, and experience in infection prevention and control; and

WHEREAS David Cohn, MD, MBA, the Chief Medical Officer for The James, and Kris Kipp, MSN, RN, the Executive Director, Patient Services, and Chief Nursing Officer for The James, recommended that Dr. Liscynsky serve as the leader responsible for the Infection and Prevention Control Program for The James by letter (attached) dated June 4, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve Dr. Liscynsky serve as the leader responsible for the Infection and Prevention Control Program for The James:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby approves Dr. Liscynsky serve as the leader responsible for the Infection Prevention and Control Program at The James.

(See Attachment XI for background information, page 229)



15. Resolution No. 2021-37, Antimicrobial Stewardship Program at Ohio State University Hospitals d/b/a Wexner Medical Center

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

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

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

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

WHEREAS Andrew Thomas, MD, the Chief Medical Officer for the OSU Wexner Medical Center, and Robert Weber, PharmD, MS, BCPS, FASHP, FNAP, the Administrator for Pharmacy Services for the OSU Wexner Medical Center, recommended that Dr. Stevenson serves as the Medical Director responsible for the Antimicrobial Stewardship Program by letter (attached) dated June 19, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve Dr. Stevenson to serve as the Medical Director responsible for the Antimicrobial Stewardship Program for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital:

NOW THEREFORE

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

(See Attachment XII for background information, page 230)



16. Resolution No. 2021-38, Antimicrobial Stewardship Program at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

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

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

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

WHEREAS Mark Lustberg, MD, PhD is qualified through education, training, and experience in infectious diseases and antibiotic stewardship; and

WHEREAS David Cohn, MD, MBA, the Chief Medical Officer for The James, Robert Weber, PharmD, MS, BCPS, FASHP, FNAP, the Administrator for Pharmacy Services for The James, recommended that Dr. Lustberg serves as the leader responsible for the Antimicrobial Stewardship Program by letter (attached) dated June 4, 2020; and

WHEREAS on July 28, 2020, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve Dr. Lustberg serve as the leader responsible for the Antimicrobial Stewardship Program at The James:

NOW THEREFORE

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

(See Attachment XIII for background information, page 231)

Action: Upon the motion of Dr. Paz, seconded by Ms. Krueger, the board adopted the foregoing motions by unanimous voice vote with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Zeiger, Mr. Steinour, Mr. Schottenstein, Ms. Hilsheimer, Mr. Heminger, Dr. Paz and Mr. Papadakis. Dr. McPherson was not present for this vote.

EXECUTIVE SESSION

It was moved by Mrs. Wexner, and seconded by Dr. Paz, that the board recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes, and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll call vote was taken, and the board voted to go into executive session, with the following members present and voting: Mr. Wexner, Mrs. Wexner, Ms. Krueger, Dr. Fujita, Mr. Zeiger, Mr. Heminger, Mr. Schottenstein, Ms. Hilsheimer, Dr. Paz and Mr. Papadakis. Dr. McPherson and Mr. Steinour were not present for this vote.

The board entered executive session at 8:36 a.m. and reconvened in a special public session at 11:45 a.m.

Wexner Medical Center Financial Report Public Session

August 26, 2020





FY20 Year in Review

The Ohio State University Health System

Consolidated Statement of Operations

For the YTD ended: June 30, 2020

(in thousands)

| OSUHS | | | | | | |
|---------------------------------------|--------------|--------------|---------------------|-----------------|---------------|-------------|
| | Actual | Budget | Act-Bud Variance | Budget % Var | Prior Year | PY % Var |
| OPERATING STATEMENT | | | | | | |
| Total Operating Revenue | \$ 3,214,279 | \$ 3,354,033 | \$ (139,754) | -4.2% | \$ 3,239,926 | -0.8% |
| Operating Expenses | | | | | | |
| Salaries and Benefits | 1,459,997 | 1,449,736 | (10,261) | -0.7% | 1,383,491 | -5.5% |
| Resident/Purchased Physician Services | 116,598 | 116,331 | (267) | -0.2% | 112,997 | -3.2% |
| Supplies | 359,526 | 360,970 | 1,444 | 0.4% | 355,305 | -1.2% |
| Drugs and Pharmaceuticals | 419,162 | 424,162 | 5,000 | 1.2% | 388,591 | -7.9% |
| Services | 323,465 | 333,440 | 9,975 | 3.0% | 311,792 | -3.7% |
| Depreciation | 171,806 | 173,879 | 2,073 | 1.2% | 164,230 | -4.6% |
| Interest | 31,941 | 31,941 | - | 0.0% | 34,981 | 8.7% |
| Shared/University Overhead | 61,900 | 61,900 | - | 0.0% | 60,834 | -1.8% |
| Total Expense | 2,944,396 | 2,952,360 | 7,964 | 0.3% | 2,812,221 | -4.7% |
| Gain (Loss) from Operations (pre MCI) | 269,883 | 401,673 | (131,790) | -32.8% | 427,705 | -36.9% |
| Medical Center Investments | (173,749) | (173,749) | - | 0.0% | (150,000) | -15.8% |
| Income from Investments | 22,272 | 16,439 | 5,833 | 35.5% | 6,355 | 250.5% |
| Other Gains (Losses) | 162,740 | 18,700 | 144,040 | --- | (307) | --- |
| Excess of Revenue over Expense | \$ 281,129 | \$ 263,063 | \$ 18,066 | 6.9% | \$ 283,753 | -0.9% |

The OSU Wexner Medical Center

Combined Statement of Operations
For the YTD ended: June 30, 2020
(in thousands)

| | Actual | Budget | Act-Bud Variance | Budget % Var | Prior Year | PY % Var |
|---|--------------|--------------|------------------|--------------|--------------|----------|
| OPERATING STATEMENT | | | | | | |
| Total Revenue | \$ 4,326,767 | \$ 4,323,743 | \$ 3,024 | 0.1% | \$ 4,149,612 | 4.3% |
| Operating Expenses | | | | | | |
| Salaries and Benefits | 2,268,323 | 2,252,956 | (15,367) | -0.7% | 2,099,310 | -8.1% |
| Resident/Purchased Physician Services | 116,598 | 116,331 | (267) | -0.2% | 112,997 | -3.2% |
| Supplies | 401,802 | 403,316 | 2,014 | 0.5% | 396,723 | -1.3% |
| Drugs and Pharmaceuticals | 428,669 | 435,096 | 6,427 | 1.5% | 399,288 | -7.4% |
| Services | 491,789 | 498,675 | 6,886 | 1.4% | 467,915 | -5.1% |
| Depreciation | 194,906 | 192,525 | (2,381) | -1.2% | 187,557 | -3.9% |
| Interest/Debt | 42,930 | 42,985 | 55 | 0.1% | 46,400 | 7.5% |
| Shared/University Overhead | 20,189 | 26,761 | 6,572 | 24.6% | 54,786 | 63.1% |
| Other Operating Expense | 26,683 | 36,687 | 10,004 | 27.3% | 39,320 | 32.1% |
| Medical Center Investments | 3,659 | 22,291 | 18,632 | 83.6% | 1,117 | -227.6% |
| Total Expense | 3,995,548 | 4,028,123 | 32,575 | 0.8% | 3,805,413 | -5.0% |
| Excess of Revenue over Expense | \$ 331,217 | \$ 295,620 | \$ 35,597 | 12.0% | \$ 344,199 | -3.8% |
| Financial Metrics | | | | | | |
| Integrated Margin Percentage | 7.7% | 6.8% | 0.8% | 12.0% | 8.3% | -7.7% |
| Adjusted Admissions | 127,332 | 130,511 | (3,179) | -2.4% | 127,723 | -0.3% |
| Operating Revenue per AA | \$ 25,243 | \$ 25,699 | \$ (456) | -1.8% | \$ 25,367 | -0.5% |
| Total Expense per AA | \$ 23,124 | \$ 22,622 | \$ (502) | -2.2% | \$ 22,018 | -5.0% |
| This statement does not conform to Generally Accepted Accounting Principles. Different accounting methods are used in each of these entities and no eliminating entries are included. | | | | | | |

The OSU Wexner Medical Center

Combined Balance Sheet

As of: June 30, 2020

(in thousands)

| | June 2020 | June 2019 | Change |
|-----------------------------------|---------------------|---------------------|-------------------|
| Cash | \$ 1,770,078 | \$ 1,213,913 | \$ 556,165 |
| Net Patient Receivables | 379,121 | 458,277 | (79,156) |
| Other Current Assets | 544,594 | 483,078 | 61,516 |
| Assets Limited as to Use | 421,698 | 420,097 | 1,601 |
| Property, Plant & Equipment - Net | 1,758,215 | 1,582,773 | 175,442 |
| Other Assets | 462,897 | 464,033 | (1,136) |
| T total Assets | \$ 5,336,603 | \$ 4,622,171 | \$ 714,432 |
| Current Liabilities | \$ 768,652 | \$ 399,709 | \$ 368,943 |
| Other Liabilities | 136,546 | 113,432 | 23,114 |
| Long-Term Debt | 665,906 | 728,277 | (62,371) |
| Net Assets - Unrestricted | 3,081,226 | 2,723,090 | 358,136 |
| Net Assets - Restricted | 684,274 | 657,664 | 26,610 |
| Liabilities and Net Assets | \$ 5,336,603 | \$ 4,622,171 | \$ 714,432 |

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



FY21 Budget Update Combined Medical Center

The OSU Wexner Medical Center

*Combined Income Statement
For the Years ended June 30*

August 10-27, 2020, Board of Trustees Meetings

| | Actual 2020 | Budget 2021 | % Change |
|---|---------------------|---------------------|---------------|
| OPERATING STATEMENT (in thousands) | | | |
| Total Operating Revenue | \$ 4,183,500 | \$ 4,542,323 | 8.6% |
| Operating Expenses | | | |
| Salaries and Benefits | 2,333,646 | 2,471,323 | 5.9% |
| Supplies and Pharmaceuticals | 813,026 | 869,789 | 7.0% |
| Services | 477,618 | 494,455 | 3.5% |
| Depreciation | 194,906 | 208,527 | 7.0% |
| Interest/Debt | 42,930 | 40,243 | -6.3% |
| Other Operating Expense | (13,503) | 150,386 | -1213.7% |
| Medical Center Investments | 3,659 | 13,043 | 256.4% |
| Total Expense | 3,852,283 | 4,247,766 | 10.3% |
| Excess of Revenue over Expense | \$ 331,217 | \$ 294,557 | -11.1% |

The OSU Wexner Medical Center

Combined Income Statement

For the Years ended June 30

| (in thousands) | Actual 2020 | Budget 2021 | % Change |
|-----------------------------|----------------|----------------|-------------|
| Health System | | | |
| Revenues | \$ 3,214,279 | \$ 3,490,140 | 8.6% |
| Expenses | 2,933,149 | 3,215,602 | 9.6% |
| Net | 281,129 | 274,538 | -2.3% |
| OSUP | | | |
| Revenues | \$ 483,031 | \$ 537,535 | 11.3% |
| Expenses | 475,364 | 530,558 | 11.6% |
| Net | 7,667 | 6,977 | -9.0% |
| COM/OHS | | | |
| Revenues | \$ 486,190 | \$ 514,648 | 5.9% |
| Expenses | 443,769 | 501,606 | 13.0% |
| Net | 42,421 | 13,042 | -69.3% |
| Total Medical Center | | | |
| Revenues | \$ 4,183,500 | \$ 4,542,323 | 8.6% |
| Expenses | 3,852,283 | 4,247,766 | 10.3% |
| Net | 331,217 | 294,557 | -11.1% |

Attachment III

Project Data Sheet for Board of Trustees Approval

Morehouse – Chiller and Electrical Distribution Phase 2

OSU-170841 (CNI# 17000112)

Project Location: Morehouse Medical Plaza - Tower

- **approval requested and amount**

| | |
|--------------------------------|--------|
| increase professional services | \$0.1M |
| increase construction | \$0.6M |
| <hr/> | |
| total requested | \$0.7M |
- **project budget**

| | |
|----------------------------|--------|
| professional services | \$0.4M |
| construction w/contingency | \$4.3M |
| <hr/> | |
| total project budget | \$4.7M |
- **project funding**
 - university debt
 - fundraising
 - university funds
 - auxiliary funds
 - state funds
- **project schedule**

| | |
|------------------|---------------|
| design/bidding | 01/17 – 12/19 |
| construction | 12/19 – 03/21 |
| BoT approval | 08/20 |
| facility opening | 04/21 |
- **project delivery method**
 - general contracting
 - design/build
 - construction manager at risk
- **planning framework**
 - this project is included in the FY 2018 Capital Investment Plan
- **project scope**
 - multi-phased project to enhance infrastructure and address aging building systems in support of clinic operations
 - this phase of the project will provide necessary chilled and hot water piping, pumps and mechanical room additions to the tower
 - the cost of the project originally did not require Board of Trustees approval. A revised approach to the mechanical room construction, due to existing building materials, resulted in a revised total project cost that requires Board of Trustee approval
- **approval requested**
 - approval is requested to increase professional services and construction contracts



-
- **project team**

| | |
|-----------------------------|---------------------|
| University project manager: | Alexandra Radabaugh |
| AE/design architect: | CBLH |
| CM at Risk: | Regency |



QUALITY LEADERSHIP COUNCIL

**The Ohio State University Wexner Medical Center
Clinical Quality Management, Patient Safety, &
Service Plan**

FY 2021

July 1, 2020 - June 30, 2021

Clinical Quality Management, Patient Safety, & Service Plan

| | |
|--|----|
| AMBITION, MISSION, VISION, AND VALUES..... | 4 |
| DEFINITION..... | 4 |
| PROGRAM SCOPE..... | 4 |
| PROGRAM PURPOSE..... | 5 |
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The Ohio State University Wexner Medical Center

Clinical Quality Management, Patient Safety, and Service Plan

MISSION, VISION, AND VALUES:

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

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

Values: Inclusiveness, Determination, Empathy, Sincerity, Ownership, and Innovation

- Inclusiveness
- Determination
- Empathy
- Sincerity
- Ownership
- Innovation

Definition:

The Clinical Quality Management, Patient Safety and Service Plan is the organization-wide approach to the systematic assessment and improvement of process design and performance aimed at improving in areas of quality of care, patient safety, and patient experience. It integrates all activities defined in the Clinical Quality Management, Patient Safety & Service Plan to deliver safe, effective, optimal patient care and services in an environment of minimal risk. The Plan was developed in accordance with The Joint Commission (TJC) accreditation standards and the Center for Medicare & Medicaid Services (CMS) Conditions of Participation outlining a Quality Assurance and Performance Improvement (QAPI) program.

Scope:

The Clinical Quality Management, Patient Safety & Service Plan includes all inpatient and outpatient facilities in The OSU Wexner Medical Center (OSUWMC) and appropriate entities across the continuum of care. The plan includes quality, patient safety, and service goals for process improvement related to functions and processes that involve care in any clinical setting.

As part of the QAPI process, the organization provides oversight for contracted services. Each contract is categorized into one of four categories based on the goods or services provided: Professional Service, Supplies, Direct Patient Care, or directly relevant to a Condition of Participation. Once categorized, the appropriate evaluation for that contracted service category is utilized to evaluate the quality and performance improvement that has occurred or needs to occur. This evaluation is

reviewed annually by the Medical Staff Administrative Committee (MSAC) and then forwarded to the Quality and Professional Affairs Committee of the Governing Body (**Contract Evaluation Template Attachment I**).

Purpose:

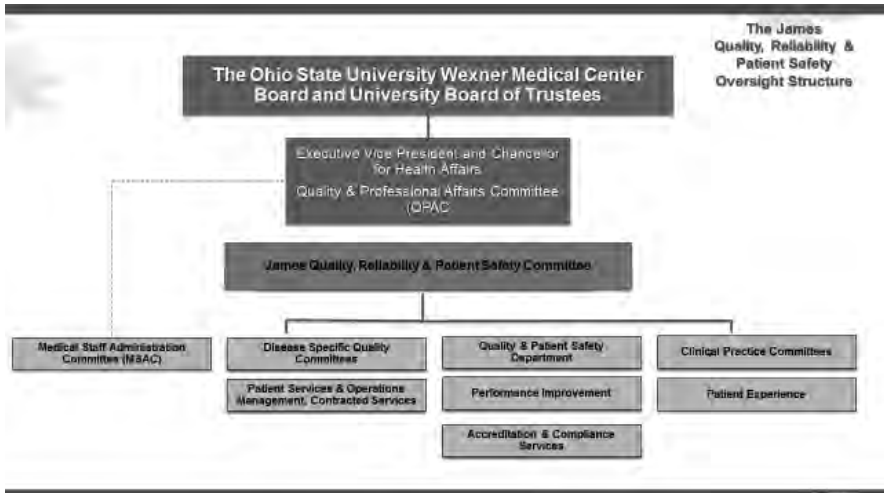
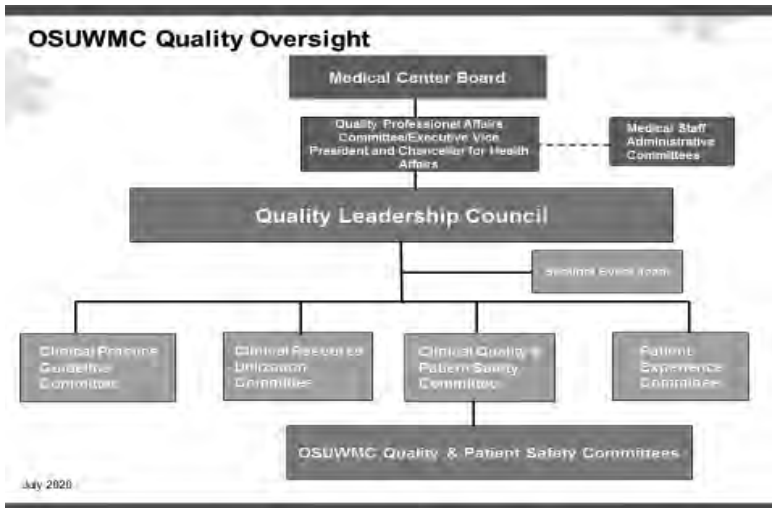
The purpose of the Clinical Quality Management, Patient Safety & Service Plan is to show measurable improvements in areas for which there is evidence they will improve health outcomes and value of patient care provided within The OSUWMC. The OSUWMC recognizes the importance of creating and maintaining a safe environment for all patients, visitors, employees, and others within the organization.

Objectives:

- 1) Continuously monitor, evaluate, and improve outcomes and sustain improved performance.
- 2) Recommend reliable system changes that will improve patient care and safety by assessing, identifying, and reducing risks within the organization and responding accordingly when undesirable patterns or trends in performance are identified, or when events requiring intensive analysis occur.
- 3) Assure optimal compliance with accreditation standards, state, federal and licensure regulations.
- 4) Develop, implement, and monitor adherence to evidenced-based practice guidelines and companion documents in accordance with best practice to standardize clinical care and reduce practice variation.
- 5) Improve patient experience and their perception of treatment, care and services by identifying, evaluating, and improving performance based on their needs, expectations, and satisfaction.
- 6) Improve value by providing the best quality of care at the minimum cost possible.
- 7) Provide a mechanism by which the governance, medical staff and health system staff members are educated in quality management principles and processes.
- 8) Provide appropriate levels of data transparency to both internal and external customers.
- 9) Assure processes involve an interdisciplinary teamwork approach.
- 10) Improve processes to prevent patient harm.

Structure for Quality Oversight:

The Quality Leadership Council serves as the single, multidisciplinary quality and safety oversight committee for the OSUWMC. The Quality Leadership Council utilizes criteria [**Attachment I**] to determine annual priorities for the health system that are reported in the Quality & Safety Scorecard [**Attachment II**].



COMMITTEES:

Medical Center Board

The Medical Center Board is accountable to The Ohio State University Board of Trustees through the President and Executive Vice President (EVP) for Health Sciences and is responsible for overseeing the quality and safety of patient care throughout the Medical Center including the delivery of patient services, quality assessment, improvement mechanisms, and monitoring achievement of quality standards and goals.

The Medical Center Board receives clinical quality management, patient safety and service quality reports as scheduled, and provides resources and support systems for clinical quality management, patient safety and service quality functions, including medical/health care error occurrences and actions taken to improve patient safety and service. Board members receive information regarding the responsibility for quality care delivery or provision, and the Hospital's Clinical Quality Management, Patient Safety and Service Plan. The Medical Center Board ensures all caregivers are competent to provide services.

Quality Professional Affairs Committee

Composition:

The committee shall consist of: no fewer than four voting members of the university Wexner medical center board, appointed annually by the chair of the university Wexner medical center board, one of whom shall be appointed as chair of the committee. The chief executive officer of the Ohio state university health system; chief medical officer of the medical center; the director of medical affairs of the James; the medical director of credentialing for the James; the chief of the medical staff of the university hospitals; the chief of the medical staff of the James; the associate dean of graduate medical education; the chief quality and patient safety officer; the chief nurse executive for the OSU health system; and the chief nursing officer for the James shall serve as ex-officio, voting members. Such other members as appointed by the chair of the university Wexner medical center board, in consultation with the chair of the quality and professional affairs committee.

Function: The quality and professional affairs committee shall be responsible for the following specific duties:

- (1) Reviewing and evaluating the patient safety and quality improvement programs of the university Wexner medical center;
- (2) Overseeing all patient care activity in all facilities that are a part of the university Wexner medical center, including, but not limited to, the hospitals, clinics, ambulatory care facilities, and physicians' office facilities;
- (3) Monitoring quality assurance performance in accordance with the standards set by the university Wexner medical center;
- (4) Monitoring the achievement of accreditation and licensure requirements;
- (5) Reviewing and recommending to the university Wexner medical center board changes to the medical staff bylaws and medical staff rules and regulations;
- (6) Reviewing and approving clinical privilege forms;

- (7) Reviewing and approving membership and granting appropriate clinical privileges for the credentialing of practitioners recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James medical staff administrative committee;
- (8) Reviewing and approving membership and granting appropriate clinical privileges for the expedited credentialing of such practitioners that are eligible by satisfying minimum approved criteria as determined by the university Wexner medical center board and are recommended for membership and clinical privileges by the university hospitals medical staff administrative committee and the James medical staff administrative committee;
- (9) Reviewing and approving reinstatement of clinical privileges for a practitioner after a leave of absence from clinical practice;
- (10) Conducting peer review activities and recommending professional review actions to the university Wexner medical center board;
- (11) Reviewing and resolving any petitions by the medical staffs for amendments to any rule, regulation or policy presented by the chief of staff on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to the university hospitals medical staff administrative committee and the James medical staff administrative committee for further dissemination to the medical staffs; and
- (12) Such other responsibilities as assigned by the chair of the university Wexner medical center board.

Medical Staff Administrative Committees (MSACs)

Composition: Refer to Medical Staff Bylaws and Rules and Regulations

Function: Refer to Medical Staff Bylaws and Rules and Regulations

The organized medical staff, under the direction of the Medical Director and the MSAC(s) for each institution, implements the Clinical Quality Management and Patient Safety Plan throughout the clinical departments.

The MSAC(s) reviews reports and recommendations related to clinical quality management, efficiency, patient safety and service quality activities. This committee has responsibility for evaluating the quality and appropriateness of clinical performance and service quality of all individuals with clinical privileges. The MSAC(s) reviews corrective actions and provides authority within their realm of responsibility related to clinical quality management, patient safety, efficiency, and service quality activities.

Quality Leadership Council (QLC):

Composition: Refer to Medical Staff Bylaws and Rules and Regulations

Function: Refer to Medical Staff Bylaws and Rules and Regulations

The QLC is responsible for designing and implementing systems and initiatives to enhance clinical care, outcomes and the patient experience throughout the integrated health care delivery system. The QLC serves as the oversight council for the Clinical Quality Management and Patient Safety Plan as well as the goals and tactics set forth by the Patient Experience Council.

Clinical Practice Guideline Committee (CPGC)

Composition:

The CPGC consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Information Technology, Pharmacy, and Nursing. An active member of the medical staff chairs the committee. The CPGC reports to QLC and shares pertinent information with the Medical Staff Administrative Committees. The CPGC provides guidance and support to all committees under the QLC for the delivery of high quality, safe efficient, effective patient centered care.

Function:

1. Develop and update evidence-based guidelines and best practices to support the delivery of patient care that promotes high quality, safe, efficient, effective patient centered care.
2. Develop and implement Health System-specific resources and tools to support evidence-based guideline recommendations and best practices to improve patient care processes, reduce variation in practice, and support health care education.
3. Develop processes to measure and evaluate use of guidelines and outcomes of care.

Clinical Quality and Patient Safety Committee (CQPSC)

Composition:

The CQPSC consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Information Technology, Nursing, Pharmacy, Laboratory, Respiratory Therapy, Diagnostic Testing and Risk Management. An active member of the Medical Staff chairs the Committee. The committee reports to QLC and additional committees as deemed applicable.

Function:

1. Creates, a culture of safety which promotes organizational learning and minimizes individual blame or retribution for reporting or involvement in a medical/health care error.
2. Assure optimal compliance with patient safety-related accreditation standards.
3. Proactively identifies risks to patient safety and initiates actions to reduce risk with a focus on process and system improvement.
4. Oversees completion of proactive risk assessment as required by TJC.
5. Oversees education & risk reduction strategies as they relate to Sentinel Event Alerts from TJC.
6. Provides oversight for clinical quality management committees.
7. Evaluates and, when indicated, provides recommendations to improve clinical care and outcomes.
8. Ensures actions are taken to improve performance whenever an undesirable pattern or trend is identified.
9. Receive reports from committees that have a potential impact on the quality & safety in delivering patient care.

Patient Experience Council

Composition:

The Patient Experience Council consists of executive, physician, and nursing leadership spanning the inpatient and outpatient care settings. The Council is co-chaired by the Chief Nurse Executive for the Health System and Chief Quality and Patient Safety Officer. The committee reports to the QLC and reports out to additional committees as applicable.

Function:

1. Create a culture and environment that delivers an unparalleled patient experience consistent with the OSU Medical Center's mission, vision and values focusing largely on service quality.
2. Set strategic goals and priorities for improving the patient experience to be implemented by area specific patient experience councils.
3. Serve as a communication hub reporting out objectives and performance to the system.
4. Serve as a coordinating body for subcommittees working on specific aspects of the patient experience.
5. Measure and review voice of the customer information in the form of Patient and Family Experience Advisor Program and related councils, patient satisfaction data, comments, letters and related measures.
6. Monitor publicly reported and other metrics used by various payers to ensure optimal reimbursement.
7. Collaborate with other departments to reward and recognize faculty and staff for service excellence performance.

Clinical Resource Utilization Committee (CRU)

Composition:

The CRU committee consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Patient Care Resource Management, Financial Services, Information Technology, and Nursing. The Utilization Management Medical Director chairs the committee. CRU reports to QLC, Health System Committee, and shares pertinent information with the Medical Staff Administrative Committees.

Function:

1. Promote the efficient utilization of resources for patients while assuring the highest quality of care.
2. Direct the development of action plans to address identified areas of improvement.
3. Resolve or escalate barriers related to clinical practice patterns in the health care delivery system, which impede the efficient, appropriate utilization of resources.
4. Review patients for appropriate level of care (e.g., inpatient, observation, outpatient, extended care facility, etc.) and for the efficiency and effectiveness of professional services rendered (physician, nursing, lab, therapists).
5. Ensure compliance with regulatory requirements related to utilization management (ie: RAC Audits, denial management, etc.).
6. Administration of the Utilization Management Plan.

Key areas of focus:

- Availability and appropriateness of clinical resources and services

- Billing compliance
- Denial management reporting
- Avoidable Hospital days
- VAF reports (help with utilization issues)
- LOS
- Case management issues as new software and workflows are introduced
- Readmissions
- CMS conditions of participation
- Being nimble as new CMS directives are introduced
- How do other hospitals in the system fit into the UM work plan/CMD conditions of participation

Practitioner Evaluation Committee (PEC)

Composition:

The Practitioner Evaluation Committee (PEC) is the PEER review committee that provides medical leadership in overseeing the PEER review process. The PEC is co-chaired by the CQPSO and a CMO appointee. The committee is composed of the Chair of the Clinical Quality and Patient Safety Committee, physicians, and advanced practice licensed health care providers from various business units & clinical areas as appointed by the CMO & Physician in Chief at the James. The Medical Center CMO & Physician-in-Chief at the James serves Ex- Officio.

Function:

1. Provide leadership for the clinical quality improvement processes within The OSU Health System.
2. Provide clinical expertise to the practitioner peer review process within The OSU Health System by thorough and timely review of clinical care and/or patient safety issues referred to the Practitioner Evaluation Committee.
3. Advises the CMO & Director of Medical Affairs at the James regarding action plans to improve the quality and safety of clinical care at the Health system.
4. Develop follow up plans to ensure action is successful in improving quality and safety.

Health System Information Technology Steering (HSITS)

Composition:

The HSITS is a multi-disciplinary group chaired by the Chief Medical Information Officer of The Ohio State University Health System.

Function:

The HSITS shall oversee Information Technology technologies on behalf of The Ohio State University Health System. The committee will be responsible for overseeing technologies and related processes currently in place, as well as reviewing and overseeing the replacement and/or introduction of new systems as well as related policies and procedures. The individual members of the committee are also charged with the responsibility to communicate and receive input from their various communities of interest on relevant topics discussed at committee meetings.

Sentinel Event Team

Composition:

The OSU Health System Sentinel Event Team (SET) includes an Administrator, the Chief Quality and Patient Safety Officer, the Administrative Director for Quality & Patient Safety, a member of the Physician Executive Council, a member of the Nurse Executive Council, representatives from Quality and Operations Improvement and Risk Management and other areas as necessary.

Function:

1. Approves & makes recommendations on sentinel event determinations and teams, and action plans as received from the Sentinel Event Determination Group.
2. Evaluates findings, recommendations, and approves action plans of all root cause analyses.

The Sentinel Event Determination Group (SEDG)

The SEDG is a sub-group of the Sentinel Event Team and determines whether an event will be considered a sentinel event or near miss, assigns the Root Cause Analysis (RCA) Executive Sponsor, RCA Workgroup Leader, RCA Workgroup Facilitator, and recommends the Workgroup membership to the Executive Sponsor. When the RCA is presented to the Sentinel Event Team, the RCA Workgroup Facilitator will attend to support the members.

Composition:

The SEDG voting membership includes the CQPSO or designee, Director of Risk Management, and Quality Director of respective business unit for where the event occurred (or their designee). Additional guests attend as necessary.

Clinical Quality & Patient Safety Sub-Committees

Composition:

For the purposes of this plan, Quality & Patient Safety Sub-Committees will refer to any standing committee or sub-committee functioning under the Quality Oversight Structure. Membership on these committees will represent the major clinical and support services throughout the hospitals and/or clinical departments. These committees report, as needed, to the appropriate oversight committee(s) defined in this Plan.

Function:

Serve as the central resource and interdisciplinary work group for the continuous process of monitoring and evaluating the quality and services provided throughout a hospital, clinical department, and/or a group of similar clinical departments.

Process Improvement Teams

Composition:

For the purposes of this plan, Process Improvement Teams are any ad-hoc committee, workgroup, team, taskforce etc. that function under the Quality Oversight Structure and are generally time-limited in nature. Process Improvement Teams are comprised of owners or participants in the process under study. The process may be clinical (e.g. prophylactic antibiotic administration or not clinical (e.g. appointment availability). Generally, the members fill the following roles: team leader, facilitator, physician advisor, administrative sponsor, and technical expert.

Function:

Improve current processes using traditional QI tools and by focusing on customer needs.

ROLES AND RESPONSIBILITIES:

Clinical quality management, patient safety & service excellence are the responsibilities of all staff members, volunteers, visitors, patients and their families.

Executive Vice President and Chancellor for Health Affairs

The Chancellor leads all seven health science colleges and the \$3.7-billion Wexner Medical Center Enterprise which includes seven hospitals, a nationally ranked college of medicine, 20-plus research institutes, multiple ambulatory sites, an accountable care organization and a health plan. Additionally, the Chancellor serves as the Chief Executive Officer for Wexner Medical Center. The Chancellor serves in an ex-officio role for the Wexner Board of Trustees, as well as being the Chairman for the Quality and Professional Affairs committee which is a Board committee.

Chief Executive Officer (CEO)

The CEO for the Medical Center is responsible for providing leadership and oversight for the overall Clinical Quality Management and Patient Safety Plan across the OSUWMC.

Chief Clinical Officer (CCO)

The CCO for the Medical Center is responsible for facilitating the implementation of the overall Clinical Quality Management, Patient Safety & Service Plan at OSUWMC. The CMO is responsible for facilitating the implementation of the recommendations approved by the various committees under the Leadership Council for Clinical Quality, Safety & Service.

Chief Quality and Patient Safety Officer (CQPSO)

The CQPSO reports to the Chief Clinical Officer and provides oversight and leadership for the OSUWMC in the conceptualization, development, implementation and measurement of OSUWMC approach to quality, patient safety and adverse event reduction.

Associate Chief Quality and Patient Safety Officers

The Associate Chief Quality and Patient Safety Officers supports the CQPSO in the development, implementation and measurement of OSUWMC's approach to quality, safety and service.

Medical Director/Director of Medical Affairs

Each business unit Medical Director is responsible for the implementation and oversight of the Clinical Quality Management, Patient Safety & Service Plan. Each Medical Director is also responsible for reviewing the recommendations from the Clinical Quality Management, Patient Safety & Service Plan.

Associate Medical Directors

The Associate Medical Directors assist the CQPSO in the oversight, development, and implementation of the Clinical Quality Management, Patient Safety & Service Plan as it relates to the areas of quality, safety, evidence-based medicine, clinical resource utilization and service.

Chief Administrative Officer – Hospital Division

The OSUWMC Chief Administrative Officer is responsible to the Board for implementation of the Clinical Quality Management Patient Safety & Service Plan.

Business Unit Executive Directors

The OSU Health System staff, under the direction of the Health System Chief Administrative Officer and Hospital Administration, implements the program throughout the organization. Hospital Administration provides authority and supports corrective actions within its realm for clinical quality management and patient safety activities.

Clinical Department Chief and Division Directors:

Each department chairperson and division director is responsible for ensuring the standards of care and service are maintained within their department/division. In addition, department chairpersons/division director may be asked to implement recommendations from the Clinical Quality Management Patient Safety & Service Plan, or participate in corrective action plans for individual physicians, or the division/department as a whole.

Medical Staff

Medical staff members are responsible for achieving the highest standard of care and services within their scope of practice. As a requirement for membership on the medical staff, members are expected and must participate in the functions and expectations set forth in the Clinical Quality Management, Patient Safety, & Service Plan. In addition members may be asked to serve on quality management committees and/or quality improvement teams.

A senior quality council with representation from each medical staff department through a faculty quality liaison will support the overall Quality Program reporting to the Leadership Council for Clinical Quality, Safety & Service.

House Staff Quality Forum (HQF)

The House Staff Quality Forum (HQF) is comprised of representatives from each Accreditation Council for Graduate Medical Education (ACGME) program. HQF has Executive Sponsorship from the CQPSO and the Associate CQPSO.

The purpose of the HQF is to provide post-graduate trainees an opportunity to participate in clinical quality, patient safety and service-related initiatives while incorporating the perspective of the frontline provider. HQF will work on quality, safety and service-related projects and initiatives that are aligned with the health system goals and will report to the Clinical Quality and Patient Safety committee. The Chair HQF will serve as a member of the Leadership Council.

Nursing Quality

The primary responsibility of the Nursing Quality Improvement and Patient Safety Department is to coordinate and facilitate nursing quality improvement, participation/collaboration with system-wide patient safety activities, the use of evidence-based practice (EBP) and research to improve both the delivery and outcomes of personalized nursing care, and the submission of outcome data to the National Database for Nursing Quality Indicators (NDNQI). The primary responsibility for the implementation and evaluation of nursing quality improvement, patient safety, and EBP resides in each

department/program; however, the Nursing Quality Improvement and Patient Safety staff members also serve as internal consultants for the development and evaluation of quality improvement, patient safety, and EBP activities. The department maintains human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting. The Nursing Quality Improvement and Patient Safety Department collaborates with the OSUWMC Hospital Quality and Operations Department.

Hospital Department Directors

Each department director is responsible for ensuring the standards of care and service are maintained or exceeded within their department. Department directors are responsible for implementing, monitoring, and evaluating activities in their respective areas and assisting medical staff members in developing appropriate mechanisms for data collection and evaluation. In addition, department directors may be asked to implement recommendations from the Clinical Quality Management, Patient Safety & Service Plan or participate in corrective action plans for individual employees or the department as a whole. Department directors provide input regarding committee memberships, and serve as participants on quality management committees and/or quality improvement teams.

Health System Staff

Health System staff members are responsible for ensuring the standards of care and services are maintained or exceeded within their scope of responsibility. The staff is involved through formal and informal processes related to clinical quality improvement, patient safety and service quality efforts, including but not limited to:

- Reporting events that reach the patient and those that almost reach the patient via the internal Patient Safety Reporting System
- Suggesting processes to improve quality, safety and service
- Monitoring activities and processes, such as patient complaints and patient satisfaction participating in focus groups
- Attending staff meetings
- Participating in efforts to improve quality and safety including Root Cause Analysis and Proactive Risk Assessments

Quality and Operations Improvement Department:

The primary responsibility of the Quality and Operations Improvement (Q&OI) Department is to coordinate and facilitate clinical quality management and patient safety activities throughout the Health System. The primary responsibility for the implementation and evaluation of clinical quality management and patient safety activities resides in each department/program; however, the Q&OI staff also serves as an internal consultant for the development and evaluation of quality management and patient safety activities. The Q&OI Department maintains human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting.

Patient Experience Department

The primary responsibility of the Patient Experience Department is to coordinate and facilitate a service oriented approach to providing healthcare throughout the Health System. This is accomplished through

both strategic and program development as well as through managing operational functions within the Health System. The implementation and evaluation of service-related activities resides in each department/program; however, the Patient Experience staff also serves as an internal consultant for the development and evaluation of service quality activities. The Patient Experience Department maintains human and technical resources for interpreter services, information desks, patient relations, pastoral care, team facilitation, and use of performance improvement tools, data collection, statistical analysis, and reporting. The Department also oversees the Patient and Family Experience Advisor Program which is a group of current/former patients, or their primary caregivers, who have had experiences at any OSU facility. These individuals are volunteers who serve as advisory members on committees and workgroups, complete public speaking engagements and review materials.

Approach to Clinical Quality, Patient Safety & Service Management:

The OSU Health System approach to clinical quality management, patient safety, and service is leadership-driven and involves significant staff and physician participation. Clinical quality management patient safety and service activities within the Health System are multi-disciplinary and based on the Health System's mission, vision, values, and strategic plan. It embodies a culture of continuously measuring, assessing, and initiating changes including education in order to improve outcomes. The Health System employs the following principles of continuous quality improvement in its approach to quality management and patient safety:

Principles

The principles of providing high quality, safe care support the Institute of Medicines Six Aims of Care:

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centered

These principles are:

Customer Focus: Knowledge and understanding of internal and external customer needs and expectations.

Leadership & Governance: Dedication to continuous improvement instilled by leadership and the Board.

Education: Ongoing development and implementation of a curriculum for quality, safety & service for of all staff, employees, clinicians, patients, and students.

Everyone is involved: All members have mutual respect for the dignity, knowledge, and potential contributions of others. Everyone is engaged in improving the processes in which they work.

Data Driven: Decisions are based on knowledge derived from data. Both data as numerator only as well as ratios will be used to gauge performance

Process Improvement: Analysis of processes for redesign and variance reduction using a scientific approach.

Continuous: Measurement and improvement are ongoing.

Just Culture: A culture that is open, honest, transparent, collegial, team-oriented, accountable and non-punitive when system failures occur.

Personalized Health Care: Incorporate evidence based medicine in patient centric care that considers the patient’s health status, genetics, cultural traditions, personal preferences, values family situations and lifestyles.

Model:

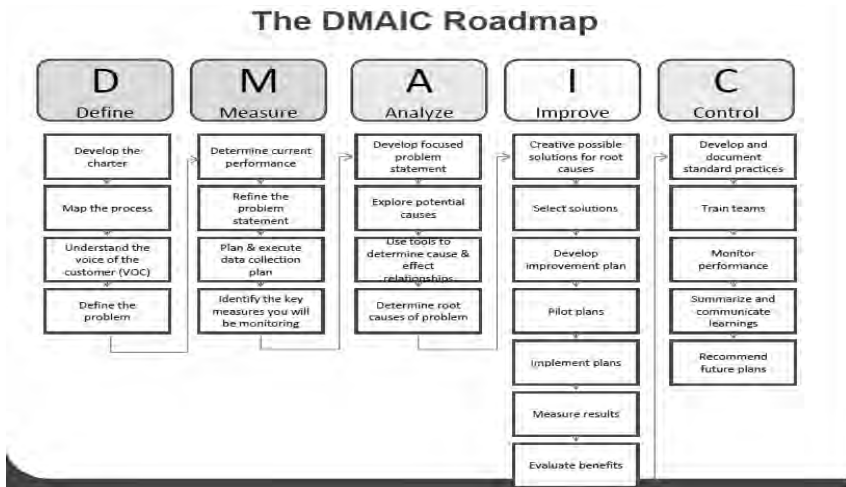
Systematic Approach/Model to Process Improvement

The OSU Medical Center embraces change and innovation as one of its core values. Organizational focus on process improvement and innovation is embedded within the culture through the use of a general Process Improvement Model that includes 1) an organizational expectation that the entire workforce is responsible for enhancing organizational performance, 2) active involvement of multidisciplinary teams and committees focused on improving processes and 3) a toolkit* of process improvement methodologies and expert resources that provide the appropriate level of structure and support to assure the deliverables of the project are met with longer term sustainability.

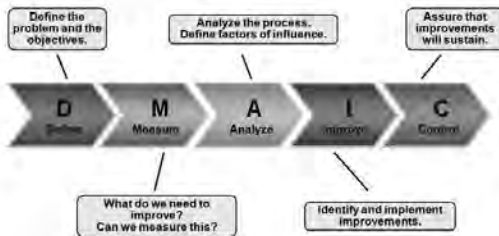
*The Process Improvement Toolkit

| Methodology |
|-------------------------|
| PDCA |
| Rapid Cycle Improvement |
| DMAIC |
| Lean Principles |

Recognizing the need for a systematic approach for process improvement, the health system has traditionally utilized the PDCA methodology. While PDCA has the advantage of being easily understood and applied as a systematic approach, it also has the limitation of not including a “control step” to help assure longer term sustainability of the process improvement. To address this need for additional structure at the end of the project, the DMAIC model was added to the toolkit. With the increased organizational emphasis on utilizing metric-driven approaches to reducing unintended medical errors, eliminating rework, and enhancing the efficiency/effectiveness of our work processes, the DMAIC methodology will be instrumental as a tool to help focus our process improvement efforts.



DMAIC Roadmap



Consistent Level of Care:

Certain elements of The OSU Health System Clinical Quality Management, Patient Safety, & Service Plan assure that patient care standards for the same or similar services are comparable in all areas throughout the health system:

- Policies and procedures and services provided are not payer driven.
- Application of a single standard for physician credentialing.
- Health system monitoring tools to measure like processes in areas of the Health System.
- Standardize and unify health system policies and procedures that promote high quality, safe care.

Performance Transparency:

The Health System Medical and Administrative leadership, working with the Board has a strong commitment to transparency of performance as it relates to clinical, safety and service performance. Clinical outcome, service and safety data are shared on the external OSUMC website for community viewing. The purpose of sharing this information is to be open and honest about OSUMC performance and to provide patients and families with information they can use to help make informed decisions about care and services.

Performance data are also shared internally with faculty and staff through a variety of methods. The purpose of providing data internally is to assist faculty and staff in having real-time performance results and to use those results to drive change and improve performance when applicable. On-line performance scorecards have been developed to cover a variety of clinical quality, safety and service metrics. When applicable, on-line scorecards provide the ability to “drilldown” on the data by discharge service, department and nursing unit. In some cases, password authentication also allows for practitioner-specific data to be viewed by Department Chairs and various Quality and Administrative staff. Transparency of information will be provided within the limits of the Ohio law that protects attorney-client privilege, quality inquiries and reviews, as well as peer review.

Confidentiality:

Confidentiality is essential to the quality management and patient safety process. All records and proceedings are confidential and are to be marked as such. Written reports, data, and meeting minutes are to be maintained in secure files. Access to these records is limited to appropriate administrative personnel and others as deemed appropriate by legal counsel. As a condition of staff privilege and peer review, it is agreed that no record, document, or proceeding of this program is to be presented in any hearing, claim for damages, or any legal cause of action. This information is to be treated for all legal purposes as privileged information. This is in keeping with the Ohio Revised Code 121.22 (G)-(5) and Ohio Revised Code 2305.251.

Conflict of Interest:

Any person, who is professionally involved in the care of a patient being reviewed, should not participate in peer review deliberations and voting. A person is professionally involved if they are responsible for patient care decision making either as a primary or consulting professional and/or have a financial interest (as determined by legal counsel) in the case under review. Persons who are professionally involved in the care under review are to refrain from participation except as requested by the appropriate administrative or medical leader. During peer review evaluations, deliberations, or voting, the chairperson will take steps to avoid the presence of any person, including committee members, professionally involved in the care under review. The chairperson of a committee should resolve all questions concerning whether a person is professionally involved. In cases where a committee member is professionally involved, the respective chairperson may appoint a replacement member to the committee. Participants and committee members are encouraged to recognize and

disclose, as appropriate, a personal interest or relationship they may have concerning any action under peer review.

Determining Priorities:

The OSU Health System has a process in place to identify and direct resources toward quality management, patient safety, and service activities. The Health System's criteria are approved and reviewed by QLC and the Medical Center Board. The prioritization criteria are reevaluated annually according to the mission and strategic plan of the Health System. The leaders set performance improvement priorities and reevaluate annually in response to unusual or urgent events.

Data Measurement and Assessment

Methods for Monitoring



Determination of data needs

Health system data needs are determined according to improvement priorities and surveillance needs. The Health System collects data for monitoring important processes and outcomes related to patient care and the Health System's functions. In addition, each department is responsible to identify quality indicators specific to their area of service. The quality management committee of each area is responsible for monitoring and assessment of the data collected.

External reporting requirements

There are a number of external reporting requirements related to quality, safety, and service. These include regulatory, governmental, payer, and specialty certification organizations. An annual report is given to the Compliance Committee to ensure all regulatory requirements are met.

Collection of data

Data, including patient demographic and clinical information, are systematically collected throughout the Health System through various mechanisms including:

- Administrative and clinical registries and databases
- Retrospective and concurrent medical record review (e.g., infection surveillance)
- Reporting systems (e.g., patient safety reporting system)
- Surveys (i.e. patients, families, and staff)

Assessment of data

Statistical methods such as control charts, g-charts, confidence intervals, and trend analysis are used to identify undesirable variance, trends, and opportunities for improvement. The data is compared to the Health System's previous performance, external benchmarks, and accepted standards of care are used to establish goals and targets. Annual goals are established as a means to evaluate performance. Where appropriate, OSUWMC has adopted the philosophy of setting multi-year aspirational targets. Annual targets are set as steps to achieve the aspirational goal.

Surveillance system

The Health System systematically collects and assesses data in different areas to monitor and evaluate the quality and safety of services, including measures related to accreditation and other requirements. Data collection also functions as a surveillance system for timely identification of undesired variations or trends in quality indicators.

Quality & Safety Scorecard

The Quality and Safety Scorecard is a set of health system-wide indicators related to those events considered potentially preventable. The Quality & Safety Scorecard covers the areas such as, hospital-acquired infections, falls, patient safety indicators, mortality, length-of-stay, readmissions, and patient experience. The information is shared in various Quality forums with staff, clinicians, administration, and the Boards. The indicators to be included in the scorecard are reviewed each year to represent the priorities of the quality and patient safety program [Attachment III].

Vital Signs of Performance

The Vital Signs of Performance is an online dashboard available to everyone in the Medical Center with a valid user account. It shows Mortality, Length of Stay, Patient Safety Indicator, and Readmission data over time and compared to goals and external benchmarks. The data can be displayed at the health system, business unit, clinical service, and nurse station level.

Patient Satisfaction Dashboard

The Patient Satisfaction dashboard is a set of patient experience indicators gathered from surveys after discharge or visit to a hospital or outpatient area. The dashboard covers performance in areas such as physician communication, nurse communication, responsiveness, pain management, admitting and discharging speed and quality. It also measures process indicators, such as nurse leader rounding, as

well as serves as a resource for best practices. The information contained on the dashboard is shared in various forums with staff, clinicians, administration, including the Boards. Performance on many of these indicators serves as annual goals for leaders and members of clinical and patient facing teams.

Quality, Patient Safety, and Service Educational Information

Education is identified as a key principle for providing safe, high quality care, and excellent service for our patients. There is on-going development and implementation of a curriculum for quality, safety & service of all staff, employees, clinicians, patients, and students. There are a variety of forums and venues utilized to enhance the education surrounding quality and patient safety including, but not limited to:

- On line videos
- Quality & Patient Safety Simulcasts
- Newsletters
- Classroom forums
- Simulation Training
- Computerized Based Learning Modules
- Partnerships with IHI Open School
- Curriculum Development within College of Medicine
- Websites (internal OneSource and external OSUMC)
- Patient Safety Lessons Learned
- Patient Safety Alerts

Benchmark data

Both internal and external benchmarking provides value to evaluating performance (Attachment V).

Internal Benchmarking

Internal benchmarking uses processes and data to compare OSUMCs performance to itself overtime. Internal benchmarking provides a gauge of improvement strategies within the organization.

External Benchmarking

OSUWMC participates in various database systems, clinical registries and focused benchmarking projects to compare performance with that of peer institutions. Vizient, The US News & World Report, National Database of Nursing Quality Indicators, and The Society of Thoracic Surgery are examples of several external organizations that provide benchmarking opportunities.

Design and evaluation of new processes

- New processes are designed and evaluated according to OSUWMC's ambition, mission, vision, values, priorities, and are consistent with sound business practices.

- The design or re-design of a process may be initiated by:
- Surveillance data indicating undesirable variance
- Patients, staff, or payers perceive the need to change a process
- Information from within the organization and from other organizations about potential risks to patient safety, including the occurrence of sentinel events
- Review and assessment of data and/or review of available literature confirm the need

Performance Based Physician Quality & Credentialing

Performance-based credentialing ensures processes that assist to promote the delivery of quality and safe care by physicians and advanced practice licensed health care providers. Both Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) occur. Focused Professional Practice Evaluation (FPPE) is utilized on 3 occasions: initial appointment, when a Privileged Practitioner requests a new privilege, and for cause when questions arise regarding the practitioner's ability to provide safe, high quality patient care. Ongoing Professional Practice Evaluation (OPPE) is performed on an ongoing basis (every 6 months).

Profiling Process:

- Data gathering from multiple sources
- Report generation and indicator analysis
- Department chairs (division directors as well) have online access 24/7 to physician profiles for their ongoing review
 - Individual physician access to their profiles 24/7
- Discussion at Credentialing Committee
- Final Recommendation & Approval:
 - Medical Staff Administrative Committees
 - Medical Director
 - Hospital Board

Service-Specific Indicators

Several of the indicators are used to profile each physician's performance. The results are included in a physician profile [**Attachment IV**], which is reviewed with the department chair as part of credentialing process.

The definition of service/department specific indicators is the responsibility of the director/chair of each unit. The performance in these indicators is used as evidence of competence to grant privileges in the re-appointment process. The clinical departments/divisions are required to collect the performance information as necessary related to these indicators and report that information to the Department of Quality & Operations Improvement.

Purpose of Medical Staff Evaluation

- To monitor and evaluate medical staff performance ensuring a competent medical staff
- To integrate medical staff performance data into the reappointment process and create the foundation for high quality care, safe, and efficacious care
- To provide periodic feedback and inform clinical department chairs of the comparative performance of individual medical staff
- To identify opportunities for improving the quality of care

Annual Approval and Continuous Evaluation

The Clinical Quality Management, Patient Safety & Service Plan is approved by the QLC, the Medical Staff Administrative Committees, and the Medical Center Board on an annual basis. The annual evaluation includes a review of the program activities and an evaluation of the effectiveness of the structure. The progress and priorities are continuously evaluated throughout the year through monitoring outcomes, processes, and trends found in clinical reviews.

Attachment I: Contract Evaluation Template

Contract Evaluation Template

OH State University of Contract Services

Name: _____ Extension: _____
 Department: _____ Ohio State University
 Contract Number: _____ Medical Staff Review: YES
 Date Contract Signed: _____ Contract Expires: _____

| Criteria | S | S2 | S3 | S4 | S5 |
|--|---|----|----|----|----|
| 1. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 2. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 3. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 4. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 5. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 6. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 7. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 8. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 9. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 10. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 11. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 12. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 13. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 14. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 15. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 16. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 17. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 18. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 19. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |
| 20. Is the contract in compliance with applicable laws, regulations, policies, and procedures? | | | | | |

The Ohio State University
 4169-D-0001-0001

Attachment II: Priority Criteria

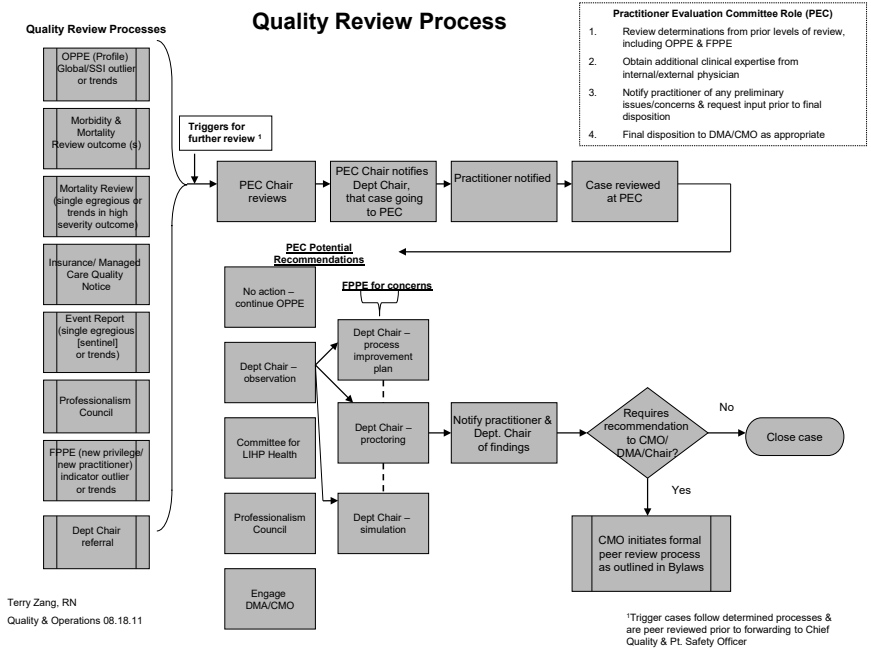
The following criteria are used to prioritize clinical value enhancement initiatives to ensure the appropriate allocation of resources.

1. Ties to strategic initiatives and is consistent with hospital's mission, vision, and values
2. Reflects areas for improvement in patient safety, appropriateness, quality, and/or medical necessity of patient care (e.g., high risk, serious events, problem-prone)
3. Has considerable impact on our community's health status (e.g., morbidity/mortality rate)
4. Addresses patient experience issues (e.g., access, communication, discharge)
5. Reflects divergence from benchmarks
6. Addresses variation in practice
7. Is a requirement of an external organization
8. Represents significant cost/economic implications (e.g., high volume)

Attachment III: QLC FY21 Priorities & Scorecard

| Metric | FY 2020 Goal | Aspirational Goal | FY 2021 (Year 2) Goal |
|-------------------------------------|--------------|-----------------------------|-------------------------|
| CAUTI | 0.74 | 0.63 | Keep FY 20 Goal (0.74) |
| CLABSI | 0.89 | 0.66 | Keep FY 20 Goal (0.89) |
| CDI | 5.23 | 4.19 | Keep FY 20 Goal (5.23) |
| SSI – COLO | 4.94 | 3.49 | Keep FY 20 Goal (4.94) |
| SSI – HYST | 1.82 | 1.38 | Keep FY 20 Goal (1.82) |
| MRSA | 0.95 | 0.75 | Keep FY 20 Goal (0.95) |
| PSI03 - Pressure Ulcer | 0.81 | 0.29 | Top Quartile (0.41) |
| PSI10 – Post-Op AKI | 2.96 | 2.21 | Keep FY 20 Goal (2.96) |
| PSI12 - Perioperative PE/DVT | 3.54 | 3.05 | 5% Improvement 3.25 |
| PSI13 - Post-op Sepsis | 6.20 | 3.73 | Keep FY 20 Goal (6.20) |
| Mortality Index (Medical Center) | 0.79 | 0.69 | Top Quartile (0.75) |
| Mortality Index (No James) | 0.79 | 0.69 | Top Quartile (0.75) |
| Overall Readmission Rate (No James) | 10.80% | 9.30% | 3% Improvement (9.5%) |
| LOS Index (No James) | 1.04 | 0.99 | Keep FY 20 Goal (1.04) |
| HCAHPS Overall (Medical Center) | 79.00% | 90 th percentile | 85th Percentile (79.2%) |
| HCAHPS Overall (No James) | 75.00% | 90 th percentile | Keep FY 20 Goal (75.0%) |
| CG-CAHPS Willingness to Recommend | 92.30% | 90 th percentile | 61st Percentile (92.8%) |
| Ambulatory HVF Composite | 18 Points | 20 points | 19 points |

Attachment IV: Quality Review Process & Physician Performance Based Profile












| Profile for xxxxxx SERVICE: INTERNAL MEDICINE-CARDIOVASCULAR MEDICINE Profile last revised by Provider: None | | | | | | | 6 Month Values | | |
|---|--|----------|------------|--------|-----------|----------------|------------------------------|------------|-------------|
| Status | Indicator | My Score | Peer Score | Target | SPC Alert | Current Period | My Score | Peer Score | Start Month |
| | | | | | | | A - Volume and Acuity | | |
| | CMI | n/a | 2.63 | n/a | | Q2 2013 | No Data | 1.97 | Feb 2013 |
| | IP Discharges | n/a | 14.6 | n/a | | Q2 2013 | No Data | 14.0 | Feb 2013 |
| ★ ▼ | IP LOS Index (Obs_Exp Total Days) | 0.83 | 1.06 | 1.06 | | Q1 2013 | No Data | 1.06 | Feb 2013 |
| ▼ | IP Procedures | 4 | 42.7 | n/a | | Q2 2013 | 4 | 34.5 | Mar 2013 |
| ▼ | Observation Cases | 0 | 1.88 | n/a | | Q2 2013 | 0 | 2.63 | Feb 2013 |
| ▲ | Outpatient Visits | 189 | 107 | n/a | | Q2 2013 | 396 | 102 | Feb 2013 |
| B - Patient Care | | | | | | | | | |
| ★ | Asymptomatic Discrepancy | 0 | 0.00 | 0 | | Q2 2013 | 0 | 1.00 | Feb 2013 |
| | Cath PCI Perci. procedure AMI | No Data | 1.1% | n/a | | Q2 2013 | No Data | 1.2% | Mar 2013 |
| | Cath PCI Rate: postproced. Bleed | No Data | 0.3% | n/a | | Q2 2013 | No Data | 0.2% | Mar 2013 |
| | CM - AMI_2 Again Prescribed at Discharge | n/a | 81.2% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - AMI_3 ACEI or ARB for LVSD | n/a | 24.6% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - AMI_5 Beta Blocker at Discharge | n/a | 87.7% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - AMI_9 Inpatient Mortality | n/a | 0.9% | 0.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - HF_2 Evaluation of LVB Function | n/a | 86.7% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - HF_3 ACEI or ARB for LVSD | n/a | 48.8% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | ICD Registry CVA | No Data | 0.0% | n/a | | Q1 2013 | No Data | 0.0% | Mar 2013 |
| ★ ▼ | IP Mort Index (Obs_Exp) | 0.80 | 0.90 | 0.79 | | Q1 2013 | No Data | 0.47 | Feb 2013 |
| — | Mortality Reviewed | 1 | 0.44 | n/a | | Q2 2013 | 1 | 1.97 | Mar 2013 |
| ★ | Mortality Sent for Peer Review | 0 | 0.14 | 0 | | Q2 2013 | 0 | 1.07 | Feb 2013 |
| ★ | Mortality Peer Review #1 Score 4 or 5 | 0 | 0.00 | 0 | | Q2 2013 | 0 | No Data | No Data |
| ★ | Quality Management Events - Standard of Care Not Met | 0 | 0.04 | 0 | | Q2 2013 | 0 | 1.14 | Mar 2013 |
| — | Related Readmit 30 days | 0.00% | 3.34% | n/a | | Q1 2013 | No Data | 3.19% | Feb 2013 |
| | SSI CABG Procedures | No Data | 0.0% | 3.0% | | Q2 2013 | No Data | 0.0% | May 2013 |
| | SSI Pacemaker and AICD | No Data | 0.0% | n/a | | Q2 2013 | No Data | 0.0% | Apr 2013 |
| C - Medical and Clinical Knowledge | | | | | | | | | |
| ★ | Formal Peer Review | 0 | 0.00 | 0 | | Q2 2013 | 0 | 0.00 | Feb 2013 |
| E - Interpersonal and Communication | | | | | | | | | |
| ★ | Patient Complaints | 0 | 0.02 | 0 | | Q2 2013 | 0 | 1.00 | Mar 2013 |

| Status | Indicator | My Score | Peer Score | Target | SPC Alert | Current Period | 6 Month Values | | |
|---|--|----------|------------|--------|-----------|----------------|----------------|------------|-------------|
| | | | | | | | My Score | Peer Score | Start Month |
| | Patient Satisfaction Ave Score | 98.6% | 91.9% | n/a | | Q2 2013 | 99.2% | 91.5% | Feb 2013 |
| G - Practice Based Learning and Improvement | | | | | | | | | |
| | Signal of Team Safety Climate Variance | 0 | 0.00 | 0 | | Q2 2013 | 0 | 0.00 | Feb 2013 |

Profile Generated 08/04/2013 13:53:57
Next Review Due: Aug 13, 2013

| Reviewed By | Outcome | Notes |
|------------------------|---|---|
| Jan 28, 2013 rhamon | Maintain privilege without modification | The Provider's performance meets expectations |

SPC Alert Legend

-  Alert recent period is below Lower Control Limit
-  Alert recent period is above Upper Control Limit
-  Process shift: Most recent 6 periods are all above the Center Line
-  Process shift: Most recent 6 periods are all below the Center Line
-  Most recent 6 periods are all increasing
-  Most recent 6 periods are all decreasing
-  Critical Indicator: The alert is in a positive direction
-  Critical Indicator: The alert is in a negative direction
-  No border: There is no target descriptor for the indicator

For Performance Data only. This information is confidential per Ohio Revised Code Sec. 2305.24, 2305.26 and 2305.281 to 2305.293 and may not be shared, disclosed, or published without the express or implied permission of the provider. If the reason of this communication is to seek an external consultant, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

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The James



The James Quality, Patient Safety, and Reliability Committee

The Arthur G. James Cancer Hospital and
Richard J. Solove Research Institute
The Comprehensive Cancer Center
(The James and CCC)

Clinical Quality Management, Patient Safety, & Service Plan

FY 2021

July 1, 2020 through June 30, 2021



The James Clinical Quality, Patient Safety and Service Plan

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The James Cancer Hospital & Solove Research Institute

Clinical Quality, Patient Safety, and Service Plan

MISSION, VISION, AND VALUES:

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

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

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

The James' model of patient-centered care is enhanced by the teaching and research programs, with patient service both directly and indirectly providing the foundation for teaching and research programs. This three-part mission and staff dedicated to its fulfillment distinguish The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute as a Comprehensive Cancer Center and as one of the nation's premier cancer treatment centers.

Definition:

The Clinical Quality, Patient Safety and Services Plan (hereinafter The Plan) of The James Cancer Hospital/Solove Research Institute is our organization-wide approach to systematic assessment of process design and performance improvement targeting **quality** of care, patient safety, and patient experience/service. The Plan serves to provide direction for how clinical care and activities are to be designed to enrich patient outcomes, reduce harm, and improve value-added care and service to the cancer patient population. The Plan was developed in accordance with The Joint Commission (TJC) accreditation standards and the Center for Medicare & Medicaid Services (CMS) Conditions of Participation outlining a Quality Assurance and Performance Improvement (QAPI) program.

Scope:

As a Prospective-Payment-System-exempt (PPS-exempt) hospital, which serves as the clinical care delivery-arm of an NCI-designated Comprehensive Cancer Center, The James has a unique opportunity to ensure value-added services and research expertise are provided to our patients, families, and the community – both nationally and internationally. The Plan encompasses all clinical services. Through close partnership with the Comprehensive Cancer Center, The Plan includes quality and patient safety goals for process improvements related to functions and processes that involve both the Cancer Center and the hospital and ambulatory clinics/treatment areas.

As part of the QAPI process, the organization provides oversight for contracted services. Each contract is categorized into one of four categories based on the goods or services provided: professional service, supplies,

direct patient care, or directly relevant to a condition of participation. Once categorized, the appropriate evaluation for that contracted service category is utilized to evaluate the quality and performance improvement that has occurred or needs to occur. This evaluation is reviewed annually by the Medical Staff Administrative Committee (MSAC) and then forwarded to the Quality and Professional Affairs Committee of the Governing Body (See Attachment 1 Contract Evaluation Template Attachment).

Purpose:

The purpose of The Plan is to provide guidance for the resources and processes available to ensure measurable improvements to patient care are occurring. The James recognizes the vital importance of creating and maintaining a safe environment for all patients, visitors, employees, and others within the organization to bring about personalized care through evidence-based medicine.

Objectives:

The central objectives of The James Quality, Patient Safety and Service Plan are to:

1. Provide guidance for monitoring and evaluation of effort(s) in clinical care in order to sustain high performance and improved outcomes for all patients.
2. Evaluate and recommend system changes to improve patient care and safety by assessing, identifying, and reducing risk within the organization when undesirable patterns or trends in performance are identified or when events requiring intensive analysis occur.
3. Assure overall compliance which meets or exceeds accreditation standards, state, federal and licensure regulations.
4. Provide information for adherence to evidence-based practice guidelines to standardize clinical care and reduce practice variation.
5. Improve patient satisfaction and perception of treatment, care and services by continuously identifying, evaluating, and improving performance based on needs, expectations, and satisfaction results.
6. Enhance the patient experience by providing safe and high-quality care at the best value.
7. Provide education to the governance, faculty and staff regarding quality management principles and processes for improving systems.
8. Provide appropriate levels of data transparency.
9. Assure quality and patient safety processes are developed with an approach of always involving trans-disciplinary teamwork.

Structure for Quality Oversight:

The James Quality, Patient Safety and Reliability Committee serves as the primary entity within The James to develop annual goals which are consistent with goals from the Health System. However, these goals are designed to target a specific focus for the cancer patient population and cancer research agendas. (See Figure 1).

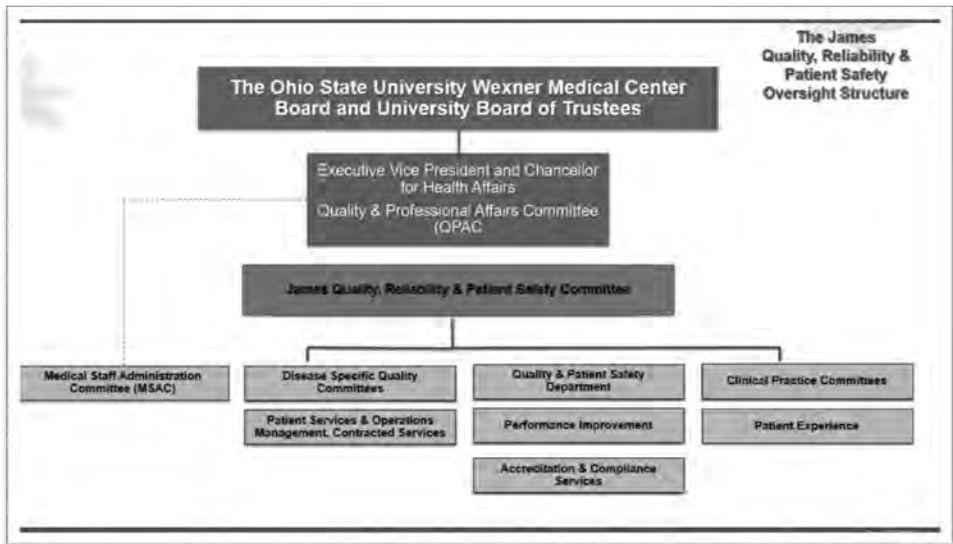


Figure 1 The James Quality, Patient Safety, & Reliability Oversight Structure

COMMITTEES:

Medical Center Board

The Medical Center Board is accountable to The Ohio State University Board of Trustees through the President and Executive Vice President (EVP) for Health Sciences and is responsible for overseeing the quality and safety of patient care both for the Wexner Medical Center and The James including the delivery of patient services, quality assessment, improvement mechanisms, and monitoring achievement of quality standards and goals.

The Board receives clinical quality management, patient safety and service quality reports as scheduled, and provides resources and support systems for clinical quality management, patient safety and service quality functions, including medical/health care error occurrences and actions taken to improve patient safety and service. Board members receive information regarding the responsibility for quality care delivery or provision, and The James Clinical Quality Management, Patient Safety and Service Plan. The Medical Center Board ensures all caregivers are competent to provide services.

Quality Professional Affairs Committee

Composition:

The committee shall consist of: no fewer than four voting members of the University Wexner Medical Center Board, appointed annually by the Chair of the University Wexner Medical Center Board, one of whom shall be appointed as chair of the committee. The Chief Executive Officer of The Ohio state University Health System; the Chief Medical Officers of the medical center and The James; the medical director of credentialing for The

James; the chief of the medical staff of the university hospitals; the chief of the medical staff of the James; the associate dean of graduate medical education; the Chief Quality and Patient Safety Officer; the Chief Nurse Executive for the OSU health system; and the chief nursing officer for the James shall serve as ex-officio, voting members. Such other members as appointed by the chair of the University Wexner Medical Center Board, in consultation with the Chair of the Quality and Professional Affairs Committee.

Function: The Quality and Professional Affairs Committee shall be responsible for the following specific duties:

- (1) Reviewing and evaluating the patient safety and quality improvement programs of The James;
- (2) Overseeing all patient care activity that is a part of The James, including, but not limited to, the hospital, clinics, ambulatory care facilities, and physicians' office facilities;
- (3) Monitoring quality assurance performance in accordance with the standards set by The James;
- (4) Monitoring the achievement of accreditation and licensure requirements;
- (5) Reviewing and recommending to The Board, changes to the medical staff bylaws and medical staff rules and regulations;
- (6) Reviewing and approving clinical privilege forms;
- (7) Reviewing and approving membership and granting appropriate clinical privileges for the credentialing of practitioners recommended for membership and clinical privileges by the University Hospitals Medical Staff Administrative Committee and The James Medical Staff Administrative Committee;
- (8) Reviewing and approving membership and granting appropriate clinical privileges for the expedited credentialing of such practitioners that are eligible by satisfying minimum approved criteria as determined by the University Wexner Medical Center Board and are recommended for membership and clinical privileges by the University Hospitals Medical Staff Administrative Committee and The James Medical Staff Administrative Committee;
- (9) Reviewing and approving reinstatement of clinical privileges for a practitioner after a leave of absence from clinical practice;
- (10) Conducting peer review activities and recommending professional review actions to the Board;
- (11) Reviewing and resolving any petitions by the medical staff for amendments to any rule, regulation or policy presented by the Chief of Staff for The James on behalf of the medical staff pursuant to the medical staff bylaws and communicating such resolutions to The James Medical Staff Administrative Committee for further dissemination to the medical staff; and
- (12) Such other responsibilities as assigned by the chair of the Board.

The James Medical Staff Administrative Committee (MSAC)

Composition: Refer to Medical Staff Bylaws and Rules and Regulations

Function: Refer to Medical Staff Bylaws and Rules and Regulations

The organized medical staff, under the direction of the Director of Medical Affairs/Chief Medical Officer, implements The Plan throughout the clinical departments. The MSAC reviews reports and recommendations related to clinical quality management, patient safety and service quality activities. This Committee has responsibility for evaluating the quality and appropriateness of clinical performance and service quality of all individuals with clinical privileges. The MSAC reviews corrective actions and provides authority within their realm of responsibility related to clinical quality management, patient safety and service quality activities.

The James Quality, Patient Safety, & Reliability Committee and the Commission on Cancer Sub-Committee (CoC) (See Figure 2)

Composition:

The James Quality, Patient Safety and Reliability Committee and American College of Surgeons – Commission on Cancer (CoC) Sub-Committee consists of representatives from Medical Staff, Administration, Patient/Family Advisor, Advanced Practice Providers, and staff from Cancer Program Analytics, Clinical Trials, Epidemiology, Environmental Services, Clinical Informatics, Laboratory, Nursing, Organizational Culture/HR, Radiation Safety, Respiratory Therapy, Pharmacy/Medication Safety, Patient Experience, Social Work and Risk Management. This Committee reports to Executive Leadership and MSAC.

For the purposes of The Plan, Quality, Patient Safety and Reliability Sub-Committees refer to any standing committee or sub-committee functioning under the quality oversight structure. Membership on these committees represents the major clinical and support services throughout the hospitals and/or clinical departments, as well as members from The James Quality, Patient Safety, and Reliability Committee. These committees report, as needed, to the appropriate oversight committee(s) defined in this Plan.

Function:

Serve as the central resource and interdisciplinary work groups for the continuous process of monitoring and evaluating the quality and services provided throughout a hospital, clinical department, and/or a group of similar clinical departments

1. Create a culture which promotes organizational learning and recognition of clinical quality (improving outcomes) and patient safety (reducing harm).
2. Develop and sustain a culture of safety which strives to eliminate individual blame or retribution for involvement in health care errors.
3. Assure compliance with patient safety-related accreditation standards.
4. Proactively identify risks to patient safety and creates a call-to-action to reduce risk with a focus on process and system improvement.
5. Oversee education & risk reduction strategies as they relate to Sentinel Event Alerts from TJC.
6. Evaluate standards of care and evidence-based practices and provide recommendations to improve clinical care and outcomes.
7. Ensure actions are taken to improve performance whenever an undesirable pattern or trend is identified.
8. Receive reports from committees that have a potential impact on the quality & safety in delivering patient care such as, but not limited to, Environment of Care, BMT & Acute Leukemia, Radiation Oncology, Translational Research and Infection Prevention Committee.

9. Receive reports from Shared Services as they represent the metrics for quality and safety of care for the cancer patient population. (See Figure 3)
10. Maintain follow-up on Shared Services action plans as necessary for improving metrics for quality and safety of care for the cancer patient population.

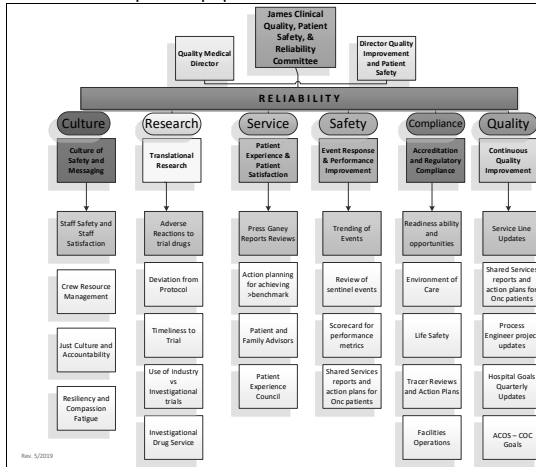


Figure 2 The James Quality, Patient Safety and Reliability Committee Structure

Clinical Practice Guideline Committee (CPGC)

Composition:

The CPGC consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Information Technology, Pharmacy, and Nursing. An active member of the medical staff chairs the committee. The CPGC reports to QLC and shares pertinent information with the Medical Staff Administrative Committees. The CPGC provides guidance and support to all committees under The James Quality, Patient Safety and Reliability Committee for the delivery of high quality, safe efficient, effective patient centered care.

Function:

1. Develop and update evidence-based guidelines and best practices to support the delivery of patient care that promotes high quality, safe, efficient, effective patient centered care.
2. Develop and implement Health System-specific resources and tools to support evidence-based guideline recommendations and best practices to improve patient care processes, reduce variation in practice, and support health care education.
3. Develop processes to measure and evaluate use of guidelines and outcomes of care.



Figure 3 Contracted Services - Patient Support Services

The James Patient Experience Council

Composition:

The Patient Experience Council consists of multidisciplinary representatives from Hospital Administration, Medical Staff, Nursing, Nutrition Services, Environmental Services, Communications and the Patient Experience Department. The Patient Experience Council has a liaison member connected to The James Quality, Patient Safety and Reliability committee.

Function:

1. Create a culture and environment to deliver exceptional patient experience consistent with the mission, vision and values focused largely on service quality.
2. Measure and review voice of the customer information in the form of patient satisfaction, comments, letters and related measures. Recommend system goals and expectations for a consistent patient experience.
3. Monitor publicly reported and other metrics used by various payers to ensure optimal reimbursement.
4. Provides guidance and oversight on patient experience improvement efforts ensuring effective deployment and accountability throughout the system.
5. Oversees the service excellence reward and recognition program.
6. Serves as a coordinating body for subcommittees working on specific aspects of the patient experience.

The James Utilization Management Committee (JUMC)

Composition:

The James Utilization Management Committee is co-chaired by a James Lead Physician Advisor and the Director of Patient Care Resource Management. Committee membership includes James Physician Advisors and Emergency Department Physician Advisors, physician members of the medical staff, representatives from the Patient Care Resource Management (PCRM) Department, Administration, Finance, Advance Practice Professionals, Providers, Quality and Safety, Revenue Cycle and Compliance, Nursing and Service Line Administration. Other departments in The James will be invited to join meetings as necessary when opportunities have been identified for improvement and input. JUMC members will not include any individual who has a financial interest in any hospital in the health system. No JUMC member will be included in the review process for a case when that member has direct responsibility for patient care in the case being reviewed. The Director of Utilization Management is also a member of The James Quality, Patient Safety and Reliability committee.

Function:

The JUMC has responsibility to establish and implement The James Utilization Management Plan. The JUMC implements procedures for reviewing the efficient utilization of care and services, including but not limited to admissions, continued stays, readmissions, over and under-utilization of services, the efficient scheduling of services, appropriate stewardship of hospital resources, access and throughput, and timeliness of discharge planning. Any quality or utilization opportunities identified by the JUMC through utilization review activities are acted upon by the committee or referred to the appropriate entity for resolution. The JUMC provides education on care and utilization issues to all health care professionals and medical staff at The James.

Practitioner Evaluation Committee (PEC)

Composition:

The Practitioner Evaluation Committee (PEC) is the medical staff peer review committee that provides leadership in overseeing the peer review process. The PEC is composed of the Chair of the Clinical Quality and Patient Safety Committee, medical staff, and advanced practice providers from various business units & clinical areas as appointed by the Chief Medical Officer (CMO) of the Health System and of The James.

Function:

1. Provide leadership for the provider clinical quality improvement processes.
2. Provide clinical expertise to the practitioner peer review process by thorough and timely review of clinical care and/or patient safety issues referred to the PEC.
3. Give advice to the Director of Medical Affairs/CMO at The James regarding action plans to improve the quality and safety of clinical care.
4. Provide input to the Director for Advanced Practice Providers when an APP Peer Review is completed.
5. Develop follow up plans to ensure action is successful in improving quality and patient safety.

Health System Information Technology Steering Team (HSITS)

Composition:

The HSISST is a multidisciplinary team chaired by the Chief Medical Information Officer of OSUWMC.

Function:

The HSISST oversees information technology for both The James and OSUWMC. The team is responsible for oversight of information technology and processes currently in place, as well as reviewing replacement and/or

introduction of new systems and related policies/procedures. Individual team members are charged with responsibility to communicate and receive input from their various communities of interest on relevant topics discussed at committee meetings and other forums.

Sentinel Event Committee

Composition:

The Sentinel Event Team includes membership from both The James and the OSUWMC. Membership from The James includes: the Executive Director Medical Affairs/Chief Medical Officer, the Quality Medical Director for The James, the Associate Medical Director of Perioperative Quality, and the Director of Quality & Patient Safety and Nursing Quality Director. Members from the Medical Center include: an Administrator, Chief Medical Officer, Chief Quality Officer, Associate Chief Quality and Patient Safety Officer, Associate Executive Director of Quality & Safety, a member of the Physician Executive Council, Quality and Operations Improvement, and Nursing Quality. Members from Risk Management are also included.

The Sentinel Event Determination Group (SEDG) is a sub-group of the Sentinel Event Team which is comprised of quality leaders from The James and OSUWMC, and is chaired by the Health System Chief Quality Officer. The SEDG membership includes the CQO, Associate CQO, Director of Risk Management, James Quality Medical Director, Directors of Quality & Patient Safety and Nursing Quality Directors of respective business units. The SEDG meets weekly to review sentinel event and significant events. Once an event is determined to be a significant or sentinel event, SEDG members assign a Root Cause Analysis (RCA) Team which includes: Executive Sponsor, RCA Workgroup Leader, and RCA Workgroup Facilitator. The James Director of Quality and Patient Safety serves as the executive sponsor for the RCA, and receives the input from SEDG, collaborates with facilitators and physician leaders to finalize the team membership, initiate team charters and ensure that team meetings and action plans are completed in accordance with requirements to satisfy regulatory compliance.

Function:

Make and approve recommendations on sentinel event determinations and teams, and action plans as received from the Sentinel Event Determination Group. Results of a sentinel event, significant event or near-miss information are considered confidential according to Ohio Revised Code Section 2305.25, and are not externally reported or released.

The James Continuous Quality Improvement Teams

Composition:

For the purposes of this plan, Continuous Quality Improvement Teams are considered as ad-hoc committees, workgroups, teams, taskforces, etc., that function under the quality oversight structure and are generally time-limited in nature. Continuous Quality Improvement teams are comprised of owners or participants in the process under study. The process may be clinical or non-clinical. Generally, the members fill the following roles: team leader, Process Engineer or facilitator, physician advisor, administrative sponsor, and technical experts.

Function:

Improve current practice or processes using traditional continuous process improvement tools such as rapid cycle improvements, LEAN principles and DMAIC/DMADV.

Roles and responsibilities

Quality management, patient safety, process improvements, and service excellence are identified as responsibilities for all faculty, staff members, and volunteers.

Governing Body

The Wexner Medical Center Board is the governing body, responsible to The Ohio State University Board of Trustees, for operation, oversight and coordination of the Wexner Medical Center and The James Cancer Hospital. The Wexner Medical Center Board is composed of sixteen voting members, plus an additional group of university and medical center senior leaders who serve in ex-officio roles. The Quality & Professional Affairs Committee (QPAC) reports to the Wexner Medical Center Board and is responsible for, among other things, reviewing and evaluating at least annually The James Clinical Quality, Patient Safety, and Reliability Plan, along with goals and process improvements made for improved patient safety and quality programs, as well as granting clinical privileges for the credentialing of practitioners. The Board of Trustees and its committees meet throughout the year with focused agendas and presentations.

Executive Vice President and Chancellor for Health Affairs

The Chancellor leads all seven health science colleges and the \$3.7-billion Wexner Medical Center Enterprise which includes seven hospitals, a nationally ranked college of medicine, 20-plus research institutes, multiple ambulatory sites, an accountable care organization and a health plan. Additionally, the Chancellor serves as the Chief Executive Officer for Wexner Medical Center. The Chancellor serves in an ex-officio role for the Wexner Board of Trustees, as well as being the Chairman for the Quality and Professional Affairs committee which is a Board committee.

Chief Executive Officer (CEO)

The CEO for The James reports to the Executive Vice President and Chancellor for Health Affairs and is responsible for providing leadership and oversight for the overall functions within The James. The CEO has authority of the Clinical Quality and Patient Safety Plan and works with all employees and medical staff to ensure safe care is delivered to our patients to achieve quality outcomes for each encounter.

Director of Medical Affairs/Chief Medical Officer (CMO)

The Director of Medical Affairs is the Chief Medical Officer for The James Cancer Hospital and provides leadership and strategic direction for the faculty, medical staff and other providers to ensure the delivery of high quality, cost-effective health care consistent with The James mission. The CMO has oversight of the medical staff responsibilities for progress towards goals and process improvements. The CMO is a member of The James Medical Staff Administrative Committee (MSAC), and is the medical director for provider credentialing within The James.

Quality Medical Director

The James Quality Medical Director reports to the Chief Medical Officer and is responsible for assisting the Quality Department with medical review for all patient safety and quality outcomes. This physician also works collaboratively with the health system Quality Department in determining sentinel and significant events, as well as reporting events when necessary through the peer review process. The Quality Medical Director serves as the co-chair to the Quality, Patient Safety and Reliability Committee and is a member of The James Medical Staff Administrative Committee (MSAC).

Executive Director, Clinical Services, Chief Nursing Officer (CNO)

The James Executive Director for Clinical Services, Chief Nursing Officer provides leadership and oversight of The Plan and works collaboratively with the OSUWMC Quality Leadership Council (QLC, formerly known as LCCQSS) initiatives. The Executive Director/CNO is integral to the establishment and implementation of The Plan, organization-wide quality goals, and performance improvement achievements.

Associate Chief Nursing Officer (ACNO)

The James ACNO(s) report to the Executive Director of Clinical Services and CNO and provide senior leadership within the nursing organizational structure to influence nursing process and practices. The ACNO ensures that the overall James Quality, Patient Safety and Reliability Plan is utilized to assist with the development and implementation of The James Nursing Quality and Patient Safety Plan annually, as well as initiating the Nursing Strategic Plan. The ACNO has oversight of the nursing shared governance model and the nursing leadership which establishes and implements annual nursing-sensitive goals.

Director of Quality Improvement and Patient Safety and Nursing Quality

The Director for Quality Improvement and Patient Safety and Nursing Quality works directly with the executive leaders as well as the directors and managers of all areas in order to evaluate, plan and, improve patient safety and quality outcomes. The director reports to the Executive Director of Clinical Services and CNO and is responsible for the annual output of the annual The Plan. In addition, the Director has leadership oversight of the quality improvement goals, patient safety improvements, and works with the facilitators and team(s) charged for implementation of annual hospital level goals. The director serves as a co-chairperson for The James Quality, Patient Safety and Reliability committee.

Service Line Medical Director

Each service line Medical Director is responsible to review the recommendations from The Plan and implement quality goals and plans, along with maintaining oversight in their clinical areas.

Clinical Department Chief and Division Directors

Each department Chairperson and/or Division Director is responsible to ensure the standards of care and service are maintained within their department/division. In addition, Department Chairpersons/Division Directors are

to implement recommendations from The Plan and participate in corrective action plans for individual physicians, or the division/department as a whole.

Medical Staff

Medical staff members are responsible to achieve the highest standard of care and services within their scope of practice. As a requirement for membership on the medical staff, members are expected and must participate in the functions and expectations set forth in The Plan. In addition members serve on quality management/patient safety committees and/or continuous quality improvement teams throughout the year

Nursing Staff and Nursing Quality and Patient Safety Department

The James Executive Director for Patient Services, Chief Nursing Officer, as well as the Associate Chief Nursing Officer(s), Director of Nursing Quality, and Directors of Nursing are responsible to implement and maintain oversight of the Nursing Quality Plan and incorporate opportunities and goals from the overall Plan as well as opportunities identified in collaboration with the OSUWMC-QLC Committee.

Nursing directors and managers are to implement recommendations and participate in action plans for individual employees or the department as a whole. They provide input regarding committee memberships, and serve as participants in the departmental, hospital and Health System quality/patient safety committees. Clinical Nurse Specialists (CNS) support quality improvement initiatives by providing leadership in the application and use of evidence-based practice. The James nursing staff is responsible to provide the highest standard of care and services within their scope of practice.

The primary responsibility of the Nursing Quality Improvement and Patient Safety Department is to coordinate and facilitate nursing quality improvement, participation/collaboration with system-wide patient safety activities, the use of evidence-based practice (EBP) and research to improve both the delivery and outcomes of personalized nursing care, and the submission of outcome data to the National Database for Nursing Quality Indicators (NDNQI). The primary responsibility for the implementation and evaluation of nursing quality improvement, patient safety, and EBP resides in each department/program; however, the Nursing Quality Improvement and Patient Safety staff members also serve as internal consultants for the development and evaluation of quality improvement, patient safety, and EBP activities. The department maintains human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting. The Nursing Quality Improvement and Patient Safety Department collaborates with the OSUWMC Hospital Quality and Operations Department.

Hospital Director and Management Teams

Each associate executive director, all service line administrators, department directors and managers are responsible to ensure the standards of care and service are maintained or exceeded within their department(s), and are responsible to implement, monitor, and evaluate activities in their areas and assist clinical staff members in developing appropriate mechanisms for data collection and evaluation. Department directors, managers and/or assistant managers participate in action plans for individual employees or the department as a whole. All department directors/managers provide input regarding committee memberships, and serve as participants on quality management/patient safety committees and/or quality improvement teams.

Managers and staff are engaged through formal and informal processes related to quality improvement and clinical patient safety efforts, including but not limited to:

- Suggesting process improvements and reporting medical/health care events and near misses.
- Implementing evidence-based practices.
- Monitoring and responding to activities and processes, such as patient complaints and patient satisfaction.
- Participating in audits, observations and peer-to-peer review and feedback.
- Participating in efforts to improve patient outcomes and enhance patient safety.

The James Staff

All staff members are responsible to ensure the standards of care and services are maintained or exceeded within their scope of responsibility. The staff is involved through formal and informal processes related to clinical quality improvement, patient safety and service quality efforts, including but not limited to:

- Suggesting process improvements and reporting medical/health care events and near misses.
- Participating in activities and processes to improve quality and safety at the unit level, as well as being selected to join organizational continuous quality improvement teams.
- Participating in audits, observations and peer-to-peer review and feedback.
- Participating in focus groups, task forces and/or committees.
- Attending staff meetings regularly and staying apprised of changes and improvements.

The James Quality Improvement and Patient Safety Department

The primary responsibilities of The James Quality Improvement and Patient Safety Department is:

- Track and trend quality events as well as Sentinel Events.
- Coordinate and facilitate clinical quality management for improved outcomes.
- Monitor patient safety incidents and work with the management teams for elimination or reduction of risk/harm to patients.
- Improve patient care services by assuring the voice of the patient is heard throughout The James.
- Assist managers with evaluations of situations by use of the Just Culture algorithm and training.

While primary responsibility for the implementation and evaluation of clinical quality, patient safety, and service activities reside within each department/program, The James Quality and Patient Safety staff also serve as internal consultants for the development, evaluation and on-going monitoring of those activities. The James Quality Improvement & Patient Safety Departments including The James Operations Improvement staff and the Cancer Program Analytics staff maintain human and technical resources for team facilitation, use of performance improvement tools, data collection, statistical analysis, and reporting.

The James Patient Experience/Guest Services Department

The primary responsibility of The James Patient Experience and Guest Services Department is to coordinate and facilitate a service oriented approach to providing healthcare. This is accomplished through both strategic

program developments as well as by managing operational functions. The Patient Experience staff serves as an internal consultant for the development and evaluation of service-quality activities. This department maintains human and technical resources for interpreter services, information desks, patient relations, team facilitation, and use of performance improvement tools, data collection, statistical analysis, and reporting. The James Patient Experience and Guest Services Department also oversees the Patient/Family Advisor Program which consists of current and former patients, or their primary caregivers, who have had experiences at any James facility. These individuals are volunteers who serve on committees and workgroups, as Advisory Council members, complete public speaking engagements and review materials.

Approach to Clinical Quality, Patient Safety & Reliability Management:

Philosophy of Patient Care Services

The James provides innovative and patient-focused comprehensive cancer care and services which include the following:

- A mission statement that outlines the relationship between patient care, research and teaching.
- Long-range, strategic planning conducted by leadership to determine the services to be provided.
- Establishing annual goals and objectives that are consistent with the hospital mission, and which are based on a collaborative assessment of patient/family and the community's needs.
- Provision of services appropriate to meet the needs of patients.
- Ongoing evaluation of services provided such as performance assessment and improvement activities, budgeting, and staffing plans.
- Integration of services through the following: continuous quality improvement teams; clinical interdisciplinary quality programs; performance assessment and improvement activities; communications through management operations meetings, nursing shared governance structure, Medical Staff Administrative Committee, administrative staff meetings; participation in OSUWMC and OSU governance structures and special forums; and leadership and employee education/development.
- Maintaining competent patient care leadership and staff by providing education and ongoing competency reviews which are focused towards identified patient care needs.
- Respect for each patient's rights and decisions as an essential component in the planning and provision of care.
- Utilizing the Relationship Based Care principles which encompass Care of Patient, Care of Colleague, Care of Self and Care of the Community.
- Embracing the principles of a Just Culture and honoring a Culture of Safety for all team members, faculty and staff.

Principles

The principles of providing high quality, safe care support the Institute of Medicine's *Six Aims of Care* which are:

- **Safe:** Care should be as safe for patients in health care facilities as in their homes.
- **Effective:** The science and evidence behind health care should be applied and serve as the standard in the delivery of care.
- **Efficient:** Care and service should be cost effective, and waste should be removed from the system.
- **Timely:** Patients should experience no waits or delays in receiving care and service.

- **Patient centered:** The system of care should revolve around the patient, respect patient preferences, and put the patient in control.
- **Equitable:** Unequal treatment should be a fact of the past; disparities in care should be eradicated.

The IOM *10 Rules for Redesign* are guiding principles for the provision of safe and quality care. These are:

1. **Care is based on continuous healing relationships.** Patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system must be responsive at all times, and access to care should be provided over the Internet, by telephone, and by other means in addition to in-person visits.
2. **Care is customized according to patient needs and values.** The system should be designed to meet the most common types of needs, however, it should have the capability to respond to individual patient choices and preferences.
3. **The patient is the source of control.** Patients should be given the necessary information and opportunity to exercise the degree of control they choose over health care decisions that affect them. The system should be able to accommodate differences in patient preferences and encourage shared decision making.
4. **Knowledge is shared and information flows freely.** Patients should have unfettered access to their own medical information and to clinical knowledge. Clinicians and patients should communicate effectively and share information.
5. **Decision making is evidence-based.** Patients should receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or from place to place.
6. **Safety is a system property.** Patients should be safe from injury caused by the care system. Reducing risk and ensuring safety require greater attention to systems that help prevent and mitigate errors.
7. **Transparency is necessary.** The system should make available to patients and their families information that enables them to make informed decisions when selecting a health plan, hospital, or clinical practice, or when choosing among alternative treatments. This should include information describing the system's performance on safety, evidence-based practice, and patient satisfaction.
8. **Needs are anticipated.** The system should anticipate patient needs, rather than simply react to events.
9. **Waste is continuously decreased.** The system should not waste resources or patient time.
10. **Cooperation among clinicians is a priority.** Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care.

Following these principles, The James has instituted the following guidelines as the approach to quality, safety, and reliability services:

- **Customer Focus:** Knowledge and understanding of internal and external customer needs and expectations.
- **Leadership & Governance:** Dedication to continuous improvement instilled by leadership and the Board.
- **Education:** Ongoing development and implementation of curricula for quality, safety, and reliability for all faculty, staff, volunteers, and students.
- **Involvement:** All team members must have mutual respect for the dignity, knowledge, and contributions of others. Everyone is engaged in improvement of processes where they work.
- **Data-driven decision making:** Decisions for quality, safety, and reliability are based on the knowledge derived from data.
- **Continuous Process Improvement:** Analysis of processes for design, redesign and to reduce variations are accomplished by use of an approach using science and LEAN/DMAIC. Measures and improvements are ongoing.

- **Just Culture:** Our framework of quality, safety, and reliability services are based on a culture that is open, honest, transparent, collegial, team-oriented, accountable, and non-punitive when system failures have occurred.
- **Personalized Health Care:** The incorporation of evidence-based medicine in patient-centered care which considers the patient’s health status, genetics, cultural tradition, personal preferences, and values family and lifestyle situations.

Model:

Model and Systematic Approach to Continuous Quality Improvement

The James Cancer Hospital embraces change and innovation as one of its core values. Organizational focus on process improvement and innovation is embedded within the culture through the use of a general process improvement model that includes:

- An organizational expectation the entire workforce is engaged and responsible for enhancing organizational performance and exemplary outcomes for our patients.
- Active involvement of multidisciplinary teams and committees focused on improving processes.
- A broad toolkit of continuous quality improvement methodologies and expert resources that provide the appropriate level of structure and support to assure the deliverables of the project are met with long term sustainability. With the increased organizational emphasis on utilizing a metric-driven approach to reducing medical errors, eliminating rework, and enhancing efficiency and effectiveness of work, DMAIC (See Fig 5), DMADV (See Fig 6), and Green and Lean (See Fig 4) project methods are used to focus our efforts.



<https://www.sixsigmacamp.com/lean-thinki> 1

Figure 4 LEAN

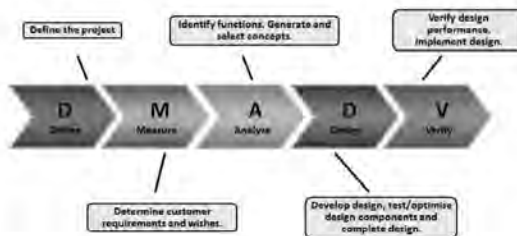
DMAIC Roadmap



<https://www.sixsigmaconcept.com/six-sigm> 2

Figure 5 DMAIC

Design for Six Sigma: DMADV roadmap



<https://www.sixsigmaconcept.com/six-sigm-3>

Figure 6 DMADV

Consistent Level of Care

Certain elements of The Plan help to ensure that patient care standards for the same or similar services are comparable in all areas. These elements include, but are not limited to:

- Policies and procedures and services provided are not payer driven and are standardized to promote high quality and safe care.
- Application of a single standard for physician credentialing.
- Cancer care delivery is based upon nationally recognized standards of care from the National Comprehensive Cancer Network (NCCN).
- Use of monitoring tools to measure like processes in areas of the Health System and The James.

Performance Transparency

The James Medical and Administrative leadership have a long-standing and strong commitment to transparency of performance as it relates to clinical quality, safety and service performance.

Performance data are shared internally with faculty and staff through a variety of methods. The purpose of providing data internally is to assist faculty and staff in having real-time performance results and to use those results to drive change and improve performance when applicable. Transparency of information is provided within the limits of the Ohio law that protects attorney–client privilege, quality inquiries and reviews, as well as peer review. Current quality data is shared on The James internal intranet site. Cancer Program Analytics has worked with many departments to build and enhance quality and safety dashboards, as well as display of other important metrics to build on the equation of value for our patients.

Confidentiality

Confidentiality is essential to the quality management and patient safety process. All records and proceedings are confidential and are to be marked as such. Written reports, data, and meeting minutes are to be maintained in secure files. Access to these records is limited to appropriate administrative personnel and others as deemed

appropriate by legal counsel. As a condition of staff privilege and peer review, it is agreed that no record, document, or proceeding of this program is to be presented in any hearing, claim for damages, or any legal cause of action. This information is to be treated for all legal purposes as privileged information. This is in keeping with the Ohio Revised Code 121.22 (G)-(5) and Ohio Revised Code 2305.251.

Conflict of Interest

A person is professionally involved if they are responsible for patient care decision making either as a primary or consulting professional and/or have a financial interest (as determined by legal counsel) in a case under review. Persons who are professionally involved in the care under review are to refrain from participation except as requested by the appropriate administrative or medical leader. During peer review evaluations, deliberations, or voting, the chairperson will take steps to avoid the presence of any person, including committee members, professionally involved in the care under review. The chairperson of a committee should resolve all questions concerning whether a person is professionally involved. In cases where a committee member is professionally involved, the respective chairperson may appoint a replacement member to the committee. Participants and committee members are encouraged to recognize and disclose, as appropriate, a personal interest or relationship they may have concerning any action under peer review.

Priority Criteria:

The following criteria are used to prioritize clinical value enhancement initiatives and continuous quality improvement opportunities, to ensure the appropriate allocation of resources.

- 1) Ties to strategic initiatives consistent with the hospital's mission, vision, and values.
- 2) Reflects areas for improvement in patient safety, appropriateness, quality, and/or medical necessity of patient care (e.g., high risk, serious events, problem-prone).
- 3) Has considerable impact on our community's health status (e.g., morbidity/mortality rate).
- 4) Addresses patient experience issues (e.g., access, communication, discharge).
- 5) Reflects divergence from benchmarks.
- 6) Addresses variation in practice.
- 7) Required by an external organization.
- 8) Represents significant cost/economic implications (e.g., high volume).

Determining Priorities

The James has a process in place to identify and direct resources toward quality management, patient safety, and service excellence activities. The prioritization criteria are reevaluated annually according to the mission and strategic plan. The leaders set performance improvement priorities and reevaluate annually in response to unusual or urgent events. Whenever possible, NCI, ADCC or other appropriate cancer specific benchmarks are utilized to compare performance metrics for The James, in order to assist with determination of priorities each year to improve performance.

Design and evaluation of new processes

New processes are designed and evaluated according to the organizational mission, vision, values and priorities, and are consistent with sound business practices.

The design or re-design of a process may be initiated by:

- Surveillance data indicating undesirable variance.
- Patients, staff, or payers perceived need to change a process.
- Information from within the organization and from other organizations about potential risks to patient safety, including the occurrence of sentinel events.
- Review and assessment of data and/or review of available literature to confirm the need and/or by evidence-based practices.

Data Measurement and Assessment

Determination of Needs

Data needs are determined according to improvement priorities and surveillance needs. The James Cancer Program Data Analytics and the Quality and Patient Safety departments collect data for monitoring important processes and outcomes related to patient care. In addition, each department is responsible for identifying quality indicators specific to their area of service. The quality management committee of each area is responsible for monitoring and assessment of the data collected. Quality and Safety monitoring is ongoing and reviewed by The James Quality and Patient Safety Committee each year.

External reporting requirements

There are a number of external reporting requirements related to quality, safety, and service. These include regulatory, governmental, payer, and specialty certification organizations. The table below displays some examples of external organizations where quality, safety, and service data are reported. (See Figure 7)

| Regulatory / Public Data | Payers | Registries/ Benchmarking |
|--|-------------------|---|
| Center for Medicare/Medicaid Services (CMS) | Anthem | Society of Thoracic Surgeons (STS) |
| Ohio Department of Health (ODH) | United Healthcare | American College of Surgeons - National Surgical Quality Improvement (ACOS - NSQIP) |
| The Joint Commission (TJC) | Aetna | ACOS/ CoC - Commission on Cancer |
| National HealthCare Safety Network (NHISN) | Optum Health | National Cancer Care Network |
| Center for Disease Control (CDC) | MMO | Nursing Database of Nursing Quality Indicators (NDNQI) |
| Stem Cell Therapeutic Outcomes Database (SCTOD) | Cigna | Press Ganey |
| Health Resources and Administration Services (HHS) | | |

The James
The Ohio State University
Wexner Medical Center

Figure 7 External Reporting

Collection of data

Data, including patient demographic and diagnosis, are systematically collected by various mechanisms including but not limited to:

- Administrative and clinical databases
- Retrospective and concurrent medical record review

- Reporting systems (e.g., patient safety and patient satisfaction)
- Surveys (i.e., patients, families, and staff)

Assessment of data

Statistical methods are used to identify undesirable variance, trends, and opportunities for improvement. The data are compared to the previous performance, external benchmarks, and accepted standards of care to establish goals and targets. Annual goals are established as a means to evaluate performance.

Surveillance and Monitoring system

The James systematically collects and assesses data in different areas to monitor and evaluate the quality and safety of services, including measures related to accreditation and other requirements. Data collection also functions as a surveillance system for timely identification of undesired variations or trends in quality indicators. (See Fig 8)



Figure 8 Quality & Patient Safety Monitoring

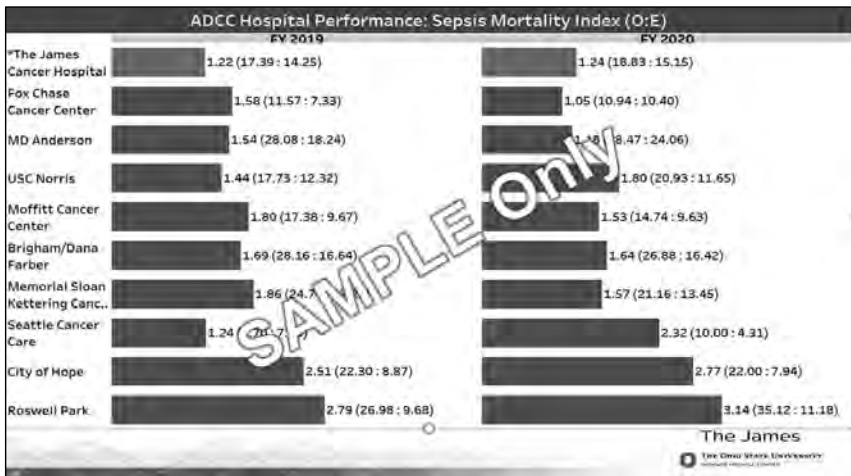
The James Quality and Patient Safety Scorecard

Patient Safety is the highest priority for all faculty and staff at The James. As a crucial element to caring for our patients, there is an on-going process of monitoring safety events and any untoward trends from patient care.

The James Patient Quality and Safety Scorecard (hereinafter The Scorecard) is a set of indicators related to those events considered potentially preventable and which cause some level of harm to the patient. The Scorecard (see Figure 9) covers the areas such as sentinel events, mortality, and mortality related to sepsis, hospital acquired infections, falls with injury, hospital-acquired pressure ulcers, medication events that reach the patient and cause harm, as well as several other categories.

The information is shared in various quality forums with the medical staff, clinicians, James administration and senior staff, the Chancellor, and the Quality and Professional Affairs Committee (QPAC) at the Wexner Medical Board. The indicators to be included in the scorecard are reviewed each year to represent the priorities of the Quality and Patient Safety program. The Patient Safety program (see Fig. 10) evaluates opportunities each quarter at The James Quality, Patient Safety and Reliability Committee, as well as at the Medical Staff Administrative Committee. Annually, safety goals are reviewed and adjusted as necessary by use of event trending, regulatory changes, needs identified from the culture of safety surveys and/or national cancer benchmarks.

James Quality & Patient Safety Scorecard



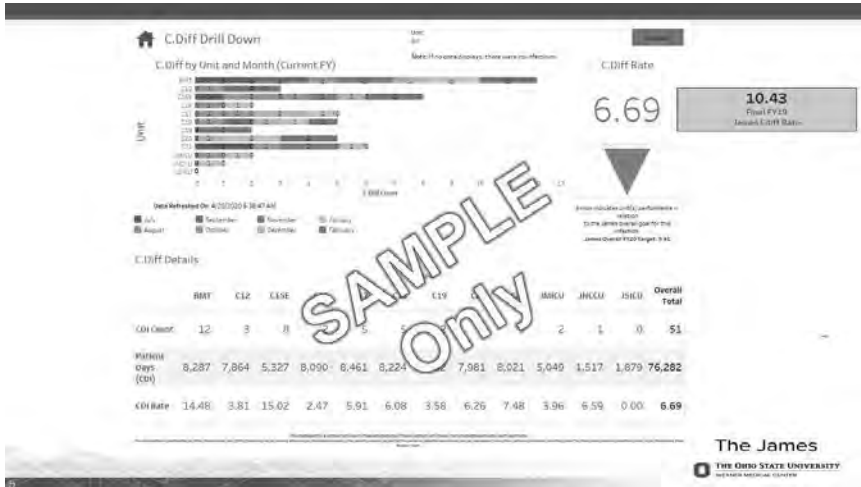
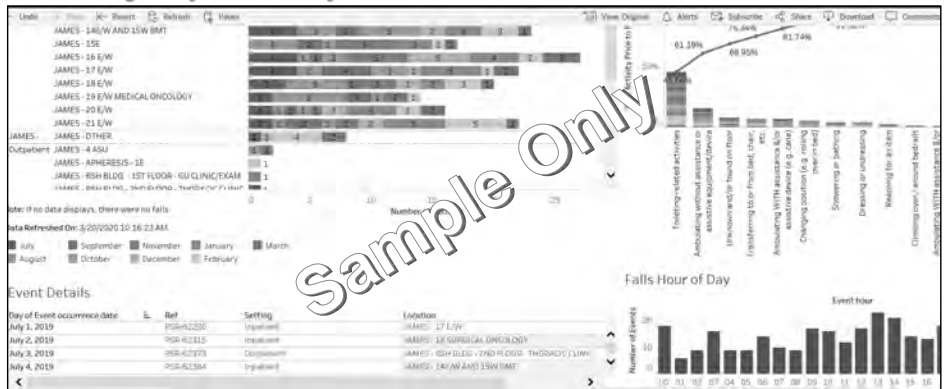


Figure 9 Quality & Patient Safety Scorecard example

Additionally, each month The James Nursing Leader Forum, Nurse Managers and other leaders along with Shared Governance Council leaders review the Nursing Quality and Patient Safety Scorecard. This report is also shared with The James Quality, Patient Safety, and Reliability Committee membership.

James Nursing Quality & Patient Safety Scorecard



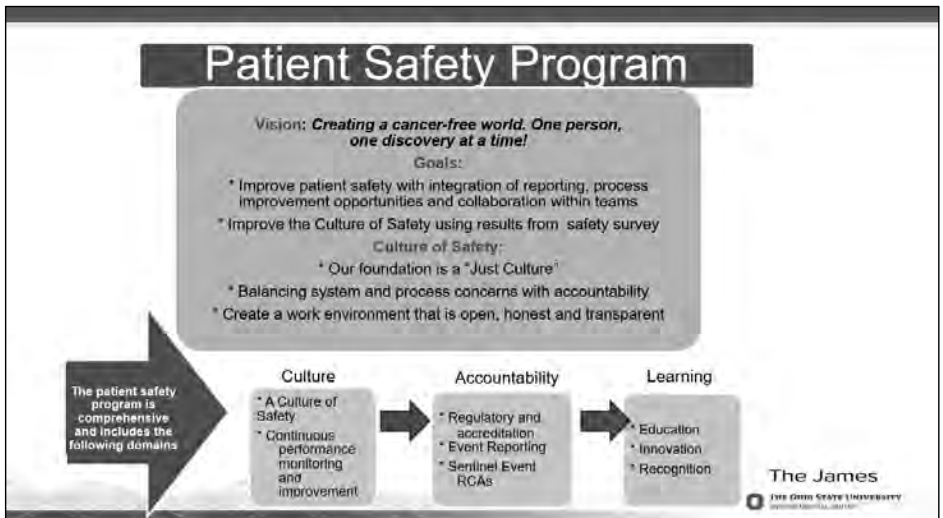
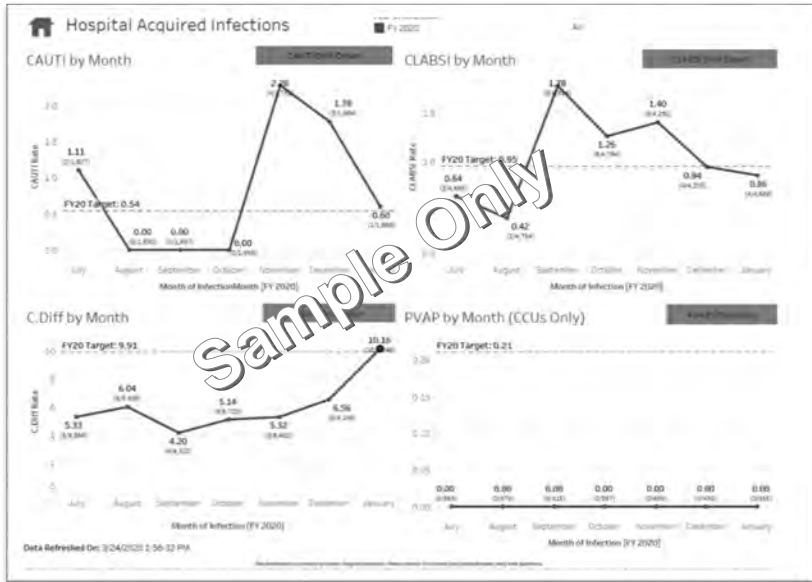


Figure 10 Patient Safety Program

The James Patient Satisfaction Portal/Dashboard

The Patient Satisfaction dashboard (See Fig 11) is a set of patient experience indicators gathered from surveys after discharge or visit to a system based clinic or hospital. The dashboard covers performance in areas such as physician communication, nursing responsiveness, pain management, admitting and discharging speed and quality in addition to many other service categories. The information is shared in forums with staff, clinicians, and members of clinical and patient experience teams, Administration, including the Board. Performances on any of these indicators serve as annual goals for leaders.

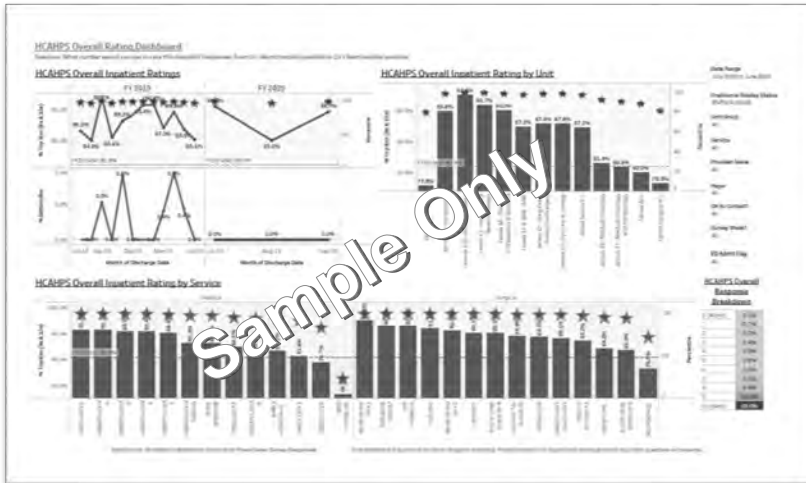


Figure 10 11 Patient Satisfaction Portal

Quality, Patient Safety & Reliability Staff Education

Education is identified as a key principle for providing safe, high quality care, and excellent service for our patients. There is ongoing development and implementation of a curriculum for quality, safety and service for all staff, employees, clinicians, patients, and students. There are a variety of forums and venues utilized to enhance the education surrounding quality and patient safety including, but not limited to:

- Online videos
- Quality & Patient Safety Simulcasts
- Newsletters
- Classroom forums
- Simulation training
- Computerized Based Learning Modules (e-learning/CBLs)
- Curriculum Development within College of Medicine
- Websites (internal OneSource and external OSUMC)
- Patient Safety/Quality Lesson's Learned and Patient Safety Alerts

The James Benchmark data

Both internal and external benchmarking provides value when evaluating performance.

Internal Benchmarking

Internal benchmarking uses processes and data to compare The James performance to itself over time and provides a gauge of improvement strategies within the organization.

External Benchmarking

The James participates in various database systems and focused benchmarking projects to compare performance with that of cancer hospital peer institutions. The James Cancer Hospital utilizes and joins other comprehensive cancer centers for benchmarking such as C4QI (Comprehensive Cancer Center Consortium for Quality Improvement) and ADCC (Alliance of Dedicated Cancer Centers), National Cancer Institute (NCI). Also, The James participates in national benchmarking efforts through the following: Vizient, The US News Report, and the Ohio Department of Health, Press Ganey, and National Database of Nursing Quality Indicators.

Performance Based Physician Quality & Credentialing

Performance based credentialing ensures processes that assist with promoting the delivery of quality and safe care by physicians and advanced practice licensed health care providers. Both Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) occur. Focused Professional Practice Evaluation (FPPE) is utilized on three occasions: initial appointment, when a Privileged Practitioner requests a new privilege, and for cause when questions arise regarding the practitioner's ability to provide safe, high quality patient care. Ongoing Professional Practice Evaluation (OPPE) is performed on an ongoing basis (every 6 months).

Profiling Process:

- Data gathering from multiple sources
- Report generation and indicator analysis
- Profile review meetings with department chairs
- Discussion at Credentialing Committee
- Final recommendation & approval:
- Medical Staff Administrative Committees
- Medical Director
- Hospital Board

Service-Specific Indicators

Several indicators are used to profile each physician's performance. The results are included in a physician profile, which is reviewed with the department chair as part of the credentialing process.

The definition of service/department-specific indicators is the responsibility of the director/chair of each unit. The performance of these indicators is used as evidence of competence to grant privileges in the re-appointment process. The clinical departments/divisions are required to collect the performance information related to these indicators and report that information to the Department of Quality & Operations Improvement.

The purpose of the medical Staff Evaluation is several-fold:

- To appoint quality medical staff.
- To monitor and evaluate medical staff performance.

- To integrate medical staff performance data into the reappointment process and create the foundation for high quality care.
- To provide periodic feedback and inform clinical department chairs of the comparative performance of individual medical staff.
- To identify opportunities for improving quality of care.

Provider Performance Based Process

Profile for course
SERVICE: INTERNAL MEDICINE-CARDIOVASCULAR MEDICINE
Profession viewed by Provider: None










| Status | Indicator | My Score | Peer Score | Target | SPC Alert | Current Period | 8 Month Values | | |
|--|--|----------|------------|--------|-----------|----------------|----------------|------------|-------------|
| | | | | | | | My Score | Peer Score | Start Month |
| A - Volume and Acuity | | | | | | | | | |
| | MI | n/a | 2.03 | n/a | | Q2 2013 | No Data | 1.97 | Feb 2013 |
| | IP Discharges | n/a | 14.6 | n/a | | Q2 2013 | No Data | 14.0 | Feb 2013 |
| ★ ▼ | IP LOS Index (Obs_Exp Total Days) | 0.83 | 1.06 | 1.00 | | Q1 2013 | No Data | 1.06 | Feb 2013 |
| ▼ | IP Procedures | 4 | 42.7 | n/a | | Q2 2013 | 4 | 34.5 | Mar 2013 |
| ▼ | Observation Cases | 0 | 1.85 | n/a | | Q2 2013 | 0 | 2.63 | Feb 2013 |
| ▲ | Outpatient Visits | 189 | 107 | n/a | | Q2 2013 | 356 | 102 | Feb 2013 |
| B - Patient Care | | | | | | | | | |
| ★ | Adipity Discrepancy | 0 | 0.80 | 0 | | Q2 2013 | 0 | 1.00 | Feb 2013 |
| | Cath PCI Pac. procedure AM | No Data | 1.15 | n/a | | Q2 2013 | No Data | 1.25 | Mar 2013 |
| | Cath PCI Retropneumothorax | No Data | 0.3% | n/a | | Q2 2013 | No Data | 0.2% | Mar 2013 |
| | CM - AM_2 Aspirin Prescribed at Discharge | n/a | 91.2% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - AM_3 ACE or ARB for LVSD | n/a | 24.0% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - AM_5 Beta Blocker at Discharge | n/a | 87.7% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - AM_9 Inpatient Mortality | n/a | 0.0% | 0.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - HF_2 Evaluation of LVEF Function | n/a | 95.7% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | CM - HF_3 ACE or ARB for LVSD | n/a | 48.8% | 100.0% | | Q4 2012 | No Data | No Data | No Data |
| | ICD Registry CVA | No Data | 0.0% | n/a | | Q1 2013 | No Data | 0.0% | Mar 2013 |
| ★ ▼ | IP Mort Index (Obs_Exp) | 0.00 | 0.90 | 0.79 | | Q1 2013 | No Data | 0.47 | Feb 2013 |
| — | Mortality Reviewed | 1 | 9.44 | n/a | | Q2 2013 | 1 | 1.67 | Mar 2013 |
| ★ | Mortality Sent for Peer Review | 0 | 0.14 | 0 | | Q2 2013 | 0 | 1.07 | Feb 2013 |
| ★ | Mortality Peer Review #1 Score 4 or 5 | 0 | 0.00 | 0 | | Q2 2013 | 0 | No Data | No Data |
| ★ | Quality Management Events Standard of Care Not Met | 0 | 0.04 | 0 | | Q2 2013 | 0 | 1.14 | Mar 2013 |
| — | Related Readmit 30 days | 0.00% | 3.34% | n/a | | Q1 2013 | No Data | 3.10% | Feb 2013 |
| | SSI CABG Procedures | No Data | 0.0% | 3.0% | | Q2 2013 | No Data | 0.0% | May 2013 |
| | SSI Pacemaker and AICD | No Data | 0.0% | n/a | | Q2 2013 | No Data | 0.0% | Apr 2013 |
| C - Medical and Clinical Knowledge | | | | | | | | | |
| ★ | Formal Peer Reviews | 0 | 0.00 | 0 | | Q2 2013 | 0 | 0.00 | Feb 2013 |
| E - Interpersonal and Communication | | | | | | | | | |
| ★ | Patient Complaints | 0 | 0.02 | 0 | | Q2 2013 | 0 | 1.00 | Mar 2013 |

| Status | Indicator | My Score | Peer Score | Target | SPC Alert | Current Period | # Month Values | | |
|---|---|----------|------------|--------|-----------|----------------|----------------|------------|-------------|
| | | | | | | | My Score | Peer Score | Start Month |
| ▼ | Patient Satisfaction New Score | 98.8% | 91.9% | n/a | | Q2 2013 | 99.3% | 91.5% | Feb 2013 |
| D - Practice Based Learning and Improvement | | | | | | | | | |
| ★ | Surgeal Team Safety Checklist Variances | 0 | 0.00 | 0 | | Q2 2013 | 0 | 0.00 | Feb 2013 |

Profile Generated 09/04/2013 13:53:57
Total Score Due: Aug 13, 2013

| | Reviewed By | Outcome | Notes |
|--------------|-------------|--|--|
| Jan 26, 2013 | kmwsh | Maintain privileges without modification | The Provider's performance meets expectations. |

SPC Alert Legend

-  Most recent period is below Lower Control Limit
-  Most recent period is above Upper Control Limit
-  Process shift: Most recent 8 periods are all above the Center Line
-  Process shift: Most recent 8 periods are all below the Center Line
-  Most recent 8 periods are all increasing
-  Most recent 8 periods are all decreasing
-  **Chart border:** The alert is in a positive direction
-  **Red border:** The alert is in a negative direction
-  **No border:** There is no target direction for the indicator

For Practice Data only: This information is confidential per Ohio Revised Code Sec. 2165.14, 2165.28 and 2165.29. It is not to be shared (disclosed), or distributed outside of the quality or peer review process. If the receipt of this communication is not an intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

This report is intended only for use in the treatment, payment and operations of the entity, which it serves. It does not contain legally privileged and/or confidential information. If you are not the intended recipient of this information (or the person responsible for obtaining this document) the intended recipient(s) and we hereby notified that any dissemination, distribution, printing or copying of this document.

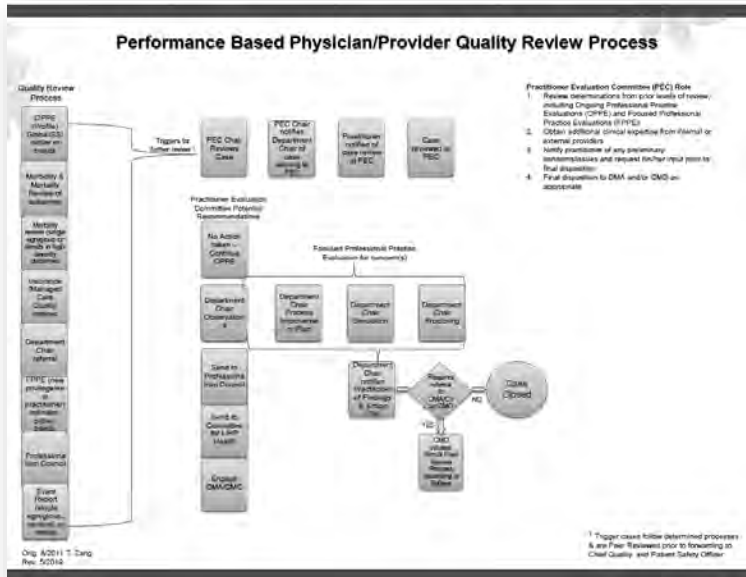


Figure 12 Process for Provider Evaluations

Annual Approval and Evaluation

The James Clinical Quality, Patient Safety and Service Plan is approved annually by The James Quality, Patient Safety and Reliability Committee, and forwarded to QPAC and the Board. The annual evaluation includes a review of the program activities and an evaluation of the effectiveness of the structure. Attachment 2 outlines the annual quality goals for FY21. Attachment 3 outlines the annual patient safety goals for FY21.

Attachment I: Contract Evaluation Template

Contract Evaluation Template

Contract Information

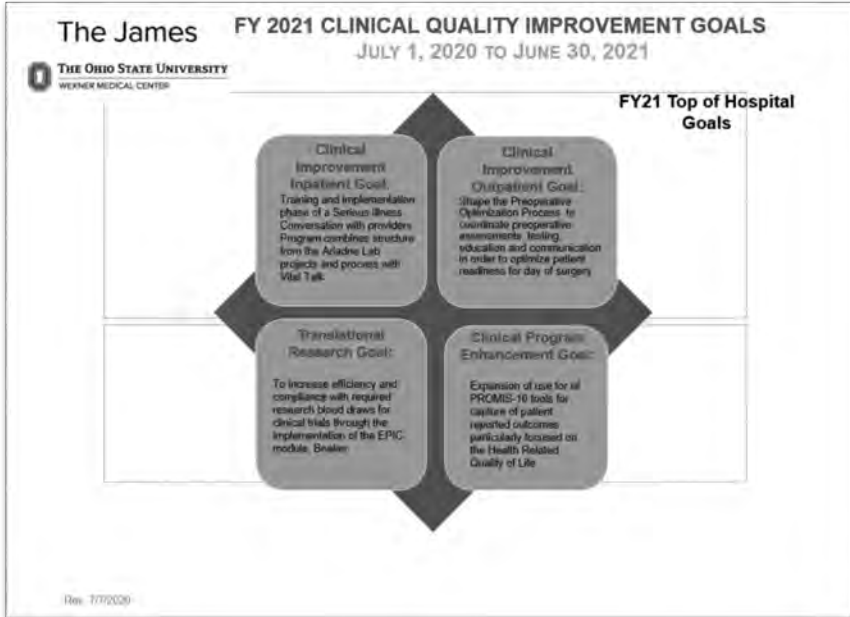
Name: _____ Institution: _____
 Department: _____ Chief: _____
 Contract Number: _____ Medical Staff Number: _____
 Date Contract Signed: _____ Contract Duration: _____

| Item | Yes | No |
|--|-----|----|
| 1. Does the contract contain a statement of purpose and objectives for the contract? | | |
| 2. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 3. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 4. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 5. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 6. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 7. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 8. Does the contract contain a statement of the contract's purpose and objectives? | | |

| Item | Yes | No |
|---|-----|----|
| 9. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 10. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 11. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 12. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 13. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 14. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 15. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 16. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 17. Does the contract contain a statement of the contract's purpose and objectives? | | |
| 18. Does the contract contain a statement of the contract's purpose and objectives? | | |



Attachment 2: FY2020 James Annual Patient Quality Goals



Attachment 3: FY2020 James Annual Patient Safety Goals

The James
THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

PATIENT SAFETY GOALS
JULY 1, 2020 TO JUNE 30, 2021

ZERO harm to our patients is our #1 Goal!

STRETCH for ZERO HARM!

Focus on reduction of harm and improvement of outcomes related to Healthcare Acquired Conditions such as:


- infections
- Pressure Injuries (any stage)

And Safety Indicators such as:


- Sepsis Mortality
- Overall Mortality
- Falls with injury (any level of harm)
- Sustain Hand Hygiene Compliance

Target: To meet or exceed National Comprehensive Cancer Center benchmarks

Attachment 4: CY 2020 Commission on Cancer Goals

The James


ACOS-COC CLINICAL IMPROVEMENT AND PROGRAMMATIC GOALS
CY JANUARY 2020 THROUGH DECEMBER 2020



| | |
|---|---|
| <p>ACOS Standard 7.3 Quality Initiative</p> <p>Readmission Prevention Project. Define and implement an Evidence-Based Process using DMAIC model to improve care coordination and communication thereby reducing symptom management readmissions.</p> | <p>ACOS Standard 7.4 Cancer Program Goal</p> <p>Design and implementation of a diagnostic center. Through the center, we want to ensure that people with a suspected cancer can turn to us during these uncertain times for a timely, safe and accurate diagnosis so they will face no delay in receiving potentially life-saving care</p> |
|---|---|

Attachment VI



Approvals:
MSAC- June 10, 2020
QPAC-
Wexner Medical Center Board -

TITLE: THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER (INCLUDING UNIVERSITY HOSPITAL, RICHARD M. ROSS HEART HOSPITAL, BRAIN AND SPINE HOSPITAL, DODD REHABILITATION HOSPITAL, HARDING HOSPITAL, AND EAST HOSPITAL) PLAN FOR PATIENT CARE SERVICES

University Hospital, Richard M. Ross Heart Hospital, Brain and Spine Hospital, Dodd Rehabilitation Hospital, Harding Hospital, and East Hospital (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.

OHIO STATE UNIVERSTY WEXNER MEDICAL CENTER (OSUWMC) 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 mission, vision and values statements, developed by our staff members, physicians, governing body members and administration team members, complements and reflects the unique role the hospitals fulfill within The Ohio State University.

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;

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- 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 University Wexner Medical Center.

THE HOSPITAL LEADERSHIP

The Hospital leadership is defined as the governing board, chancellor for health affairs, 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;

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- h) Establishing standards of care that all patients can expect and which can be monitored through the hospital's quality assurance and performance improvement process;
- 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 NURSE EXECUTIVE and PATIENT CARE SERVICES OFFICER –

The Chief Nurse Executive and Patient Care Services Officer is responsible for the practice of nursing at the OSU Wexner Medical Center by ensuring consistency in the standard of nursing practice across the clinical settings. As a member of the OSUWMC executive team, the Nurse Executive supports and facilitates an interdisciplinary team approach to the overall delivery of care to patients, families, and the community. This includes creating an environment in which collaboration is valued and excellence in clinical care, education, and research is promoted and achieved. The Nurse Executive leads quality, safety, and innovation initiatives in partnership with the Chief Quality and Patient Safety Officer. The Nurse Executive ensures the vision, strategic direction, and the advancement of the profession of Nursing at OSU Wexner Medical Center.

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

ROLE OF THE CHIEF NURSING OFFICER

The Chief Nurse Officer (CNO) is responsible for the practice of nursing by ensuring consistency in the standard of nursing practice across the clinical settings. As a member of the OSUWMC nurse executive team, the CNO supports and facilitates an interdisciplinary team approach to the overall delivery of care to patients, families, and the community. The CNO leads quality, safety, and innovation initiatives in partnership with the Hospital Executive Directors.

The CNO is responsible for driving the nursing strategic plan to deliver excellent patient care. The role will include responsibility for nursing performance improvement, program management, business operations, budgets, resource utilization, and financial stewardship. The CNO ensures the vision, strategic direction, and the advancement of the profession of Nursing at OSUWMC under the direction of the Chief Nurse Executive.

ROLE OF THE ASSOCIATE CHIEF NURSING OFFICER

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 Executive and Patient Care Services Officer, the Chief Nursing 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.

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The ACNO is responsible to plan, develop, implement, and oversee programs and projects designed to evaluate and improve clinical quality, safety, resource utilization and operations in all areas staffed by nurses. The role includes implementation of patient care services strategies to support efficiency, clinical effectiveness, clinical operations and quality improvement with interdisciplinary team members. The ACNO works with teams to develop projects, programs and implement system changes that promote care coordination across the health care continuum.

The Chief Nursing Executive and Patient Care Services Officer, CNO 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.

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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. The Ohio State University Wexner Medical Center follows the Staffing Guidelines set by the American Nurses Association. In addition, we utilize staffing

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recommendations from various specialty nursing organizations, including: ENA, ANCC, AACN, AORN, ASPN, NDNQI, 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 {00300375-1 }

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

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discriminate based age, ancestry, color, disability, gender identity or expression, genetic information, military status, national origin, race, religion, sex, gender, sexual orientation, pregnancy, or veteran status or ability to pay.

- 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 University 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 University Wexner Medical Center. Specific information management goals related to patient care include:

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- 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' Quality Assurance and Performance Improvement plan.

PLAN REVIEW

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

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

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

| DEPARTMENT | SERVICE |
|---|---|
| BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT) | Expert team that provides innovative and quality care to patients with complex behavioral symptoms while working collaboratively with staff through consultation, education, and early intervention |
| CAPACITY MANAGEMENT AND THE TRANSFER CENTER | Monitors and supports all admissions, discharges, and transfers across OSUWMC. Ensures timely, safe, and individualized access to all patients and families through collaboration with the healthcare team. |
| CARDIAC PROCEDURAL | Cardiac procedural areas include both cardiac catheterization and electrophysiology. Procedures may be diagnostic or interventional. |
| CARDIOVASCULAR IMAGING SERVICES | Diagnostic and therapeutic procedures in cardiac MR/CT, Nuclear Medicine, Echocardiography, Vascular Imaging Stress Test. Cardiovascular Imaging Services can be provided at inpatient, outpatient, and emergency locations. |
| 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. |
| CLINICAL LABORATORY | Responsible for pre-analytic, analytic and post-analytic functions on clinical specimens in order to obtain information about the health of a patient as pertaining to the diagnosis, treatment, and prevention of disease; assisting care providers with clinical information related to patient care, education, and research. |
| 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. |
| DECEDENT AFFAIRS | Provide support to families of patients who died & assist them with completing required disposition decisions. Ensure notification of the CMS designated Organ Procurement Agency (OPO) – Lifeline of Ohio (Lifeline). Promote & facilitate organ/eye/tissue donation by serving as the OSU hospital Lifeline Liaison. Analyze data provided by Lifeline regarding organ/tissue/eye donation. |
| 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 | Provides and promotes ongoing development and training experiences to all member of the OSU Wexner Medical Center community; provides staff enrichment programs, |

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| DEPARTMENT | SERVICE |
|--------------------------------|---|
| & RESOURCES | organizational development, leadership development, orientation and training, skills training, continuing education, competency assessment and development, literacy programs and student affiliations. |
| ENDOSCOPY | Provides services to patients requiring a nonsurgical review of their digestive tract. |
| ENVIRONMENTAL SERVICES | Provides quality monitoring for routine housekeeping in patient rooms. Routine housekeeping of nursing unit environment. Additional services upon request: extermination, wall cleaning, etc. |
| EPIDEMIOLOGY | Enhance the quality of patient care and the work environment by minimizing the risk of acquiring infection within the hospital setting. |
| FACILITIES OPERATIONS | Provide oversight, maintenance and repair of the building's life safety, fire safety, and utility systems. Provide preventative, repair and routine maintenance in all areas of all buildings serving patients, guests, and staff. This would include items such as electrical, heating and ventilation, plumbing, and other such items. Also providing maintenance and repair to basic building components such as walls, floors, roofs, and building envelope. Additional services available upon request. |
| FISCAL SERVICES | Works with departments/units to prepare capital and operational budgets. Monitors and reports on financial performance monthly. |
| 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 |

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| DEPARTMENT | SERVICE |
|------------------------------------|--|
| | 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. |
| QUALITY AND OPERATIONS IMPROVEMENT | Provides an integrated quality management program and facilitates continuous quality improvement efforts throughout the medical center. |
| RADIOLOGIC SERVICES | Diagnostic and therapeutic procedures in MR, CT, X-ray, Fluoroscopy, Interventional Radiology, Ultrasonography. Radiologic Services can be provided at inpatient, outpatient, and emergency locations. |
| RESPIRATORY THERAPY | Provide all types of respiratory therapeutic interventions and diagnostic testing, by physician order, mainly to critically ill adults and neonates, requiring some type of ventilator support, bronchodilator therapy, or pulmonary hygiene, due to chronic lung disease, multiple trauma, pneumonia, surgical intervention, or prematurity. Provides pulmonary function testing and diagnostic inpatient and outpatient 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. |
| 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. |

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Attachment VII

The James

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



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PLAN FOR THE SCOPE OF PATIENT CARE SERVICES

Prepared by: **ADMINISTRATION**

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute's plan for providing patient care services describes herein 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 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, and 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 then deliver the most advanced and targeted treatment for the individual patient. The James' patient-centered care is enhanced by our teaching and research programs. Our mission, and our staff are dedicated to its fulfillment and success, distinguishes The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute as one of the nation's premier cancer treatment centers.

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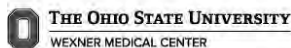
Philosophy of Patient Care Services

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 mission 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 and levels of care to be provided;
- Establishing annual goals and objectives that are consistent with the hospital mission, the strategic plan, and 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 individualized care and services appropriate to the scope and level required by each patient 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; and
- 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

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Hospital Leadership

The hospital leadership is defined as the governing board, the Chancellor, administrative staff, physicians, nurses, clinical, and operational leaders in appointed or elected leadership positions. The hospital leadership team 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, and;
- Ongoing evaluation of each plan's implementation and success.

The planning process addresses both patient care functions (patient rights, patient assessment, patient care, patient safety, patient and family education, coordination of care, and discharge planning) and organizational support functions (information management, human resource management, infection control, quality, 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:

- Communicating the organization's mission, vision, goals, objectives and strategic plans across the organization;
- Ensuring appropriate and competent management and leadership of all services

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and/or departments;

- 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;
- Supporting the continuum of care by integrating systems and services to improve efficiencies and care from the patient's viewpoint;
- Ensuring staff 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;
- Ensuring the provision of a uniform standard of patient care throughout the continuum of care;
- Providing 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;
- Establishing standards of care that all patients can expect and which can be monitored through the hospital's performance assessment and improvement plan;
- 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;
- Implementing an effective and continuous program to improve patient safety;
- Appointing appropriate committees, task forces, and other forums to ensure interdepartmental collaboration on issues of mutual concerns and requiring interdisciplinary input; and,
- Supporting patient rights and ethical considerations.

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

The Executive Director, Clinical Services and Chief Nursing Officer is a member of the Executive Leadership Team who 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, Clinical Services and Chief Nursing Officer ensures the following functions are addressed:

- Evaluating patient care programs, policies, and procedures which describe how patients' care needs are assessed, evaluated, and met throughout the organization;
- Implementing the Plan for the Provision of Patient Care;
- Participating 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;
- Implementing an effective, ongoing program to assess, measure and improve the quality of care and safe outcomes of care provided for patients;
- Implementing standards of nursing practice, standards of patient care, and patient care policies and procedures that include current research and evidence based practice;
- Participating with organizational leaders to ensure that resources are allocated to provide sufficient number of qualified staff to provide patient care;
- Ensuring that services are available to patients on a continuous, timely basis; and
- Reviewing the Plan for the Providing Patient Care Services on an annual basis.

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Definition of Patient Services, Patient Care, Nursing Care, and Patient Support

Patient Services

Defined as those departments and care providers that have direct contact with patients. These 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; and
- Access out: discharge decision, patient/family education and counseling, arrangements for continuing care and discharge.

Patient Care:

Encompasses the recognition of disease and health, and patient education which allows the patient to participate in their care, their own 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 staff resources is determined during the orientation period and at least annually through performance evaluations and other department specific assessment processes. Physicians direct all aspects of a patient's medical 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 assessing, 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 licensed professionals.

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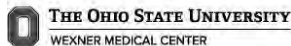
Nursing Care and Practice:

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. This law gives the Ohio Board of Nursing the authority to establish and enforce the requirements for licensure of nurses in Ohio. This law 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:

Provided by the rich resource 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.

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Scope of Services/Staffing Plans

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

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

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 and mix 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) provide onsite oversight in the absence of the Nurse Manager and review the demand for patient care in order 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.

Administrative 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 patient needs or expectations. A variety of workload measurement tools are utilized to help assess the effectiveness of staffing plan.

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Standards of Care

Individualized health care at The James is the integrated practice of medicine and support of patients based upon the individual's unique biology, behavior, and environment. It is envisioned 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 provide the correct procedures, treatments, interventions and care. The efficacy and appropriateness of care will be demonstrated based on patient assessment and reassessments, evidence-based practices and achievement of desired outcomes.
- Hospital staff design, implement and evaluate care delivery systems and services which are consistently focused on patient-centered care that is delivered with compassion, respect and dignity for each individual without bias, and 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.
- Patient 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, and supportive technological advancements all while focused on quality of care and 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 continuum and the patient's contact with The James.

Coordination of Care:

Staff provide patients discharge planning to facilitate continuity of medical care and/or other care in order 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,

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Advanced Practice Nurses, and Social Workers coordinate and maintain close contact with the health care team members to finalize a distinct discharge plan best suited for each patient.

The medical staff is assigned to a clinical department or division. Each clinical department has an appointed chair 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.

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 principles:

- The patient and family will experience the benefits of individualized care that integrates skills of all care team members. These benefits include enhanced quality of care, improved service, appropriate length of hospitalization and value-based cost related to quality outcomes and safety.
- 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 maximize 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 patientsatisfaction.
- Primary nursing characteristics, such as relationship-based care, a conceptual framework supporting the professional practice model, are used to reflect the guiding philosophy and vision of providing individualized care.
- The patient and family will be involved in establishing the plan of care to ensure services that accommodate their needs, goals and requests.

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Patient Rights and Organizational Ethics

Patient Rights:

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 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.

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

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Integration of Patient Care and Support Services

The importance of a collaborative interdisciplinary team approach, which takes into account the unique knowledge, judgment, and skills of a variety of disciplines in achieving desired patient outcomes, serves as a foundation for integration of patient care. Continual process improvement initiatives support effective integration of hospital and health system policies, procedures and protocols, and relationships between departments. See appendix A (Page 18) 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.

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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.

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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:

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

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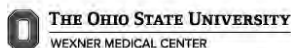
Patient Organization Improvement Activities

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.

The James



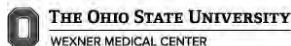
Appendix A: Scope of Services for Ancillary and Support Services

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 services will be fully integrated with the patient services departments of the hospital:

| DEPARTMENT | SERVICE |
|--|---|
| Central Sterile Supply | Coordinates the comprehensive cleaning, decontamination, assembly and dispensing of surgical instruments, equipment and supplies needed for regular surgical procedures in related departments. |
| Chaplaincy and Clinical Pastoral Education | Assist 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. |
| Decedent Affairs | Provide support to families of patients who died and assist them with completing required disposition decisions. Ensure notification of the CMS designated Organ Procurement Agency – Lifeline of Ohio (Lifeline). Promote and facilitate organ/eye/tissue donation by serving as the OSU Hospital Lifeline Liaison. Analyze data provided by Lifeline regarding organ/tissue/eye donation. |
| Diagnostic Testing Areas | Provide tests based on verbal, electronic or written consult requests. Final Reports are included in the patient record. |
| Early Response Team (ERT) | Provide 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. |
| Educational Development and Resources | Provides and promotes ongoing development and training experiences to all members of The James Cancer Hospital community; provide staff enrichment programs, organizational development, leadership development, orientation and training, skills training, continuing education, competency assessment and development, literacy programs and student affiliations. |
| Endoscopy | Provide services to patients requiring a nonsurgical review of their digestive tract. |
| Environmental Services | Provide housekeeping/cleaning and disinfecting of patient rooms and nursing unit environments. |
| Epidemiology | Enhance the quality of patient care and the work environment by minimizing the risk of acquiring infection within the hospital and ambulatory settings. |

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The James



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| Facilities Operations | Provide 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 | Assist managers in preparation and management of capital and operational budgets; provide comprehensive patient billing services and works with patients and payers to facilitate meeting all payer requirements for payment. |
| Human Resources | Serve as a liaison for managers regarding all human resources information and services; assist departments with restructuring efforts; provide proactive strategies for managing planned change within the health system; assist with Employee/Labor Relations issues; assists with performance management process; develops compensation strategies; develop hiring strategies and coordinates process for placements; provide strategies to facilitate sensitivity to issues of cultural diversity; provide human resources information to employees, and established equity for payroll. |
| Immediate Care Center (ICC) | Patients are seen for symptom management related to their disease, or treatment of their disease, and any acute needs requiring evaluation by an advanced practice provider (APP), subsequent treatments, and/or supportive care infusion therapy. Patient visits may include diagnostic, interpretive analysis, and minor invasive procedures. Referrals to other physicians, home care and hospice agencies, dieticians etc. are made by our APPs in collaboration with the primary team. |
| Information Systems | Assist departments to explore, deploy and integrate reliable, state-of-the-art information systems technology solutions to manage change. |
| Laboratory | Provide 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 | Supply stock in patient care areas. |
| Medical Information Management | Maintain 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 | Provide 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 | Provide clinical laboratory support services for medical, surgical blood & 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. |
| James Patient Access Services (JPAS) | Coordinate registration/admissions with nursing management. |
| Patient Care Resource Management and Social Services | Provide personalized care coordination and resource management with patients and families. Provide discharge planning, coordination of external agency contacts for patient care needs and crisis intervention and support for patients and their families. Provide services upon phone/consult request of physician, nurse or the patient or family. |
| Patient Education | Provide easy-to-understand educational resources that facilitate patient learning and encourage the patient to take an active role in their care. These resources are evidence-based, comply with national standards for health literacy/plain language/accessibility and meet Joint Commission and organizational standards. Based on their assessment, clinicians use patient education resources to assist in patient and caregiver understanding and to reinforce the learning provided during their hospital stay or clinic visit. |

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| Patient Experience | Develop 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, which annually grants money to department-initiated projects, enhancing the patient and family experience. |
| Perioperative Services | Provide personalized care of the patient requiring surgical services, from pre-anesthesia through recovery, for the ambulatory and inpatient 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, Blood & Marrow Transplant, Gynecologic Oncology, Pain and Palliative Care, Anticoagulation Management, Infectious Disease, and Intensive Care. |
| Operations Improvement/Process Engineers | Operations Improvement Process Engineers utilize 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. |
| Pulmonary Diagnostics Lab | Provide services to patients requiring an evaluation of the respiratory system including pulmonary function testing, bronchoscopy and other diagnostic/interventional pulmonary procedures. |
| Quality and Patient Safety | Provide integrated quality management and facilitate continuous quality improvement efforts throughout the Hospital. Focus on the culture of safety and work with teams to provide information on trends and improvement opportunities. |
| 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 pathologists 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 | Provide respiratory therapeutic interventions and diagnostic testing, by physician order including ventilator support, bronchodilator therapy, and pulmonary hygiene. |
| Safety | Hospital safety personnel handle issues associated with licensing and regulations, such as EPA, OSHA, and fire regulations. |
| Security | Provide 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 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 their family members. |

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| | |
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| Staff Development and Education | Provide and promote 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. |
| Transportation | Supply patients with a secure and proficient transport within the Wexner Medical Center by transferring patients between rooms/floors within the hospitals, taking patients to and from test sites, and discharging patients to Dodd Rehabilitation Center, On-Site Hospice, and the Morgue. |
| Wound Care | Wound Care includes diagnosis and management for skin impairments. |

Revised: May, 2020

MSAC Approval: May 15, 2020

QPAC Approval: July 28, 2020

Board Approval: _____



Attachment VIII

Contracted Services Annual Evaluation Report – 2019

Submitted by: Accreditation

Overview

A contract evaluation survey was developed to encompass a broader group of contracts/vendors/services as required by CMS Condition of Participation 482.12 (E) Standard that states all contracted services provided in the hospital are in compliance with Conditions of Participations for hospitals. Operational owners were required to complete an evaluation for each assigned vendor. The survey was developed in Qualtrics and contained a total of 26 questions. The survey questions illicit information on whether contracts/vendors/services are accredited by The Joint Commission or other regulatory bodies, whether the contract meets TJC standards, the nature and scope of the contract, how often contracts are monitored for key quality and performance indicators, the type of improvement efforts made in the last year, and whether the contracted service completes compliance related activities such as providing orientation to contracted staff, ongoing education and assuring licensure, registration or certification requirements are met. Other types of questions relate to clinical laboratory services. There were 131 responses to the survey.

Contract Breakdown

The contracts were categorized based on the nature of the contract, by category name, and vendor. Depending on the scope of services provided, the 131 responses broken down into one of the following categories: Conditions of Participation, Direct Patient Care, Professional Service or Supplies. If the operational owner did not specify the name of the contract, the response was categorized in the "Non-Applicable" category. The pie chart below provides a percent breakdown of the categories of the vendors reflected in the survey. A majority of the responses were from the Professional Service or COP category.

Figure 1: Contract Categorization

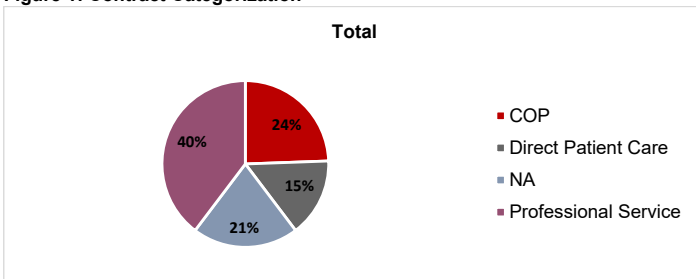
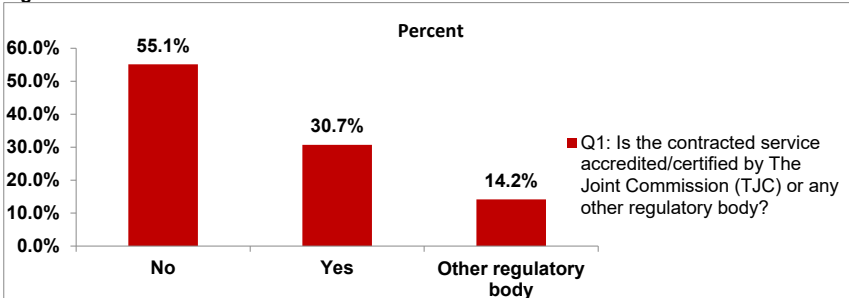


Figure 2 below provides an overview of the percent of contracts accredited or certified by The Joint Commission or any other regulatory bodies. Almost 60 percent of respondents reported that the contracted service is not accredited/certified by TJC while over 14 percent of respondents selected "other regulatory body". About 55 percent of respondents selected "yes". Respondents that answered "no" to this question manage contracts certified by manufacturer standards. Other types of contracts not accredited/certified by TJC were concentrated in environmental services, community development, and nutrition.

Figure 2: Percent of Accredited Contracts





Quality and Performance Indicators

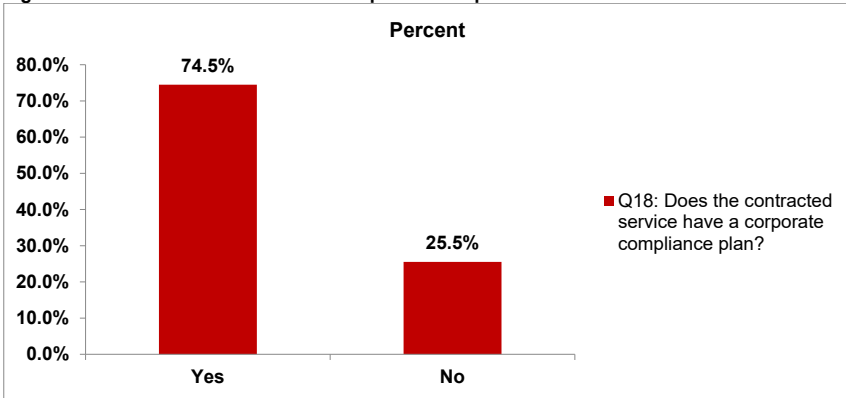
Operational owners described improvement made with the contracted service within the last year. Most of the improvements made concentrated around improved communications through additional team meetings and increase in response times. Other improvements consisted of increased provider coverage and medical review. Operations owners were asked about how often they receive key quality and performance indicators. The table below shows the percent of operation owners that receive direct observation, audit, incident report, efficiency, and satisfaction report data. Cells >18% were highlighted. Bi-weekly direct observation, monthly audits, monthly efficiency, and satisfaction report data were provided the most. Many respondents indicated that some data, especially contracts related to patient care, is provided daily or weekly. This likely accounts for the high percentages in the "other" category.

Table 1: Data Submission for Key Quality and Performance Indicators

| | Direct Observation | Audits | Incident Reports | Efficiency | Satisfaction Reports | Other |
|-----------|--------------------|--------|------------------|------------|----------------------|-------|
| Annually | 6.3% | 8.3% | 2.0% | 6.3% | 12.2% | 3.7% |
| Bi-weekly | 18.8% | 14.6% | 10.0% | 14.6% | 14.3% | 11.1% |
| Monthly | 8.3% | 29.2% | 12.0% | 29.2% | 22.4% | 7.4% |
| Quarterly | 10.4% | 8.3% | 6.0% | 4.2% | 8.2% | 3.7% |
| Other | 56.3% | 39.6% | 70.0% | 45.8% | 42.9% | 74.1% |

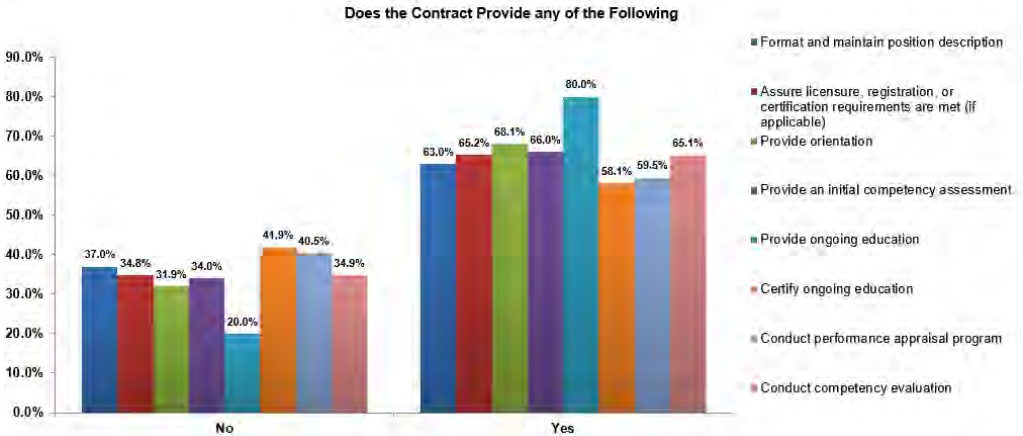
Evidence of contracts that comply with the CMS CoP 482.12 (E) Standard relate to corporate compliance. Well over half of the contracted services (74.5%) have a corporate compliance plan (Figure 3).

Figure 3: Percent of Contracts with a Corporate Compliance Plan



Activities that encompass compliance entail contracts that provide orientation, ongoing education, assess competencies, format and maintain position description, conduct performance appraisals, conduct competency evaluation, certify ongoing education and assure licensure, registration, or certification requirements are met (if applicable). Figure 4 provides an overview of the compliance categories. Well over half (65.2 %) of the contracted services assure licensure, registration, or certification requirements are met. Out of all the compliance activities, performance for ongoing education is high with over two-thirds of the contracts (80%) meeting this activity. Furthermore, over half (68.1%) of the contracts provide orientation. A couple of opportunities for improvement is conducting competency evaluations and certifying ongoing education.

Figure 4: Compliance Activities



Conclusion

This baseline report provides an overview of the hospital's contracted services concerning vendors that operate within four areas: Conditions of Participation, Direct Patient Care, Professional Service, or Supplies. The evaluation shows that relatively all of the contracts follow manufacturer standards, receive certification from TJC, or regulated by another governmental agency or association. Furthermore, it's clear that the operational owners regularly review key quality and performance information. Contractors provide an array of compliance activities, which correspond to the requirements of federal and/or state regulations. While the Qualtrics survey did not have a 100 percent completion rate, next year's survey and report will include greater collaboration with purchasing and the operational owners to reflect all contracts in the evaluation report. This will enable hospital leadership to further identify areas of strengths and opportunities for improvement. As follow-up to this evaluation, the hospitals will ensure more regular communication with contractors in addition to enhanced oversight of contract terms and conditions in order to improve clinical and professional operations of these services.



Attachment IX

Contracted Services Annual Evaluation Report – 2019

Submitted by: Accreditation and Compliance

Overview

A contract evaluation survey was developed to encompass a broader group of contracts/vendors/services as required by CMS Condition of Participation 482.12 (E) Standard that requires the hospital to ascertain that all contractor services provided in the hospital are in compliance with Conditions of Participations for hospitals. Operational owners were required to complete an evaluation for each assigned vendor. The survey was developed in Qualtrics and contained a total of 26 questions. The survey questions illicit information on whether contracts/vendors/services are accredited by The Joint Commission or other regulatory bodies, whether the contract meets TJC standards, the nature and scope of the contract, how often contracts are monitored for key quality and performance indicators, the type of improvement efforts made in the last year, and whether the contracted service completes compliance related activities such as providing orientation to contracted staff, ongoing education and assuring licensure, registration or certification requirements are met. Other types of questions relate to clinical laboratory services. There were 131 responses to the survey.

Contract Breakdown

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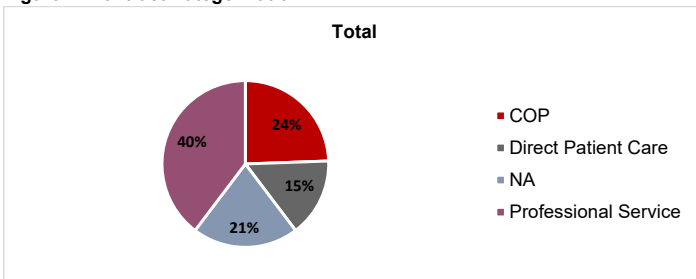
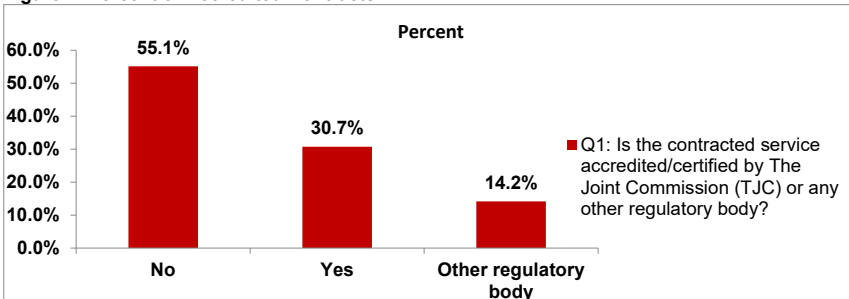


Figure 2 below provides an overview of the percent of contracts accredited or certified by The Joint Commission or any other regulatory bodies. Almost 60 percent of respondents reported that the contracted service is not accredited/certified by TJC while over 14 percent of respondents selected "other regulatory body". About 55 percent of respondents selected "yes". Respondents that answered "no" to this question manage contracts certified by manufacturer standards. Other types of contracts not accredited/certified by TJC were concentrated in environmental services, community development, and nutrition.

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Quality and Performance Indicators

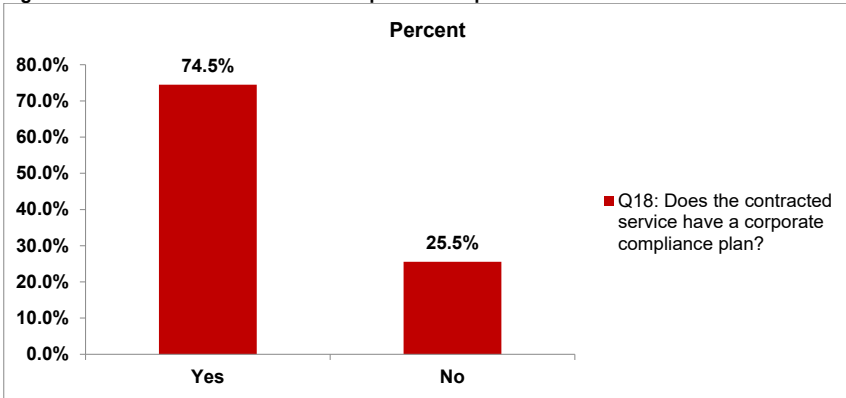
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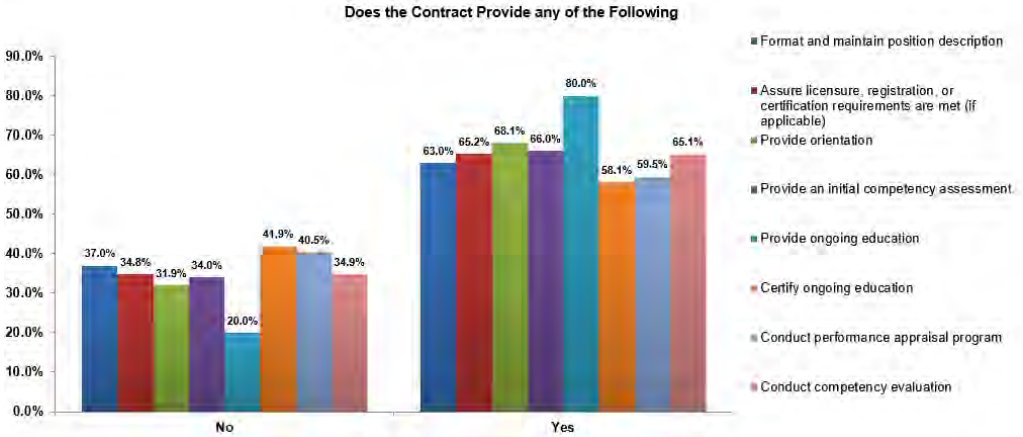
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Ohio State University Wexner Medical Center
Hospital Division
Doan Hall 168
410 W. 10th Avenue
Columbus, OH 43210
614-293-9700 Phone

wexnermedical.osu.edu

Attachment X

June 19, 2020

Nora Colburn, MD
Shandra Day, MD
Division of Infectious Disease
The Ohio State University Wexner Medical Center
410 W 10th Ave, N-1122 Doan Hall
Columbus, OH-43210-1267

Dear Drs. Colburn and Day:

Thank you for your continued service as the leaders for the Infection Control and Clinical Epidemiology program for the Ohio State University Wexner Medical Center (OSUWMC).

For the purposes of this letter, the OSU Wexner Medical Center includes University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services.

In accordance with new CMS Regulations (CMS 482.42), as the medical and nursing leadership of the Medical Center, we will be forwarding your appointment as the leadership of this program to the OSUWMC board for final approval.

We deeply appreciate your willingness to serve the Ohio State University Wexner Medical Center in this important capacity.

Sincerely,

Andrew Thomas, MD
Chief Clinical Officer
Senior Vice President for Health Sciences

Cheryl Hoying, PhD, RN, NEA-BC, FACHE, FAONL, FAAN
Chief Nurse Executive and Patient Care Services Officer

The James



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

Hospital Division

460 W. 10th Avenue
Columbus, OH 43210-1240
614-293-3121

cancer.osu.edu

Attachment XI

June 4, 2020

Christina Liscynsky, MD
Division of Infectious Disease
OSUCCC-The James
410 W 10th Ave, N-1122 Doan Hall
Columbus, OH-43210-1267

Dear Dr. Liscynsky:

Thank you for agreeing to serve as the leader for the Infection Control Program for The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – The James). In accordance with CMS 482.42, we will be moving our recommendation for your leadership role forward to the Wexner Medical Center Board for final approval.

We deeply appreciate your willingness to serve the Ohio State University Comprehensive Cancer Center — James Cancer Hospital in this important capacity.

Sincerely,

A handwritten signature in black ink, appearing to read 'David E Cohn'.

Dr. David E Cohn, MD
Chief Medical Officer
OSUCCC – The James

A handwritten signature in black ink, appearing to read 'Kris Kipp'.

Kris Kipp, MSN, RN
Executive Director, Clinical Services
Chief Nursing Officer
OSUCCC – The James



A Comprehensive Cancer Center Designated by the National Cancer Institute

Ohio State is a Comprehensive Cancer Center designated by the National Cancer Institute.



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Ohio State University Wexner Medical Center
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Attachment XII

June 19, 2020

Kurt Stevenson, MD
Division of Infectious Disease
The Ohio State University Wexner Medical Center
410 W 10th Ave, N-1122 Doan Hall
Columbus, OH-43210-1267

Dear Dr. Stevenson:

Thank you for continued service as the Medical Director of the Antimicrobial Stewardship program for the Ohio State University Wexner Medical Center (OSUWMC).

For the purposes of this letter, the OSU Wexner Medical Center includes University Hospital, East Hospital, Brain and Spine Hospital, Richard M. Ross Heart Hospital, Harding Hospital, Dodd Rehabilitation Hospital, Ambulatory Clinics and Services.

In accordance with new CMS regulations (CMS 482.42), as the medical and pharmacy leadership for the Medical Center, we will be forwarding your appointment as the leader of this program to the OSUWMC board for their approval.

We deeply appreciate your willingness to serve the Ohio State University Wexner Medical Center in this important capacity.

Sincerely

Andrew Thomas, MD
Chief Clinical Officer
Senior Vice President for Health Services

Robert J. Weber, PharmD
Administrator, Pharmacy

The James



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

Hospital Division

460 W. 10th Avenue
Columbus, OH 43210-1240
614-293-3121

cancer.osu.edu

Attachment XIII

June 4, 2020

Mark Lustberg, MD, PHD
Division of Infectious Disease
OSUCCC-The James
460 West 10th Ave. 5th floor
Columbus, OH-43210-1267

Dear Dr. Lustberg:

Thank you for agreeing to serve as the leader for the Antimicrobial Stewardship Program for The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – The James). In accordance with CMS 482.42, we will be moving our recommendation for your leadership role forward to the Wexner Medical Center Board for final approval.

We deeply appreciate your willingness to serve the Ohio State University Comprehensive Cancer Center – James Cancer Hospital in this important capacity.

Sincerely,

A handwritten signature in black ink, appearing to read 'David E Cohn'.

Dr. David E Cohn, MD
Chief Medical Officer
OSUCCC-The James

A handwritten signature in black ink, appearing to read 'Robert J. Weber'.

Robert Weber, PharmD, MS
Chief Pharmacy Officer and Administrator
Pharmacy Services
OSUCCC-The James and OSU Wexner Medical Center



A Comprehensive Cancer
Center Designated by the
National Cancer Institute

Ohio State is a Comprehensive Cancer Center designated by the National Cancer Institute.

Appendix V

Project Data Sheet for Board of Trustees Approval

Wexner Medical Center Inpatient Hospital

OSU-180391 (CNI# 17000099)

Project Location: 10th Avenue / Cannon Drive



• **approval requested and amount**

| | |
|--------------------------------|-------------------|
| increase professional services | \$58.1M |
| <u>increase construction</u> | <u>\$1,634.7M</u> |
| total requested amount | \$1,692.8M |

• **project budget**

| | |
|----------------------------|---------------|
| professional services | \$153.4M |
| construction w/contingency | \$1,637.5M |
| <u>OSEP scope</u> | <u>\$6.2M</u> |
| total project budget | \$1,797.1M |

• **project funding**

- university debt
- fundraising
- university funds
- auxiliary funds (health system)
- state funds

• **project schedule**

| | |
|------------------------------------|--------------------|
| BoT professional services approval | 2/18 |
| design/bidding | 3/18 – 12/20 |
| construction - tower | 10/20 – 6/25 |
| construction – renovation | 12/21 – 8/25 |
| facility opening | First Quarter 2026 |

• **project delivery method**

- general contracting
- design/build
- construction manager at risk

• **planning framework**

- the project was included in the FY 2018 and FY 2020 Capital Investment Plans; the FY 2021 Capital Investment Plan will include the remainder of design and construction work
- the project aligns with the Wexner Medical Center strategic plan by replacing and increasing inpatient beds, supporting and prioritizing access for patients and visitors, and delivering an unequalled patient experience

• **project scope**

- the project will design and construct a new, approximately 1.9M square foot inpatient hospital tower with up to 820 beds in private-room settings, replacing and expanding on the 440 beds in Rhodes Hall and Doan Hall including an additional 84 James beds
- facilities will include state-of-the-art diagnostic, treatment and inpatient service areas including emergency department, imaging, operating rooms, 60 neonatal intensive care unit bassinets, critical care and medical/surgical beds, and leading-edge digital technologies to advance patient care, teaching and research.
- renovation of the James and Ross for blood bank, support services and building connections
- the inpatient hospital is the cornerstone of a larger project that includes the Inpatient Hospital Garage and supporting infrastructure and the off-site Central Sterile Supply
- OSEP scope includes bringing electric, water and steam to the Inpatient Hospital Tower and will be delivered by the project team

• **project team**

| | |
|-----------------------------|--------------------------------|
| University project manager: | Ragan Fallang |
| AE/design architect: | Henningson Durham & Richardson |
| CM at Risk: | Walsh-Turner (joint venture) |

Project Data Sheet for Board of Trustees Approval

Wexner Medical Center Inpatient Hospital

OSU-180391 (CNI# 17000099)

Project Location: 10th Avenue / Cannon Drive

- **approval requested**
 - approval is requested to increase professional services and construction contracts, including OSEP scope

-
- **project team**

| | |
|-----------------------------|--------------------------------|
| University project manager: | Ragan Fallang |
| AE/design architect: | Henningson Durham & Richardson |
| CM at Risk: | Walsh-Turner (joint venture) |

Wexner Medical Center Inpatient Hospital
The Ohio State University Board of Trustees



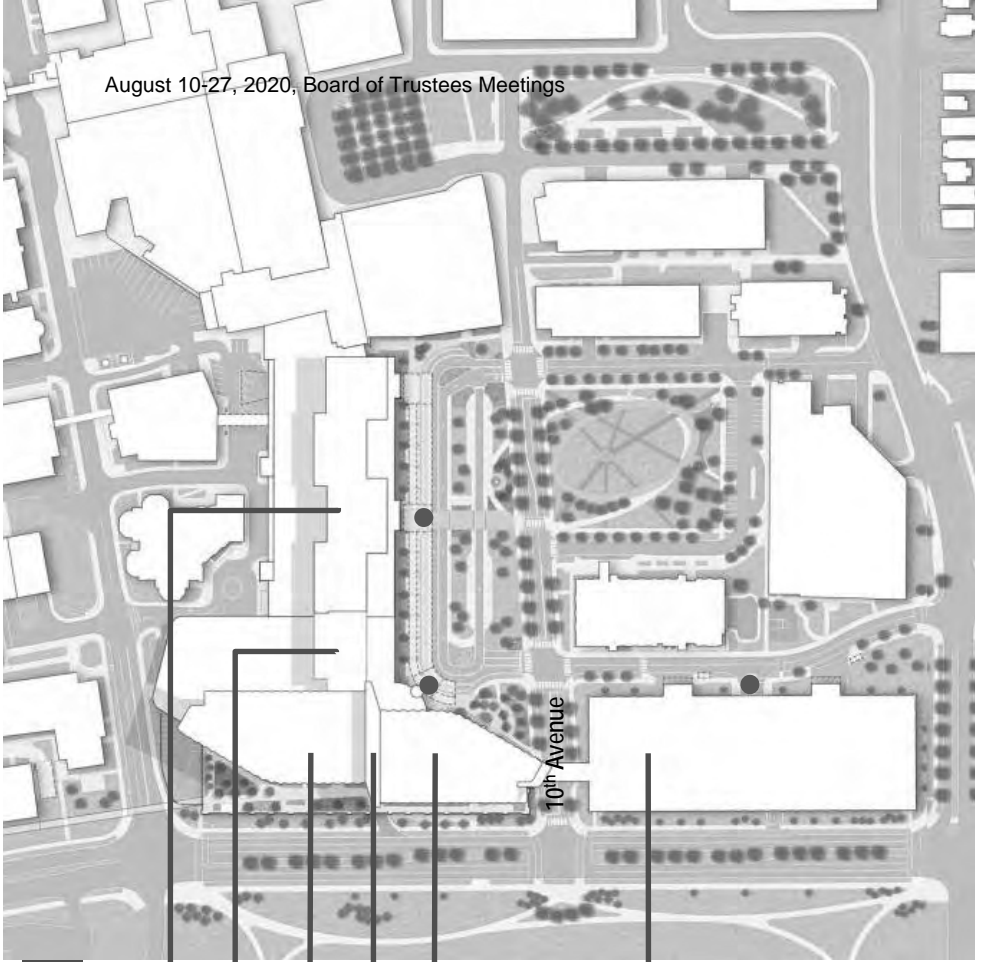
August 26, 2020



THE OHIO STATE UNIVERSITY

Doan Hall Construction 1948-1951





Site

The James

James "Pavilion"

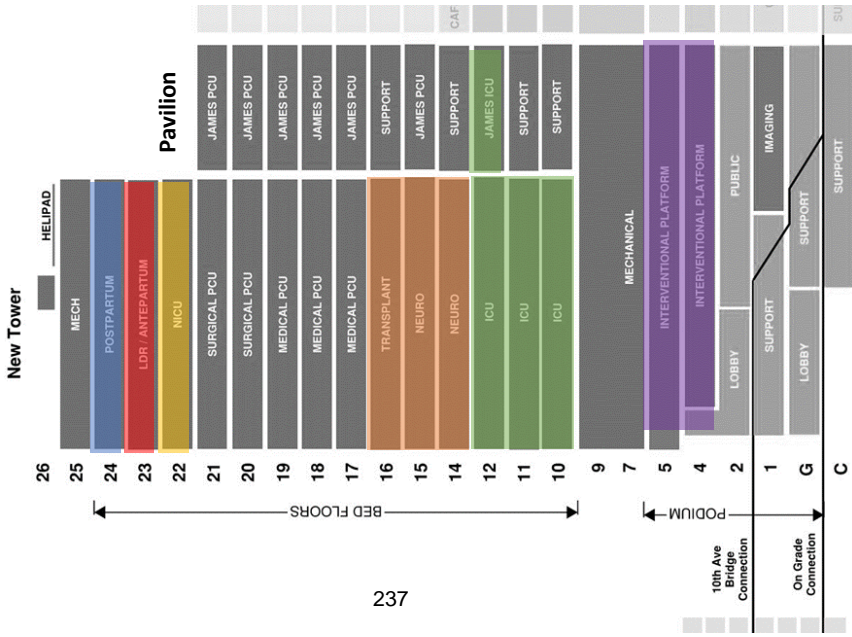
North Tower

University Hospital

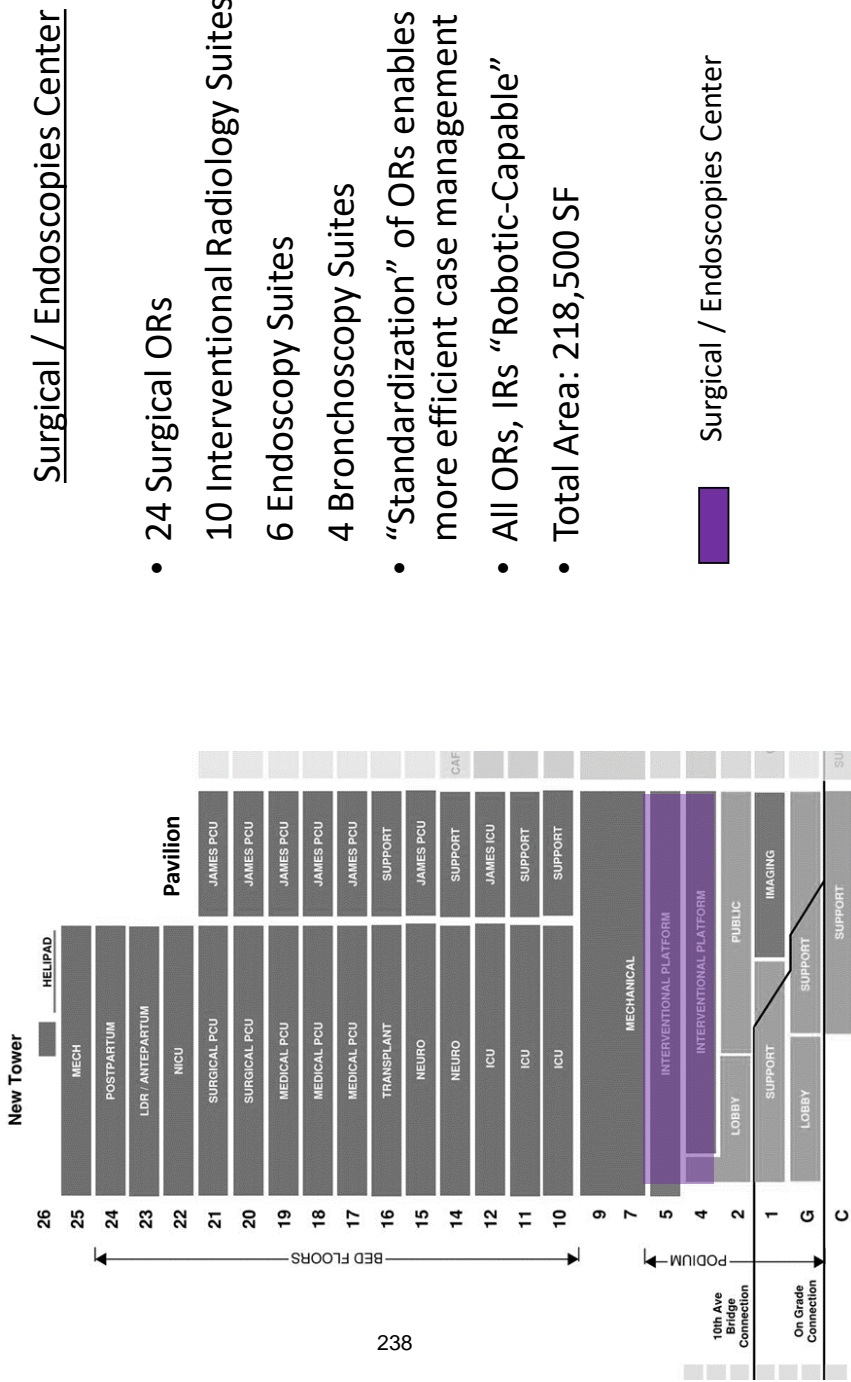
South Tower

New Visitor Garage

Hospital Program: Summary

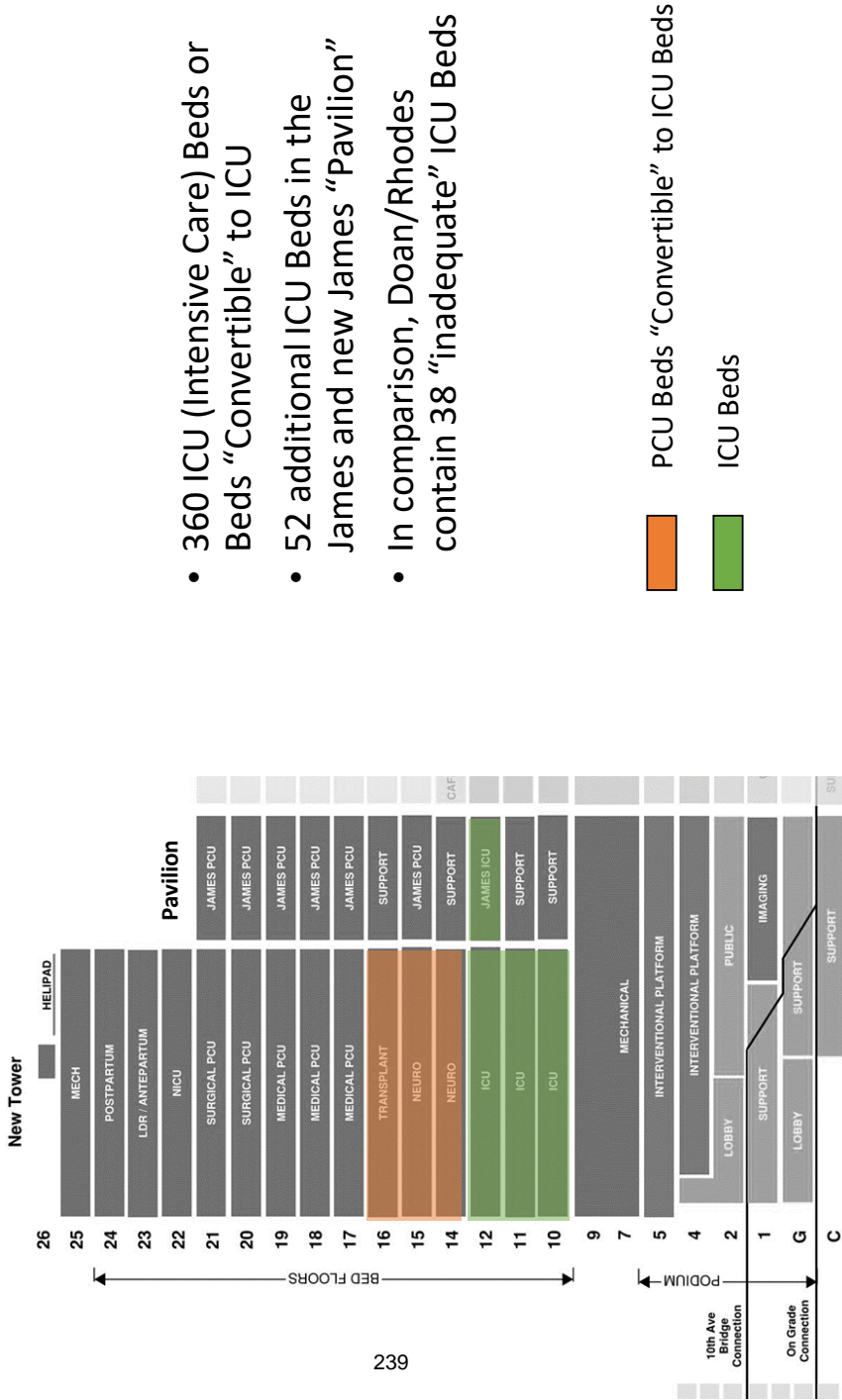


Hospital Program: Surgical / Endoscopies Center



- 24 Surgical ORs
- 10 Interventional Radiology Suites
- 6 Endoscopy Suites
- 4 Bronchoscopy Suites
- “Standardization” of ORs enables more efficient case management
- All ORs, IRs “Robotic-Capable”
- Total Area: 218,500 SF

Hospital Program: Critical Care Services



Hospital Program: New Patient (PCU) Room

August 10-27, 2020, Board of Trustees Meetings



- Sizing the Room

349 Net SF

178

Patient Zone

53

Family Zone

46

Bathroom

72

Entrance

349 Net SF

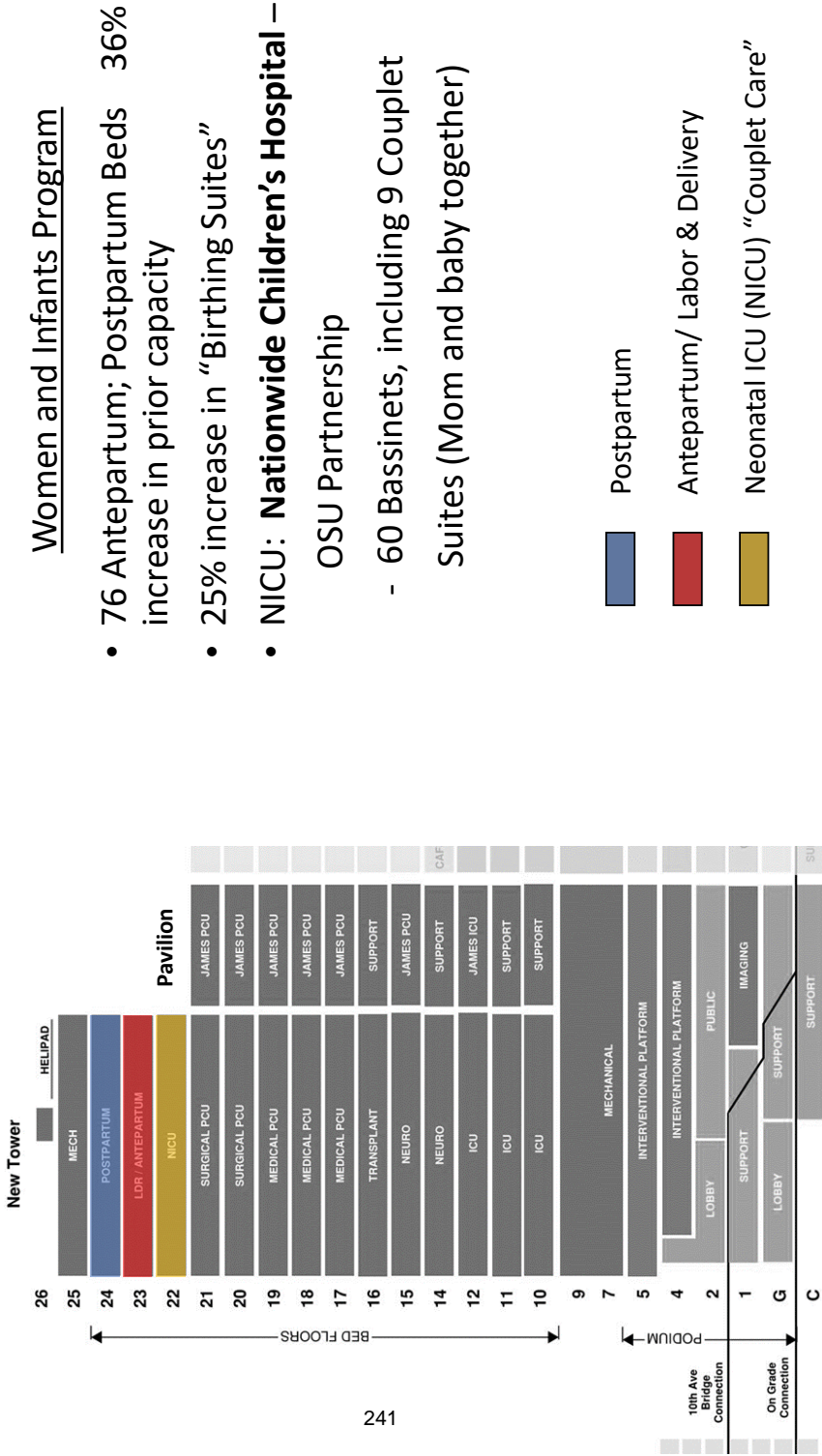
- Patient Comfort

- Room Height: 9'2"

- Unobstructed Window: 9'-6" x 9'

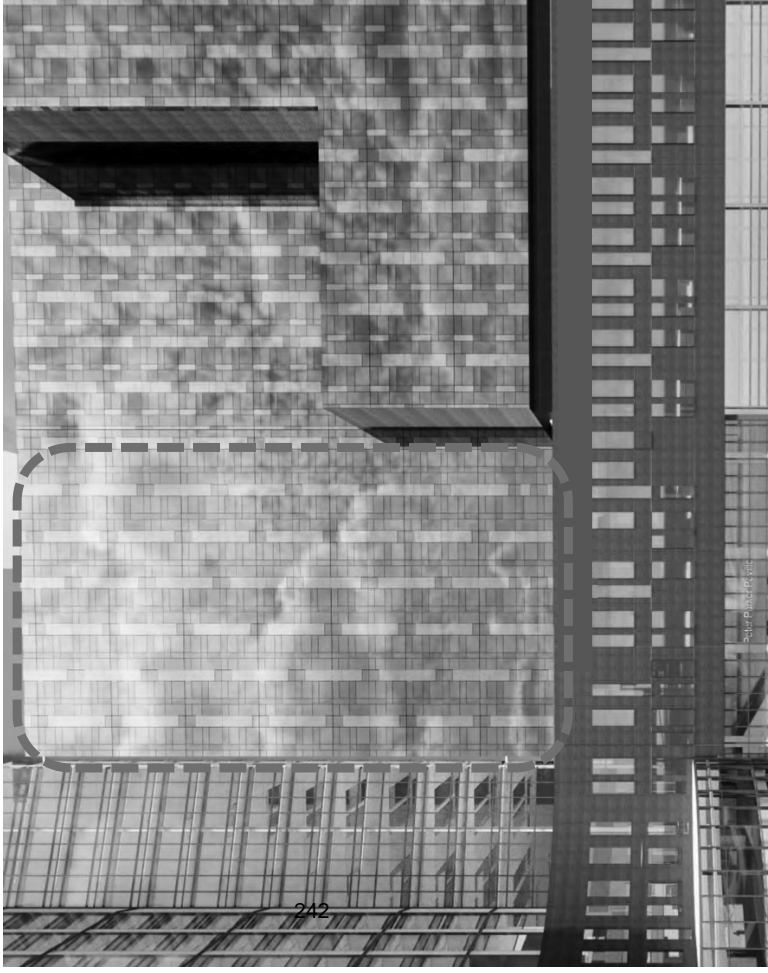
- Digital Footwall: 75" SCREEN

Hospital Program: Women and Infants



Hospital Program: James “Pavilion”

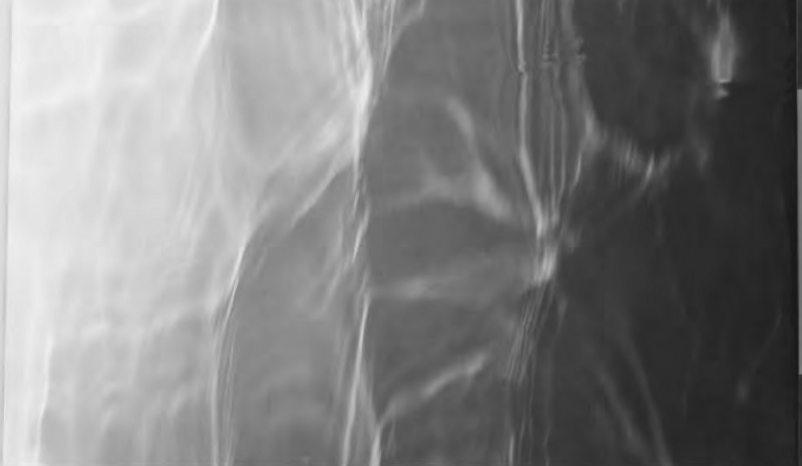
August 10-27, 2020, Board of Trustees Meetings



- 11 Floors, 110,000 GSF “addition” to the James providing transition to University Hospital Tower
- 84 additional “James Beds” consistent with Medical Center’s Strategic Plan














THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



Project Components & Cost

Hospital Project: Project Components

| <u>Components</u> | <u>Sq. Ft.</u> | <u>Total Project Cost</u> |
|--|-------------------|-------------------------------|
| Central Sterile Supply Building | 62,000 | \$45,300,000 |
| Visitor Garage & Infrastructure (1887 Parking Spaces) | 715,000 | \$101,000,000 |
| Hospital Tower | 1,904,000 | \$1,791,000,000* |
| Rhodes/Doan Support Services | <u>307,000</u> | <u>Included in Tower Cost</u> |
| Total | 2,988,000 Sq. Ft. | \$1,937,300,000 |

*Does not include \$6.2M in Ohio State Energy Partners funding for utilities scope

Hospital Project: Hospital Tower Total Project Cost

August 10-27, 2020, Board of Trustees Meetings

| | Total Project Cost (\$ millions) <u>as of July 31, 2020</u> |
|--|---|
| <u>Hospital Tower Cost Components</u> | |
| Construction Cost | \$1,204 |
| Covid Upgrades | 4 |
| Medical, Other Equipment, etc. | 291 |
| Design, Pre-Construction, Commissioning | 118 |
| Project Administration | 35 |
| Contingency | <u>139</u> |
| Total | <u><u>\$1,791*</u></u> |

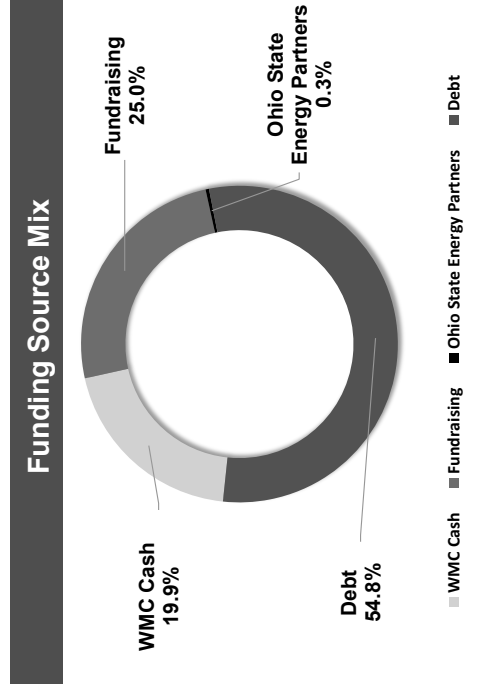
*Does not include \$6.2M in Ohio State Energy Partners funding for utilities scope

Project Funding

Hospital Project: Funding Sources

- Funding sources have been programmed and vetted through the university's strategic long-range financial planning process.
- Funding sources will be utilized over the FY21-FY25 time period.

| Funding Sources (\$ in millions) | |
|-------------------------------------|-------------------|
| WMC Cash | \$ 357.0 |
| Fundraising | 450.0 |
| Ohio State Energy Partners | 6.2 |
| Debt | 984.0 |
| Total | \$ 1,797.2 |



Discussion/Questions



Appendix VI

Board of Trustees

210 Bricker Hall
190 North Oval Mall
Columbus, OH 43210-1388

Phone (614) 292-6359
Fax (614) 292-5903
trustees.osu.edu

SUMMARY OF ACTIONS TAKEN

August 26, 2020 – Master Planning & Facilities Committee Meeting

Voting Members Present by Zoom Virtual Meeting:

Alexander R. Fischer
James D. Klingbeil

Brent R. Porteus
Anand Shah

Robert H. Schottenstein
Gary R. Heminger (ex officio)

Members Absent:

N/A

PUBLIC SESSION

The Master Planning & Facilities Committee of The Ohio State University Board of Trustees convened on Wednesday, August 26, 2020, virtually over Zoom. Committee Chair Alex Fischer called the meeting to order at 1:00 p.m.

Items for Discussion

1. **Committee Charter Review:** Alex Fischer and Jay Kasey shared a draft version of the revised Master Planning & Facilities Committee charter for review. The charter is being updated for consistency in formatting, using the same revised template as the other committees.
2. **Physical Environment Scorecard:** Jay Kasey shared this scorecard, which covers FY20 data through June 2020. Three metrics were coded red – % Total Projects Completed on Time, CABS Riders and All Parking Garage Peak Time Occupancy. The majority of the projects that were not completed on time were smaller projects, where schedules are more dependent on both subcontractors and the timely arrival of building materials. The below target number of CABS riders and garage occupancy were both directly linked to reduced campus activity amidst the pandemic.

(See Attachment XIV for background information, page 263)

3. **Major Project Updates:** Mark Conselyea gave an update on the status of all projects over \$20 million. At the time of this report, we were watching two projects closely for schedule – Wooster's new laboratory building and Newark's John and Mary Alford Center for Science and Technology. The Postle Partial Replacement was red (not on track) for schedule and being watched closely for budget. Four projects were listed as modified scope/paused (orange) due to the COVID-19 pandemic – Instructional Sciences Renewal and Deferred Maintenance (Bolz and Parks Halls), Arts District (Department of Theatre), the Controlled Environment Food Production Research Complex and the Lacrosse Stadium.

(See Attachment XV for background information, page 264)

4. **Design Review: Outpatient Care West Campus:** Keith Myers presented the current design and program for the Wexner Medical Center's Outpatient Care West Campus facility, a nearly 400,000-square-foot, eight-story building located at the intersection of Kenny and Carmack roads.

(See Attachment XVI for background information, page 288)



Items for Action

5. Resolution No. 2021-06, Approval of Fiscal Year 2021 Capital Investment Plan

Synopsis: Authorization and acceptance of the Capital Investment Plan for the fiscal year ending June 30, 2021 as proposed.

WHEREAS the university has presented the recommended capital expenditures for the fiscal year ending June 30, 2021; and

WHEREAS the recommended capital expenditures are the result of the university's comprehensive annual capital planning process; and

WHEREAS only those projects outlined in these recommendations will be approved for funding:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Capital Investment Plan for the fiscal year ending June 30, 2021, as described in the accompanying documents; and

BE IT FURTHER RESOLVED, That any request for authorization to proceed with any project contained in these recommendations or for university funds for any such projects must be submitted individually by the university for approval by the Board of Trustees, as provided for by board policy.

(See Appendix XII for background information, page 420)

6. Resolution No: 2021-07, Approval of Ohio State Energy Partners Utility System Capital Improvement Plan for Fiscal Year 2021

Utility System Life-Cycle Renovation, Repair and Replacement Projects
Utility System Expansion and Extension Projects
Energy Conservation Measure Projects

Synopsis: Authorization and acceptance of the Ohio State Energy Partners LLC fiscal 2021 capital improvement plan and authorization for Ohio State Energy Partners LLC to make capital improvements to the utility system pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), is proposed.

WHEREAS the Agreement requires the concessionaire, Ohio State Energy Partners LLC, ("OSEP") to annually submit a plan for utility system capital improvement projects for university approval; and

WHEREAS the plan includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2020; and

WHEREAS OSEP has provided detailed descriptions of the proposed capital improvements, supporting technical data and analysis, pursuant to Section 4.3(c) of the Agreement; and

WHEREAS the utility system capital improvement projects will be delivered pursuant to the terms of the Agreement; and



WHEREAS the capital expenditures for the approved utility system projects will be added to the utility fee pursuant to the Agreement; and

WHEREAS the university has reviewed and considered the financial, technical, and operational aspects of the projects and the projects' alignment with university plans and sustainability goals; and

WHEREAS the Master Planning & Facilities Committee has reviewed the projects for alignment with all applicable campus plans and guidelines; and

WHEREAS the Audit, Compliance & Finance Committee has reviewed the projects for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves and authorizes Ohio State Energy Partners LLC to proceed with the fiscal year 2021 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix XIII for background information, page 422)

7. Resolution No: 2021-08, Approval to Increase Professional Services and Construction Contracts

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

WHEREAS in accordance with the attached materials, the university desires to increase professional services contracts and construction contracts for the following project:

| | Prof. Serv. Approval Requested | Construction Approval Requested | Total Requested | |
|---|--------------------------------------|---------------------------------------|--------------------|-----------------|
| Morehouse – Chiller and Electrical Distribution Phase 2 | \$0.1M | \$0.6M | \$0.7M | Auxiliary Funds |

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Audit, Compliance and Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to increase professional services and construction contracts for the project listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix XIV for background information, page 427)



THE OHIO STATE UNIVERSITY

8. Resolution No. 2021-09, Approval for Sale of Real Property

0.1+/- Acres on Barrys Ridge Road, Caldwell, Noble County, Ohio

Synopsis: Authorization to sell real property located along Barrys Ridge Road, Caldwell, Noble County, Ohio, is proposed.

WHEREAS The Ohio State University seeks to sell approximately 0.1 acres of unimproved real property located along Barrys Ridge Road in Caldwell, Ohio, identified as a portion of Noble County, parcel number 070021430000 and adjacent to the College of Food, Agricultural and Environmental Sciences Unit 1, Eastern Agricultural Research Station; and

WHEREAS the property is deemed excess and sale of the property will not affect the Research Station operations:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to take 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.

(See Appendix XV for background information, page 428)

9. Resolution No. 2021-10, Approval for Roadway Easement

Arthur Adams Drive between Lane Avenue and North Star Road
in Columbus, Franklin County, Ohio

Synopsis: Approval to grant a 25-year easement to the City of Upper Arlington for an access road across Arthur E. Adams Drive between Lane Avenue and North Star Road, Columbus, Franklin County, Ohio, is proposed.

WHEREAS the City of Upper Arlington has requested an easement for an access road across existing portions of Arthur E. Adams Drive and plans to extend the access road to North Star Road; and

WHEREAS the access road would support development and construction of the roadway along the southern border of retail properties located at the southeast corner of North Star Road and Lane Avenue; and

WHEREAS the City of Upper Arlington will be responsible for the costs and expenses of and the ongoing operation and maintenance of the access road:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance shall be authorized to take any action required to affect the grant of the easement upon the terms outlined above and any additional terms and conditions deemed to be in the best interest of the university.

(See Appendix XVI for background information, page 430)



10. Resolution No. 2021-11, Approval for Recognition, Non-Disturbance and Attornment Agreement

Lane Avenue and Carmack Road
in Columbus, Franklin County, Ohio

Synopsis: Approval to enter into a Recognition, Non-Disturbance and Attornment Agreement between The Ohio State University and Andelyn Biosciences, Inc., is proposed.

WHEREAS Andelyn will be developing and operating a facility for research and manufacturing of medical, biotechnology and pharmaceutical materials for gene and cell-based therapies; and

WHEREAS the subject Development Parcel is located at the southwest corner of Lane Avenue and Carmack Road, Columbus, Ohio; and

WHEREAS this resolution affirms that the intended use by Andelyn is consistent with the uses specified in the Development Agreement and approves continued authority to take actions in support of the development; and

WHEREAS The Ohio State University has approved a ground lease of 7.8 +/- acres of unimproved real property located at the southwest corner of Lane Ave and Carmack Road, Columbus, Ohio (Development Parcel), to the Science and Technology Campus Corporation (SciTech); and

WHEREAS the Development Parcel is subject to a certain Development Agreement, dated May 28, 1998 and as amended, which provides that the university desires to foster and encourage research and education linkages with business, government entities and nonprofit organizations to increase the range of educational experiences available to students, increase research support from industry, provide greater economic enrichment and development within Ohio and enhance the university's pre-eminence as a major research organization (Development Agreement Mission); and

WHEREAS SciTech seeks to sublease the Development Parcel to Andelyn Biosciences, Inc., for the purpose of making improvements to be used for research, development and commercial grade manufacturing activities of biotechnology and pharmaceutical materials and products for gene and other cell-based therapies and any other uses directly related thereto; and

WHEREAS the long-term ground lease of the Development Parcel to SciTech and sublease to Andelyn Biosciences, Inc., is in the best interest of the university:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the proposed development and the anticipated use of the premises by sublessee Andelyn Biosciences, Inc., is recognized as consistent with the Development Agreement, will advance the Development Agreement Mission and has accordingly been considered in the authorization of a prime lease with SciTech.

(See Appendix XVII for background information, page 432)



11. Resolution No. 2021-12, Approval to Enter into a Joint Use Agreement

Between The Ohio State University and
Raemelton Therapeutic Equestrian Center Inc.

Synopsis: Authorization to enter into a Joint Use Agreement (JUA) with Raemelton Therapeutic Equestrian Center Inc., an Ohio nonprofit agency, to document the value and permit the release of funds appropriated in the State Capital Bill for improvements and renewal of several facilities, is proposed.

WHEREAS The Ohio State University was allocated \$90,000 in the 2019-20 State Capital Bill that is specifically designated for use by Raemelton; and

WHEREAS Raemelton will utilize the funds for the construction and renewal of facilities, greenhouse and equine therapy space in Mansfield, Ohio; and

WHEREAS The Ohio State University has an opportunity to expand its partnerships and activities in the Mansfield area and would benefit from having a space locally to support a variety of engagements; and

WHEREAS Raemelton commits to offering internships to Ohio State students as well as to making the space in Raemelton facilities available for the university's use; and

WHEREAS the terms and conditions for this university use shall be more favorable than the terms and conditions of use by any other entity to a degree that reasonably reflects the magnitude of the university's investment in the Raemelton facility for the term of the agreement; and

WHEREAS except for the funds used to cover the university's reasonable administrative costs related to the project, the funds provided under this JUA shall be used by Raemelton only for capital improvements or purchases and shall not be used for operating expenses; and

WHEREAS the university's use of Raemelton space will promote the university's mission to advance the well-being of the people of Ohio and the global community through the creation and dissemination of knowledge; and

WHEREAS before the state capital appropriation may be released to Raemelton, the Ohio Department of Higher Education requires that a JUA between the university and Raemelton be signed to document the value of the appropriation to Ohio State and to ensure the benefits to the university will continue for a minimum period of 20 years:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance and/or Senior Vice President for Administration and Planning be authorized to take any action required to effect the JUA containing terms and conditions deemed to be in the best interest of the university.

(See Appendix XVIII for background information, page 434)

Action: Upon the motion of Mr. Klingbeil, seconded by Mr. Schottenstein, the committee adopted the foregoing motions for the FY21 Capital Investment Plan and the Approval of a Recognition, Non-Disturbance and Attornment Agreement by majority voice vote with the following members present and voting: Mr. Klingbeil, Mr. Porteus, Mr. Shah, Mr. Schottenstein and Mr. Heminger. Mr. Fischer abstained.



Action: Upon the motion of Mr. Fischer, seconded by Mr. Shah, the committee adopted the remaining foregoing motions by unanimous voice vote with the following members present and voting: Mr. Fischer, Mr. Klingbeil, Mr. Porteus, Mr. Shah, Mr. Schottenstein and Mr. Heminger.

EXECUTIVE SESSION

It was moved by Mr. Fischer, and seconded by Mr. Porteus, that the committee recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes.

A roll call vote was taken, and the committee voted to go into executive session, with the following members present and voting: Mr. Fischer, Mr. Klingbeil, Mr. Porteus, Mr. Shah, Mr. Schottenstein and Mr. Heminger.

The committee entered executive session at 1:46 p.m. and the meeting adjourned at 2:06 p.m.

Attachment XIV

August 10-27, 2020, Board of Trustees Meetings



August 2020 Board Meeting
FY20 YTD | Through June 2020

| PHYSICAL ENVIRONMENT | Actual Prior Year Same Period (FY19 YTD) | FY20 Year-To-Date | | | | FY20 Annual Target (Budget) | Comments |
|---|--|-------------------|-----------------|-------------|------------------|-----------------------------|---|
| | | Actual | Target (Budget) | Target %Var | Actual vs Target | | |
| A. FINANCIAL | | | | | | | |
| 1. A&P Tot. Operating Expenses (General & Earnings Funds) | \$146,288,021 | \$142,312,236 | \$153,833,382 | -7.5% | — | \$153,833,382 | |
| B. OPERATIONAL | | | | | | | |
| 1. % Total Projects Completed on Time | 78.9% | 78.2% | 90.0% | -13.1% | — | 90.0% | |
| 2. % Total Projects Completed on Budget | 97.4% | 97.3% | 90.0% | 8.1% | — | 90.0% | |
| 3. Capital Investment Program Spend * | \$474.6 | \$598.7 | \$808.1 | -25.9% | ▽ | \$808.1 | Metric is measured Quarterly, showing 4th Quarter FY20 Values; in Millions |
| 4. Facility Condition Index % - Conditioned Academic/Research Bldgs | 74.2% | 74.5% | 80.0% | -6.8% | ▬ | 80.0% | Avg. composite FCI to-date. |
| 5. CABS Riders | 4,771,587 | 3,895,778 | 4,589,000 | -15.1% | ▽ | 4,589,000 | The reduction in trend is due to OSU-wide COVID-19 precautions. |
| 6. All Parking Garage Peak Time Occupancy % ** | 80.4% | 64.5% | 80.0% | -19.4% | ▲ | 80.0% | YTD (Jul-Jun) Occup%: Transient= 56.1%, Permit= 72.3%, Mixed= 62.6% |
| 7. WMC Parking Garage Peak Time Occupancy % ** | 91.4% | 81.0% | 80.0% | 1.3% | ▲ | 80.0% | YTD (Jul-Jun) Occup%: Transient=76.8%, Permit= 83.8%, Mixed= 82.5% |
| 8. Sum of Daily Temporary Parking Space Closures | 10,312 | 20,730 | 20,000 | 3.7% | ▲ | 20,000 | Projects driving closures: MM Visitor Parking, 600 Ackerman Generator, 12th Ave Garage Amoff Dock, Mirror Lake, Sisson Lot (ENGIE), Enarson Roof, Vet Med Ctr Tharp Rd Visitor lot, & Service Annex Remodel |
| 9. WOSU Broadcast Audience (Viewers, Listeners) | 569,758 | 640,358 | 569,758 | 12.4% | ▬ | 569,758 | Budget is based on last FY actuals. YTD adjusted to reflect changes that began October 2019 for Nielsen's TV parameter system resulting in better household viewing audience data. |
| 10. WOSU Digital Audience (Unique Visitors, Video Views, Digital Audio) | 8,346,796 | 12,957,934 | 8,346,796 | 55.2% | ▲ | 8,346,796 | Unique Visitors are up 2M from last fiscal year and Video Views are up 1.3M. Streaming is up 1.2M for 89.7 NPR News and 181k for Classical 101 from last fiscal year. |
| C. SAFETY | | | | | | | |
| 1. EHS Recordable Accident Rate (CYTD): | 1.36 | 0.80 | 2.00 | -60.0% | ▲ | 2.00 | 2020 Calendar YTD |
| 2. Major On-Campus Crimes (burglary, assault, arson, etc.) | 104 | 81 | 120 | -32.5% | ▬ | 120 | Record Mgmt Sys. Data unaudited at time of retrieval |
| 3. Avg. Response time to In-Progress Calls for Svc | 3:33 | 3:48 | 5:00 | -23.9% | ▽ | 5:00 | Record Mgmt Sys. Data unaudited at time of retrieval |
| 4. Traffic Accidents Injury | 32 | 21 | 31 | -32.3% | ▽ | 31 | Record Mgmt Sys. Data unaudited at time of retrieval |
| 5. Traffic Accidents Non-Injury | 206 | 125 | 215 | -41.9% | ▲ | 215 | Record Mgmt Sys. Data unaudited at time of retrieval |
| 6. Off-Campus Crime Statistics | 1,940 | 1,390 | 1,940 | -28.4% | ▬ | 1,940 | Record Mgmt Sys. Data unaudited at time of retrieval |

* For B3. Capital Investment Program Spend, Green = "Target %Variance" of + or - 10%, with an additional Yellow range extending 10% above and 20% below the Green range.

** For B6&7. Parking Garage Peak Time Occupancy %, the target is 85% + or - 5% pts., with an additional 5% pt. Yellow range in both directions. Peak time measured on weekdays between 12:30 and 1:30 p.m.

- | | |
|--|--|
| <ul style="list-style-type: none"> ■ Meets or surpasses Target ■ Within 10% of Target ■ Does not meet Target by >10% ■ Data Pending | <ul style="list-style-type: none"> ▲ 4-Mo Target %Var improved from Prior 4-Mo ▬ Within +/- 2.5% of Prior 4-Mo Target %Var ▽ 4-Mo Target %Var decline from Prior 4-Mo |
|--|--|

Attachment XV



Major Project Updates

Projects Over \$20M

August 2020



PROJECT STATUS REPORT CURRENT PROJECTS OVER \$20M

August 10-27, 2020, Board of Trustees Meetings

| PROJECT | COMPLETION DATE | APPROVALS | | ON TIME | ON BUDGET |
|--|-----------------|-----------|-----|---------|-----------|
| | | Des | Con | | |
| Mars G. Fontana Laboratories (BMEC) | 7/2020 | ✓ | ✓ | | |
| OSU East – West Wing Expansion Renovation | 8/2020 | ✓ | ✓ | | |
| Wooster – New Laboratory Building | 9/2020 | ✓ | ✓ | | |
| Optometry Clinic and Health Sciences Faculty Office Bldg | 10/2020 | ✓ | ✓ | | |
| Ty Tucker Tennis Center | 10/2020 | ✓ | ✓ | | |
| Postle Partial Replacement | 12/2020 | ✓ | ✓ | | |
| WMC Inpatient Hospital – Central Sterile Supply | 12/2020 | ✓ | ✓ | | |
| Newark – John & Mary Alford Ctr for Sci and Technology | 3/2021 | ✓ | ✓ | | |
| WMC Inpatient Hosp Garage, Infr & Roadwork | 3/2021 | ✓ | ✓ | | |
| WMC Outpatient Care New Albany | 6/2021 | ✓ | ✓ | | |
| Dodd – Parking Garage | 5/2022 | ✓ | ✓ | | |
| WMC Outpatient Care Dublin | 7/2022 | ✓ | ✓ | | |
| Celeste Lab Renovation | 8/2022 | ✓ | ✓ | | |
| Interdisciplinary Research Facility | 5/2023 | ✓ | ✓ | | |
| WMC Outpatient Care West Campus | 11/2022 | ✓ | ✓ | | |
| Interdisciplinary Health Sciences Center | TBD | ✓ | ✓ | | |
| Newton – Renovation and Addition | TBD | ✓ | ✓ | | |

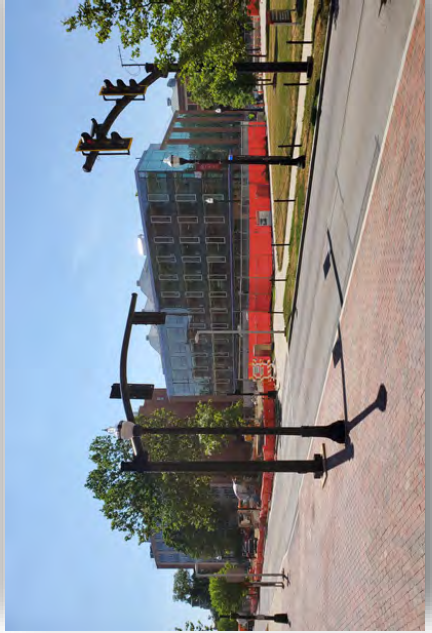
Key: On track Watching closely Not on track Modified Scope/Paused



PROJECT STATUS REPORT CURRENT PROJECTS OVER \$20M

August 10-27, 2020, Board of Trustees Meetings

| PROJECT | CONS COMPLETION DATE | APPROVALS | | BUDGET | ON TIME | ON BUDGET |
|---|----------------------------|-----------|-----|----------|------------|--------------|
| | | Des | Con | | | |
| Instructional Sciences Renewal and Deferred Maint. (Bolz and Parks Halls only) | 11/2021 | ✓ | ✓ | \$25.0M | | |
| Arts District (School of Music only) | 1/2022 | ✓ | ✓ | \$161.6M | | |
| Controlled Environment Food Prod. Research Complex | TBD | ✓ | ✓ | \$35.0M | | |
| Lacrosse Stadium | TBD | ✓ | | \$20.0M | | |



MARS G. FONTANA LABORATORIES BIOMEDICAL ENGINEERING COMPLEX (BMEC)

Renovation of the former Koffolt Lab and Fontana Lab to create research labs, offices, and classrooms.

PROJECT FUNDING

state appropriations; fundraising; department funds; university debt

CURRENT PROJECT BUDGET

construction w/cont \$53.2M
total project \$59.1M

CONSULTANTS

arch of record Moody Nolan
design architect Perkins & Will
CM at Risk Ruscelli

PROJECT SCHEDULE

BoT approval 9/16
construction 5/18-7/20
facility opening 8/20

PROJECT UPDATE

Punch list is being completed and occupants have started moving into the building.



On Time



On Budget



OSU EAST – WEST WING EXPANSION/ RENOVATION



Renovation of 11,500 GSF and expansion of 29,000 GSF on the second floor of the west wing of the hospital tower with mechanical penthouse.

Renovated and expanded spaces include operating rooms, pre-operative/PACU spaces; imaging; and improvements to the patient arrival experience.

PROJECT FUNDING

auxiliary funds

CURRENT PROJECT BUDGET

construction w/cont \$23.9M architect of record Moody Nolan
total project \$26.0M CM at Risk Elford

PROJECT SCHEDULE

BoT approval 6/17
construction 9/18 – 8/20
facility opening 9/20

PROJECT UPDATE

Phase 1, new building addition, completed 4/2020. Exterior paving is complete and landscaping work is ongoing. Phases 2-4, existing building renovation, are ongoing and will be completed in 8/2020. The facility will open 9/2020.



On Time



On Budget



WOOSTER – NEW LABORATORY BUILDING

Construct a new facility for Entomology research that will include teaching labs, research space, classrooms, and a small café. The new building will connect to a central chilled water plant.

PROJECT FUNDING

university funds; state appropriations

CURRENT PROJECT BUDGET

construction w/cont \$30.0M
total project \$33.5M

CONSULTANTS

architect of record Hasenstab
CM at Risk Elford

PROJECT SCHEDULE

BoT approval 1/17
construction 10/18-9/20
facility opening 10/20

PROJECT UPDATE

The building is completing interior finishes, starting site work and the occupants will be moving in October. The work in the chiller plant and supporting buildings is complete.



On Time



On Budget



OPTOMETRY CLINIC AND HEALTH SCIENCES FACULTY OFFICE BUILDING

Construct a building located at the corner of 11th and Neil Avenue for College of Optometry patient clinic and eyewear gallery. The facility will also include clinic support and Health Sciences faculty offices. This project is a key enabler for the Interdisciplinary Health Sciences Center.

PROJECT FUNDING

auxiliary funds; university funds

CURRENT PROJECT BUDGET

construction w/cont \$31.7M

total project \$35.9M

CONSULTANTS

architect of record

Design/Build firm

Moody Nolan

Daimler Group

PROJECT SCHEDULE

BoT approval

11/17

construction

2/19-10/20

facility opening

11/20

PROJECT UPDATE

Window installation is complete. Exterior paneling and masonry are nearly complete. Interior paint, carpet and casework are in process.

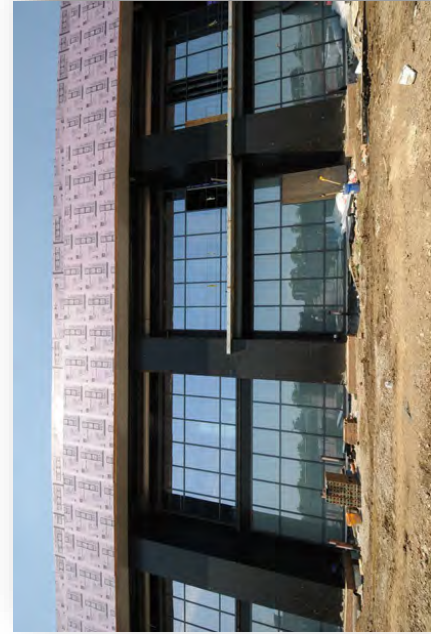


On Time



On Budget





TY TUCKER TENNIS CENTER

Construct a new 68,000 GSF indoor tennis facility in the Athletics District. The new center will include 6 courts, seating for 500, men's and women's varsity locker rooms, training facilities and offices.

PROJECT FUNDING

university funds; fundraising

CURRENT PROJECT BUDGET

construction w/cont \$20.9M
total project \$23.1M

CONSULTANTS

architect of record Moody Nolan
CM at Risk Barton Malow

PROJECT SCHEDULE

BoT approval 8/18
construction 9/19-9/20
facility opening 10/20

PROJECT UPDATE

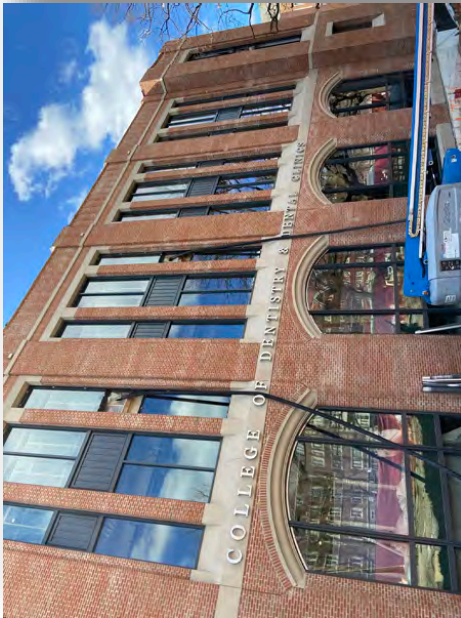
Drywall is on-going on the first and mezzanine floors. Tile is being installed in the bathrooms. Sports liner is being installed. East side masonry is ongoing and electric gear start-up is complete.



On Time



On Budget



POSTLE PARTIAL REPLACEMENT

Replace the southern portion of the east wing and renovate/upgrade portions of the west wing.

PROJECT FUNDING

fundraising; state appropriations; department funds; university debt

CURRENT PROJECT BUDGET

construction w/cont \$85.4M
total project \$95.0M

CONSULTANTS

architect of record Design Group
des architect Robert AM Stern Arch
CM at Risk Gilbane

PROJECT SCHEDULE

BoT approval 9/16
construction 6/18-12/20
facility opening TBD

PROJECT UPDATE

Interior framing and finishes and mechanical/electrical/plumbing are progressing. The university is evaluating the revised schedule and cost impacts due to the vacuum piping redesign. Dental and sterilization equipment installation has started and the transition consultant is working with the college and project team to coordinate equipment installs and moves.



On Time



On Budget



WEXNER MEDICAL CENTER INPATIENT HOSPITAL – CENTRAL STERILE SUPPLY

The project will construct a central sterile supply building to serve the hospital and ambulatory locations.

PROJECT FUNDING

auxiliary funds

CURRENT PROJECT BUDGET

construction w/cont \$35.4M

total project \$45.3M

CONSULTANTS

architect of record HDR

CM at Risk Walsh-Turner

PROJECT SCHEDULE

BoT approval 2/18

construction 7/19-12/20

facility opening 1/21

PROJECT UPDATE

Interior wall framing and roof work are complete. Major equipment is being installed. Interior MEP work is ongoing.



On Time



On Budget



NEWARK – JOHN & MARY ALFORD CTR FOR SCIENCE AND TECHNOLOGY

Construct a 60,000 GSF facility containing biological and physical sciences research and teaching labs, classrooms, collaborative learning and academic support spaces. Spaces will serve both the Newark campus and Central Ohio Technical College.

PROJECT FUNDING

university funds; university debt; fundraising

CURRENT PROJECT BUDGET

construction w/cont \$29.7M
total project \$32.0M

CONSULTANTS

architect of record DesignGroup
CM at Risk Smoot

PROJECT SCHEDULE

BoT approval 8/18
construction 7/19-3/21
facility opening 4/21

PROJECT UPDATE

Exterior enclosure and interior framing are ongoing



On Time



On Budget



WMC INPATIENT HOSPITAL GARAGE, INFRASTRUCTURE & ROAD WORK

The project will construct a 1,887-space parking garage west of McCampbell Hall. Infrastructure work includes water line connections, sewer lines and communications lines; road work includes street, curb and sidewalks on both sides of street A, including direct sidewalk connection to ingress and egress points of the garage, and street lighting on the west side.

PROJECT FUNDING
auxiliary funds

| | |
|-------------------------------|-------------------------|
| CURRENT PROJECT BUDGET | CONSULTANTS |
| construction w/cont \$76.3M | architect of record HDR |
| total project \$99.9M | CM at Risk Walsh-Turner |

| | |
|-------------------------|-----------|
| PROJECT SCHEDULE | |
| BoT approval | 2/18 |
| construction | 5/19-3/21 |
| facility opening | 3/21 |

PROJECT UPDATE

Concrete deck pours are complete. Precast installation is on going. Garage construction will be phased with approximately 1,741 spaces opening in 11/2020, and the remainder open by 3/2021.



On Time



On Budget

WMC OUTPATIENT CARE NEW ALBANY

Construct an approximately 251,000 square foot medical office building and ambulatory surgery center on North Hamilton Road.

PROJECT FUNDING

auxiliary funds

CURRENT PROJECT BUDGET

| | | | |
|-----------------------------------|---------------------|---|----------------------------|
| construction w/cont total project | \$89.2M \$137.9M | CONSULTANTS architect of record CM at Risk | DLR Group Daimler Group |
|-----------------------------------|---------------------|---|----------------------------|

PROJECT SCHEDULE

| | |
|------------------|-----------|
| BoT approval | 4/18 |
| construction | 7/19-6/21 |
| facility opening | 8/21 |

PROJECT UPDATE

Mechanical rough in continues through the third floor of the medical office building (MOB) and the first floor of the ambulatory surgery center (ASC). Exterior air and water barrier is complete on the ASC and exterior insulation continues to progress on the MOB. The bases for site lighting have been completed.



On Time



On Budget



DODD – PARKING GARAGE



Construct a six-level parking facility for approximately 1,100 cars on the former Dodd Hall surface lot.

PROJECT FUNDING

university funds; partner funds

CURRENT PROJECT BUDGET

construction w/cont \$30.7M
total project \$33.3M

CONSULTANTS

arch of record Schooley/Caldwell
Design Builder TBD

PROJECT SCHEDULE

BoT approval 8/19
construction 10/20-5/22
facility opening 5/22

PROJECT UPDATE

Criteria design is underway; design builder selection is underway.



On Time



On Budget

WMC OUTPATIENT CARE DUBLIN



Construct an approximately 272,000-square foot ambulatory building that will include ambulatory surgery, endoscopy, primary care, specialty medical and surgical skills, and related support

PROJECT FUNDING

auxiliary funds

| CURRENT PROJECT BUDGET | | CONSULTANTS | |
|------------------------|----------|---------------------|----------------|
| construction w/cont | \$105.0M | architect of record | DLR/WRLL |
| total project | \$161.2M | CM at Risk | Corna/Kokosing |

PROJECT SCHEDULE

| | |
|------------------|-----------|
| BoT approval | 5/19 |
| construction | 7/20-7/22 |
| facility opening | 9/22 |

PROJECT UPDATE

Construction has begun on site with site clearing and mobilization activities.



On Time



On Budget



CELESTE LAB RENOVATION

Upgrade the building mechanical, electrical and plumbing systems; renovate chemistry labs and support spaces; improve the exterior envelope.

PROJECT FUNDING

university funds; state funds

CURRENT PROJECT BUDGET

construction w/cont \$27.0M
total project \$31.1M

CONSULTANTS

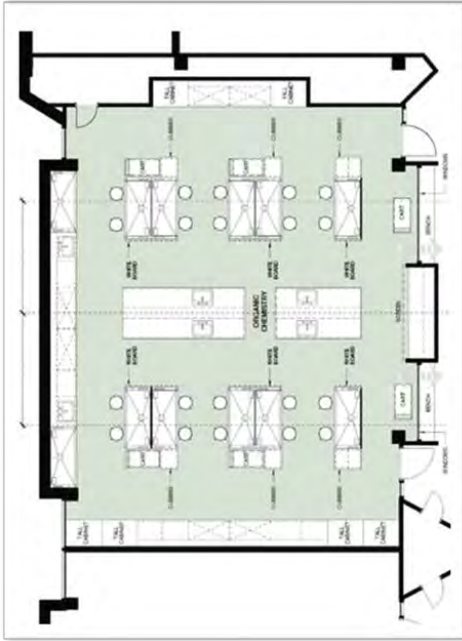
architect of record BHP
CM at Risk Elford

PROJECT SCHEDULE

BoT approval 8/18
construction 7/20-8/22
facility opening 8/22

PROJECT UPDATE

Construction abatement, demolition, and air handling unit replacements have begun.



On Time



On Budget



INTERDISCIPLINARY RESEARCH FACILITY

Construct a five-story laboratory building in the West Campus Innovation district to serve multiple research disciplines, including biomedical, life sciences, engineering, and environmental sciences. The facility will also include a 55,000-square foot exterior plaza to provide collaborative space for the district.

PROJECT FUNDING

auxiliary funds; university debt; fundraising; university funds

CURRENT PROJECT BUDGET

construction w/cont \$213.4M
total project \$237.5M

CONSULTANTS

architect of record Pelli Clarke Pelli
CM at Risk Whiting Turner/Corna Kok

PROJECT SCHEDULE

BoT approval 11/17
construction 8/20-5/23
facility opening 6/23

PROJECT UPDATE

Construction Documents are being finalized. Site mobilization to begin in August.



On Time



On Budget



WMC OUTPATIENT CARE WEST CAMPUS

Construct an approximately 385,000-square foot ambulatory facility including a surgical center, proton therapy, and medical office space. The proton therapy facility will focus on cutting-edge cancer treatments and research in flash technology. The facility will also include a 640-space parking garage.

PROJECT FUNDING

auxiliary funds

CURRENT PROJECT BUDGET

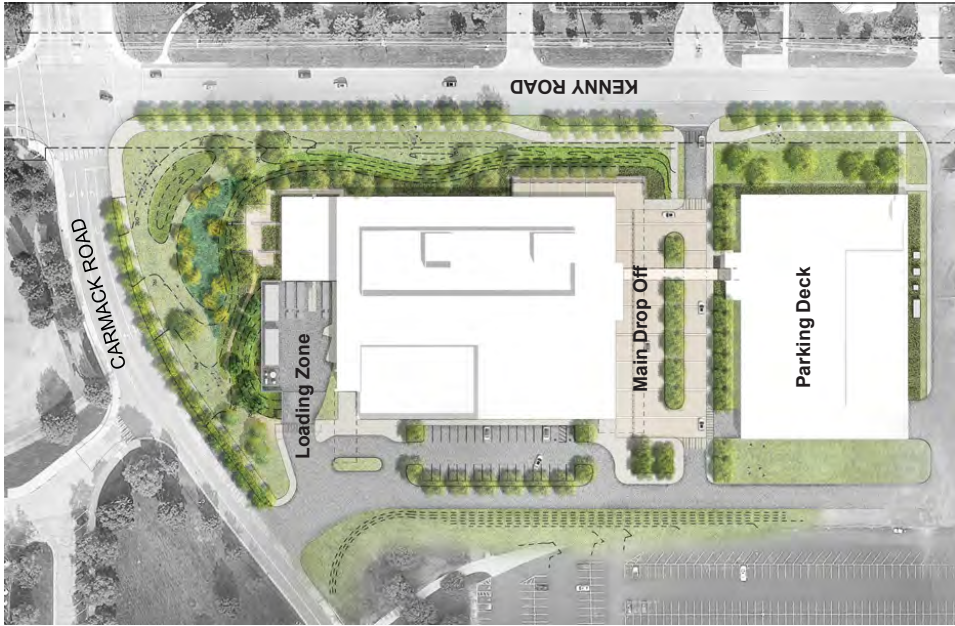
construction w/cont \$215.4M architect of record Perkins & Will
total project \$343.7M CM at Risk BoldtLinbeck

PROJECT SCHEDULE

BoT approval 11/18
construction 7/20-11/22
facility opening- ambulatory 3/23
facility opening – proton 6/23

PROJECT UPDATE

Project is completing construction documents



On Time

On Budget



INTERDISCIPLINARY HEALTH SCIENCES CENTER

Multi-phase renovation of 120,000 sf and addition of 100,000 sf to create a collaborative campus for inter-professional education throughout the health science, including the College of Medicine, Optometry, Nursing, and the School of Health and Rehabilitation Sciences. Program spaces include classrooms, anatomy labs, research labs, administrative and building support.

PROJECT FUNDING

auxiliary funds; department funds; state funds; fundraising

CURRENT PROJECT BUDGET

| | | | |
|---------------------|----------|---------------------|-------------|
| construction w/cont | \$135.4M | architect of record | Acock Assoc |
| total project | \$155.9M | CM at Risk | Gilbane |

PROJECT SCHEDULE

| | |
|------------------|--------------|
| BoT approval | 11/17 |
| construction | Resumes 8/20 |
| facility opening | TBD |

PROJECT UPDATE

This project, previously on hold due to the uncertainty of COVID-19, received approval to remobilize and begin construction activities. The project team is working to finalize a revised schedule.



 On Time
  On Budget



NEWTON – RENOVATION AND ADDITION

Construct an addition of approximately 35,000 sf to the south that will include flexible classrooms, information learning spaces and offices.

PROJECT FUNDING

department funds; fundraising; university debt; state funds

CURRENT PROJECT BUDGET

construction w/cont \$21.8M
total project \$25.3M

CONSULTANTS

architect of record Meacham & Apel
CM at Risk Ruscilli

PROJECT SCHEDULE

BoT approval 2/18
construction TBD
facility opening TBD

PROJECT UPDATE

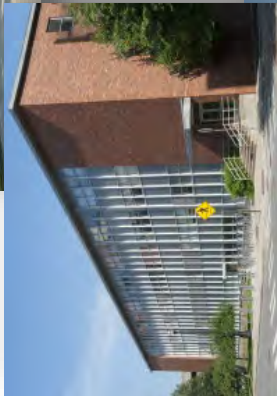
This project, previously on hold due to the uncertainty of COVID-19, has been approved to restart. The project team is working on a revised schedule with construction anticipated to begin by the end of the calendar year.



On Time



On Budget



INSTRUCTIONAL SCIENCE BUILDINGS DEFERRED MAINTENANCE

Renew mechanical, electrical and plumbing services in selected buildings, including Mendenhall Laboratory, Bolz Hall, Howlett Hall, and Parks Hall.

PROJECT FUNDING
university debt

CURRENT PROJECT BUDGET

| | | | |
|-----------------------------------|--------------------|---|-----------------------------|
| construction w/cont total project | \$23.0M \$25.0M | CONSULTANTS architect of record CM at Risk | Hasenstab Whiting-Turner |
|-----------------------------------|--------------------|---|-----------------------------|

PROJECT SCHEDULE

| | |
|------------------|--------------|
| BoT approval | 11/18 |
| construction | 6/20 – 11/21 |
| facility opening | 11/21 |

PROJECT UPDATE

Mechanical improvements have started on the 4th floor of Bolz Hall and will be complete in February 2021. Parks Hall has completed the GMP and work is scheduled to start in October. Work will include upgrades to mechanical systems and new heat exchangers.

Following an evaluation of capital projects related to the uncertainty of COVID-19, projects that can be slowed or modified have been identified. Design development documents for Mendenhall Lab and Howlett Hall have been completed but additional steps need further evaluation.



On Time



On Budget



ARTS DISTRICT

Renovate and expand the School of Music building and construct a new Department of Theatre building. The project will also extend Annie and John Glenn Avenue from College Road to High Street and make modifications to College Road and adjacent pedestrian spaces.

PROJECT FUNDING
university funds

| | |
|-------------------------------|--------------------------------|
| CURRENT PROJECT BUDGET | CONSULTANTS |
| construction w/cont \$144.0M | architect of record DLR Group |
| total project \$161.6M | CM at Risk Holder Construction |

PROJECT SCHEDULE

| | |
|------------------|-----------|
| BoT approval | 8/15 |
| construction | 6/19-1/22 |
| facility opening | 3/22 |

PROJECT UPDATE

Steel erection for School of Music is ongoing. This project will continue with the completion of the School of Music, but the university has delayed the construction of Department of Theater. The university remains committed to completing the project and will evaluate a revised schedule for the Department of Theater scope at the appropriate time.



On Time



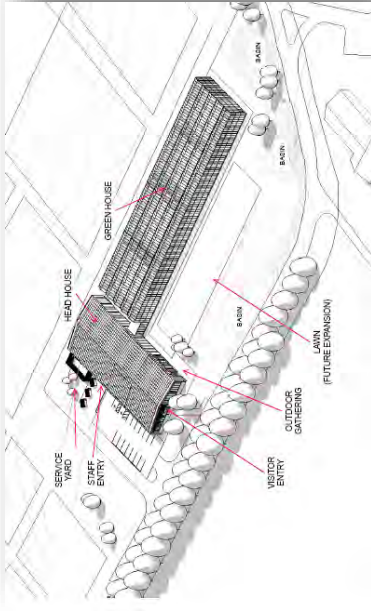
On Budget





CONTROLLED ENVIRONMENT FOOD PRODUCTION RESEARCH COMPLEX

Construct a new facility to house research and support learning in several approaches to food (plant and fish) production; research on greenhouse engineering, pest and pathogen management, and plant breeding.



PROJECT FUNDING

university funds, university debt, fundraising

CURRENT PROJECT BUDGET

construction w/cont \$31.8M
total project \$35.0M

CONSULTANTS

architect of record Erdy McHenry
CM at Risk Corna/Kokosing

PROJECT SCHEDULE

BoT approval 6/17
construction TBD
facility opening TBD

PROJECT UPDATE

Following an evaluation of capital projects related to the uncertainty of COVID-19, projects that can be slowed or modified have been identified. This project has been paused while the university evaluates a modified timeline.



On Time



On Budget



LACROSSE STADIUM

Construct a new outdoor lacrosse stadium in the Athletics District, east of the Covelli Center, for the Men’s and Women’s varsity programs. The venue will include an outdoor field, seating for 2,500, locker rooms and concessions.

PROJECT FUNDING

fundraising

CURRENT PROJECT BUDGET

construction w/cont \$17.7M architect of record HOK
total project \$20.0M CM at Risk CM at Risk Ruscilli

PROJECT SCHEDULE

BoT approval 8/19
construction TBD
facility opening TBD

PROJECT UPDATE

Following an evaluation of capital projects related to the uncertainty of COVID-19, projects that can be slowed or modified have been identified. Project design will be completed on schedule. The project will then be paused to evaluate a revised timeline for construction.



On Time



On Budget



THE OHIO STATE UNIVERSITY

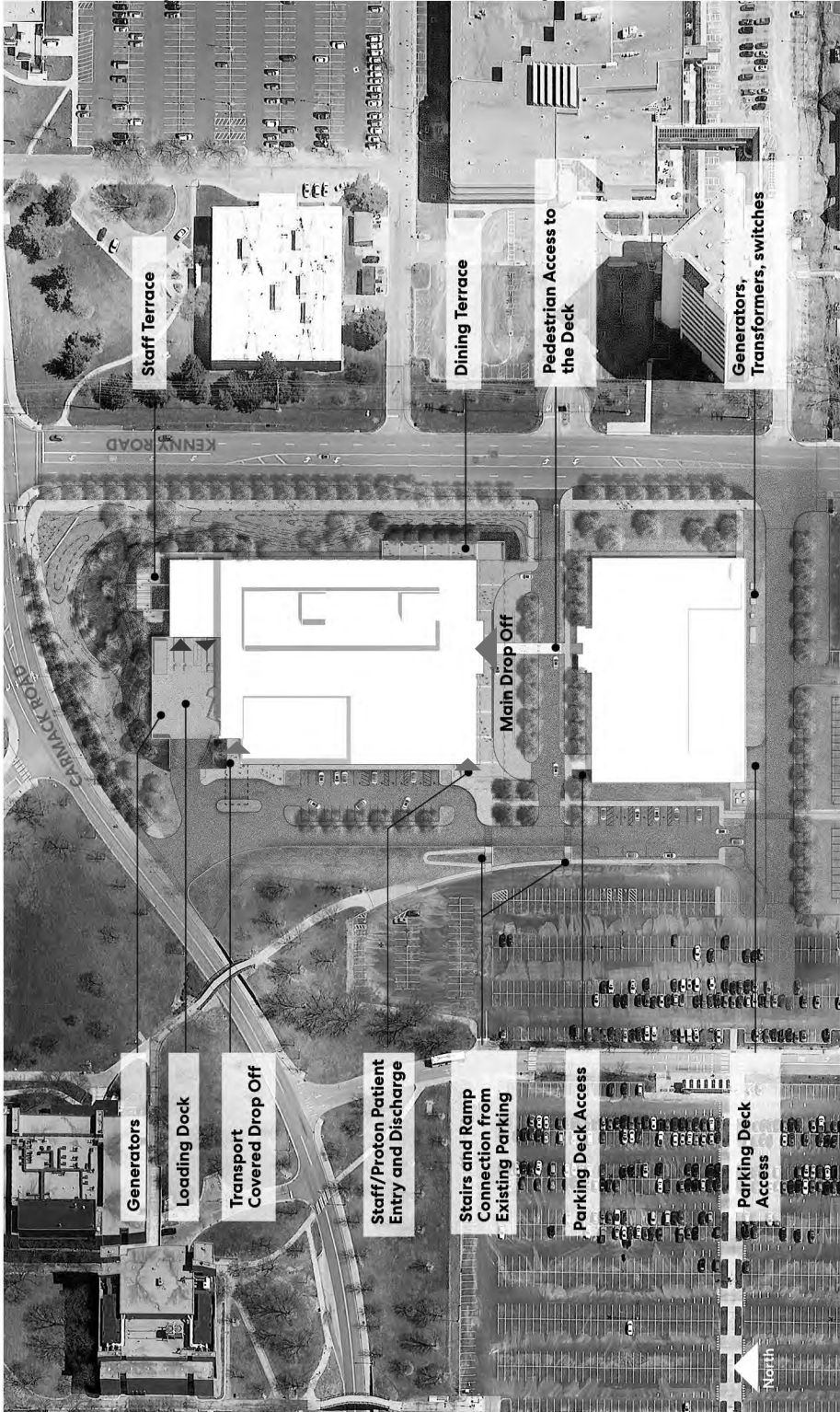
WEXNER MEDICAL CENTER

WMC Outpatient Care West Campus

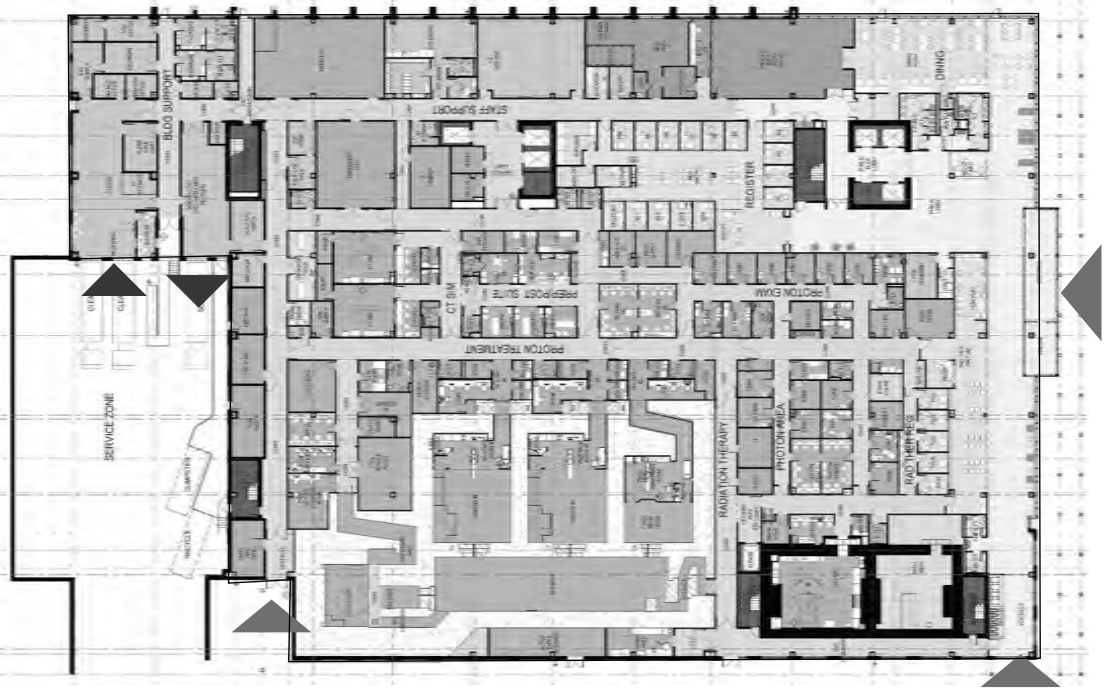
Master Planning & Facilities Committee

August 26, 2020

Perkins&Will



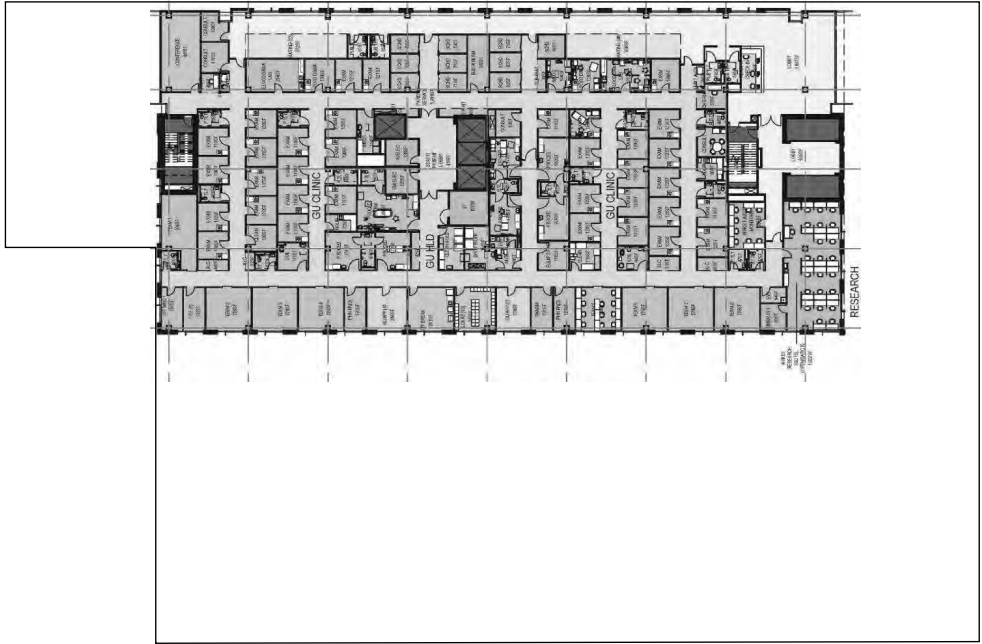
Overall Site Plan



Healthcare Legend

- PUBLIC CIRCULATION
- PUBLIC SUPPORT
- REGISTER
- STAFF COMMON
- BUILDING SUPPORT
- FOOD SERVICE
- RADIATION THERAPY
- MECH/ELECT
- STAFF CIRCULATION
- VERTICAL CIRCULATION
- SHELLED

First Floor Plan



Healthcare Legend

- PUBLIC CIRCULATION
- PUBLIC SUPPORT
- REGISTER
- STAFF COMMON
- ADMIN
- CANCER RESEARCH OFFICE
- CENTRAL STERILE PROCESSING
- CLINICST - GU/URO
- MECH/ELEC/IT
- STAFF CIRCULATION
- VERTICAL CIRCULATION

Typical Clinic Floor Plan



Exterior Study — Woody Hayes



Perkins&Will



Exterior Study — Main Entry



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Perkins&Will



Board of Trustees

210 Bricker Hall
190 North Oval Mall
Columbus, OH 43210-1388

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trustees.osu.edu

Appendix VII

SUMMARY OF ACTIONS TAKEN

August 26, 2020 – Talent, Compensation & Governance Committee Meeting

Voting Members Present by Zoom Virtual Meeting:

Hiroyuki Fujita
Lewis Von Thaeer
Erin P. Hoefflinger

John W. Zeiger
Elizabeth P. Kessler
Jeff M.S. Kaplan

Gary R. Heminger (ex officio)

Members Absent:

N/A

PUBLIC SESSION

The Talent, Compensation & Governance Committee of The Ohio State University Board of Trustees convened on Wednesday, August 26, 2020, virtually over Zoom. Committee Chair Hiroyuki Fujita called the meeting to order at 3:15 p.m.

Items for Discussion

1. **Annual Trustee Ethics Training:** The board's Statement of Ethical Conduct and Leadership Integrity requires that all trustees participate in ethics education on an annual basis. Anne Garcia, Gates Garrity-Rokous and Jessica Tobias led this annual ethics training, which discussed how the trustees' fiduciary obligations have been codified in the Ohio Ethics Law. The goals of the training session were to make sure trustees know where to go for questions; to reinforce their commitment to integrity; and to increase their understanding of the Ohio Ethics Law.
2. **Statement of Expectations:** Dr. Fujita reminded the board that, as part of our bylaws, each trustee is required to periodically review the board's Statement of Expectations and provide a signature to confirm that they have reviewed it.
3. **Career Roadmap Updates:** Susan Basso and Rob Prisbrey, Compensation Projects Senior Director, shared an update on the strategic Career Roadmap initiative. They discussed mapping validation, costing, adoption and communications. Over the last year, 30,000 positions were mapped to the new framework and validated by unit leaders and their HR partners. They are now in the final phase of mapping and will continue to work on reducing mapping inflation through an audit of positions that fall well outside of their standard pay ranges.

(See Attachment XVII for background information, page 300)

4. **Key Critical Searches:** Susan Basso shared updates on two of the high-level searches that are in motion, including the searches for the university's Senior Vice President and General Counsel and the Dean of the College of Engineering.



Items for Action

5. Resolution No. 2021-26, Personnel Actions

BE IT RESOLVED, That the Board of Trustees hereby approves the personnel actions as recorded in the personnel budget records of the university since the June 3, 2020, meeting of the board, including the following appointments and contract updates:

Appointments

Name: Kristina M. Johnson
Title: President
Unit: The Ohio State University
Term: September 1, 2020 – August 31, 2025

Name: Carol R. Bradford
Title: Dean
Title: Leslie H. and Abigail S. Wexner Dean's Chair in Medicine
Unit: College of Medicine
Title: Vice President of Health Sciences
Unit: Wexner Medical Center
Term: October 1, 2020 – September 30, 2025

Note: Dr. Carol Bradford holds a Visiting Professor appointment in the Department of Otolaryngology. Her appointment as a tenured Professor in Otolaryngology will come forward for approval at the November Board of Trustees meeting.

6. Resolution No: 2021-13, Approval of Talent, Compensation & Governance Committee Charter

Synopsis: Approval of Talent, Compensation & Governance Committee Charter, which will supersede and replace the Talent & Compensation Committee Charter and the Governance Committee Charter, is proposed.

WHEREAS the Board of Trustees may adopt individual committee charters, consistent with committee descriptions, that set forth further information and definition regarding the committee's charge, committee composition, or the delegated authority and responsibilities of each committee; and

WHEREAS the delineation and description of each committee function will enable the board to be more effective in the execution of its duties and responsibilities; and

WHEREAS the Board of Trustees combined the Talent & Compensation Committee and the Governance Committee and created a Talent, Compensation & Governance Committee of the board effective August 30, 2019; and

WHEREAS section 3335-1-02(C)(1)(d) of the *Bylaws of the Ohio State University Board of Trustees* sets forth the description of the Board of Trustees' Talent, Compensation & Governance Committee; and

WHEREAS the Talent, Compensation & Governance Committee has developed a proposed charter, consistent with that description, that reflects its status as a standing committee of the Board of Trustees, and that charter has been fully reviewed by the committee; and

WHEREAS the Board of Trustees desires to supersede and replace the Talent & Compensation Committee Charter adopted November 6, 2015, and the Governance Committee Charter adopted



February 1, 2013, with the attached Talent, Compensation & Governance Committee Charter dated August 27, 2020; and

WHEREAS the Talent, Compensation & Governance Committee shall be governed by the rules set forth in this Talent, Compensation & Governance Committee Charter:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Talent, Compensation & Governance Committee Charter dated August 27, 2020.

(See Appendix XIX for background information, page 435)

7. Resolution No: 2021-14. Amendments to the *Bylaws of The Ohio State University Board of Trustees*

Synopsis: Approval of the attached amendments to the *Bylaws of The Ohio State University Board of Trustees*, is proposed.

WHEREAS pursuant to 3335-1-09 (C) of the Administrative Code, the rules and regulations for the university may be adopted, amended or repealed by a majority vote of the University Board of Trustees at any regular meeting of the board; and

WHEREAS a periodic review of the board's bylaws is a governance best practice; and

WHEREAS the last revisions to the *Bylaws of the Ohio State University Board of Trustees* took place on June 3, 2020:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached amendments to the *Bylaws of the Ohio State University Board of Trustees*.

(See Appendix XX for background information, page 438)



8. Resolution No. 2021-15, Ratification of Committee Appointments 2020-2021

BE IT RESOLVED, That the Board of Trustees hereby approves that the ratification of committee appointments for 2020-2021 are as follows:

Academic Affairs, Student Life & Research:

Brent R. Porteus, Chair
Cheryl L. Krueger
Abigail S. Wexner
Hiroyuki Fujita
Alan A. Stockmeister
Elizabeth P. Kessler
Jeff M.S. Kaplan
Anand Shah
Susan Olesik (faculty member)
Gary R. Heminger (ex officio)

Advancement:

Erin P. Hoefflinger, Chair
Alan A. Stockmeister, Vice Chair
Cheryl L. Krueger
Abigail S. Wexner
Craig S. Bahner
Thomas M. Murnane
Catherine Baumgardner (Alumni Assn member)
Janelle Jordan (Alumni Assn member)
Alec Wightman (Foundation Board member)
Anne Klamar (Foundation Board member)
Gary R. Heminger (ex officio)

Audit, Compliance & Finance:

John W. Zeiger, Chair
Brent R. Porteus
Erin P. Hoefflinger
Alexander R. Fischer
Hiroyuki Fujita
Elizabeth P. Kessler
Lewis Von Thaer
Jeff M.S. Kaplan
James D. Klingbeil
Amy Chronis
Gary R. Heminger (ex officio)

Talent, Compensation & Governance:

Hiroyuki Fujita, Chair
Lewis Von Thaer, Vice Chair
Erin P. Hoefflinger
John W. Zeiger
Elizabeth P. Kessler
Jeff M.S. Kaplan
Gary R. Heminger (ex officio)



Master Planning & Facilities:

Alexander R. Fischer, Chair
James D. Klingbeil, Vice Chair
Brent R. Porteus
Anand Shah
Robert H. Schottenstein
Gary R. Heminger (ex officio)

Wexner Medical Center:

Leslie H. Wexner, Chair
Abigail S. Wexner
Cheryl L. Krueger
Hiroyuki Fujita
John W. Zeiger
Stephen D. Steinour
Robert H. Schottenstein
W.G. Jurgensen
Cindy Hilsheimer
Gary R. Heminger (ex officio, voting)
KRISTINA M. JOHNSON (ex officio, voting) – effective September 1, 2020
Harold L. Paz (ex officio, voting)
Bruce A. McPheron (ex officio, voting)
Michael Papadakis (ex officio, voting)

9. Resolution No: 2021-27, Presidential Review and Compensation

Synopsis: Approval of President Drake's review and compensation is proposed.

WHEREAS it is best practice across higher education for a governing board to conduct an annual performance review of the university president; and

WHEREAS under the terms of President Drake's letter of offer, the president shall be eligible for a contractually-required annual performance award as determined by the Board of Trustees; and

WHEREAS pursuant to its charter, the Talent, Compensation & Governance Committee has reviewed the performance of the president for fiscal year 2020; and

WHEREAS the Procedure for Setting and Reviewing Compensation for University Executives authorizes the chair of the Talent, Compensation & Governance Committee to review and approve an annual performance award for the president, subject to ratification by the committee and the Board of Trustees:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves a contractually-required annual performance award for the president of \$133,792 which amounts to 15% percent of his annual base salary.



Action: Upon the motion of Dr. Fujita, seconded by Mr. Von Thae, the committee adopted the foregoing motions by unanimous voice vote with the following members present and voting: Dr. Fujita, Mr. Von Thae, Mrs. Hoeflinger, Mr. Zeiger, Ms. Kessler, Mr. Kaplan and Mr. Heminger.

Written Report

In the public session materials, there was one written report shared for the committee to review:

- a. Human Resources Summary

EXECUTIVE SESSION

It was moved by Dr. Fujita, and seconded by Mrs. Hoeflinger, that the committee recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes, and to discuss personnel matters regarding the appointment, employment and compensation of public employees.

A roll call vote was taken, and the committee voted to go into executive session, with the following members present and voting: Dr. Fujita, Mr. Von Thae, Mrs. Hoeflinger, Mr. Zeiger, Ms. Kessler, Mr. Kaplan and Mr. Heminger.

The committee entered executive session at 4:00 p.m. and the meeting adjourned at 4:28 p.m.



THE OHIO STATE UNIVERSITY

HUMAN RESOURCES

Career Roadmap Update

August 26, 2020

Ohio State is creating a compensation framework that is consistent, transparent, and sustainable for employee career growth

Internal Consistency

- Academic and medical campuses currently lack consistency across the enterprise with use of:
 - **Different job titles** and pay ranges for the same jobs
 - Different compensation practices
- Academic campus uses **1970s era** job classifications and five separate, historical salary structures

Market Relevancy

- Salary structures last **updated 10 years ago** for academic campus (best practice annual or bi-annual)
- Salary structures updated episodically for medical campus (best practice is annual update)

Employee Perception and Culture Surveys

Employees want **transparent career paths** and development opportunities to grow their careers

Respondents indicated that Ohio State did not have clear career paths and opportunities for promotion

- 2008 Survey – **72.6 percent** agreed
- 2011 Survey – **73.6 percent** agreed

Career Roadmap is a comprehensive **job family model** and compensation structure designed to attract and retain talent

Career Roadmap will provide employees, managers and HR with:



Visible Career Paths

- Career path opportunities defined through a new Career Framework for better talent discussion

302



Common Language

- Consistency to describe jobs and career levels across the Campus and the Medical Center

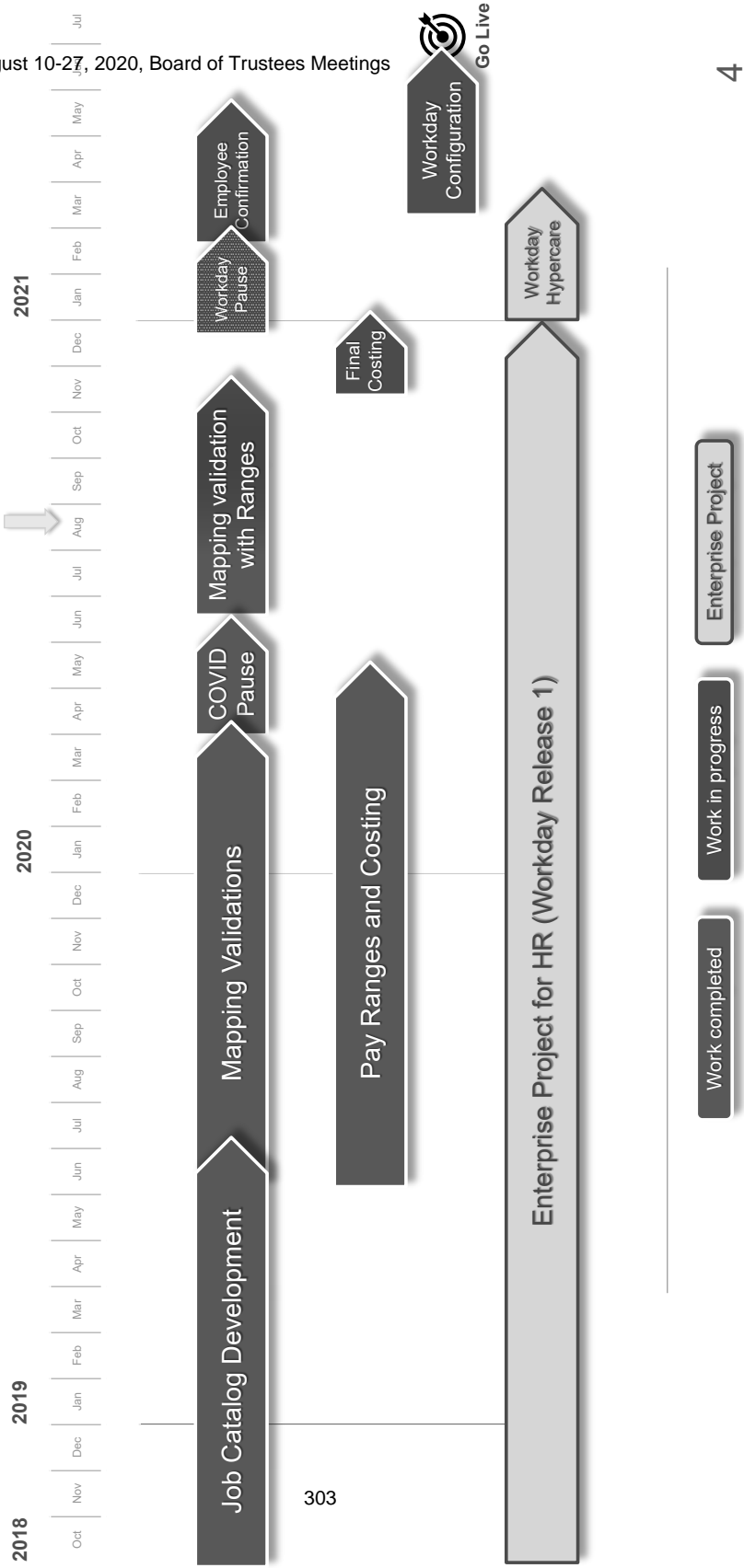


Market Relevance

- Consistent alignment of jobs to market competitive salary structures for informed decision making

Over time, Career Roadmap will help leaders better **address workforce needs** and enhance Ohio State's reputation as an employer of choice

August 10-27, 2020, Board of Trustees Meetings



Important Accomplishments:



FLSA Compliance: Better alignment of FLSA exemption status



Job Valuation: Best-practice market pricing of jobs to assign pay ranges



Pay Ranges: Merit increases capped at maximum; focus merit dollars on below market talent



Title Inflation: Best-practice career level standards consistently applied (focused review in Sept.)



Sustainability: Annual review process of market data and salary structure

These tools are critical in managing employee pay

Actions:

- Review mapping with new pay ranges; focus on below-range-minimum outcomes
- Managers learn about changes to FLSA and CCS status for employees and new policies
- Leaders review final cost implications of mapping
- Managers communicate mapping to employees
- Leadership reviews resource request for technical support during spring 2021

Outcomes:

- Consistent mapping outcomes that support resource stewardship
- Managers support appropriate change to better align with regulatory environments
- Approve employee communication phase
- Managers take ownership of mapping decisions
- Approve technical resources needed for go-live by July 1, 2021 (ranges used for annual merit)

Support Needed

- Set resolute tone for adoption of Career Roadmap as **university strategy**
- Set tone for **adoption of new policy** and practices
- Acknowledge significant effort still required amongst **competing priorities**
- Support resource allocation to allow July 1, 2021 go-live date



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Appendix VIII

SUMMARY OF ACTIONS TAKEN

August 27, 2020 – Advancement Committee Meeting

Voting Members Present by Zoom Virtual Meeting:

Erin P. Hoeflinger
Alan A. Stockmeister
Cheryl L. Krueger
Craig S. Bahner

Thomas M. Murnane
Catherine Baumgardner
Janelle Jordan
Alec Wightman

Anne E. Klamar
Gary R. Heminger (ex officio)

Members Absent:

Abigail S. Wexner

PUBLIC SESSION

The Advancement Committee of The Ohio State University Board of Trustees convened virtually over Zoom on Thursday, August 27, 2020. Committee Chair Erin P. Hoeflinger called the meeting to order at 8:00 a.m.

Items for Discussion

1. **Student Emergency Fund:** Dr. Melissa Shivers, Vice President for Student Life, shared updates on the impact of gifts to the Student Emergency Fund. More than 1,400 applications for assistance were received from March 12 to May 1, 2020, with an all-time high on April 21 with 131 applications submitted in one day. By comparison, in autumn 2019, 80 applications were received throughout the entire semester.

(See Attachment XVIII for background information, page 315)

2. **Advancement Scorecard:** Michael Eicher, Senior Vice President for Advancement, shared updates to the Advancement Scorecard through June 30, 2020, which was the end of FY20. Three metrics were rated as red on the scorecard – Gifts & Pledges, Total Donors and the Acquired and Reacquired Donors subset of Total Donors. One metric was rated as yellow – the Renewed Donors subset of Total Donors. The Cash metric, which was at 102.9% of the YTD Target, was rated as green. Mr. Eicher explained the significant impact of the pandemic on these metrics.

(See Attachment XIX for background information, page 316)

3. **Alumni Association Report:** Committee members Catherine Baumgardner and Janelle Jordan, who serve as representatives of the OSU Alumni Association Board, gave a report on the many creative ways in which the Alumni Association has been engaging virtually with alumni, volunteers, donors and friends during the pandemic. They were joined by Samantha Frost, Senior Director for Alumni Experiences.
4. **Committee Charter Review:** Mrs. Hoeflinger shared a draft version of the revised Advancement Committee charter for review. The charter is being updated for consistency in formatting, using the same revised template as the other committees.



Items for Action

5. Resolution No. 2021-16, University Foundation Report

Synopsis: Approval of the University Foundation Report as of July 31, 2020, is proposed.

WHEREAS monies are solicited and received on behalf of the university from alumni, industry and various individuals in support of research, instructional activities and service; and

WHEREAS such gifts are received through The Ohio State University Foundation; and

WHEREAS this report includes: (i) the establishment of two (2) endowed professorships: the John W. Wilkins Endowed Professorship of Physics, and The John I. Makhoul Professorship in Electrical and Computer Engineering; one (1) endowed professorship fund: the Centennial Endowed Professor of Nursing Fund; and twenty-one (21) additional named endowed funds; (ii) the revision of seven (7) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of July 31, 2020.

(See Appendix XXI for background information, page 439)

6. Resolution No: 2021-17, Naming of Bagnoli Family Tower at Ohio Stadium in the Department of Athletics

Synopsis: Approval for naming the northeast tower at Ohio Stadium, located at 411 Woody Hayes Drive, is proposed.

WHEREAS the Ohio Stadium is one of the most recognizable landmarks in all of college athletics, built in 1922 and renovated in 2001; and

WHEREAS the Ohio Stadium continues to advance Ohio State's athletic reputation and helps attract and retain the best prospective student-athletes; and

WHEREAS Dr. Vivian von Gruenigen and Dr. Dominic J. Bagnoli, Jr. have provided significant contributions to the Department of Athletics to support the men's football program and all student-athletes who train and compete in the Athletics District; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Dr. Vivian von Gruenigen and Dr. Dominic J. Bagnoli, Jr.'s philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned tower be named Bagnoli Family Tower for the life of the physical facility.



Items for Action (continued)

7. Resolution No: 2021-18. Naming of Thomas W. and Eleanore A. Shulman Lobby at the Ty Tucker Tennis Center in the Department of Athletics

Synopsis: Approval for naming the lobby at the Ty Tucker Tennis Center, located within the Athletics Districts on The Ohio State University Columbus campus, is proposed.

WHEREAS the Ty Tucker Tennis Center will provide the men's and women's tennis programs with a state-of-the-art practice and competition facility, offices and other spaces for student-athletes; and

WHEREAS the Ty Tucker Tennis Center will allow the Ohio State men's and women's tennis teams to excel in education, recruiting, training and competition, and it will result in increased student-athlete success; and

WHEREAS through generous philanthropy to the Department of Athletics, Eleanore A. and Thomas W. Shulman have made a lasting impact at The Ohio State University by creating opportunities for outstanding tennis student-athletes to hone their talents; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy;

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of Eleanore A. and Thomas W. Shulman's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned lobby be named Thomas W. and Eleanore A. Shulman Lobby for the life of the physical facility.



Items for Action (continued)

8. Resolution No: 2021-19, Naming of the Ohio State University Wexner Medical Center Service Board Conference Room in the Jameson Crane Sports Medicine Institute

Synopsis: Approval for the naming of the conference room (Room 3202) in the Jameson Crane Sports Medicine Institute, located at 2835 Fred Taylor Drive, is proposed.

WHEREAS the Jameson Crane Sports Medicine Institute is the Midwest's largest and most advanced sports medicine facility, serving as the home of innovation and discovery in helping people improve their athletic performance, recover from injury and prevent future injuries; and

WHEREAS the Institute's research is focused on learning what causes athletic injuries, developing preventive interventions and enhancing how we get patients back to an active lifestyle, relying on a collaborative effort between engineers, athletic trainers, physical therapists, physicians and coaches; and

WHEREAS the Ohio State University Wexner Medical Center Service Board has provided significant contributions to the Jameson Crane Sports Medicine Institute; and

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy;

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the Ohio State University Wexner Medical Center Service Board's philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that the aforementioned conference room (Room 3202) be named the Ohio State University Wexner Medical Center Service Board Conference Room for the life of the current facility.



Items for Action (continued)

9. Resolution No: 2021-20. Naming of Internal Spaces in the Optometry Clinic and Health Sciences Faculty Office Building

Synopsis: Approval for naming of internal spaces in the Optometry Clinic and Health Sciences Faculty Office Building, located at 1664 Neil Avenue, is proposed.

WHEREAS the College of Optometry is dedicated to recruiting and developing the future leaders, the next generation of professors, and the most successful practitioners in the country; and

WHEREAS in addition to patient care facilities, the Optometry Clinic and Health Sciences Faculty Office Building will include clinical faculty offices and open workspaces; and

WHEREAS current and future Optometry services have moved from Fry Hall to the new Optometry Clinic and Health Sciences Faculty Office Building and students, faculty and patients will be using this new clinic for decades to come; and

WHEREAS the donors listed below have provided significant contributions to support the College of Optometry and the Optometry Clinic and Health Sciences Faculty Office Building; and

- Dr. Kathleen Murphy
- HOYA Vision Care
- Bad Habits Band - The Eye Docs of Rock
- Optometry Alumni Society
- Optometric Educators, Inc.
- Dr. Jim Bieber
- Dr. Jen Mattson
- Ms. Cary Boyd
- Eye Love Cares - Drs. Jenna and Travis Zigler
- Dr. Dawn Hartman and Dr. Richard Orlando
- Dr. Jason Miller and Dr. San San Cooley
- Multiple Gifts Coordinated by Dr. Bob Newcomb
- Multiple Gifts Coordinated by Dr. Andy Feltz
- Class of 2020 and Friends
- Dr. Susan Gromacki Lathrop
- Drs. Dave & Staci Anderson
- Dr. Ronald Ling and Mrs. Caron Lau
- Multiple Gifts Coordinated by Dr. Sarah Watkins - Class of 2006
- Dr. Yoongie Min
- Dr. Jeff Timko
- Dr. Matt Ingram
- Dr. Terry Bolen
- Dr. Bryan Heitmeyer
- Dr. Tim Fries
- Multiple Gifts Coordinated by Dr. Richard Lodwick



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- Dr. Daniel Runyan
- Dr. Jeff Ahrns, Dr. Brian Armitage, and Dr. Bruce Manning
- Dr. Terri Gossard
- Dr. Scott Bowser
- Dr. Frank Tangeman
- Dr. Bob Layman
- Dr. Bill Thomas
- Multiple Gifts Coordinated by Dr. Katie Greiner - Class of 2009
- Dr. Lee Halsted
- Dr. John Conrad
- Multiple Gifts from the Class of 1981
- Dr. D. Blair Harrold
- Multiple Gifts Coordinated by Dr. Julie Miavez - Class of 1990
- Dr. Ralph Williams, Dr. Khristopher Ballard, Dr. Leah McConaughy
- Dr. Richard Hill
- Ohio Optometric Association
- Dr. Ron Cooke
- Dr. Wayne Collier

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgment of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned internal spaces be named the following:

- Kathleen A. Murphy, OD Reception & Patient Waiting Area (1001)
- HOYA Vision Care Eyewear Gallery (1030)
- Bad Habits - "The EyeDocs of Rock" Faculty, Staff and Student Lounge (1100)
- The Ohio State University College of Optometry Alumni Society Waiting Room (2001)
- Optometric Educators, Inc. Binocular Vision/Pediatric Service Consultation Room (2018)
- Janet P. Bieber Binocular Vision/Pediatric Service Exam Room (2020)
- Galloway Eye Care Binocular Vision/Pediatric Service Exam Room (2022)
- Dr. Roger G. Boyd, OD Binocular Vision/Pediatric Service Exam Room (2034)
- Eye Love Cares Foundation Advanced Ocular Care Service Consultation Room (2069)
- Andrea Blanton Advanced Ocular Care Service Exam Room (2073)
- Dr. Jason Miller & Dr. San-San Cooley Advanced Ocular Care Service Exam Room (2080)
- Columbus and Chillicothe VA Residents 1981-1997 Advanced Ocular Care Service Exam Room (2082)
- Rich Bell, OD Advanced Ocular Care Service Exam Room (2084)
- Jeanne Danker Advanced Ocular Care Service Exam Room (2086)
- Dr. Susan Gromacki Lathrop, OD, MS and Dr. Scott D. Lathrop Contact Lens Service Exam Room (3017)
- Drs. Dave and Staci Anderson Primary Vision Care Service Consultation Room (3019)
- The Hawaii Room Contact Lens Service Exam Room (3019)



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- The Optometry Class of 2006 Contact Lens Service Exam Room (3024)
- Northwest Vision Center Contact Lens Service Exam Room (3026)
- Dr. Jeff Timko and Katie Timko Contact Lens Service Exam Room (3027)
- Dr. Matthew and Cara Ingram Contact Lens Service Exam Room (3029)
- Terry L. Bolen, OD Contact Lens Service Exam Room (3035)
- Lorraine and Marvin Heitmeyer Contact Lens Service Exam Room (3036)
- Stephanie Renee (Fries) Hoover Primary Vision Care Service Exam Room (3044)
- Dr. Lyle AJ Gassmann Primary Vision Care Service Exam Room (3048)
- Dr. Daniel M. Runyan Primary Vision Care Service Exam Room (3050)
- Bruce Manning, OD, Brian Armitage, OD, Jeff Ahrns, OD Primary Vision Care Service Exam Room (3060)
- Terri Gossard, OD/MS Primary Vision Care Service Exam Room (3062)
- Scott A. Bowser, OD and Family Primary Vision Care Service Exam Room (3064)
- Dr. Frank and Deborah Tangeman Primary Vision Care Service Exam Room (3067)
- Dr. and Mrs. Robert C. Layman Primary Vision Care Service Exam Room (3069)
- William B. Thomas, OD Primary Vision Care Service Exam Room (3070)
- The Optometry Class of 2009 Primary Vision Care Service Exam Room (3072)
- Dr. Lee Halsted, OD Primary Vision Care Service Exam Room (3074)
- Jim Noe Primary Vision Care Service Exam Room (3075)
- Dr. Jack King Primary Vision Care Service Exam Room (3077)
- D. Blair Harrold, OD Primary Vision Care Service Exam Room (3080)
- The Optometry Class of 1990 Primary Vision Care Service Exam Room (3082)
- Hillsboro Family Vision Waiting Room (3001, 3010, 3010A)
- Dr. and Mrs. Richard M. Hill Contact Lens Service Consultation Room (3018, 3018A)
- Ohio Optometric Association Main Clinic Elevator (X125E, X126E)
- Ronald Cooke, O.D. All Access Elevator (X127E, X128E)
- Herbert and Frieda Collier Binocular Vision/Pediatric Service Wing (X205C)



Items for Action (continued)

10. Resolution No: 2021-21, Naming of Multiple Spaces in Postle Hall in the College of Dentistry

Synopsis: Approval for the naming of multiple spaces in Postle Hall, located at 305 West 12th Avenue, is proposed.

WHEREAS for more than 125 years, the College of Dentistry has embraced its public purpose of educating exceptionally capable and compassionate dentists, providing care to patients, conducting research at the forefront of dentistry and oral health, and serving the community; and

WHEREAS the transformative renovation of Postle Hall includes high-tech classrooms, simulation laboratories, student practice space, and surgery clinics to expand the College's position as a national leader in dental education, research, and patient care; and

WHEREAS the donors listed below have provided significant contributions to support the College of Dentistry; and

- Ohio Dental Association
- Dr. Richard W. Bowen
- Dr. Robert & Anita Rankin
- Columbus Dental Society

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy:

NOW THEREFORE

BE IT RESOLVED, That in acknowledgement of the aforementioned donors' philanthropic support, the Board of Trustees hereby approves, in accordance with paragraph (D) of rule 3335-1-08 of the Ohio Administrative Code, that for the life of the physical facilities the aforementioned spaces be named the following:

- Ohio Dental Association Elevator Lobby (Room X302L)
- Bowen Legacy Dental - Robert K. Bowen, DDS, Richard W. Bowen, DDS, & Taryn Bowen Gehlert, DDS Student Clinic Operatory (Room 3319-02)
- Dr. Robert & Anita Rankin Student Clinic Operatory (Room 3319-04)
- Columbus Dental Society Student Clinic Operatory (Room 4319-02)

Action: Upon the motion of Mrs. Hoeflinger, seconded by Mr. Stockmeister, the committee adopted the foregoing motions by unanimous voice vote with the following members present and voting: Mrs. Hoeflinger, Mr. Stockmeister, Ms. Krueger, Mr. Bahner, Mr. Murnane, Dr. Baumgardner, Ms. Jordan, Mr. Wightman, Dr. Klamar and Mr. Heminger.

EXECUTIVE SESSION

It was moved by Mrs. Hoeflinger, and seconded by Dr. Klamar, that the board recess into executive session to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes.



A roll call vote was taken and the committee voted to go into executive session, with the following members present and voting: Mrs. Hoeflinger, Mr. Stockmeister, Ms. Krueger, Mr. Bahner, Mr. Murnane, Dr. Baumgardner, Ms. Jordan, Mr. Wightman, Dr. Klamar and Mr. Heminger.

The committee entered executive session at 8:51 a.m. and the committee meeting adjourned at 9:37 a.m.

Supporting Students through Emergency Funds

The COVID-19 pandemic has disrupted lives around the world, and those of our students are no exception. Many students are facing increased financial pressure due to job loss or family situations, and some have found themselves forced to choose between paying bills or continuing their education.

In addition to the Together As Buckeyes emergency grants program, funded primarily by the federal Coronavirus Aid, Relief and Economic Security (CARES) Act, the university also has existing funds that help students facing financial emergencies.

Ways to help

There are two central funds administered by the Office of Student Life's Student Advocacy Center and other various funds in colleges and units. The two central programs are the Margaret Herlan Busch Fund and the Student Life Student Emergency Fund. Since March 12, Student Advocacy has also been administering funds for the Office of International Affairs, the College of Arts & Sciences and the Graduate School. These funds support students with critical financial needs such as housing issues, loss of income, food insecurity, travel expenses and a lack of access to resources needed for virtual education.

Increased need

More than 1,400 applications for assistance were received from March 12 to May 1 (when students were directed to the Together as Buckeyes program), with an all-time high on April 21 with 131 applications submitted in one day. By comparison, in autumn 2019, 80 applications were received throughout the entire semester.

"I am speechless by what Ohio State has done for me as a student. I'm a single mother who works and goes to college full time. My mother and daughter have [health issues]. Unfortunately, I had to take a leave from work because of COVID-19 and caring for my mother and daughter while trying to protect them from being exposed. I'm so appreciative for what Ohio State has done for me and my daughter and I'm proud to say I'm a Buckeye ♥"

"I would like to extend my sincere thanks to the Ohio State Student Emergency Fund staff and donors for the help given to me during the COVID-19 pandemic, the help was really timely and I was able to use it to take care of my health."

By the numbers

From March 12 to June 30:

\$561,325.14 awarded

723 students received grant funds

\$776.38 average amount received per student

68% of approved applicants were students with Pell eligibility

The kindness of the Buckeye community

The community has been extremely generous with their support of these funds, giving a total of \$452,365 from 1,300 donors from March 28 to June 30. This includes a total of \$79,730 from 412 donors on Giving Tuesday alone. Giving Tuesday donors represented 31 of the 50 states, Canada and Japan.

ADVANCEMENT SCORECARD

DATA THROUGH JUNE 30, 2020

A FISCAL YEAR MEASURES

| | FY 18 | FY 19 | FY 19 TO 6/30 | FY 20 TO 6/30 | CURRENT STATUS | YTD Target | FY 20 GOAL |
|-----------------------------------|----------|----------|---------------|---------------|----------------|------------|------------|
| 1. GIFTS AND PLEDGES | \$605.0M | \$623.3M | \$619.8M | \$509.9M | | 88.7% | \$575M |
| 2. CASH | \$448.4M | \$413.3M | \$412.8M | \$416.8M | | 102.9% | \$405M |
| 3. TOTAL DONORS | 272,771 | 272,635 | 273,249 | 237,338 | | 86.3% | 275,000 |
| A. RENEWED DONORS | 144,764 | 145,785 | 146,385 | 135,125 | | 90.1% | 150,000 |
| B. ACQUIRED AND REACQUIRED DONORS | 128,010 | 126,850 | 126,864 | 102,213 | | 81.8% | 125,000 |

B EVENTS

| | | | | | | | |
|---|--------|--------|--------|--------|--|-----|--------|
| 1. CONSTITUENT ATTENDANCE ACROSS EVENTS | 50,011 | 49,405 | 49,405 | 41,840 | | N/A | 42,000 |
| 2. AVERAGE NET PROMOTER SCORE | 74.9 | 76.0 | 75.7 | 71.6 | | N/A | 72.00 |

C MARKETING

| | | | | | | | |
|--------------------------------|-----------|-----------|-----------|-----------|--|-----|-----------|
| 1. CULTIVATED AUDIENCE | 2,006,085 | 1,971,427 | 1,971,427 | 2,112,365 | | N/A | 2,000,000 |
| 2. AUDIENCE RATE OF ENGAGEMENT | 3.0% | 5.6% | 5.64% | 6.76% | | N/A | 6.0% |

COMPARED TO PREVIOUS FY



TARGET BASED ON LAST 3 FY PERFORMANCE





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Appendix IX

SUMMARY OF ACTIONS TAKEN

August 27, 2020 – Audit, Compliance & Finance Committee Meeting

Voting Members Present by Zoom Virtual Meeting:

John W. Zeiger
Brent R. Porteus
Erin P. Hoeflinger
Alexander R. Fischer

Hiroyuki Fujita
Elizabeth P. Kessler
Lewis Von Thauer
Jeff M.S. Kaplan

James D. Klingbeil
Amy Chronis
Gary R. Heminger (ex officio)

Members Absent:

N/A

PUBLIC SESSION

The Audit, Compliance & Finance Committee of The Ohio State University Board of Trustees convened on Thursday, August 27, 2020, virtually over Zoom. Committee Chair John Zeiger called the meeting to order at 10:15 a.m.

EXECUTIVE SESSION

It was moved by Mr. Zeiger, and seconded by Ms. Kessler, that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation and to consider business-sensitive trade secrets required to be kept confidential by federal and state statutes.

A roll call vote was taken, and the committee voted to go into executive session, with the following members present and voting: Mr. Zeiger, Mr. Porteus, Mr. Fischer, Dr. Fujita, Ms. Kessler, Mr. Von Thauer, Mr. Kaplan, Mr. Klingbeil, Ms. Chronis and Mr. Heminger. Mrs. Hoeflinger was not present for this vote.

The committee entered executive session at 10:17 a.m.

PUBLIC SESSION

Committee Chair John Zeiger reconvened the meeting of the Audit, Compliance & Finance Committee in public session at 11:20 a.m.

Items for Discussion

1. **Annual University Financial Overview:** Mike Papadakis, Kris Devine, Mark Larmore, Jake Wozniak and Vish Srinivasan presented an update on preliminary (unaudited) FY21 financial results, paying particular attention to the impacts of COVID-19 on operations.

(See Attachment XX for background information, page 324)



2. FY21 Operating Budget Overview: Mike Papadakis, Kris Devine and Mark Larmore reviewed the FY21 university operating budget, which the committee was later asked to approve.

(See Attachment XXI for background information, page 346)

3. FY21 Capital Investment Plan and FY21 Ohio State Energy Partners Capital Plan: Mike Papadakis and Jay Kasey reviewed the costs and funding for FY21 planned projects in the Capital Investment Plan and the Ohio State Energy Partners Capital Improvement Plan, which the committee was later asked to approve.

4. FY21 Compliance & Integrity Program Assessment: Gates Garrity-Rokous gave a presentation regarding the Office of University Compliance and Integrity's FY21 program assessment. This presentation focused on the increase in regulation of higher education, including new guidance regarding regulatory expectations for compliance programs from the U.S. Department of Justice. Mr. Garrity-Rokous also walked the committee through the results of the five-year program assessment, including the status of and next steps for key compliance areas.

(See Attachment XXII for background information, page 359)

Items for Action

5. Resolution No. 2021-22, Approval of Fiscal Year 2021 Operating Budget

Synopsis: Approval of the operating budget for the fiscal year ending June 30, 2021, is proposed.

WHEREAS the State of Ohio Biennial Budget for State Fiscal Years 2020 and 2021, including funding levels for state institutions of higher education, has been signed into law; and

WHEREAS tuition and fee levels for the Columbus and regional campuses for the fiscal year ending June 30, 2021, were approved at the June 3, 2020 Board of Trustees meeting; and

WHEREAS the administration now recommends approval of the FY2021 operating budget for the university for the fiscal year ending June 30, 2021:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the university's operating budget for the fiscal year ending June 30, 2021, as described in the accompanying Fiscal 2021 Financial Plan for the fiscal year ending June 30, 2021, with authorization for the President to make expenditures within the projected income.

(See Appendix XXII for background information, page 463)



6. Resolution No. 2021-06, Approval of Fiscal Year 2021 Capital Investment Plan

Synopsis: Authorization and acceptance of the Capital Investment Plan for the fiscal year ending June 30, 2021 as proposed.

WHEREAS the university has presented the recommended capital expenditures for the fiscal year ending June 30, 2021; and

WHEREAS the recommended capital expenditures are the result of the university's comprehensive annual capital planning process; and

WHEREAS only those projects outlined in these recommendations will be approved for funding:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Capital Investment Plan for the fiscal year ending June 30, 2021, as described in the accompanying documents; and

BE IT FURTHER RESOLVED, That any request for authorization to proceed with any project contained in these recommendations or for university funds for any such projects must be submitted individually by the university for approval by the Board of Trustees, as provided for by board policy.

(See Appendix XII for background information, page 420)

7. Resolution No: 2021-07, Approval of Ohio State Energy Partners Utility System Capital Improvement Plan for Fiscal Year 2021

Utility System Life-Cycle Renovation, Repair and Replacement Projects
Utility System Expansion and Extension Projects
Energy Conservation Measure Projects

Synopsis: Authorization and acceptance of the Ohio State Energy Partners LLC fiscal 2021 capital improvement plan and authorization for Ohio State Energy Partners LLC to make capital improvements to the utility system pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018, and as amended (the "Agreement"), is proposed.

WHEREAS the Agreement requires the concessionaire, Ohio State Energy Partners LLC, ("OSEP") to annually submit a plan for utility system capital improvement projects for university approval; and

WHEREAS the plan includes requested approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2020; and

WHEREAS OSEP has provided detailed descriptions of the proposed capital improvements, supporting technical data and analysis, pursuant to Section 4.3(c) of the Agreement; and

WHEREAS the utility system capital improvement projects will be delivered pursuant to the terms of the Agreement; and



WHEREAS the capital expenditures for the approved utility system projects will be added to the utility fee pursuant to the Agreement; and

WHEREAS the university has reviewed and considered the financial, technical, and operational aspects of the projects and the projects' alignment with university plans and sustainability goals; and

WHEREAS the Master Planning & Facilities Committee has reviewed the projects for alignment with all applicable campus plans and guidelines; and

WHEREAS the Audit, Compliance & Finance Committee has reviewed the projects for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves and authorizes Ohio State Energy Partners LLC to proceed with the fiscal year 2021 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix XIII for background information, page 422)

8. Resolution No: 2021-08, Approval to Increase Professional Services and Construction Contracts

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

WHEREAS in accordance with the attached materials, the university desires to increase professional services contracts and construction contracts for the following project:

| | Prof. Serv. Approval Requested | Construction Approval Requested | Total Requested | |
|---|--------------------------------------|---------------------------------------|--------------------|-----------------|
| Morehouse – Chiller and Electrical Distribution Phase 2 | \$0.1M | \$0.6M | \$0.7M | Auxiliary Funds |

WHEREAS the Master Planning and Facilities Committee has reviewed the projects listed above for alignment with all applicable campus plans and guidelines; and

WHEREAS the Audit, Compliance and Finance Committee has reviewed the projects listed above for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the President and/or Senior Vice President for Business and Finance be authorized to increase professional services and construction contracts for the project listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix XIV for background information, page 427)



THE OHIO STATE UNIVERSITY

9. Resolution No. 2021-23, Approval of Expense Repayment Endowment Fund

Synopsis: Approval of the Expense Repayment Endowment Fund, is proposed.

WHEREAS the university has incurred or will incur expenses, some of which shall be necessary to pay via either a significant one-time lump sum payment or significant anticipated periodic payments ("Lump Sum Expenses"); and

WHEREAS the university desires to invest operating funds of the university from time to time for long-term investment in order to defray Lump Sum Expenses when due; and

WHEREAS the university desires to establish a new endowment fund with such operating funds for the purpose described above:

NOW THEREFORE

BE IT RESOLVED That the Board of Trustees hereby approves the establishment of the Expense Repayment Endowment Fund as of August 27, 2020.

(See Appendix XXIII for background information, page 525)

10. Resolution No. 2021-24, Approval of Non-Resident Surcharge Waiver for Select Graduate Students with Baccalaureate Degrees from Institutions within Ohio Beginning Spring Semester 2021

Synopsis: Approval of non-resident surcharge decrease for select graduate students with baccalaureate degrees from institutions within Ohio, is proposed.

WHEREAS the university is committed to providing a quality and affordable education and services to its graduate students; and

WHEREAS the Board of Trustees of The Ohio State University annually adopts tuition and mandatory fees and an out-of-state surcharge for graduate students on all campuses; and

WHEREAS in an attempt to meet state economic development and educational attainment goals, retain talent in the state of Ohio, and to increase graduate enrollment, out-of-state students who have attained a baccalaureate degree from an institution within the state of Ohio and are enrolled in select graduate programs with specific graduate comprehensive tuition rates, excluding professional and online programs, will receive a waiver of all but \$5.00 per semester of the standard non-resident surcharge; and

WHEREAS a list of these select graduate programs is included in the attached appendix; and

WHEREAS §381.170 of Am. Sub. House Bill 166 of the 133rd General Assembly requires any waiver of tuition for a student, or class of students, not otherwise permitted by law at a state- assisted institution of higher education, be approved by the Chancellor of the Ohio Department of Higher Education; and

WHEREAS a request will be made to the Chancellor of the Ohio Department of Higher Education for approval of a change to the non-resident surcharge for out-of-state students who have attained a baccalaureate degree from an institution within the state of Ohio and are enrolled in a non-professional graduate or online program:

NOW THEREFORE



BE IT RESOLVED, That, beginning Spring semester 2021, the Board of Trustees of The Ohio State University authorizes the administration to offer a waiver of all but \$5.00 per semester of the standard non-resident surcharge to non-Ohio-resident students who completed their bachelor's degrees in Ohio and are enrolled in the select graduate programs; and

BE IT FURTHER RESOLVED, That the administration will seek prior approval from the Chancellor of the Ohio Department of Higher Education for the associated fee waiver, as required by law.

(See Appendix XXIV for background information, page 526)

11. Resolution No. 2021-25, Charter for the Internal Audit Department

Synopsis: Approval of the amended and updated charter for the Internal Audit Department is proposed.

WHEREAS in November 2004 the Board of Trustees adopted a charter for the Internal Audit Department; and

WHEREAS in January 2015 the Board of Trustees last adopted an amended and updated charter; and

WHEREAS to ensure comprehensive oversight of the university's Internal Audit Department and university's operations through the adoption of best practices, it is important to update the charter for the university's Internal Audit Department periodically:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the attached amended and updated charter for the university's Internal Audit Department.

(See Appendix XXV for background information, page 528)

12. Resolution No. 2021-11, Approval for Recognition, Non-Disturbance and Attornment Agreement

Lane Avenue and Carmack Road
in Columbus, Franklin County, Ohio

Synopsis: Approval to enter into a Recognition, Non-Disturbance and Attornment Agreement between The Ohio State University and Andelyn Biosciences, Inc., is proposed.

WHEREAS Andelyn will be developing and operating a facility for research and manufacturing of medical, biotechnology and pharmaceutical materials for gene and cell-based therapies; and

WHEREAS the subject Development Parcel is located at the southwest corner of Lane Avenue and Carmack Road, Columbus, Ohio; and

WHEREAS this resolution affirms that the intended use by Andelyn is consistent with the uses specified in the Development Agreement and approves continued authority to take actions in support of the development; and

WHEREAS The Ohio State University has approved a ground lease of 7.8 +/- acres of unimproved real property located at the southwest corner of Lane Ave and Carmack Road, Columbus, Ohio (Development Parcel), to the Science and Technology Campus Corporation (SciTech); and



WHEREAS the Development Parcel is subject to a certain Development Agreement, dated May 28, 1998 and as amended, which provides that the university desires to foster and encourage research and education linkages with business, government entities and nonprofit organizations to increase the range of educational experiences available to students, increase research support from industry, provide greater economic enrichment and development within Ohio and enhance the university's pre-eminence as a major research organization (Development Agreement Mission); and

WHEREAS SciTech seeks to sublease the Development Parcel to Andelyn Biosciences, Inc., for the purpose of making improvements to be used for research, development and commercial grade manufacturing activities of biotechnology and pharmaceutical materials and products for gene and other cell-based therapies and any other uses directly related thereto; and

WHEREAS the long-term ground lease of the Development Parcel to SciTech and sublease to Andelyn Biosciences, Inc., is in the best interest of the university:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the proposed development and the anticipated use of the premises by sublessee Andelyn Biosciences, Inc., is recognized as consistent with the Development Agreement, will advance the Development Agreement Mission and has accordingly been considered in the authorization of a prime lease with SciTech.

(See Appendix XVII for background information, page 432)

Action: Upon the motion of Mr. Zeiger, seconded by Mrs. Hoeflinger, the committee adopted the foregoing motions for the FY21 Capital Investment Plan and the Approval of a Recognition, Non-Disturbance and Attornment Agreement by majority voice vote with the following members present and voting: Mr. Zeiger, Mr. Porteus, Mrs. Hoeflinger, Dr. Fujita, Ms. Kessler, Mr. Kaplan, Mr. Klingbeil, Ms. Chronis and Mr. Heminger. Mr. Fischer and Mr. Von Thaeer abstained.

Action: Upon the motion of Mr. Zeiger, seconded by Dr. Fujita, the committee adopted the remaining foregoing motions by unanimous voice vote with the following members present and voting: Mr. Zeiger, Mr. Porteus, Mrs. Hoeflinger, Mr. Fischer, Dr. Fujita, Ms. Kessler, Mr. Von Thaeer, Mr. Kaplan, Mr. Klingbeil, Ms. Chronis and Mr. Heminger.

Written Reports

In the public session materials, there were eight written reports shared for the committee to review:

- a. University Financial Scorecards
- b. Consolidated Financial Statements for the Year Ending June 30, 2020
- c. Efficiency Scorecard
- d. Major Project Updates
- e. Audit & Compliance Scorecard
- f. FY20 Internal Bank Update
- g. External Audit Update
- h. Draft Audit, Compliance & Finance Committee Charter

The committee meeting adjourned at 12:11 p.m.

Attachment XX



Annual University Financial Overview

Audit, Compliance & Finance Committee | August 27, 2020

Financial Overview – Fiscal 2020

Our overall financial position remains strong. Our size, diversity of operations, and discipline enabled us to retain fiscal strength during this unprecedented disruption.

- FY20 cashflow was outpacing historical trends until March of 2020 when campus shut down due to COVID and Wexner Medical Center operations shifted to address the pandemic health care needs of the community.
- Federal stimulus funds of \$170M helped to offset increased costs and provided \$15M of emergency student financial aid.
- Financial controls implemented, including a hiring pause and business-essential only spend, curtailed 4th quarter cash outflows.
- Dramatic shift to tele-medicine mitigated some revenue loss and provided needed services at the WMC.
- 90% (~18K) of our full-time University employees (21K) shifted to work-from-home essentially overnight.
- Liquidity continues to be strong and is being continually monitored.
- The fiscal year ended with a positive net cashflow of \$248M.
- AA/AA/Aa1 bond rating is evidence of financial strength. (Affirmed in June 2020)

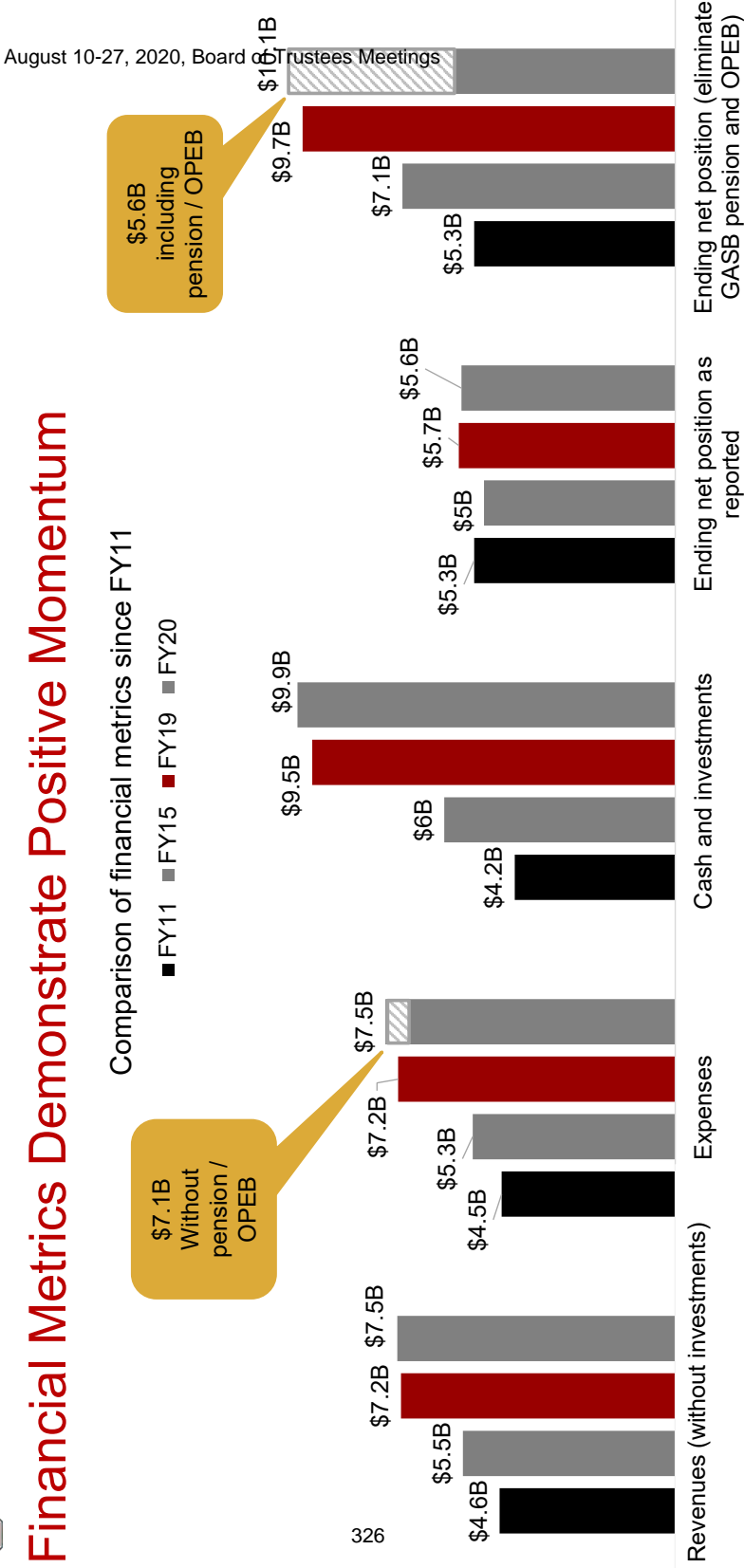
Financial Metrics Demonstrate Positive Momentum

Comparison of financial metrics since FY11

■ FY11 ■ FY15 ■ FY19 ■ FY20

\$7.1B
Without
pension /
OPEB

\$5.6B
including
pension / OPEB



Consolidated Balance Sheet

| Assets and Liabilities (\$ in billions) | FY20 Total | FY19 Total |
|---|------------------|------------------|
| Total Cash and Investments | \$ 9,865 | \$ 9,476 |
| Capital Assets, net | \$ 5,836 | \$ 5,410 |
| Pension and OPEB assets and deferred outflows | \$ 763 | \$ 1,208 |
| Other Assets | \$ 966 | \$ 1,069 |
| Total Assets | \$ 17,430 | \$ 17,163 |
| Debt | \$ 3,267 | \$ 3,220 |
| Pension and OPEB liabilities and deferred inflows | \$ 5,271 | \$ 5,283 |
| Other liabilities | \$ 3,310 | \$ 3,006 |
| Total Liabilities | \$ 11,848 | \$ 11,509 |
| Net Position (\$ in billions) | FY20 Total | FY19 Total |
| Ending net position (eliminate pension and OPEB) | \$ 10,089 | \$ 9,729 |
| Ending net position - pension and OPEB | \$ (4,507) | \$ (4,075) |
| Final Ending Net Position | \$ 5,582 | \$ 5,654 |

Increase primarily due to HS Medicare Advance stimulus payment of \$275M and CARES stimulus payment of \$143M.

From the total, significant capital improvement projects include Comprehensive Energy Management Plan Improvements of \$119M, University improvements of \$210M, and WMC capital improvements of \$133M.

Pension assets declined due to the change in OPEB discount rate from 3.96% to 3.16%, which was partially offset by investment returns of +17.23% for pension and +19.59% for OPEB.



Consolidated Income Statement

| | 2020 | 2019 |
|--|----------|----------|
| Total Revenue (\$ in billions) | | |
| University | \$ 3,345 | \$ 3,403 |
| Health System & OSUP | \$ 3,882 | \$ 3,707 |
| Total Revenues (w/o investments) | \$ 7,227 | \$ 7,110 |
| Investment income | \$ 240 | \$ 232 |
| Total Revenues (w/ investments) | \$ 7,467 | \$ 7,342 |
| Total Expenses (\$ in billions) | | |
| University | \$ 3,516 | \$ 3,308 |
| Health System & OSUP | \$ 3,594 | \$ 3,395 |
| Total Expenses (w/o pension and OPEB) | \$ 7,110 | \$ 6,703 |
| Net Margin | \$ 357 | \$ 639 |
| Pension and OPEB expense | \$ 429 | \$ 480 |
| Total Expenses (w/ pension and OPEB) | \$ 7,539 | \$ 7,183 |
| Change in Net Position | \$ (72) | \$ 159 |

Fiscal year 2020 was trending up for the first three quarters. The fourth quarter was negatively impacted by the COVID-19 pandemic, resulting in a decrease in sales and services and auxiliary revenue due to campus closure.

Overall strong growth in revenue year over year through first 3 quarters was impacted by COVID-19. CARES funding of \$155M helped offset 4th quarter COVID impact to overall volumes in admissions, patient days, surgeries, and outpatient visits.

Investment income consists of \$56M LTIP return, net of expenses, and \$184M from short and intermediate term portfolios, self insurance funds and other investment returns.

University expenses increased due to strategic investments in faculty & staff and legal settlements. These increases were offset in the 4th quarter with a focus on business essential spend and a hiring pause in response to the campus shutdown resulting from COVID-19.

Operating expenses increased due to increases in number of staff & physicians (+14%) representing investment in growth of healthcare services and the higher cost of drugs. Pricing increases specifically seen in Chemotherapy and COVID related supplies, drugs and services.

Net change in expense is due to the impact of changes in investment returns and discount rates for OPERS.



Consolidated Cash Flow Statement

| Cash Flow From: (\$ in billions) | 2020 | 2019 |
|--|-----------------|-----------------|
| Operating Activities | \$ 40 | \$ 38 |
| Financing Activities | \$ 942 | \$ 773 |
| Capital Financing Activities | \$ (804) | \$ (715) |
| Investing Activities | \$ 70 | \$ (8) |
| Net change in cash | \$ 248 | \$ 88 |
| Beginning Cash and Cash Equivalent Balance | \$ 2,201 | \$ 2,113 |
| Ending Cash Balance | \$ 2,449 | \$ 2,201 |

Cash flow received from financing activities increased due to the receipt of \$170M in CARES Act assistance.

Main driver was a \$77M increase in capital project investments in FY20.

Investing activities decreased by \$34M due to the purchase, sale and maturities of investments, offset by an increase of \$114M in investment income.

Highlights: Patient Care

As the Wexner Medical Center grows, metrics show expenses per AA outpaced revenue growth due to the impact of decreased volumes from COVID-19.

- **Revenue per adjusted admit:** Flat
 - Revenue shortfall offset by CARES Act funding of \$143.3M
- **Expense per adjusted admit:** 5.0% increase

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VOLUME METRICS

- **Admissions:** 3.4% decrease (February YTD 4.5% increase)
- **Patient Days:** 4.6% decrease (February YTD 3.1% increase)
- **Surgeries:** 4.2% decrease (February YTD 8.7% increase)
- **Outpatient visits:** 2.5% increase (February YTD 12.0% increase)
- **Chemotherapy:** 0.9% increase (February YTD 3.7% increase)
- **Radiation Oncology:** 9.4% increase (February YTD 18.5% increase)



Medical Center Income Statement

| Revenue (\$ in millions) | 2020 | 2019 |
|--------------------------------|-----------------|-----------------|
| Patient Revenue | \$ 9,965 | \$ 10,077 |
| Total Deductions | \$ 6,875 | \$ 6,961 |
| Net Patient Revenue | \$ 3,090 | \$ 3,116 |
| Other Revenue | \$ 125 | \$ 124 |
| Total Operating Revenue | \$ 3,215 | \$ 3,240 |
| Expenses (\$ in millions) | 2020 | 2019 |
| Operating Expenses | \$ 2,741 | \$ 2,613 |
| Depreciation | \$ 172 | \$ 164 |
| Interest | \$ 32 | \$ 35 |
| Total Expense | 2,945 | 2,812 |
| Medical Center Investments | \$ (174) | \$ (150) |
| Income from Investments | \$ 22 | \$ 6 |
| Other Gains (Losses) | \$ 163 | \$ - |
| Change in Net Position | \$ 281 | \$ 284 |

Net patient revenue decreased due to COVID-19, with impacts to the volume in admissions, patient days, surgeries, and outpatient visits.

Operating expense increases were primarily due to higher cost of drugs, specifically an increase at the James for chemotherapy and COVID related supplies, drugs and services.

Increase due to the Health and Human Services CARES stimulus payment of \$143M.



OSU Physicians Income Statement

| | 2020 | 2019 |
|----------------------------------|-------------|-------------|
| REVENUE (\$ in millions) | | |
| Total revenue | \$ 483 | \$ 461 |
| EXPENSES (\$ in millions) | | |
| Operating expenses | \$ 576 | \$ 527 |
| Depreciation | \$ 3 | \$ 4 |
| Medical Center Investments | \$ (103) | \$ (98) |
| Total expenses | \$ 476 | \$ 433 |
| Margin (\$ in millions) | 2020 | 2019 |
| Net Position | \$ 7 | \$ 28 |

OSU Physicians experienced growth year over year, trending ahead of prior year by \$47M through March, then revenues declined in the 4th quarter.

Operating expenses increased primarily due to increases in the number of staff and physicians (+14%) representing investment in growth of healthcare services. Expense mitigation efforts began in April in response to the rapid decline in revenue.

Growth in Medical Center Investments was proportionate to the increase in providers and services.

Total expenses were offset by federal government subsidies of \$12M under the CARES Act Provider Relief Fund.

FY20 net position reflects efforts by OSUP to mitigate COVID impact through expense moderation and planned recovery efforts.

August 27, 2020, Board of Trustees Meetings

Series 2013A Bond Refunding Summary

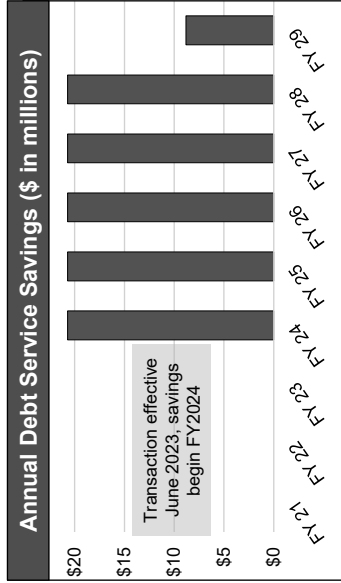
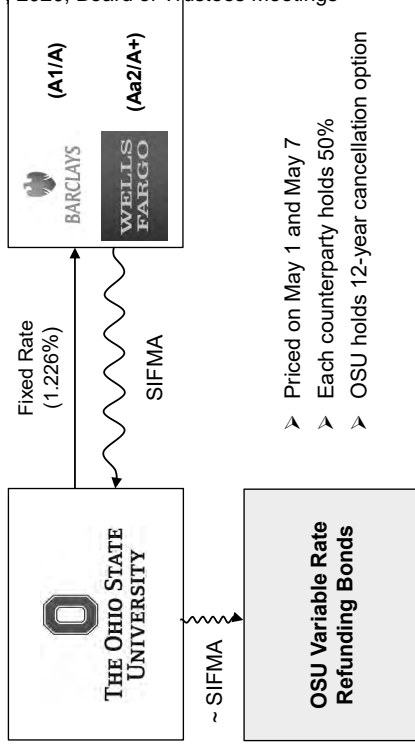
(Effective June 2023 via Fixed Rate Swaps)

Highlights

- The university was able to take advantage of historically low interest rates by advance refunding its series 2013A Bonds (callable 6/1/23 at par) using a forward starting swap.
- The swap becomes effective June 2023 at which time OSU begins making fixed payments and receiving floating rate payments. The university's cost of capital = the swap's fixed rate of 1.226% as the two variable rate legs offset.
- Savings are achieved by replacing the average coupon of the 2013 Bonds (4.54%) with the swap's fixed rate.
- OSU can exit the trade anytime at the then current market value or at par after the date of the cancellation option.

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OSU Swap Mechanics

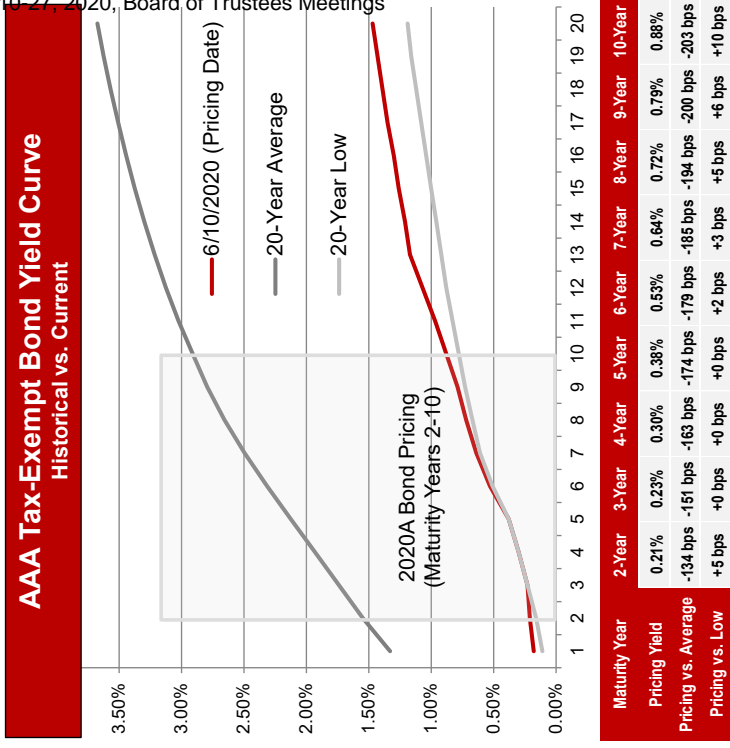


| Summary of Results | | Total |
|-----------------------|--|----------|
| Notional Amount | | \$328.8M |
| Fixed Swap Rate | | 1.226% |
| Present Value Savings | | \$105.1M |
| PV Savings Percent | | 32.1% |
| Gross Savings | | \$114.1M |

Series 2020A Bond Transaction Summary (Fix-Out of Variable Rate Debt)

- To take advantage of fixed rate bond yields at/near historical lows the university in June issued \$186 million in fixed rate bonds to refund \$227 million of its variable rate bonds.
- Over the last 20 years, the university has paid an average rate of 1.30% on its variable rate bonds. The 2020A Bonds fixed-out variable rate debt from FYs 2022-2030 at 0.85%.
- Priced fixed rate bonds ~1.8% below historical average fixed rates and within 10 basis points of historical lows.
- Reduced from 18% to 11% the percentage that variable rate debt comprises of the university's total outstanding debt.
- Positions the university for the issuance of variable rate refunding bonds in 2023 and for the use of variable rate debt in future financings that may occur in higher interest rate environments.

August 10-27, 2020, Board of Trustees Meetings



| Series 2020A Refunding Summary Statistics | | | | | |
|---|--------------|---------------|----------------------|--------------------|-----------------|
| Refunding Par | Refunded Par | Interest Cost | Fixed-out Maturities | Est. Gross Savings | Est. PV Savings |
| \$186M | \$227.2M | 0.85% | 2022-2030 | \$7.6M | \$6.7M |

University Operating Funds

(as of 6/30/2020)

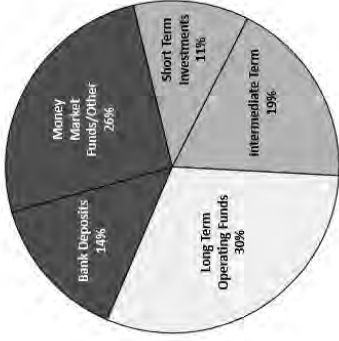
Overview – University Cash and Investments are structured in two portfolios:

> Operating Fund Portfolio - \$3.8B

- Tier 1 = \$2.2B Cash & Cash Equivalents
 - Investment Objective – Liquidity and principal preservation.
 - Composition- Collateralized bank deposits, AAA rated MMFs and the State of Ohio local government investment pool.
- Tier 2 = \$1.6B Short and Intermediate Term Investments
 - Investment Objective – Return and principal preservation.
 - Composition – A+/A1 Portfolio of fixed income securities, separately custodied, and externally managed - treasuries, agencies, asset backed securities and high-grade corporate credits.

> Long-Term Operating Fund Portfolio (Endowment) - \$1.65B

- Tier 3 = \$1.65B of equity investments managed as a part of the endowment strategy.



Operating Fund Portfolio

| Tier 1 - Cash and Cash Equivalents | Market Value | 1 yr Avg Yield | 3 yr Avg Yield | 5 yr Avg Yield |
|--|--------------|----------------|----------------|----------------|
| Consolidated Yield | \$2.2B | 1.34% | 1.55% | 1.05% |
| Composite Benchmark | | 0.91% | 1.10% | 0.73% |
| Excess Yield | | 0.43% | 0.45% | 0.32% |
| Tier 2 - Short & Intermediate Term Investments | Market Value | 1 yr Return | 3 yr Return | 5 yr Return |
| Consolidated Short Term | \$614M | 3.08% | 2.50% | 2.08% |
| Consolidated Intermediate Term | \$1,01B | 4.44% | 3.30% | 2.61% |
| Consolidated Return | \$1.6B | 3.92% | 3.00% | 2.40% |
| Composite Benchmark | | 3.22% | 2.47% | 1.76% |
| Excess Return | | 0.70% | 0.53% | 0.64% |

Operating Fund Portfolio Market Value **\$3.8B**

FY20 Performance

- > COVID-19 has had a material impact on fed policy, and interest rates.
- > Despite the effects of COVID, Short & Intermediate Term Investment returns exceeded benchmark returns, and the portfolio did not experience any defaults during this period.
- > Short & Intermediate Term Investment returns have exceeded benchmark returns each of the last 5 years.
- > The university's operating funds grew by a total of \$332M.
- > FY21 interest earnings are projected to decline significantly and are expected to be less than half of FY20 amounts.

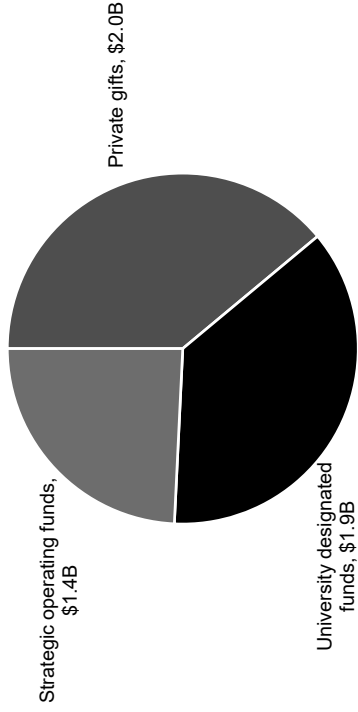
Investments

Overview: Long-Term Investment Pool

- Every dollar we invest in the LTIP supports our academic mission without expanding our reliance on tuition or tax dollars
- The LTIP contains more than 5,900 endowments funded by private gifts, strategic investments by the university, and long-term savings to protect the financial health of the university and Wexner Medical Center.
- Asset allocation within policy guidelines: 64.7% global equities; 27.7% global fixed income; 7.6% real assets.
- Challenging year for Long Term Investment Pool with one-year return of 1.1% versus benchmark return of 4.6%.

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LTIP market value: \$5.3 billion as of June 30, 2020

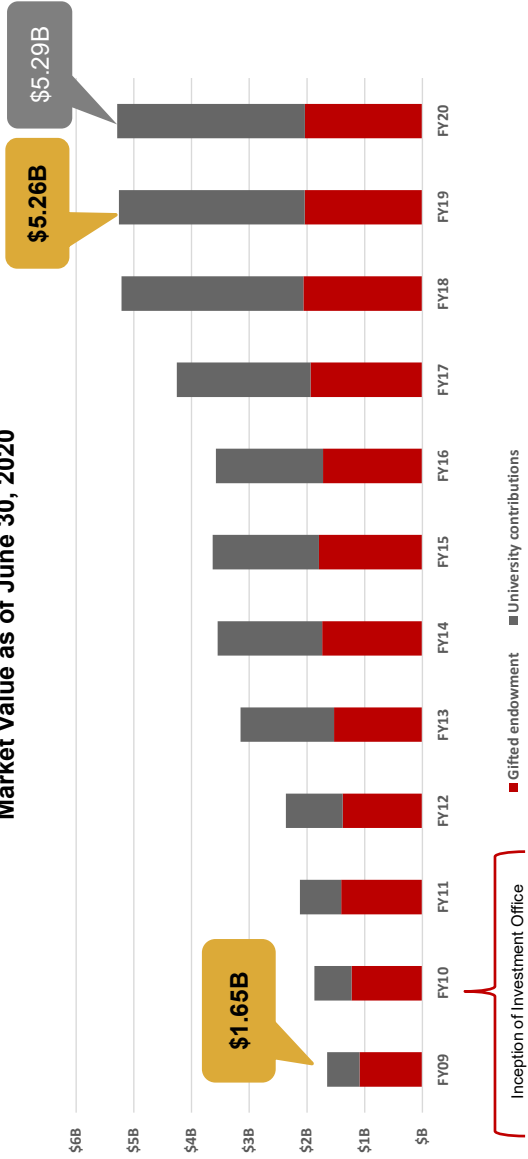




LTIP Balance

Gifts and investment returns drive growth

Market Value as of June 30, 2020

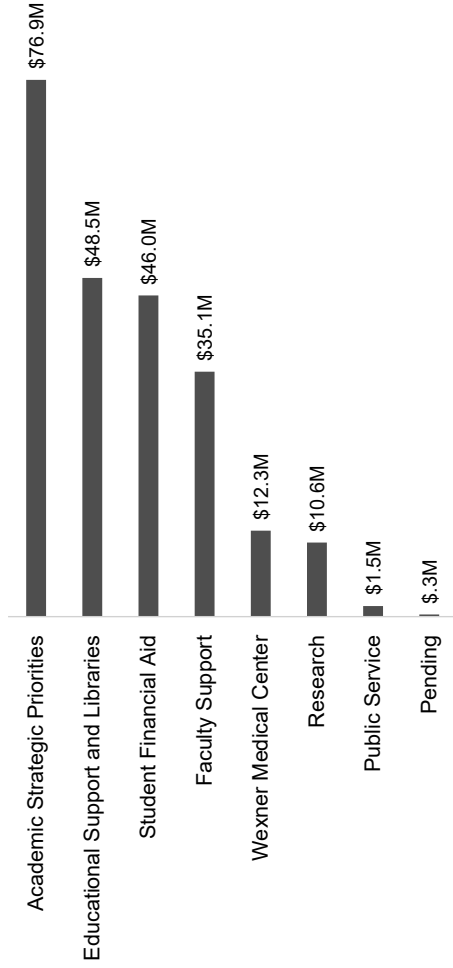




Distributions from the LTIP

- Annual payments are determined based on a seven-year average
 - 4.5% distributed on an annual basis
 - Policy provides steady, reliable funding for campus priorities

FY20 distributions: \$231.2M



Conclusion



Financial State of the University

- University's stability and fiscal strength provides resiliency during times of disruption.
- Administrative efficiencies re-direct funds to our core mission of access, affordability, academic excellence and patient care during a period of business disruption and revenue dilution.
- Scale and diversity of enterprise distinguished by ability to successfully pivot and navigate through unprecedented disruption:
 - Transitioned 12,000 courses online and transitioned thousands of employees to telework in a week;
 - Bursars Office adapted quickly to process 46,000 transactions over one weekend to issue refunds;
 - No disruption in service to Payroll or Financial Planning & Analysis as all shifted 100% online providing pre-COVID levels of service across campus;
 - Purchasing staff redeployed to support WMC and sourcing 100,000 PPE Welcome Back kits.
- Continued AA/AA/Aa1 bond rating evidence of financial strength.
 - Multi-year debt issuance program, economically advantageous refunding opportunities.

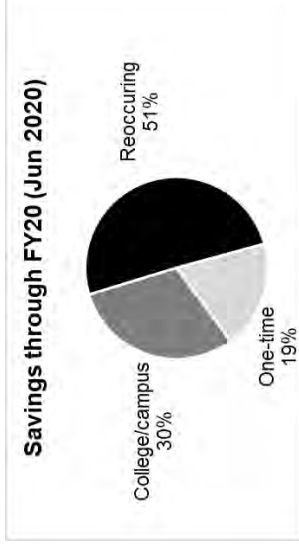
Appendix



Operational Efficiency Scorecard

The university set a 5-year, \$200 million goal for non-WMC efficiencies

| FY20 goal | \$200M | | | |
|------------------|----------|-----------|---------------------------------------|--|
| Progress to date | Total | % of goal | Status | |
| Through FY18 | \$114.2M | 57% | ● | |
| Through FY19 | \$167.8M | 84% | ● | |
| Through FY20 | \$219.6M | 110% | ● | |



OTHER EFFICIENCY HIGHLIGHTS

The university's 2020 goals focused on savings that could be redeployed to student financial aid and other strategic initiatives. Other initiatives reduce the cost of capital projects and operating costs at colleges and the Wexner Medical Center.

| | Progress through FY20 | Status | Notes |
|-----------------------|-------------------------------|--------------------------------------|--|
| Strategic procurement | \$451.6M compared with FY12 | ● | Savings largely benefit colleges and units through discounted rates on goods and services |
| Wexner Medical Center | \$657.3M since FY15 | ● | Margin improvement has increased days cash on hand metric from 81 days to 193 days |
| Capital projects | \$99.0M In FY18 thru FY20 YTD | ● | Costs avoided by improving project accounting, capturing bid favorability, budget reductions |



University Efficiency Program



OTHER EFFICIENCY HIGHLIGHTS


The university's 2020 goals focused on savings that could be redeployed to student financial aid and other strategic initiatives. Other initiatives reduce operating costs and the cost of capital projects.

| | Progress through FY20 | Status | Notes |
|-----------------------|------------------------------------|--------|--|
| Strategic procurement | \$451.6M compared with FY12 | ● | Savings largely benefit colleges and units through discounted rates on goods and services |
| Wexner Medical Center | \$657.3M since FY15 | ● | Margin improvement has increased days cash on hand metric from 81 days to 193 days |
| OE@OSU | \$134M saved or avoided since FY14 | ● | More than 1000 belts trained in Lean Six Sigma methodology |
| Capital projects | \$99.0M in FY18 and FY19 | ● | Costs avoided by improving project accounting, capturing bid favorability, budget reductions |



New Resource Scorecard

The university set a 5-year, \$200 million goal for innovative funding

| FY20 goal | \$200M |
|---------------------------------|--|
| Major projects | Upfront total |
| NIKE extension | \$22.5M |
| Comprehensive Energy Management | \$1.07B |
| Coca-Cola extension | \$6M |
| Total | \$1.1B  |
| | Annual funding through FY20 |
| | \$6.4M |
| | \$99.1M |
| | \$550,000 |
| | \$106.1M |

345

OTHER NEW RESOURCE HIGHLIGHTS

The university continues to benefit from innovative funding work that pre-dated the 2020 goal. Examples include:

| Project | New resource metric | Notes |
|------------------------|--------------------------------|---|
| Parking | \$176.4M distributed FY13-FY20 | Supports 200+ scholarships per year, 137 Discovery Themes faculty hires, Arts District and more |
| Affinity relationships | 160+ internships per year | Relationships with Nationwide, Huntington and other partners support the campus in various ways |



FY 2021 Financial Plan

Michael Papadakis, Mark Larmore and Kris Devine
Audit, Compliance & Finance Committee | August 27, 2020



FY2021 Financial Plan Highlights

Strategic Pillar

Highlights

Teaching and Learning

- Digital Flagship investment \$12 million per cohort
- Institute for Teaching and Learning \$4 million

Access Affordability and Excellence

- Investing \$50 million in Buckeye Opportunity Program, President's Affordability Grants and the Land Grant Opportunity Scholarship Program

Research and Creative Expression

- Funding \$28 million for the Discovery Themes Initiative
- Focusing on building external relationships to grow the portfolio of federally funded research and industry strategic partnerships

Academic Health Care

- Launching of the Healthy State Alliance with Mercy Health
- Construction of first proton therapy treatment facility in central Ohio (set to open in FY2023)

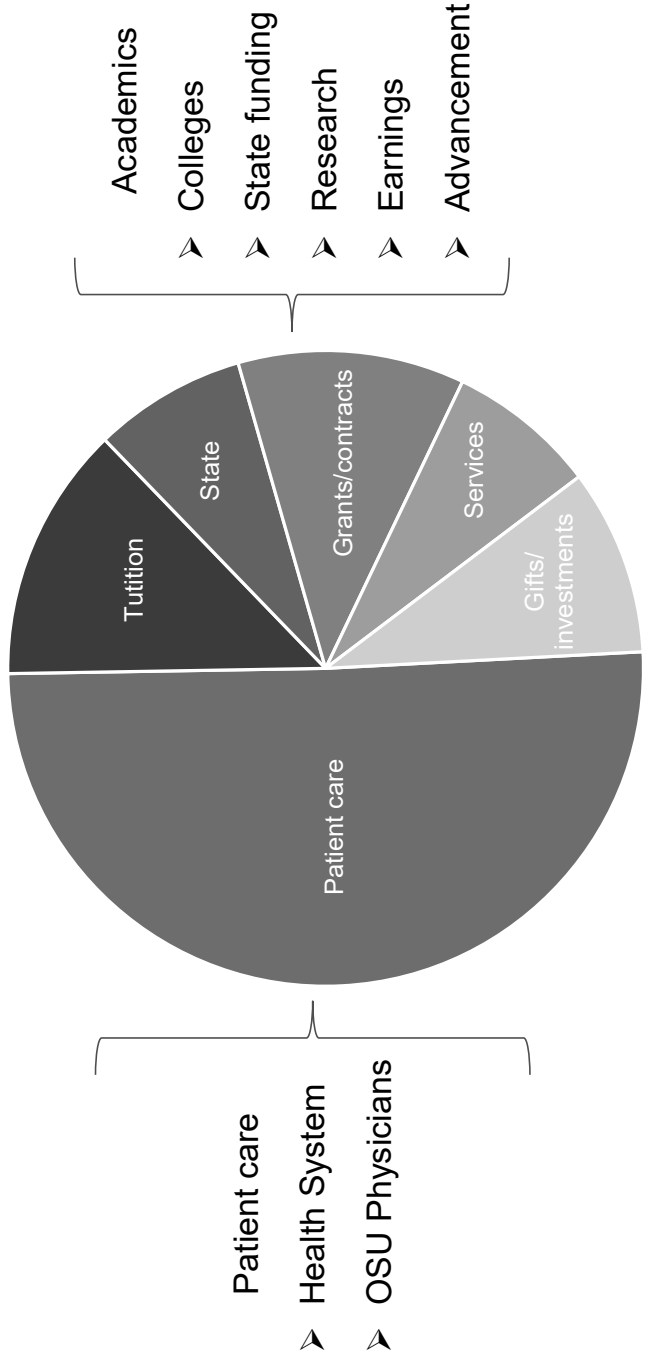
Operational Excellence and Resource Stewardship

- Continued reinvestment of efficiency savings into core academic mission
- \$175 million in targeted budget reductions on the University side to counteract revenue dilution
- Health System includes a net \$77.2 million in targeted budget efficiencies to mitigate softer volumes in first half of FY21 as COVID-19 recovery continues



Financial Plan overview

Consolidated budget reflects bottom-up and top-down, with eliminations



Assumptions: University Sources

| Assumptions & Explanation | |
|-------------------------------|--|
| Tuition | <ul style="list-style-type: none"> • Price Changes: <ul style="list-style-type: none"> • Tuition Guarantee – Cap 2.0%, CPI 2.1% • Non-Resident Surcharge – 4.8% • Int'l Surcharge – 0.0% • Graduate – base fees 0.0%; 5 colleges increasing differential fees; 3 units implementing new programs <ul style="list-style-type: none"> • Program, Technology & UG Course Fees – No Increase • Volume decreases due to decreased continuing undergraduate and graduate students partially offset by a larger incoming new first year student class. Decreases in continuing students driven by large class graduating in FY 2020, less time to degree, increased sensitivity around student debt, and uncertainty around course delivery methods and university experience due to the pandemic • Mix decreases from larger Ohio resident and reduced international enrollment of new first year students (decreased mix by 2%) • 4.38% decrease from initial FY 2021 pre-pandemic state appropriation |
| State Share of Instruction | <ul style="list-style-type: none"> • \$55M in CARES Act funding • Modest increases in federal and private grants and contracts (increase of 3%) • Decreases in state and local grants and contracts (decreases of 20% and 5%, respectively) |
| Exchange Grants and Contracts | <ul style="list-style-type: none"> • 2.5% increase for Housing and Dining for new guarantee cohort • No fall sports; no events / concerts during remainder of calendar year 2020 |
| Sales and Services | <ul style="list-style-type: none"> • Continuation of Fundraising Campaign – \$550M in New Fundraising Activity \$249M in cash receipts |
| Advancement Receipts | <ul style="list-style-type: none"> • 8% LTIP Return • 4.5% endowment distributions |
| Investment Income | |



Assumptions: University Uses

| Assumptions & Explanation | |
|---------------------------|--|
| Salaries and Benefits | <ul style="list-style-type: none"> • Merit – 0.0% • Composite Benefit Rates – flat |
| Student Aid | <ul style="list-style-type: none"> • Continuation of existing aid for Land Grant Opportunity Scholarships, National Buckeye Program, Buckeye Opportunity Program • Decreases in CARES Act funded student aid |
| Supplies and Services | <ul style="list-style-type: none"> • Pandemic cost containment and continued efficiencies • Increased expenses related to COVID-19 response (PPE, cleaning supplies, sanitizers, etc.) |

Assumptions: Health System

FACTOR

Assumptions & Explanation

| | |
|----------------------------------|---|
| Payor mix and price implications | 2% Payor shift to Medicare - aging population; Managed care 3% average rate increase |
| Admissions/outpatient visits | Admissions: 8% increase from FY20; 4% decrease from pre-COVID budget Outpatient Visits: 14% increase from FY20; 3.3% decrease from pre-COVID budget |
| Surgeries | Inpatient: 13.4% increase from FY20; 1.8% decrease from pre-COVID budget Outpatient: 17.2% increase from FY20; 1.9% decrease from pre-COVID budget Total: 15.7% increase from FY20; 1.9% decrease from pre-COVID budget |
| Case mix index | Projected CMI increase in Ross, other hospitals constant year over year |
| Length of stay | Decrease of 0.8% |
| Total beds | Total beds available of 1,485 with expanded bed capacity at UH East mid-year |
| Salary/wages | Merit increase deferral for non-union employees; 2.5% increase for union contracts |
| Benefits | 31% of salaries |
| Pharma/drugs | Drug cost inflation of 5% cancer / 3% non-cancer |
| Interest | Decrease 7.6% with no incremental debt issued |
| Depreciation | Increase 4.0% from FY20 |
| Annual Capital Expenditures | Routine - \$136M Strategic - \$428M |
| Medical Center Investments | \$180M |

Consolidated financial overview – Modified Cash Flow

The Health System and OSUP account for 50% of consolidated revenue

| | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|--|------------------|-------------------|------------------|----------------------|---------------------|
| Total Sources (\$ thousands) | | | | | |
| Tuition & Fees (gross) | 1,188,569 | 1,192,489 | 1,137,578 | (54,911) | -4.6% |
| State Share of Instruction | 383,220 | 377,449 | 379,322 | 1,873 | 0.5% |
| Other Operating Appropriations | 86,459 | 84,389 | 84,389 | - | 0.0% |
| Exchange Grants & Contracts | 778,422 | 806,437 | 811,652 | 5,215 | 0.6% |
| Non-Exchange Grants & Contracts | 84,473 | 264,717 | 166,979 | (97,738) | -36.9% |
| Sales & Services - Auxiliaries | 376,899 | 338,047 | 205,313 | (132,733) | -39.3% |
| Sales & Services - Departmental | 166,681 | 152,920 | 148,906 | (4,014) | -2.6% |
| Sales & Services - Health System | 3,239,926 | 3,214,279 | 3,490,140 | 275,861 | 8.6% |
| Sales & Services - OSU Physicians | 480,879 | 482,954 | 537,535 | 54,581 | 11.3% |
| Current Use Gifts | 160,102 | 167,233 | 155,379 | (11,854) | -7.1% |
| Endowment Distributions | 235,563 | 250,218 | 266,323 | 16,106 | 6.4% |
| Interest Income | 108,342 | 113,021 | 48,236 | (64,785) | -57.3% |
| Other Revenues | 44,862 | 42,848 | 41,091 | (1,757) | -4.1% |
| Total Sources | 7,334,398 | 7,487,000 | 7,472,842 | (14,158) | -0.2% |
| Total Uses (\$ thousands) | | | | | |
| Total Personnel Expense | 3,765,162 | 4,010,432 | 4,062,915 | 52,484 | 1.3% |
| Fee Authorizations | 119,560 | 113,097 | 113,097 | - | 0.0% |
| Student Aid | 404,645 | 435,160 | 430,886 | (4,275) | -1.0% |
| Supplies, Services & Other | 2,196,521 | 2,110,880 | 2,176,825 | 65,945 | 3.1% |
| Debt Service | 184,029 | 190,580 | 194,910 | 4,330 | 2.3% |
| Total Non-Personnel Expense | 2,904,755 | 2,849,718 | 2,915,717 | 66,000 | 2.3% |
| Total Uses | 6,669,917 | 6,860,149 | 6,978,633 | 118,483 | 1.7% |
| Sources Less Uses, Operating | 664,481 | 626,851 | 494,210 | (132,641) | -21.2% |
| Depreciation | 420,506 | 420,017 | 458,617 | 38,600 | 9.2% |
| Sources Less Uses, After Depreciation | 243,975 | 206,834 | 35,592 | (171,242) | -82.8% |

Academic enterprise



FY 2021 Financial Plan by Fund Group

Not all margins are fungible

| Total Sources (\$ thousands) | Unrestricted [General and Designated] | Earnings | Restricted Endowment and Development | Restricted Grants and Contracts | Total University |
|---|---------------------------------------|------------------|--------------------------------------|---------------------------------|------------------|
| External Sources | | | | | |
| Tuition & Fees (gross) | 1,137,578 | - | - | - | 1,137,578 |
| State Share of Instruction | 379,322 | - | - | - | 379,322 |
| Other Operating Appropriations | - | - | - | 84,389 | 84,389 |
| Exchange Grants & Contracts | 116,100 | - | - | 695,552 | 811,652 |
| Non-Exchange Grants & Contracts | - | - | - | 144,738 | 144,738 |
| Sales & Services - Auxiliaries | - | 205,313 | - | - | 205,313 |
| Sales & Services - Departmental | - | 148,906 | - | - | 148,906 |
| Current Use Gifts | - | - | 155,379 | - | 155,379 |
| Endowment Distributions | 64,535 | - | 201,788 | - | 266,323 |
| Interest Income | 39,405 | - | - | - | 39,405 |
| Other Revenues | - | 41,091 | - | - | 41,091 |
| Total External Sources | 1,736,939 | 395,310 | 357,167 | 924,678 | 3,414,095 |
| Internal Sources | | | | | |
| Net Transfers from Health System | - | - | - | 150,000 | 150,000 |
| Total Internal Sources | | | | 150,000 | 150,000 |
| Total Sources | 1,736,939 | 395,310 | 357,167 | 1,074,678 | 3,564,095 |
| Total Uses (\$ thousands) | | | | | |
| Salaries | 888,603 | 226,660 | 38,223 | 377,805 | 1,531,291 |
| Benefits | 244,061 | 61,359 | 8,937 | 102,709 | 417,066 |
| Total Personnel Expense | 1,132,663 | 288,019 | 47,161 | 480,514 | 1,948,356 |
| Fee Authorizations | 97,732 | 936 | 1,539 | 12,890 | 113,097 |
| Student Aid | 272,265 | 27,498 | 46,555 | 84,568 | 430,886 |
| Supplies, Services & Other | 138,059 | 130,763 | 138,495 | 387,979 | 795,296 |
| COVID-19 Expense (non-student aid) | - | - | - | 49,150 | 49,150 |
| Debt Service | 79,862 | 79,862 | - | - | 159,725 |
| Total Non-Personnel Expense | 587,918 | 239,059 | 186,589 | 534,587 | 1,548,153 |
| Total Uses | 1,720,581 | 527,078 | 233,750 | 1,015,101 | 3,496,510 |
| Sources Less Uses, Operating | 16,358 | (131,768) | 123,417 | 59,578 | 67,585 |
| Depreciation Expense | | | | | 253,493 |
| Sources Less Uses, Incl Depreciation | | | | | (185,908) |

- Unrestricted [General and Designated] funds generate a modest margin of \$16.4 million which is mainly used for operating reserves and strategic investments.
- Earnings funds generate a negative margin of \$132 million, due to dedensification of housing and dining, anticipated changes to athletic program revenues and loss of revenue due to no or reduced events through calendar 2020.
- Restricted Endowment and Development funds generate a margin of \$123 million mainly due to timing differences between gift receipt and actual spending.
- Restricted grants and contracts generate a margin of \$60 million due to timing of reimbursements on research projects.

Highlights: University-only sources

| | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|--------------------------------------|------------------|------------------|------------------|-------------------|------------------|
| Total Sources (\$ thousands) | | | | | |
| External Sources | | | | | |
| Tuition & Fees (gross) | 1,188,569 | 1,192,489 | 1,137,578 | (54,911) | -4.6% |
| State Share of Instruction | 383,220 | 377,449 | 379,322 | 1,873 | 0.5% |
| Other Operating Appropriations | 86,459 | 84,389 | 84,389 | - | 0.0% |
| Exchange Grants & Contracts | 778,422 | 806,437 | 811,652 | 5,215 | 0.6% |
| Non-Exchange Grants & Contracts | 84,780 | 101,977 | 144,738 | 42,760 | 41.9% |
| Sales & Services - Auxiliaries | 376,899 | 338,047 | 205,313 | (132,733) | -39.3% |
| Sales & Services - Departmental | 166,681 | 152,920 | 148,906 | (4,014) | -2.6% |
| Current Use Gifts | 160,102 | 167,233 | 155,379 | (11,854) | -7.1% |
| Endowment Distributions | 235,563 | 250,218 | 266,323 | 16,106 | 6.4% |
| Interest Income | 108,342 | 89,725 | 39,405 | (50,320) | -56.1% |
| Other Revenues | 44,862 | 42,848 | 41,091 | (1,757) | -4.1% |
| Total External Sources | 3,613,900 | 3,603,732 | 3,414,095 | (189,637) | -5.3% |
| Internal Sources | | | | | |
| Net Transfers from OSU Health System | 199,712 | 255,579 | 150,000 | (105,579) | -41.3% |
| Total Internal Sources | 199,712 | 255,579 | 150,000 | (105,579) | -41.3% |
| Total Sources | 3,813,611 | 3,859,311 | 3,564,095 | (295,216) | -7.6% |

Source Drivers

| | Price | Volume | Mix |
|------------------|-------|--------|-----|
| Tuition & Fees | ← | → | → |
| Housing & Dining | ← | → | ← |

Price: Delivery of fully online courses during summer reduced revenue by \$23.6M
Volume: 5.3% decrease; decline in continuing undergraduate students due to COVID-19 outweighs larger incoming new first year student class
Mix: Larger Ohio resident and decreased international enrollment of new first year students decreased non-resident proportion by 2%

- \$55M in CARES Act assistance expected in FY21, a \$40M increase over CARES receipts in FY20
- Modest increases in federal and private grants (~3%)

- \$130M decline in athletics due to revised athletics seasons; assumes no fall sports
- \$3M decline in student life from FY20; equal to \$38M decline from a normalized fiscal year due to lower occupancy rates from COVID-19 densification efforts
- \$6M decline in business advancement from FY20, due to reliance on event revenue; plan anticipates no events through December 2020



Highlights: University-only uses

- No increase in faculty and staff salary guidelines for FY 2021
- Cost containment efforts continue, including a hiring pause through the end of FY 2020, and a critical look at open and new positions.
- Only moving forward with strategic hires that advance the mission of the university.

Continued strategic investments in access and affordability offset by decrease in student aid available from CARES Act funding sources

- Non-COVID-19 supplies and services expense decreases by \$72M due to limiting spending to business-essential items; an additional \$73M was saved during the fourth quarter of FY20.
- \$49M related to the institutional response to COVID-19, including personal protective equipment

| Total Uses (\$ thousands) | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|--|------------------|------------------|------------------|-------------------|------------------|
| Salaries | 1,512,118 | 1,572,248 | 1,531,290 | (40,958) | -2.6% |
| Benefits | 376,782 | 428,136 | 417,066 | (11,069) | -2.6% |
| Total Personnel Expense | 1,888,900 | 2,000,384 | 1,948,356 | (52,028) | -2.6% |
| Fee Authorizations | 119,560 | 113,097 | 113,097 | - | 0.0% |
| Student Aid | 404,645 | 435,160 | 430,886 | (4,275) | -1.0% |
| Supplies, Services & Other | 992,228 | 867,192 | 795,296 | (71,896) | -8.3% |
| COVID-19 Expense (non-student aid) | - | - | 49,150 | 49,150 | n/a |
| Debt Service | 133,291 | 133,144 | 159,725 | 26,581 | 20.0% |
| Total Non-Personnel Expense | 1,649,724 | 1,548,593 | 1,548,154 | (440) | 0.0% |
| Total Uses | 3,538,624 | 3,548,977 | 3,496,510 | (52,467) | -1.5% |
| Sources Less Uses, Operating | 274,987 | 310,334 | 67,585 | (242,749) | -78.2% |
| Depreciation | 248,586 | 240,259 | 253,493 | 13,234 | 5.5% |
| Sources Less Uses, After Depreciation | 26,401 | 70,075 | (185,908) | (255,983) | -365.3% |



Wexner Medical Center



Wexner Medical Center:

Includes Health System, OSU Physicians, College of Medicine and Office of Health Sciences

| | Actual 2020 | Budget 2021 | % Change |
|---|----------------|----------------|-------------|
| OPERATING STATEMENT (in thousands) | | | |
| Total Operating Revenue | \$ 4,183,500 | \$ 4,542,323 | 8.6% |
| Operating Expenses | | | |
| Salaries and Benefits | 2,333,646 | 2,471,323 | 5.9% |
| Supplies and Pharmaceuticals | 813,026 | 869,789 | 7.0% |
| Services | 477,618 | 494,455 | 3.5% |
| Depreciation | 194,906 | 208,527 | 7.0% |
| Interest/Debt | 42,930 | 40,243 | -6.3% |
| Other Operating Expense | (13,503) | 150,386 | -1213.7% |
| Medical Center Investments | 3,659 | 13,043 | 256.4% |
| Total Expense | 3,852,283 | 4,247,766 | 10.3% |
| Excess of Revenue over Expense | \$ 331,217 | \$ 294,557 | -11.1% |

| Financial Metrics | | | |
|--------------------------|-----------|-----------|-------|
| Adjusted Admissions | 127,332 | 139,233 | 9.3% |
| Total Revenue per AA | \$ 25,243 | \$ 25,067 | -0.7% |
| Total Expense per AA | \$ 23,124 | \$ 22,084 | -4.5% |

Source Drivers

| | Price | Volume | Mix |
|---------------|-------|--------|-----|
| Total Revenue | ↔ | ← | ↔ |
| Total Expense | → | ← | ↔ |

Compliance and Integrity Report

FY2021 Compliance and Integrity Program Assessment



Attachment XXII

Audit, Compliance, and Finance Committee
August 27, 2020

OFFICE OF UNIVERSITY COMPLIANCE AND INTEGRITY
THE OHIO STATE UNIVERSITY

Regulation of Higher Education

Increasing pressures experienced across all areas of university operation

- Among most extensively regulated industries in the United States
- Hundreds of applicable laws and regulations; hundreds of federal, state, and local regulators
- Many applicable laws tied to the receipt of federal funds (e.g., Title IX, Clery Act, Human Research, etc.)
- Many other laws of general application (e.g., Export Controls, ADA, False Claims Act, etc.)
- Increasing regulatory demands and expectations
 - New federal and state laws
 - Growing complexity of requirements
 - More aggressive enforcement initiatives
- Increasing regulatory burden leading to increase in university costs



Regulatory Expectations for Compliance Programs

New DOJ Guidance increases expectations for program effectiveness

June 2020 Guidance from U.S. Department of Justice

- Guidance seeks to address three fundamental questions:
 - Is compliance program well designed?
 - Is program operating earnestly and in good faith?
 - Does program work in practice?
- Explicitly focuses on need for continuous program improvement to establish effectiveness
- Emphasizes that an entity's ability to respond once to a regulation is insufficient; regulators will focus on how a compliance program evaluates and improves that response over time

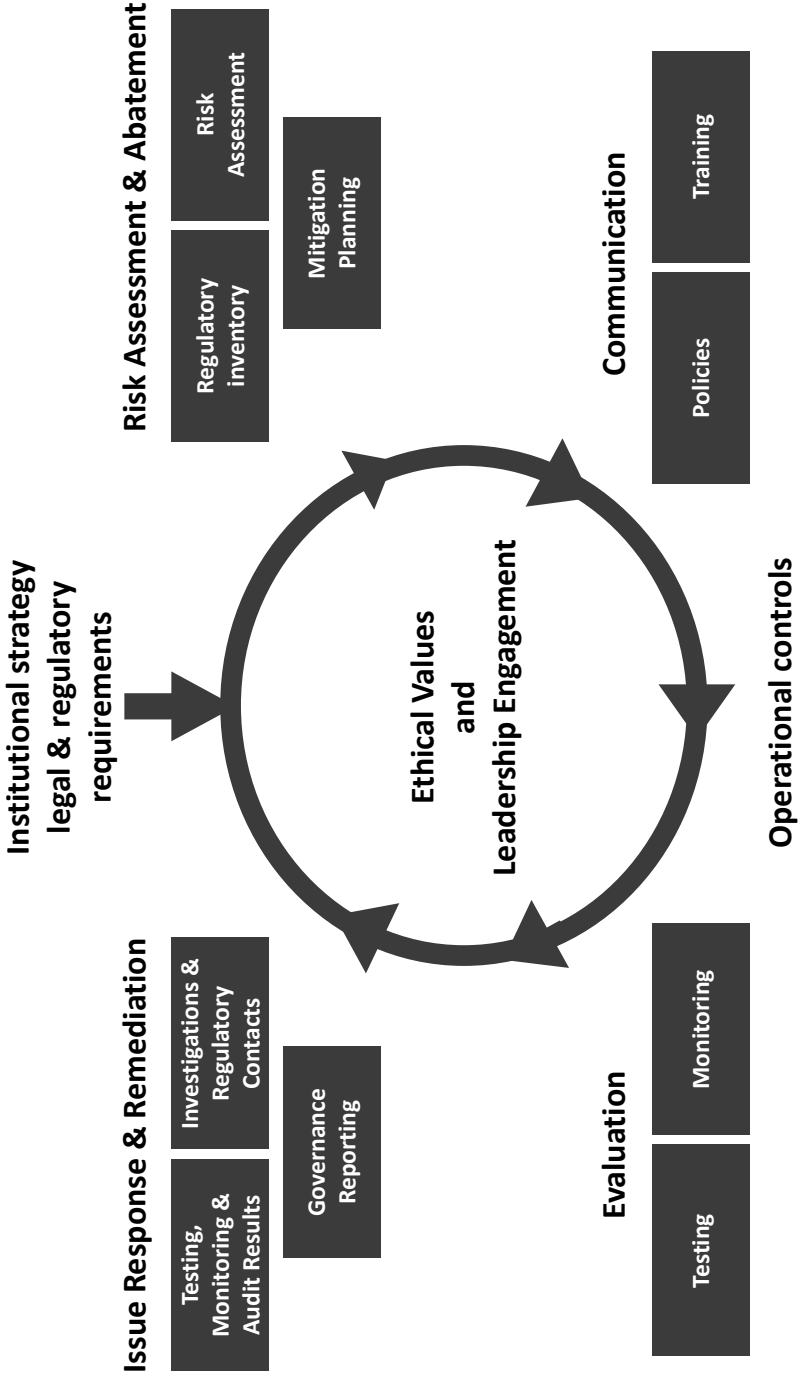


Key Takeaways

- Pandemic forces decisions on resource allocation priorities
- Increased expectations can best be met by re-emphasizing programmatic approach toward meeting compliance requirements

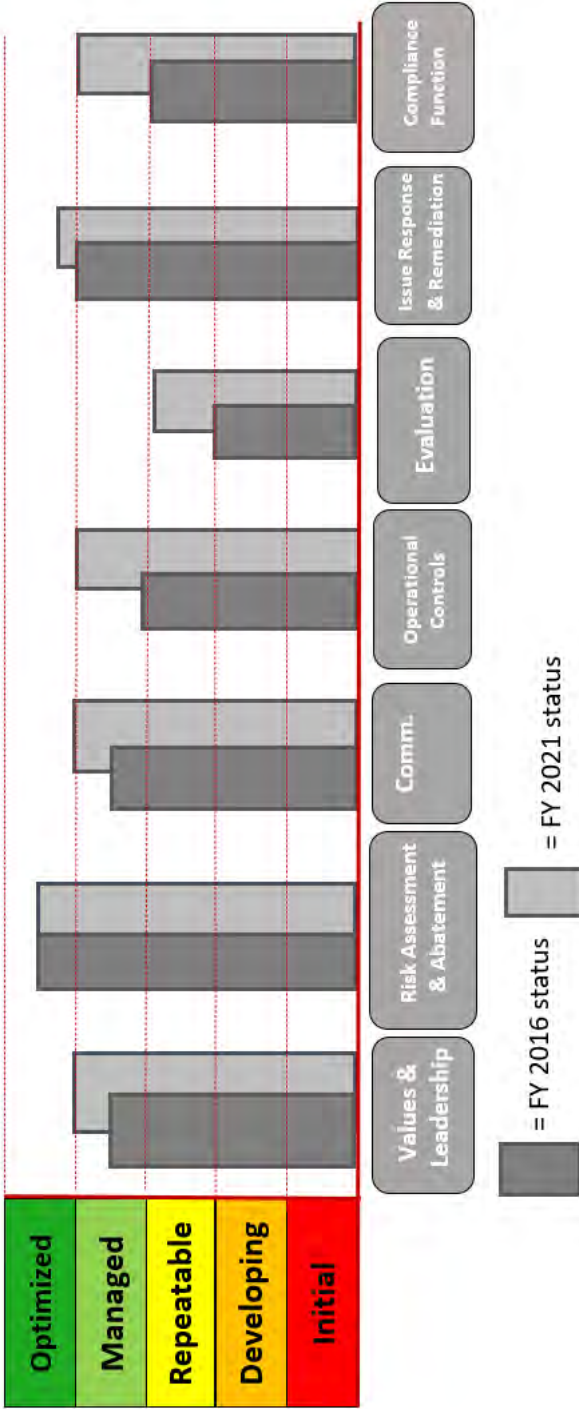
OSU Compliance and Integrity Program

Consistent framework across university develops effectiveness



FY2021 Program Assessment Overview

Significant progress made since 2016; opportunities for improvement remain



Documented, consistent methodology supports effectiveness

- Scalable approach supports consistent assessment/reporting of unit-level programs
- Efforts underway to partner with peer institutions, to support external benchmarking

Program Assessment: Detailed Results

| Compliance Area | | Current Status | Next Steps | FY 2020 | FY 2021 |
|---|---|--|------------|---------|---------|
| Ethical Values & Leadership Engagement | <ul style="list-style-type: none"> Strong practice of values-based decision-making Values & Ethics survey issued to entire university Compliance Council implemented to improve governance and reporting Compliance committees operating effectively in key units (e.g., OSUWMC, Research, Athletics) | <ul style="list-style-type: none"> Deliver survey report and implement action plans including integration of values and leadership training efforts Continue to improve Compliance Council oversight of compliance risks Improve integration of unit compliance committee reporting into Compliance Council | ● | ● | |
| Risk Assessment & Abatement | <ul style="list-style-type: none"> Extended pre-existing regulatory inventory to an “early warning system” (EWS) to identify/communicate COVID-related regulatory changes Strong process for reporting and assessing compliance risks and planning risk mitigation | <ul style="list-style-type: none"> Extend EWS process to non-COVID regulatory changes Integrate unit-level compliance risk mitigation through Compliance Council Continue alignment with university Risk Management processes | ● | ● | |
| Communication (Policies & Training) | <ul style="list-style-type: none"> Strong policy process supported significant policy revisions needed for Enterprise Project Learning Management System (BuckeyeLearn) supports extensive training delivery Training governance and enforcement remains largely decentralized | <ul style="list-style-type: none"> Continue efforts to simplify policies and align policies with university values, through revisions Continue training simplification efforts Improve training enforcement processes and effectiveness assessments on core compliance training | ● | ● | |

Program Assessment: Detailed Results (cont.)

| Compliance Area | | Current Status | Next Steps | FY 2020 | FY 2021 |
|--|---|---|------------|---------|---------|
| Operational Controls | <ul style="list-style-type: none"> Strong controls defined by process and within units, meeting regulatory/policy requirements Simplification of processes and identification of key controls has occurred in several top risk areas (e.g., information security and conflicts of interest) | <ul style="list-style-type: none"> Leverage process mapping efforts of Enterprise Project to identify additional opportunities for control simplification Continue existing control simplification efforts on top risks | | | |
| Evaluation (Testing & Monitoring) | <ul style="list-style-type: none"> Testing protocols generally highly decentralized, with opportunities for extending more consistent risk-based testing Strong testing processes exist in key risk areas (e.g., OSUWMC, EHS, Enterprise Security) | <ul style="list-style-type: none"> Leverage existing strengths to develop consistent approach toward testing of all top compliance risks Extend processes for corrective action tracking | | | |
| Issue Response & Remediation | <ul style="list-style-type: none"> Appropriate concern reporting processes in place Strong investigation expertise and reporting | <ul style="list-style-type: none"> Continue alignment and simplification of non-EthicsPoint concern reporting channels to improve identification of systemic issues Formalize corrective action tracking | | | |
| Compliance Function | <ul style="list-style-type: none"> Compliance personnel generally have sufficient resources, independence, and access to data to perform essential functions, and is coordinated by OUCI Resource gaps exist in key areas | <ul style="list-style-type: none"> Continue integration of overall compliance organization through unit-level program assessments and formalization of matrixed reporting lines Continue to address key resource gaps | | | |

Appendix X



THE OHIO STATE UNIVERSITY

**Completion Plan
Updated August 2020**

*Provided to the Chancellor of the Ohio Department of Higher Education
in accordance with Ohio Revised Code 3345.81*

**Prepared by OSAS Research & Program Assessment
OSAS_RPA@osu.edu**

The Ohio State University Completion Plan
Updated August 2020

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EXECUTIVE SUMMARY

The Ohio State University is a comprehensive public university founded in 1870. It consists of a selective-admission campus in Columbus; four open-access regional campuses in Marion, Newark, Lima and Mansfield; and the Agricultural Technical Institute research campus in Wooster. *U.S. News & World Report* has ranked Ohio State as one of the nation's top public institutions for more than a decade.

Over the past five years, the university has made substantial investments in strategies designed to further improve its already-strong retention and graduation rates, including: dramatically expanding the provision of need-based financial aid; creating at-scale data-driven supports for first-year students; implementing at-scale enrichment opportunities for second-year students; building a data-driven “coordinated care” model of advising; coordinating, highlighting, and scaling teaching improvement efforts across the university; providing iPads to all incoming first-year students and eligible transfer students; focusing more strongly on the success of identified groups of traditionally underserved students, including underrepresented minority, first-generation, Pell-eligible, campus-change, and community college transfer students; and creating infrastructures to promote evidence-based practices for student success. As a result, in autumn 2019 the Columbus campus showed very strong rates of retention and graduation (94.1% first-year retention rates and 85.8% six-year graduation rates).

The COVID-19 pandemic, which reached Ohio in spring 2020, will pose a number of challenges for student persistence and completion. For example, an internal survey of Ohio State undergraduates found that during the initial lockdown in April-May 2020, about a quarter of students experienced food insecurity, about a quarter had computer hardware or an Internet connection that was inadequate for online learning, and about half suffered a serious erosion in their identity as a student. However, Ohio State is working hard to support all its students through this pandemic and is committed to ongoing and new strategic initiatives to support student success, including a redesign of the university's General Education curriculum.

This report first lays out the university's **Current and Ongoing Completion Strategies and Activities**, many of which have been in place for several years. Next the report summarizes **Additional or Updated Completion Strategies**, which include those launched in 2019-20 or planned for launch in 2020-21. The latter section includes information regarding the university's response to the COVID-19 crisis and how it plans to support students through the unprecedented context of the 2020-21 academic year. Finally, the report describes how the university is responding to the state's **Workforce Development Priorities**.

UNIVERSITY MISSION AND PROFILE

Mission

Ohio State is a comprehensive public university founded in 1870. Its largest campus, 1,665 acres, is in Columbus, with regional campuses in Marion, Newark, Lima and Mansfield. It also has a research campus in Wooster — the Agricultural Technical Institute (ATI)¹ — for a total of 16,145 acres. The university's mission is dedicated to:

- Creating and discovering knowledge to improve the well-being of our state, regional, national and global communities;
- Educating students through a comprehensive array of distinguished academic programs;
- Preparing a diverse student body to be leaders and engaged citizens;
- Fostering a culture of engagement and service.
- Understanding that diversity and inclusion are essential components of our excellence.

With 15 colleges, Ohio State offers an extensive range of academic programs in the liberal arts, sciences, and the professions. Guided by a strategic plan focused on teaching and learning; access, affordability and excellence; research and creative expression; academic health care; and operational excellence and resource stewardship,² Ohio State is focused on uplifting the well-being of the state, the nation and the global community through the dissemination of knowledge. The university provides accessible, high quality, undergraduate, graduate and professional education for academically qualified students who can benefit from a scholarly environment in which research inspires and informs teaching.

Ohio State celebrates and learns from diversity and values individual differences. Academic freedom is defended within a community of civility, tolerance and mutual respect. In the area of teaching and learning, the goal is to provide an unsurpassed, student-centered learning experience led by engaged, world-class faculty and enhanced by a globally diverse student body.

¹ ATI is the associate-degree-granting unit of The Ohio State University College of Food, Agricultural and Environmental Sciences.

² president.osu.edu/strategicplan/

Profile

The university's total autumn 2019 enrollment³ was 68,262 students, with 61,391 on the Columbus campus. Across campuses, the overall student body was a balanced mix of male and female (50.8% female); 74.6% were residents of Ohio and 9.6% were international students; 64.7% were (non-international) white/non-Hispanic; 22.4% were (non-international) minority students, including 6.8% who identified as African American/black, 4.8% Hispanic, 6.8% Asian, and 3.8% who identified as multi-racial. The student body included 875 students who were active duty military or veterans, and an additional 411 in the Reserve Officers' Training Corps (ROTC).

Among Columbus campus students in autumn 2019, 46,818 were undergraduates, and their average age was 21 (with 94% under age 25). Most new students entering the Columbus campus were new first-year students (or "NFYS") with no prior college experience outside of high school dual enrollment (7,630 students). These students' average ACT score was 29.5, with 94% in the top quartile of their graduating class and 61% in the top 10%. Most (86%) arrived with accepted credit: 75% arrived with test credit (such as Advanced Placement, International Baccalaureate, College Level Examination Program, or language proficiency), and 37% arrived with dual enrollment credit. Overall, 28% of NFYS earned 30 or more college credits while still in high school, up from 22% in 2015. In addition to NFYS, the Columbus campus also welcomed 2,415 new transfer students from other two- and four-year colleges, as well as 1,372 "campus-change" students who moved from Ohio State regional campuses to the Columbus campus.

Ohio State's regional campus profile differs from that of the Columbus campus. The four regional campuses and ATI have an open enrollment policy and serve many students who prefer to start their college experience at a smaller university campus. A limited range of degrees can be completed on the regional campuses (including both associate and bachelor's degrees), but most bachelor's degrees require students to change to the Columbus campus to complete advanced coursework. Ohio residents who apply to the Columbus campus but are not admitted have the option to start at a regional campus and are eligible to change to Columbus after the successful completion of 30 credit hours (one year of full-time study). In autumn 2019, Ohio State's regional campus enrollment was 6,851, of which 3,049 were new first-year students. Regional campus students were more likely than Columbus students to be non-traditional: 14.9% were part time; 84.6% were 18 to 24 years old; and the majority commuted to campus.

³ All data from 2019 Enrollment Services reports; see Appendix A for details. Some program descriptions are compiled from unit websites and/or promotional material. See Appendix C for a list of relevant Ohio State websites.

Regional NFYS students were also more likely to be Pell-eligible⁴ (34.6%, compared to 18.2% on the Columbus campus). The average ACT score for NFYS regional students was 21.9, and 47.5% needed remediation in math or English or both (compared to 1.7% on the Columbus campus).⁵

For the 2018-19 academic year, Ohio State awarded 17,145 degrees, including 1,159 associate degrees at the regional campuses, 11,478 bachelor's degrees, 2,750 master's degrees, 886 doctoral degrees and 802 advanced professional degrees. The average time to a bachelor's degree was 4.21 years.

Ohio State has earned national recognition for the quality of its programs and teaching. *U.S. News & World Report* has ranked Ohio State as one of the nation's top public institutions for more than a decade; in 2020, Ohio State was ranked No. 7 among public universities nationwide, was recognized in the Best Undergraduate Teaching and Most Innovative Schools categories, had 15 graduate programs ranked in the nation's top 10, and was ranked No. 1 for online undergraduate education.

BARRIERS TO PERSISTENCE AND COMPLETION

The autumn 2019 report showed high rates of retention and graduation for Columbus NFYS students, with first-year retention at 94.1% and 85.8% graduating in six years with a bachelor's degree. Success rates were lower on the regional campuses (collectively, excluding ATI); first-year retention was 68.7% and the six-year graduation rate was 42.7%.

Students with lower rates of retention and graduation have typically come from one or more of the following underserved populations: Pell-eligible, first-generation, underrepresented minority or transfer/campus-change. Male students also experience extended time-to-degree compared to female students. The most recent success metrics for these students are included below.

⁴ Students eligible for Pell Grants meet federal guidelines for low and moderate incomes. Pell eligibility is used to measure financial need in student populations.

⁵ Although the Columbus campus has been deemed remediation-free by the Ohio Department of Higher Education (ODHE), acting according to Section 3345- 061(H) of the Ohio Revised Code, the Columbus campus still has students who are in need of extra support through remedial intervention, particularly in math and English composition. Of the 7,630 NFYS entering Columbus in Autumn 2019, 132 students were recommended for remedial courses through the university placement exams administered during orientation (107 of whom were referred for remediation in math, 10 in English, and 15 in both subjects).

For Pell-eligible Columbus NFYS, first-year retention was 91.5% and six-year graduation was 78.3%; for Pell-eligible regional campus NFYS, the respective rates were 62.6% and 32.2%. For first-generation Columbus NFYS, first-year retention was 91.4% and six-year graduation was 79.8%; for first-generation regional campus NFYS, the respective rates were 64.3% and 34.9%. For Columbus NFYS who identify with a racial/ethnic group that is underrepresented, first-year retention was 91.8% and six-year graduation was 76.5%.

Success rates for transfer and campus-change students are calculated based on student “rank” (credit accrual at the point of entry into the Columbus campus). For example, students who transfer with fewer than 30 credits are Rank 1, and those who transfer with more than 90 credits are Rank 4. Transfer and campus-change students typically enter Columbus at Rank 2 or 3, and the pattern of outcomes among Rank 2 transfer students are representative of the broader group. According to autumn 2019 reports, among Rank 2 transfer students, 70.9% graduated within two more years and 76.4% graduated within four more years. These rates were similar to those of regional campus students who changed to Columbus within their first two years; they had a six-year graduation rate of 74.0%.

Although male students were retained at a similar rate to female students, they had lower four-year graduation rates, which may be due to extended time-to-degree. Among Columbus NFYS, the most recent reports show that one-year retention was 93.4% for men and 94.8% for women. A wide gender gap appeared at four-year graduation, with a 58.5% four-year graduation rate for men and a 75.2% rate for women; however, the gap narrowed at six-year graduation, with a 82.6% six-year graduation rate for men and a 89.2% rate for women. The four-year graduation rate for males may be influenced by a larger number of males in engineering, a degree that tends to take longer to complete because of its accreditation requirements.

The COVID-19 pandemic will also pose a number of challenges for student persistence and completion. For example, an internal survey of Ohio State undergraduates found that during the period in April-May 2020 when the university transitioned to virtual teaching and learning, about a quarter of students experienced food insecurity, about a quarter had computer hardware or an Internet connection that was inadequate for online learning, and about half suffered a serious erosion in their identity as a student. According to a May-June 2020 survey of students at major research universities similar to Ohio State, 9% of continuing students were still unsure whether they would re-enroll in the fall.⁶ Moving into the 2020-21 academic year, economic uncertainties and health risks associated with the pandemic are likely to be exacerbated among Pell-eligible,

⁶ *Will students come back?: Undergraduate students' plans to re-enroll in Fall 2020.* SERU COVID-19 Survey Policy Brief, csh.berkeley.edu/seru

first-generation, and other groups of traditionally underserved students. However, Ohio State is working hard to support all its students through this pandemic and is aiming to maintain strong retention numbers this fall.

PROGRESS TOWARD GOALS FROM 2018-2020 COMPLETION PLAN

The following were goals for the 2018 plan. Progress for each is provided.

- **Goal 1:** Increase Columbus NFYS first-year retention from 94.2% to 95.0% by 2020.
Progress: After small but steady increases in prior years, Ohio State's retention rate stabilized and is now at 94.1%.
- **Goal 2:** Increase the overall number of degrees completed in four years by 1% each year.
Progress: The four-year graduation rate increased on Columbus campus from 62.4% in 2017 to 67.0% in 2019 – more than double the goal of increasing four-year graduation rates by 1 percentage point per year.
- **Goal 3:** Continue to increase the completion and retention rates of underserved populations, including first-generation, Pell-eligible, transfer/campus-change, and African-American/black students.
Progress: As the table below shows, the university continues to make progress on first-year retention and four-year graduation rates for these subpopulations, although retention from the second to third year ("second-year retention") is down for some subpopulations.
- **Goal 4:** Enhance college-to-career and post-graduate pathways, with a focus on Ohio workforce development priorities.
Progress: Ohio State is strengthening existing strategies and has launched new strategies related to this goal, as detailed later in the report.

| Retention and Graduation Rates - Columbus Campus* | | |
|--|-------------|-------------|
| | 2017 | 2019 |
| First Year Retention - All Students | 94.2% | 94.1% |
| Second Year Retention - All Students | 91.1% | 90.6% |
| Four-Year Graduation - All Students | 62.4% | 67.0% |
| Six-Year Graduation - All Students | 82.5% | 85.8% |
| <hr/> | | |
| First Year Retention – First-Generation | 91.2% | 91.4% |
| Second Year Retention - First-Generation | 86.9% | 85.2% |
| Four-Year Graduation - First-Generation | 53.9% | 59.9% |
| Six-Year Graduation - First-Generation | 75.1% | 79.8% |
| <hr/> | | |
| First Year Retention - Pell-Eligible | 90.2% | 91.5% |
| Second Year Retention - Pell-Eligible | 88.1% | 86.7% |
| Four-Year Graduation - Pell-Eligible | 52.5% | 58.1% |
| Six-Year Graduation - Pell-Eligible | 74.4% | 78.3% |
| <hr/> | | |
| First Year Retention – African American / Black | 90.6% | 93.0% |
| Second Year Retention – African American / Black | 85.9% | 87.4% |
| Four-Year Graduation – African American / Black | 44.0% | 49.5% |
| Six-Year Graduation – African American / Black | 73.4% | 73.8% |

** First year retention rates are based on 2016 and 2018 NFYS. Second year retention rates are based on 2015 and 2017 NFYS. Four-year graduation rates are based on 2012 and 2015 NFYS. Six-year graduation rates are based on 2011 and 2013 NFYS.*

UPDATED COMPLETION GOALS

In light of the critical challenges that the COVID-19 pandemic poses for Ohio State students, instructional faculty and student support staff, the university will seek to maintain its gains in terms of student retention and completion over the 2020-21 academic year. The economic consequences of the pandemic for students and their families will likely resonate through 2021-22 as well. Despite these challenges, the university is committed to maintaining its recent retention and graduation gains through 2022, particularly for traditionally underserved students who may be affected most negatively by the pandemic.

Goal 1: Maintain NFYS Columbus retention at 2019-20 levels.

Goal 2: Maintain NFYS Columbus four-year and six-year graduation rates at 2019–20 levels.

Goal 3: Maintain 2019-20 levels of completion and retention for traditionally underserved populations, including first-generation, Pell-eligible, transfer/campus-change, and African-American/black students.

Goal 4: Continue to enhance and build college-to-career and post-graduate pathways, with a focus on Ohio workforce development priorities.

In the following sections, the report first lays out the university's **Current and Ongoing Completion Strategies and Activities**. These activities reflect the university's ongoing processes to strengthen completion, many of which have been in place for several years. Next the report summarizes **Additional or Updated Completion Strategies**, which include strategies that were launched in 2019–20 or are planned for launch in 2020–21. The latter section includes information regarding the university's response to the COVID-19 crisis and how it plans to support students through the unprecedented context of the 2020–21 academic year. Finally, the report describes how the university is responding to the state's **Workforce Development Priorities**.

CURRENT AND ONGOING COMPLETION STRATEGIES AND ACTIVITIES

The university's completion strategies are implemented in partnership between the Office of Student Academic Success (OSAS), the Office of Student Life, the Office of Diversity and Inclusion (ODI), the Drake Institute for Teaching and Learning, the Office of Distance Education and e-Learning (ODEE), University Libraries, and the university's academic colleges and campuses. Below, the university's ongoing completion activities are organized by function, with most representing a collaboration across multiple units. Such collaborations are coordinated through key strategic initiatives and infrastructures (such as the rollout of the new framework for General Education, discussed later in this report).

Undergraduate Admissions

Undergraduate Admissions provides robust outreach to historically underrepresented students of color, first-generation, and limited-income students through proactive outreach, partnerships and individual engagement. Working closely with community based organizations, such as I Know I Can, the Cincinnati Youth Collaborative, College Now Greater Cleveland, KIPP Columbus, Strive for College, and Chicago Scholars, admissions staff work with high school counselors throughout the state, especially in urban and rural areas, to educate counselors on the OSU admissions process. Ohio State's unique Buckeye Student Leadership Academy helps to prepare selected rising seniors from underrepresented backgrounds in Ohio for the application process, free to participants. Student telecounselors, faculty, and staff conduct outreach through phone call and email campaigns to build individual relationships with prospective students.

After admission, Undergraduate Admissions provides travel grants for targeted admitted students to help defray the cost of coming to campus for admitted student programs. Specialized programming to help build community for underrepresented students takes place at off-campus programs in Cincinnati and Cleveland, as well as during admitted student visits on campus.

Need-Based Financial Aid

Over the past five years Ohio State has significantly expanded its portfolio of institutional need-based aid in order to remove financial barriers to student success and completion. In 2015, Ohio State launched the President's Affordability Grant Program to provide new need-based aid to low- and middle-income students on the Columbus campus; the program was expanded to the regional campuses in 2016–17. In autumn 2018, the university launched the Buckeye Opportunity Program on the Columbus

campus, which supports students from Ohio who qualify for a Federal Pell Grant; each recipient receives enough student financial aid to cover the full cost of undergraduate tuition and mandatory fees. The program was expanded to the regional campuses in spring 2019.

Orientation and First Year Experience

A comprehensive orientation for NFYS, transfer students and special populations (for example, veterans) is important for students (and families) so they can begin to focus on college and start the transition to life as an Ohio State student. In addition to managing logistical tasks such as placement testing, course scheduling and financial aid consultation, Ohio State's student orientation sessions contribute to first-year retention by ensuring that students:

- Learn about resources and expectations both inside and outside of the classroom.
- Engage with their Peer Leader, who provides support during orientation and throughout the first year.
- Meet one-on-one with academic advisors to learn about academic areas of study.

After arriving at Ohio State, all new first-year students participate in university First Year Experience (FYE) programs designed to help students become acclimated to campus, connect with resources and the university community, and to start to think of Ohio State as their second home.

First Year Experience uses predictive modeling to help identify students who may need more intensive support. On the Columbus campus, a key piece of the intensive support strategy is implemented by Peer Leaders: every new first-year student is assigned a specific Peer Leader, an upper-class student who leads the new student's two-day summer orientation, maintains connections with that student through the entirety of the first year, and helps provide or coordinate more intensive or sustained support for students who need it most.

Across all campuses, every new first-year student enrolls in the **University Survey course**, a one-credit hour course taught by academic advisors in their own major or college, in which students are encouraged to set goals, complete two- and four-year curricular plans, and delineate courses that must be taken sequentially to complete the degree on time. The course is designed as an extended introduction to the university. It covers majors and colleges, how to schedule classes, intentional degree planning, how to conduct other Ohio State business, and using resources such as the library system and other academic and personal services.

As part of Survey course requirements, students attend **First Year Success Series** sessions, which reinforce content provided in the survey course and focus on helping students overcome common challenges during the transition to college. A special track, **Buckeye START**, has been created in the Success Series for populations of students who often navigate additional barriers to success throughout their first year; specifically, these populations include first generation students, students who commute, students from limited-income backgrounds, and students of color (particularly men of color). This opportunity is only for students who are identified by FYE through a data-informed approach or referred to FYE by a campus partner, in order to ensure the students who can most benefit have the chance to take advantage of this experience and support. Buckeye START sessions are intended to help these students recognize and normalize the transition to college, connect new students to campus resources that can most appropriately support their success, and foster peer connections among new students and with FYE Peer Leaders.

Learning Communities

All first- and second-year Columbus NFYS are required to live on campus unless they are granted a waiver. This residential requirement allows the university to integrate a variety of supportive programming across the first two years of the student experience. For interested students, Ohio State's 26 residential Learning Communities offer an integrated and holistic approach to student support and/or enhanced experience. Students in a particular Learning Community live together on a residence hall floor with common major, career, and/or personal interests. Through partnerships with a variety of academic departments, faculty and staff, students have exclusive access to activities that tie directly into their academic success at Ohio State. Each Learning Community is unique in the goals and events offered, but all have:

- A direct connection to the classroom experience.
- Intentional events and opportunities for participants.
- Dedicated staff members to ensure the success of the students within the community.

Ohio State has a wide variety of learning communities, including 19 programs coordinated with Student Life⁷ and 17 affiliated with the university Honors and Scholars Center.⁸

⁷ Examples include: Business Honors, Engineering House, Exploration, First Year Collegian, Future Health Professionals, Global Business, Nursing and Wellness Innovations, Visual and Performing Arts, and Women in Engineering.

⁸ Examples include: Arts, Biological Sciences, Sport and Wellness, Environment and

Diversity and Inclusion

Ohio State's Office of Diversity and Inclusion (ODI) supports the recruitment, retention and success of students, faculty and staff who enhance the diversity of The Ohio State University. ODI oversees a wide range of access, scholarship, mentoring and retention programs. ODI has long provided generous scholarships that have need-based requirements, like the Young Scholars Program scholarship, as well as merit-based programs like the Morrill Scholars Program. ODI offers several different early arrival programs for admitted students from targeted populations, including the Bell National Resource Center Early Arrival program (for any male student admitted to the university who identifies as African American, some of whom are limited-income and first generation), the NSF LSAMP three-week bridge program (for underrepresented minorities in STEM), the Morrill Scholars Early Arrival program (focused on students who have demonstrated a commitment to diversity and social justice, many of whom are limited-income, first-generation, and/or students from underrepresented groups), and the Latinx Early Arrival Program. To assist with student pathway decisions, many ODI programs include success coaching where students meet one-on-one with staff to do education and career planning. ODI's Tutoring and Study Skills Services supports the successful completion of gateway courses through one-on-one and group tutoring, supplemental instruction, and study skills and testing resources.

ODI supports non-traditional student-parents through the ACCESS program and CCAMPIS childcare grants. In autumn 2019, ODI launched the new Dr. James L. Moore III Scholars Program, which supports students transferring from Columbus State Community College (CSCC). The Women's Place also serves as the administrative home for the Critical Difference for Women Scholarship Program, which provides grants to students who have disrupted their education due to unforeseen circumstances; most of the students receiving this grant are students over the age of 25, but it also serves other non-traditional student populations including veterans and parents.

Campus-Change and Transfer

In 2018-19 the university kicked off an initiative to diagnose challenges within its campus-change and transfer processes and implement improvements. The initiative's university-wide working group began its work with a landscape review of the university's current practices, and found that the university had many clear and useful 2+2 program maps with Columbus State Community College (the university's largest transfer feeder), and that a large array of university services and supports were open and welcoming to both campus-change and transfer students. However, prospective and current campus-

Natural Resources, Green Engineering, Humanitarian Engineering International Affairs, Health Sciences, and Innovation, Creativity and Entrepreneurship.

change and transfer students were not necessarily aware of the resources and services available to them, and the nature of these supports varied widely across colleges and majors; websites that faced the campus-change and community college transfer populations were not always well designed for the needs and interests of these students; and prospective campus-change and community college transfer students did not have a formal and reliable way to indicate interest in change/transfer to OSU-Columbus well in advance of application, which limited the university's ability to proactively reach out to students.

As a first step to address the needs of campus-change and transfer students, in spring 2019 the university implemented several improvements to the change/transfer process: university advisors created a more consistent and streamlined process for campus-change approval; the university invested in an advisor who spends half its time at Columbus State Community College in order to improve transfer processes from that end of the pipeline; and the Dr. James L. Moore III Scholars Program was launched to provide wrap-around support for selected CSCC transfers. Please see the "Updated Completion Strategies" section of this report for additional improvements implemented in 2019-20 and planned for 2020-21 and beyond.

Second Year Engagement

Ohio State's Second-year Transformational Experience Program (STEP) is now integrated into the experience of second-year residential students on the Columbus campus as well as second-year students on the regional campuses. More than 3,100 students participated during the 2019–20 academic year. STEP faculty mentors are assigned up to 16 students, whom they meet with regularly throughout the academic year. STEP creates intensive interactions with faculty outside of the classroom, combined with a living experience that integrates academic achievement, self-awareness, and the development of life and leadership skills. The program offers individual development modules with applications for career growth and global citizenry, and mandates completion of a financial wellness component.

During the spring semester, each student works closely with his or her STEP faculty member to create a written proposal for a STEP Signature Project, which falls into one of six categories: undergraduate research, education abroad, service learning and community service, leadership, internships, or creative and artistic endeavors. Students who complete all STEP requirements are eligible to receive a fellowship of up to \$2,000 to use towards a STEP Signature Project they might otherwise not be able to do.

STEP is designed to focus on students' success and development and allows them the opportunity to participate in activities that are pointed to their individual interests and academic needs. Through their interaction with faculty, students can develop tools for life and build essential network connections.

Advising Community

In 2016, Ohio State began to more closely coordinate and support its decentralized network of advisors, a process that was highlighted with the President's Advising Summit in 2016. Below are key advising initiatives that have moved forward since that time.

First, during the summer and autumn of 2017, as part of Ohio State's Enterprise Project to transform its business practices while implementing the Workday enterprise system, advisors from across the university worked with consultants from Accenture to conduct an Advising Business Process Transformation, which pinpointed problems and inefficiencies within advising business processes. Several of these key issues have now been addressed with new policies or guidelines. (For example, in 2019 the university implemented a new process to coordinate campus-change, which has improved identification of and outreach to prospective campus-change students, timeliness of campus-change approval, and delivery of targeted programming.) Addressing the remaining process issues will require technological improvements, which will be integrated into the rollout of Workday Student in 2023.

Second, the university has upgraded the infrastructures that support high-quality advising across a decentralized campus. In 2018, an advising career ladder was created and by early 2019 all advisors had been placed into the new career levels and received equity adjustments to their pay based on market value and cross-campus comparisons. Increasing advisors' salaries and standardizing across areas have helped to recruit and retain quality academic advisors, which in turn increases student access to and satisfaction with advising. The university has also developed systematic professional development opportunities for new and experienced advisors in order to create stronger consistency across student experiences. To further facilitate the dissemination of accurate policy information, the university's advising website has been redesigned and updated, increasing advisors' use of the site. These efforts to enhance both quality and efficiency have increased advisors' capacity to engage in additional support efforts, such as reaching out to students who are not enrolled for future terms or assisting in the university's new Complete Ohio State effort. (See a later section of the report for more information.)

Third, in 2016 Ohio State piloted EAB's Navigate tool (re-branded as OnCourse), a student success platform that provides predictive analytics modeling to support advising. In the past four years, use of the platform to document and inform advising sessions has markedly increased. In 2019, the university hired three FTE to support the platform as use increased to over 22,000 student users. Every regional campus and nearly every advising unit now uses OnCourse to schedule appointments, document meetings, add notes in the student record regarding their academic progress, or notify students regarding progress, special events, and other opportunities. Advisors also use OnCourse predictive analytics and reporting to assist with targeted student outreach and the assessment of new intervention programs. Ohio State's use of OnCourse has created a student support network beyond advising and allowed the growth of timely and intentional intervention through predictive analytics, proactive advising and coordinated care. The OnCourse advising platform also easily integrates with remote appointments, which has been essential to support students during the COVID-19 emergency, and will continue to be valuable as students continue to reach for flexible, responsive, virtual support.

Fourth, after analyses suggested that increasing the already-strong retention rate for the Columbus campus would require decreasing the rate of academic dismissal, in 2016 the university piloted an academic recovery program known as SpringForward. In 2019, results of the three-year pilot program led the university to invest in program institutionalization and expansion, and it is now staffed with two advising FTE. The program focuses on NFYS who fall into academic difficulty during their first autumn semester, and requires participants to take an academic skill and self-efficacy building course, as well as engage in academic coaching and advising. For in-state participants, there is an option to apply for scholarship funding and extended support through the summer. Extensive planning is underway to provide expanded support to SpringForward students throughout their undergraduate academic career. This includes creating cohorts to engage in other high-impact opportunities at Ohio State, such as STEP.

Teaching and Learning

In 2016, then-President Michael V. Drake outlined a vision for The Ohio State University to "be as highly regarded for world-class teaching and learning as we are for world-class research." To meet that vision, the university founded the University Institute for Teaching and Learning (renamed the **Michael V. Drake Institute for Teaching and Learning** in 2020). The Drake Institute advances at-scale professional learning, evidence-based instructional strategies, and research and policy that elevate, across the university, the work of all who teach. Its goals are to:

- Achieve the broadest possible participation in high-quality, high-impact, evidence-based professional learning programming for those who teach.
- Scale and deepen professional learning through strategic partnerships and collaborations.
- Recognize and reward teaching that promotes student learning.
- Design and sustain an innovative online presence and communications portfolio.
- Lead in educational development and teaching and learning research.

The Drake Institute helps coordinate, highlight and scale teaching improvement efforts that are led by multiple offices and programs across the university, including the **Office of Distance Education and e-Learning (ODEE)** and **University Libraries**. Each of these partners provides student-facing resources that are integrated into many of the student supports already discussed. For example, University Libraries provides programming related to library resources and information literacy as part of New Student Orientation, University Survey, First Year Success Series, STEP and the Young Scholars Program. In addition, these partners work together to strengthen the quality of teaching and other support that students receive wherever and however they receive instruction. Below are key initiatives that these partners have piloted and scaled since the establishment of the teaching and learning institute in 2016.

First, the university has markedly expanded the scale and depth of its professional learning opportunities for instructors. Like most colleges, the university traditionally provided voluntary one-on-one consultations or workshops for interested faculty. To scale these opportunities more broadly, the university began by launching an in-depth **New Faculty Orientation (NFO)** program in 2016; the Drake Institute also began direct support of **Graduate Teaching Orientation (GTO)** in 2018. These programs encourage participants to take a customized “health and wellness” approach to professional learning to promote career-long cultivation of expertise and achieve success in teaching and learning. Over 700 individuals participated in NFO and GTO in 2019-20, including 107 new faculty who participated in a formal year-long mentoring component led by 37 senior faculty. The university also developed 19 different **Teaching Endorsements**, or credentials, that faculty can earn through participation in in-depth professional learning experiences in a specific area, such as inclusive teaching, digital humanities, teaching with technology, course design, meaningful inquiry, or teaching ethics and human values. In 2019-20, more than 150 endorsements were awarded to Ohio State instructors. Based on the Teaching Endorsement framework, the university also developed a large-scale **Teaching Support Program**. The TSP is an extended professional learning opportunity for faculty that involves a tool to inventory instructional practices, a five-module online course on evidence-based pedagogy, and exposure to recommended literature on scholarly teaching. After completing these elements, faculty

are encouraged to redesign, implement and assess evidence-based instructional strategies. Since the program launched in October 2018, 3,529 faculty have participated in at least one part of the program, and 2,726 completed all the activities required to engage in redesign. The Drake Institute continues to support and incentivize faculty to redesign and assess instruction in their courses to improve student learning outcomes and enhance the student experience.

Second, in 2017 the university launched a collaboration with Apple known as **Digital Flagship**. This comprehensive, university-wide digital learning initiative aims to integrate learning technology throughout the university experience — both inside and outside the classroom — and provide universal access to a common set of learning technologies. Since autumn 2018, all NFYS have received their own iPad at orientation, and have immediately begun learning how to use them for academic purposes; thus by 2019-20, Digital Flagship had provided more than 23,000 undergraduate students (46% of the undergraduate student body) across all campuses with free iPads, keyboards, Apple Pencils and a suite of apps for learning. To further promote innovative uses of the iPad in classrooms, faculty who teach introductory courses can apply to be a Digital Flagship Educator. Each participating instructor selects one course section to be designated as a "Digital Flagship Immersion" course in the following year's course catalog. This designation allows instructors to plan activities and assignments with an established knowledge of student tools and centralized resources to support their skill development. When each student in the class has the same device, the instructor can better navigate how to incorporate active learning strategies. Students then are able to make greater strides in developing their own digital literacy and workforce readiness.

Third, the university's textbook affordability initiative (the **Affordable Learning Exchange**, or ALX) continues to create and expand digital resources to offset textbook prices for students. Over the past 5 years, ALX has worked with more than 100 faculty across all the university's campuses to replace traditional commercial textbooks with high-quality affordable options, saving students a total of \$10.9 million. In 2018 ALX also launched a pilot of CarmenBooks, a program to provide digital textbooks at approximately 80% off list price. The program expanded in the following year and has now reached more than 100 courses and saved students \$2.25 million. ALX has also helped lead the statewide Ohio Open Ed Collaborative with a grant from the Ohio Department of Higher Education. Beginning in January 2018 and ending in August 2019, three cohorts worked to develop content for 20 shared high enrollment, General Education courses and three high level math courses. Ohio State Columbus, Lima, Marion, and Newark faculty and librarians served as part of the group of 119 participants from 36 additional institutions across the state. Savings to date for the grant project, as self-reported by partner institutions, total nearly \$4 million.

Fourth, the university has continued to grow its high-quality **online offerings**, thus offering flexibility and affordability to students who need it.⁹ In 2019-20, the university met and exceeded its goal of offering 35 approved fully-online programs, with many of the newest programs in alignment with the state's workforce development priorities. Ohio State also connected expert faculty with online instructional designers in order to redesign 34 popular GE courses for the online context. To ensure quality, these online course sections are designed to meet internal standards that not only include Quality Matters standards (a widely-used course design rubric geared to continuous improvement in student learning for online offerings), but also captures university policies, scholarship on student success, feedback from Ohio State faculty collaborators, and regulatory requirements to ensure quality design for online and hybrid courses. As noted in the introduction of this report, Ohio State's support for online quality resulted in a No. 1 ranking in *U.S. News & World Report* for online undergraduate education.

Finally, the university is engaging in a wholesale re-imagining of its General Education experience; please see a later section of the report for further details.

Learning Support Services

Ohio State offers a suite of learning support services to all students, including the **Dennis Learning Center**, the **Mathematics and Statistics Learning Center** and the **Center for the Study of Teaching and Writing**. As noted earlier in the report, the Office of Diversity and Inclusion provides specialized learning support for students in its programs. In addition, the university offers specialized learning support services for athletes (**SASSO**), military and veteran students (**MVS**), and disabled students (**SLDS**).

The **Dennis Learning Center** was established to provide academic learning services that support Ohio State students from entry through graduation. Services include courses, workshops, individual academic coaching and online learning resources. The center's college-success courses provide elective credit toward students' degrees and are offered on multiple Ohio State campuses. Through group workshops and individual academic coaching, center affiliates work directly with students to develop strategies for effective studying, time management, learning from text, note taking, test taking and self-regulation. They collaborate with Ohio State academic departments, other institutions, and the scholarly community on research and practice that promote postsecondary student success. In addition to offering all services both face-to-face and

⁹ All fully-online program students pay in-state tuition and do not pay campus-based associated fees, thus reducing the total cost-to-credential.

online, the center provides an online resource with videos and materials related to note taking, test taking, procrastination, motivation and cognitive learning.

The **Mathematics and Statistics Learning Center (MSLC)** is a resource center for students and instructors in mathematics and statistics courses at Ohio State. The center's goal is to create and implement an efficient and effective model of support services for student learning in mathematics and statistics and to provide training and support to tutors and instructors of lower-division mathematics and statistics courses. The center provides trained tutors available to help students with difficulties they are experiencing in class or with homework. In addition, it provides online resources, practice exams and workshops to help a student progress through the challenging quantitative courses, which often are "stumbling block" courses that impact student completion.

The **Center for the Study and Teaching of Writing (CSTW)** is an interdisciplinary support and research unit in Ohio State's College of Arts and Sciences. CSTW was established to aid students, faculty and staff in becoming more effective writers in a variety of contexts and media. Two programs in CSTW, the Writing Center and Writing Across the Curriculum Initiative, provide assistance to writers of all abilities and levels. The Writing Center offers face-to-face and online tutorials to students to assist with writing in progress; the Writing Across the Curriculum program works with instructors to develop and assess writing activities, and to design and develop these activities to meet student and curricular needs. A third program, the Writing Associates, invites faculty to embed an undergraduate tutor into their writing courses to provide additional support for those students. Each of these programs favorably impacts student success, retention and degree completion. Undergraduate and graduate students employed by these programs also gain valuable experience and transferable skills.

The **Student Athlete Support Services Office (SASSO)** serves more than 1,000 student-athletes on 36 NCAA teams, providing Ohio State student-athletes with assistance in academic support including academic counseling, instructional support services, tutorial services, student-athlete engagement, and many other skill-building services and units. Academic counselors work in conjunction with academic advisors within each college to provide accurate academic information and planning related to a student-athlete's college progress and degree program. SASSO's learning specialists provide academic skill-building and monitoring of student progress, while mentors and professional tutorial support staff offer subject-specific assistance as well as time management, organizational strategies and techniques. SASSO's Student-Athlete Engagement unit provides student-athletes opportunities to engage in experiential learning, high-impact practices, community service, student leadership initiatives, educational internship opportunities and other programming. Together they help foster

growth in decision-making and academic planning, so that they may fulfill their academic, degree completion, and personal and professional development goals.

Ohio State's **Military and Veterans Services (MVS)** provides assistance for military-connected students with academic and educational support resources. The office focuses on building trust and guiding these students to academic success and graduation. The office provides military and veteran orientations; focused academic advising, counseling and tutoring; VA education benefit navigation; peer mentoring; tailored support services; and the education of faculty and staff on military student issues. It also provides long-term continuity for the Tri-Service ROTC units and collaborates with the Office of Government Affairs on any local, state or federal legislation and policies concerning this cohort. The Office of Military and Veterans Services has been rated the top program for veterans in higher education for the last two years by *USA Today* and *College Factual*. Other Ohio State resources include a student-veteran housing option for veterans, active-duty, reserves or National Guard; three student-veteran organizations; and comprehensive programming and services that assist the Buckeye Military Family in securing internships and post-graduation employment.

Student Life Disability Services (SLDS) partners with students, faculty and staff to design accessible and inclusive instruction and environments, and to provide academic and co-curricular accommodations and services. The office recognizes that "disability" is a broad term that includes, but is not limited to, mental health conditions, chronic health conditions, temporary injuries, physical/learning disabilities, and ADHD. Students register with SLDS to be approved for accommodations that students can then request from faculty and university units. All materials pertaining to a student's disability are confidential. Students work with an access specialist to discuss academic barriers to success and accommodations. Students notify their instructors about accommodations only if they want to use them in that instructor's course. SLDS also provides consultation services and disability awareness training to the campus community. SLDS provides services for more than 4,000 students, including accommodations, accessible media, assistive technology, Braille, captioning, live transcription, exam services and career resources. The office serves undergraduate, graduate, professional, Program 60, and College Credit Plus students. SLDS also provides workshops on inclusive instruction and disability access for university instructors, staff, and students. SLDS has an on-going collaboration with the Americans with Disabilities Act (ADA) Coordinator's office within the Office of Institutional Equity in order to ensure legal and policy compliance.

Student Wellness Services

The university provides a comprehensive array of services to support student wellness, which in turn promotes academic success and persistence, including the **Student Wellness Center**, the **Counseling and Consultation Service** and the university's **Wellness app**.

The Student Life **Student Wellness Center (SWC)** serves as a resource for information on various wellness topics, provides online and in-person programs and services to individuals and groups, and contributes to the development of a more healthy and supportive campus community. All services are provided free to currently enrolled Ohio State students. Examples of activities in the SWC that contribute to retention and completion include: alcohol, tobacco, and other drug prevention services; the Collegiate Recovery Community; financial education; nutrition education; and safer sex initiatives. The SWC also provides overall wellness coaching, which takes a positive approach to personal development, focusing on strengths and enhancing capacities for resilience and self-acceptance while promoting happiness, health and success. Each of SWC's services engages in educational outreach to students and includes options for one-on-one coaching and group education. Wellness Ambassadors are a key component of SWC's outreach strategy. These are undergraduate student volunteers who commit three hours per week to developing and implementing wellness programs. As Wellness Ambassadors, students have the opportunity to specialize in one of the following topic areas: alcohol education, nutrition, safer sex, other drugs, stress, sleep, and career wellness.

For students in need of mental health services, the Student Life **Counseling and Consultation Service (CCS)** provides individual counseling, group counseling, psychological testing, crisis debriefing, and other services to students to promote personal well-being and academic success. Their culturally diverse professional staff of licensed psychologists, social workers, counselors and psychiatrists can help students with stress management, anxiety, depression and many other mental health issues that could otherwise derail student success.

To help connect students to wellness services from any location, in January 2020 the university rolled out its free **Wellness app**, which connects students to help in a crisis, and provides tools and support avenues to help navigate stress management, relationships, anxiety, depression, alcoholism and more. During the development process with Apple in 2019, Ohio State students were involved in the design from start to finish, and their user experiences were incorporated to ensure that student needs were met, from design to ease of use to quality of content. The app, which is available

on iOS and Android, was automatically pushed to all Digital Flagship iPads in January, and by June 2020 it had more than 13,000 active users with nearly 200,000 screen views.

Promoting Evidence-Based Practice

The university's ongoing improvements in student success, persistence and graduation are rooted in evidence-based practice. In order to learn more from other institutions about effective practices, implement those practices at Ohio State, and contribute new research on these practices to the field, the university is engaged in several research initiatives and external partnerships.

First, to engage research faculty in the conversation around and research on student success, generate new evidence about student success, and incubate related practice on campus, the university launched two new faculty research grant programs in 2018-19. The Drake Institute's **Research and Implementation Grant** program provides grants of up to \$7,500 to faculty to either (1) implement and assess research-based instructional methods and materials to undergraduate students, or (2) conduct new research on student learning or instructional best practices. Thus far the program has awarded 21 grants to 39 instructors, and directly impacted instructional practice for 7,851 students. The **Student Academic Success Research** grant program provides seed funding (\$10,000 to \$30,000) to support faculty research on Ohio State student access, academic excellence, retention, and graduation, with a particular focus on underserved students. Funded projects must focus on creating clear practical recommendations for OSU courses, programs, or services, and ensure that relevant OSU practitioners are kept "in the loop" on project design, results and implications. Thus far the program has awarded \$195,000 to eight research projects on topics ranging from student childcare needs to supporting the success of students of color in STEM fields. In addition to these grant programs, as part of the university-wide initiative to improve campus-change and transfer, three studies were launched in 2019-20 to build a research-based foundation for improving the success of campus-change and transfer students.

Second, in 2014 Ohio State joined with 10 other large public universities to found the **University Innovation Alliance (UIA)**, which works to accelerate and coordinate efforts across universities, in order to improve the educational attainment and economic prospects of students who have traditionally struggled to complete their degrees, particularly limited-income students, first generation students, and students of color. UIA members have developed new models for scaling innovations from one campus to others, breaking down barriers that often prevent good ideas from being implemented more broadly. Since the UIA began, its 11 member institutions have produced 29.6% more limited-income bachelor degree graduates per year and 16.1% more overall. Ohio

State's membership in UIA has helped launch several of the student success strategies discussed throughout this report, including the use of predictive analytics within OnCourse and a redesign of the college-to-career pathway.

Third, in 2016 Ohio State was a founding member of the **American Talent Initiative**, a collaborative effort to enroll and graduate an additional 50,000 highly talented, limited-income students at top colleges and universities across the United States by 2025. The initiative is a partnership between Bloomberg Philanthropies, the Aspen Institute, Ithaka S+R, and a diverse array of public and private member institutions working to enhance access and support, share innovative best practices, and contribute to research that will help expand opportunity. Ohio State's former President Michael V. Drake served on the steering committee of the initiative from its beginnings, and the university helped serve as a leader as the initiative grew from its initial 30 colleges to more than 100 today. Ohio State's membership in the initiative has helped increase the graduation rates of the university's Pell-eligible students by focusing attention and strategic planning around the success of this population, including the rollouts of the President's Affordability Grant and Buckeye Opportunity Program.

UPDATED COMPLETION STRATEGIES

The previous section discussed the university's ongoing completion strategies and activities, many of which have been in place for several years. This section lays out the university's updated completion strategies, which include strategies that were launched in 2019–20 or are planned for launch in 2020–21. This section includes information regarding the university's response to the COVID-19 crisis and how Ohio State plans to support students through the unprecedented context of the 2020–21 academic year.

After moving all operations online in mid-March 2020, in June the university announced that students and faculty would return to campus for the autumn 2020 semester. The resumption of full operations on Ohio State campuses will include a combination of the use of appropriate face coverings, physical distancing, hand hygiene, limited density in indoor spaces, control of traffic into and around buildings, continued employee teleworking when possible, testing, symptoms tracking and contact tracing. To support de-densification, many student support programs and services will offer limited physical interaction in combination with live online or "synchronous" video meetings, and also provide updated, engaging and robust "asynchronous" online content.

New Student Orientation and First Year Experience

In observance of safety protocols in response to COVID-19, NFYS orientation programs are being offered in an online format during summer 2020, using Carmen Canvas (the Ohio State Learning Management System) and the Ohio State mobile app to provide a high quality and informative two-day orientation program. The orientation experience begins three weeks prior to the two-day program, when NFYS are instructed to log on to their **Get Started at Ohio State** course on CarmenCanvas and work through their pre-orientation items including placement testing. The two-day orientation experience includes working with an academic advisor to register for autumn semester classes, learning about important campus offices and resources that students will use throughout their time at Ohio State, connecting with their FYE Peer Leader, and meeting other first-year students. To keep new students connected through the summer, the orientation experience is extended with opportunities for new students and their families to virtually connect with First Year Experience and other campus partners across the university.

For transfer students, orientation has also moved online in response to COVID-19. These students register for a one-day orientation offering synchronous and asynchronous information about campus offices and resources, and meetings with academic advisors to register for classes. In designing and implementing both the NFYS and transfer online orientation experiences, First Year Experience is attentive to students in different time zones and with varying technology restrictions and recognizes the importance of approaches that keep students engaged when they are not physically on campus.

In observance of safety protocols in response to COVID-19, the **First-Year Success Series** sessions (including Buckeye START) for autumn 2020 will use both synchronous and asynchronous online formats. To ensure instructional quality and student engagement, training on effective pedagogy to facilitate instructor-student and student-student connections will be provided to all instructors and presenters.

Student Advising and Support

In response to COVID-19, in mid-March 2020 all the university's advising and student support functions (such as counseling services) pivoted to online support services, including one-on-one consultations with students using synchronous video meetings, and synchronous online webinars and group meetings. Most advising and support services will continue to offer these online services throughout the autumn 2020 semester, along with a limited set of physical services and supports.

As part of the emergency transition to online learning in spring 2020, advisors assisted students in evaluating their options, including whether to select the Pass/Non-Pass (P/NP) grading option, which the university made available for spring 2020 classes only. The P/NP option allowed a greater number of students to complete coursework despite delivery mode challenges, which will reduce course re-taking behaviors in the future.

This summer, OnCourse is also piloting a unified progress report mechanism to provide an early alert to advisors and staff supporting students in certain key groups. The mechanism will alert advisors and staff when a faculty member marks a student as not achieving at a level consistent with success in their courses and will help promote coordination between support staff and advisors reaching out to these students to help them succeed in the course. The regional campuses have already adopted this “coordinated care” model using OnCourse, and the Columbus campus advising community is adopting it as well. In general, across the spring and summer 2020 terms, advisors have engaged in more proactive advising efforts to support students who face academic difficulty as a result of COVID-19.

More broadly, the university is continuing to move forward with efforts to shorten students’ time-to-degree by providing more transparent information regarding degree planning. In particular, in 2019-20 the university launched the “Fifteen to Finish” communications campaign, which clarifies the benefit of enrolling in at least 15 credit hours per semester (or 30 credits per year). The university is also launching Complete Ohio State, a three-year pilot program focused on students who are within 30 semester hours of graduation but have stopped-out of the university. Advisors will reach out to these students and provide intensive advising support, including personalized degree plans and assistance with enrollment and financial aid issues.

Strengthening the Focus on Campus-Change and Transfer

As part of the university’s initiative to improve campus-change and transfer, in 2019-20 the university worked to create more clear and consistent definitions of these groups and metrics for their success, and to incorporate these definitions and metrics into the university’s reporting frameworks and tools. For example, the university’s scorecards for the American Talent Initiative and Board of Trustees now include metrics specific to transfer and campus-change students, and informational pamphlets about the university’s student population now highlight transfer and campus-change students as a key part of the university community.

In the coming year, the Dennis Learning Center will implement targeted outreach to help incoming transfer and campus change students develop strong study skills to help them

succeed at Ohio State. It is also developing a workshop geared toward first-generation students (who overlap with the transfer and campus-change populations) to help them understand the academic expectations of Ohio State courses and develop confidence in their learning. In general, in 2020-21 the university will continue its current research and strategic planning efforts around campus-change and transfer in order to prepare additional strategies and tactics for execution in future years.

Teaching and Learning

The university's ongoing improvements in teaching technology and faculty professional learning were critical to the university's successful pivot to remote learning in spring 2020. Two years ago, the university upgraded its learning management system to Instructure's Canvas, and since that time has been working to ensure that almost all instructors use its basic functions for both online and face-to-face courses. The university also recently upgraded to Zoom to support remote meetings for academic and business purposes. With this infrastructure in place, the university was able to provide a consistent and accessible virtual learning environment for all students and saw significant increases in toolsets, including a 209% increase in Mediasite recordings, a 333% increase in use of Canvas, and a 2,350% increase in Zoom usage.

To support teachers and learners in the immediate transition, Ohio State launched a series of websites (including keep-teaching.osu.edu and keep-learning.osu.edu) which provided instructional and student learning practices that support student success in the remote learning environment. For example, keep-learning.osu.edu included guidance so students could access free Internet services from local providers and access free wifi in the university's wireless-equipped parking lots on each regional campus. At the same time, the Drake Institute hosted 120 open online office hours for instructors and increased one-on-one consultations by 61% compared to the same period in 2019. The Drake Institute also created seven Communities of Practice (CoPs) to extend and amplify the resources available through keep-teaching.osu.edu. All seven CoPs were built around three critical instructional themes: assessment and evaluation of student learning, inclusivity and access, and quality of student engagement and experience in online settings. The seven CoPs are constructed around instructional modality (lab and field, clinical teaching, and large lecture courses) and by instructor cohort (graduate teaching associates, associated faculty, regional campus faculty, and mid- and late-career faculty). CoPs are co-facilitated by Drake Institute staff and faculty and staff from across colleges (e.g., EHE, Pharmacy, OSU-Marion, ASC).

Both in continuing response to the foundational shifts in teaching and learning created by the COVID-19 pandemic and in furthering the mission and reach of the Drake

Institute at Ohio State and beyond, the university is developing both short- and long-term sustainable online professional teaching and learning programming to scale and enrich engagements with instructors, including: a series of workshops in summer and autumn 2020 on online teaching practices that enhance student success; the Teaching and Learning Resource Center, an interactive web-based resource that will serve as both a repository of resources and dynamic site for 24/7 access to teaching and learning assets; the Teaching and Learning Collaborative, which will network teaching and learning champions from across colleges, divisions and offices to develop and share resources beneficial across units, facilitate necessary change and increased opportunity associated with enhancing student learning, and elevate teaching and learning at Ohio State; and an Affiliates and Alliance Network, which will network departments, faculty, and staff dedicated to elevating, supporting and promoting instructional excellence in their own units with the university's offices focused in teaching, learning, equity and student success (the Drake Institute, the Office of Distance Education and e-Learning, University Libraries, Office of Diversity and Inclusion, Office of Student Academic Success). Among the network members are five designated regional faculty liaisons who collaborate and advise on professional learning needs of their colleagues and deepen connections to ATI, Lima, Mansfield, Marion, and Newark campuses.

The university will also continue its efforts to increase the proportion of courses that use affordable learning materials. Another cohort of affordable learning adopters will begin projects in 2020-21, and dedicated affordable learning support staff will begin to partner at the college, department and/or campus level in order to scale affordable materials within the partnering unit. This collaborative approach will support new programming opportunities, such as creating additional open educational resources like test banks, textbooks, lab manuals and instructor support materials, as well as faculty professional learning and integrated support from librarians.

General Education Redesign

In Spring 2019, all of the university's undergraduate-serving colleges approved a plan to dramatically revise the undergraduate General Education (GE) curriculum. The GE redesign plan was developed by a team of faculty, staff and students from across the university. It was approved by the Board of Trustees in summer 2019 and goes into effect for all incoming students in autumn 2022.

To help smooth the pathway for students who change majors while at the university, and to provide a common foundation for success for all students, the redesigned GE will provide a single set of curricular requirements for students in all programs and colleges

that are congruent with the statewide Ohio Transfer Module. The new curriculum includes a set of foundational introductory courses as well as focused coursework in key topics such as Citizenship, and it incorporates Higher Learning Commission recommendations regarding the importance of explicit and assessable program goals for general education that are implemented through foundational coursework. Highlights of the new GE include an ePortfolio requirement, which will showcase academic and co-curricular achievements; required foundational coursework in race, gender, and ethnic diversity; and explicit inclusion of “High Impact Practices” (HIPs).

HIPs are designed to promote deep learning via certain characteristics (e.g., meaningful interactions between faculty and students, feedback that can be used for development, interactions with diverse others). Emerging national research suggests that HIPs have a particularly strong impact on the academic success and persistence of traditionally underserved students. In 2019-20, the university convened a team to examine Ohio State’s current HIP practices. Initial assessments suggested that traditionally underserved student groups were underrepresented in terms of their participation in six core HIPs at Ohio State (i.e., study abroad, service-learning, undergraduate research, living learning communities, work experiences and capstone experiences). To expand access and equity for HIP participation, the university established a High-Impact Practices subcommittee under the General Education redesign implementation, which is working to incorporate access to and participation in HIPs as part of the GE rollout.

In parallel with the GE redesign and rollout, units across campus are working to redesign programs and services to integrate and support the new curriculum. For example, advisors across the university are working to coordinate course content, instruction and delivery methods in the university’s one-credit “survey course” (which introduces new students to the university) to ensure that it effectively informs new students about policies and procedures while providing advice on study skills, curriculum planning and choice of a major. The Writing Center is planning an expanded instructor support program for the GE implementation and will be collaborating with the Drake Institute and other campus units to create a “Writing at Ohio State” professional training program. At the same time, University Libraries is reimagining its traditional reference service to provide more in-depth academic coaching related to research assignments and information literacy. The newly formed Research & Learning Collaborative will continue working with the Writing Center and Dennis Learning Center within a transformed service model to collaboratively develop students’ information literacy, critical thinking and research skills — all of which are designed to help them become self-regulated learners through inclusive and supportive coaching and the creation of accessible just-in-time help materials.

Enhanced Support for Students with Disabilities

In 2019-20, SLDS implemented a number of enhancements for Ohio State students with disabilities. For example, students can now go online to send accommodation letters to instructors and to schedule exam proctoring accommodations, thereby eliminating in-person form requirements. Also, as part of a statewide initiative, a vocational rehabilitation career counselor from the state agency Opportunities for Ohioans with Disabilities (OOD) is embedded within SLDS for 40 hours per week to provide career resource and advising support for students seeking internships and current and post-graduation employment. And SLDS worked with the regional campuses to bring their offices onto a shared Accessible Information Management (AIM) system.

In 2020–21, SLDS plans further enhancements:

- Regional AIM registration applications, case management notes, and course accommodations letters will be online for autumn 2020, eliminating required student in-person or e-mail requests after their registration meetings are held. Additional online services will be implemented on regionals as resources and student registrants allow.
- By spring 2021, a shared database system will allow students to complete a campus change without having to complete the registration process with their new campus.
- Students will be able to request approved accessible media accommodations within their online portal in autumn 2020 (Columbus).
- A notetaking accommodation is being planned as part of an online AIM module to streamline student interface and access to class notes. In addition, changes are planned to the Attendance and Deadline Modification accommodation process to increase student and faculty support.
- College model-based partnerships for instructor development workshops are being planned as new connections are established to further support inclusive culture toward students with disabilities.

In addition, SLDS is working with colleges and units across the university to establish guidelines and coordinate implementation of accommodations related to the COVID-19 pandemic.

WORKFORCE DEVELOPMENT PRIORITIES

According to Ohio State's 2018-19 Graduation Survey, 71% of last year's graduating seniors planned to move to a job either full- or part-time, 2% planned for military or volunteer service, and 26% planned to go to graduate school. Of graduating seniors, 75% said Ohio State prepared them very well or generally well for the job market. Of those who reported they were employed, 84% said their job was related to their chosen major (and/or minor) and 70% reported they would be employed in the state of Ohio.

The 2019-20 Graduation Survey was fielded in late April 2020 as students were reeling with uncertainty from the COVID-19 pandemic. Students still believed the university had prepared them very well or generally well for the job market (76%). However, 55% reported that their job situation (including job searches, job offers or internship plans) had changed due to the COVID-19 pandemic, and 16% said their graduate or professional school plans had changed due to the pandemic. Among those who reported that their job situation had changed, 44% said they had to restart or alter a job search, 23% lost a previously-held job, and 12% had lost a job offer.¹⁰ Among those who reported that their graduate/professional school plans had changed, 37% said they were postponing attendance and 21% had to re-start or alter their school search.¹¹ As the State of Ohio weathers and recovers from the economic fallout of the COVID-19 crisis, the university will continue to build and strengthen the workforce development strategies discussed below.

Below, this report first describes the **Choose Ohio First** program, which aims to attract students into academic programs associated with high-demand fields and support their success in those majors; next, it describes the university's creation, expansion and strengthening of academic programs and curricula that build high-demand skills and career opportunities (including **Coding Skill Development**, the new **BS in Engineering Technology**, the university's growing list of **Certificate Programs**, and the **Center for Design and Manufacturing Excellence**); next, it describes **Student Career Resources**, which connects students to internships and jobs; next, it describes Ohio State's participation and leadership in regional and statewide partnerships to further strengthen state and local employment and economic health, the **Ohio Means Internships and Co-Ops** and the **Central Ohio Compact**; and finally, it describes the university's infrastructure for incubating entrepreneurship, industry innovation and economic growth through its **Corporate Engagement Office** and **Industry Liaison Office**.

¹⁰ Students could select multiple options from a list of 9.

¹¹ Students could select multiple options from a list of 7.

Ohio State Choose Ohio First Scholarship Programs

Choose Ohio First is a program of the University System of Ohio (USO). **Choose Ohio First Scholarships** are awarded to students studying in the fields of science, technology, engineering, math and medicine (STEMM) with the objective of increasing graduates in these fields and retaining them within the Buckeye state.

Choose Ohio First scholarship opportunities at Ohio State are offered through various departments, programs and campuses. Eligible applicants include students majoring in Middle Childhood STEM Education at Ohio State's regional campuses in Lima, Mansfield, Marion and Newark and active participants in Ohio's STEM Ability Alliance (OSAA). The Future Scientists of Ohio (FSO) COF Scholarship is particularly designed to encourage community college students to transfer to Ohio State to complete their four-year STEM degrees. The Ohio House of Science and Engineering (OHSE) COF Scholarship is open to STEM majors on the Ohio State Columbus campus. The COF for Bioinformatics scholarship supports students interested in the application of computation to biological, chemical, environmental, mathematical and health sciences, biomedical engineering, and science education. The Bachelor of Science in Pharmaceutical Science (BSPS) COF program supports students interested in a career in pharmacy or any of the areas in the health sciences.

Coding Skill Development

As part of the university's Digital Flagship partnership with Apple, last year Ohio State launched a university-wide coding curriculum, which is offered free online for all students, faculty, staff and alumni. This four-part series teaches students Swift Coding and app development skills, leads to two Ohio State certificates, and prepares students for the Apple Swift Coding Certificate. Already more than 2,400 students have enrolled in at least one of these courses. Ohio State is working with the governor's office to align the university's Swift Coding and App Development Certificate programs with the state's Tech Cred program, allowing employees across the state of Ohio to take certification and be reimbursed by their place of employment.

In order to bring together students and local technology entrepreneurs to learn about coding, design thinking and marketing, Ohio State is also partnering with the Columbus-based co-working space, CoHatch, to launch a shared technology and entrepreneurship space at the South Campus Gateway in Columbus. This location will include shared space for workshops, events and job fairs, and will yield internships, practicums, partnerships and other job opportunities for current and graduating Ohio State students.

Bachelor of Science in Engineering Technology

In autumn 2020, Ohio State will launch a new four-year Bachelor of Science in Engineering Technology (BSET) degree program. The BSET program was developed in response to the growing needs of Ohio manufacturers for highly skilled college graduates who excel in engineering technology leadership roles. This groundbreaking interdisciplinary program highlights the integration of math, science and engineering curricula that incorporates recommendations from regional industries to develop the skills required to produce a diverse and prepared workforce. A collaborative approach between higher education and industry allowed Ohio State to create a program designed to emphasize project-based coursework, hands-on skills and technological know-how in mechanical and electrical processes, industrial robotics and project and change management. Initially, the BSET program will be offered at three of the Ohio State regional campuses – Mansfield, Marion and Lima – with the Newark campus offering the program beginning in 2023. The new degree program seeks to provide access to an engineering-based degree that was previously unavailable to traditionally underserved and underrepresented students.

Academic Certificates at Ohio State

The Ohio State University offers a variety of academic certificate programs that are intended to allow students to pursue specific topics in order to supplement their current degree program, gain knowledge in a chosen field of employment, earn credit or continuing education units (CEUs) for workforce development, prepare for exams for professional certification, or to acquire professional licensure. Certificate programs may be offered as credit or non-credit, and may be stand-alone (they do not require a student to be enrolled in an undergraduate or graduate degree program in order to complete the certificate) or embedded (they require a student to be enrolled in an undergraduate or graduate degree program to complete the certificate). Over the past two years, the university has worked to identify, develop and approve certificate programs in a variety of high-demand skill areas. Please see Appendix B for a list of all currently approved programs at Ohio State.

Ohio State's for-credit certificates include the following categories:

- Post-secondary Undergraduate Academic Certificate programs (category 1a or 1b). Intended for post-high school students seeking to earn a credential in a select topic area. These programs are either stand-alone (1a) or embedded in an undergraduate degree program (1b).
- Post-baccalaureate Undergraduate Academic Certificate programs (category 2). Intended for post-bachelor's degree students seeking to earn a credential in a

select topic area to supplement their undergraduate degree program. These are stand-alone programs.

- Graduate Academic Certificate programs (category 3a or 3b). Intended for post-baccalaureate students seeking to earn a graduate credential in a select topic area. These programs are either stand-alone (3a) or embedded in a graduate degree program (3b).
- Professional Certification programs (category 5b). Intended for individuals seeking to meet requirements and/or eligibility for licensure or certification in a specific technical or professional area. These are stand-alone programs.

The university's non-credit certificates include the following categories:

- Workforce Development programs (category 4). Intended for individuals seeking to earn a workforce development Certificate of Completion in a specific area. These are stand-alone programs.
- Technician/Professional Certification programs (category 5a). Intended for individuals seeking to meet requirements and/or eligibility for licensure or certification in a specific technical or professional area. These are stand-alone programs.

Center for Design and Manufacturing Excellence

Established in 2014 and launched in late 2015, the Center for Design and Manufacturing Excellence (CDME) operates within the College of Engineering and the Office of Research. CDME was established to provide the manufacturing industry access to the resources of the university by establishing an applied engineering collaborative working space staffed by industry-experienced leadership and support staff. The Center is housed in a west campus 100,000 square-foot, mixed-use design and manufacturing building with facilities and equipment supporting rapid prototyping capabilities for electrical and mechanical systems, including integrated power systems, electronic controllers, systems, packaging, circuit board design, board fabrication, stamping, injection molding, casting, additive manufacturing, milling, welding and other relevant manufacturing capabilities. CDME also has the latest digital mechanical and electrical design and simulation software packages to seamlessly hand off designs to prototyping and manufacturing teams. Since its launch, CDME has successfully completed over 158 projects with value in excess of \$17.8 million.

In 2016, CDME was chosen by the Ohio Development Services Agency (ODSA) to support the National Institute of Standards and Technology's (NIST) Manufacturing Extension Partnership (MEP). This program is a logical extension of the university's land grant mission and provides support and access to resources for the small and

medium-sized manufacturing entities within the central and southeastern portions of the Ohio. The MEP program is a national program that CDME leverages to fully understand and address the needs of manufacturing clients of the center. Since the center's inception, student engagement and workforce development of future and incumbent workforce has been a driving motivator of the center. The MEP program allowed CDME to solidify these motivations in an industry-student-workforce engagement and training model. Students receive the benefit of paid employment to work on real world industry projects under the mentorship and direction of CDME's experienced engineering and business staff. Clients of the center receive the benefit of a pool of highly skilled students to recruit upon graduation. As the center has grown, CDME has begun to develop certification programs for equipment and processes that will positively impact the center's student employees. These certifications will be open to Ohio incumbent workforce for additional professional development allowing these programs to serve a dual purpose. CDME is currently working with partners such as National Instruments, Lincoln Electric, FANUC, Haas, Rockwell Automation, ABB and others.

In 2017, with a goal of significantly strengthening student experiential learning at Ohio State, CDME launched the **Experiential Entrepreneurship Education (E3) Program**. This program -- enabled by the generosity of the Claugus family and bequest of Ed Claugus, an Ohio State College of Engineering alumnus -- is the first in the nation to combine state-of-the-art educational programs in product design, manufacturing, commercialization and business modeling with advanced on-site prototyping capabilities and real-time, industry-sponsored research and development projects. This includes a Student Innovation Lab with design, rapid prototyping and light manufacturing capabilities. The Experiential Entrepreneurship Educational (E3) Program prepares students to be future business leaders and high achievers, in industry or start-ups, while having direct interaction and collaboration with other students and colleges from a diverse set of majors. The program has the initial goal of employing more than 150 student "Clausus Scholars" at CDME while implementing additional programs that positively impact over 1,000 students annually.

Student Career Resources

Ohio State uses a comprehensive, decentralized career services model in that each of its colleges and campuses provides a career services office for its students. In addition, Student Life's **Buckeye Careers** and **Career Counseling and Support Services** offices are available to help all students, regardless of major, on their career journey. Colleges work in coordination with these centralized offices to provide one-on-one support and connections to employers, with the support of Handshake, the university's

online tool for students to explore career employment, internships and other opportunities.

Buckeye Careers is a university-wide initiative designed to support students' professional development and career exploration, with a strong focus on connecting them to internships and career employment opportunities. Buckeye Careers has three components: Buckeye Internships, Buckeye OnPACE (Personalized Actionable Career Experience), and Handshake. **Buckeye Internships** is a university-wide resource that connects students with employers for internships and co-op positions and helps hiring organizations craft rewarding internship experiences. **Buckeye OnPACE** is a series of self-guided online career modules covering topics such as choosing a major or career, applying to graduate school, and preparing for entry into the workforce. These modules assist students in learning more about themselves. **Handshake** is a unified career management and job posting system adopted by Ohio State in May 2018. All Ohio State students, including the regional campuses and graduate and professional students, have access to this online resource. Handshake uses an algorithm (like Netflix or Spotify) to help students find jobs specific to their interests. Students can explore job opportunities across the nation and world, and read reviews of other students' experiences in internships, co-ops and jobs to help decide if an opportunity is a good fit. Handshake grows with students throughout their time at Ohio State: they can use Handshake to find a job on campus during their first year, explore internships and co-ops as they gain more experience in their major, and find their first job after graduation.

Buckeye Careers also manages the university-wide Fall Career and Internship Fair, connects employers with university resources, consults on recruiting best practices at Ohio State, and leads the university's **Bridging the Gap from Education to Employment (BGEE)** effort. BGEE is a three-year initiative of the University Innovation Alliance, implemented with funding from the Strada Education Network, which aims to reimagine how graduates communicate marketable job skills; capture best practices for building and maintaining strategic university-employer partnerships; and enhance campus career services to meet the unique needs of first-generation students, students of color, and students from low socio-economic backgrounds. BGEE was planning a summer 2020 career development pilot, which was quickly revised in light of COVID-19. The pilot program was moved completely online and now includes a series of online and virtual workshops and webinars that introduce students to a variety of career exploration and development topics and resources, as well as financial wellness and peer networking activities. Students will also interact virtually with employers from a range of fields and industries. Micro-interns, recruited through the Parker Dewey platform, assist in the planning and administration of the pilot program. Program assessment will be completed in fall 2020 and will inform future programming.

For students in need of career-focused coaching and education, **Career Counseling and Support Services** provides career exploration, job search preparation (including customized attention to resumes, vitas, job search letters and interviewing skills), and other forms of career counseling and support (for example, listening and helping with personal concerns that relate to career decisions, or helping students plan for graduate or professional school). Services are provided through individual appointments, walk ins/drop ins, programming/workshops, targeted outreach programs to particular groups (for example, first-generation, international, transfer or ethnically diverse students), and an academic class career development class (Education and Human Ecology). These services are available for all Ohio State students regardless of their college of enrollment. In addition, students' college-specific career offices are available for more specialized support and services.

Ohio Means Internships and Co-ops JobReady Program

Since 2012, Ohio State has co-lead the state's Ohio Means Internships and Co-ops (OMIC) program, including the original OMIC (2012-14), OMIC 2 (2014-16), OMIC 2.5 (2015-18), OMIC 3 (2016-19), and now OMIC 4, with funding from the Ohio Department of Higher Education. Under the original OMIC, Ohio State collaborated with Columbus State Community College and North Central State College to attract 54 Ohio employers in energy, automotive, food processing and financial services in order to create approximately 150 new, meaningful internships/co-ops for students. Under subsequent iterations of OMIC, Ohio State continued to ensure the relevance and sustainability of past efforts; widen its academic, industry, and technology partnerships; and expand the number and types of internships and co-ops for key JobsOhio areas, including in-demand lightweight manufacturing technologies. OMIC's advanced manufacturing internship and co-op hub approach has now been extended to the OMIC 4 grant program. As with OMIC 2.5 and 3, the Central Ohio OMIC 4 internships and co-ops program focuses directly on the complementary JobsOhio priorities in advanced manufacturing, including aviation/aerospace, automotive, logistics, information technology, and transportation industries.

The institutions participating in OMIC 4 have agreed to contribute to a fourth hub, the Institute for Materials Research Innovation Lab Externship Program, known as Innovate-O-Thons, at Ohio State. The Materials Innovation Lab expanded an externship pilot to engage more community college and undergraduate students in real-world challenges provided by regional industry partners. This allows students from a wider variety of academic programs and experiential learning backgrounds to collaborate on solving advanced manufacturing issues. Companies can identify potential intern and co-

op candidates from students participating in externship events based on observed leadership, problem solving, and communication skills to help address skill gaps and occupational shortfalls in their industry sector. Students gain real-world, experiential learning experiences through weekend and weeklong externships. Students also become more experienced in interdisciplinary collaborations and innovation methods while receiving professional mentoring by participating in Ohio State-facilitated externship events. The intent is to better prepare and motivate students to address real-world problems within in-demand industry sectors. Overall, 38 students have been placed under the OMIC 4 grant.

In response to COVID-19, many employers have become hesitant to engage in internships and co-ops at this time. While OMIC partners expect the lag in placements to be temporary, the university is channeling remaining funding from OMIC 3 and 4 to prepare students to be “work ready” once companies restart programming. Working with the Ohio Department of Higher Education and partner institutions, the university is investigating virtual hands-on learning to provide students with those experiences prior to being placed onsite at regional manufacturing firms.

Central Ohio Compact

Ohio State participates, along with other regional postsecondary institutions, in the Central Ohio Compact. The Compact is a partnership comprised of school districts, adult career-technical centers, colleges and universities, and area business and civic leaders “who are united in their support for developing the region’s enormous talent pool into a globally competitive workforce – one that will position Central Ohio for future growth and prosperity.” The Compact partners are working together on issues related to public policy and affordability of higher education, community awareness and communications, and workforce alignment and employment placement strategies. (Ohio State also is involved in the Higher Education Compact of Greater Cleveland, which has similar goals for that region of the state.)

Ohio State’s Corporate Engagement Office

The Corporate Engagement Office helps the university make the right connections with businesses and organizations by forming mutually beneficial relationships that positively impact society by advancing innovation, developing talent and driving economic success. The office works closely with inventors, companies, entrepreneurs, investors and other organizations by connecting the right people and resources to fill gaps and solve complex problems.

Through corporate business development, the office facilitates mutually beneficial relationships to help advance the objectives of both the university and businesses.

Though each relationship is unique, there are five key avenues for engagement:

- Access to talent, including students, staff and faculty
- Opportunities for sponsored research partnerships
- Licensing university intellectual property
- Opportunities for philanthropic support
- Access to continuing education

The Corporate Engagement Office helps advance the university's research to impact lives by translating Ohio State innovations into business opportunities in the global marketplace through technology commercialization, including engaging faculty and staff to help evaluate, protect and ultimately find the right market for intellectual property—through licensing or creating a start-up company.

The Tim and Kathleen Keenan Center for Entrepreneurship has recently become aligned with the Corporate Engagement Office. The center connects students, faculty and staff with resources to support the creation of startup companies and the development of entrepreneurial skillsets through access to capital, venture creation, talent development and programming. The center's goal is to create a coordinated, collaborative ecosystem across the university to maximize entrepreneurship by providing students, faculty, staff and alumni opportunities to engage with the rapidly growing start-up community in central Ohio and beyond.

The Corporate Engagement Office actively works with development partners such as OneColumbus and JobsOhio to grow the economy by bringing new companies to the state, helping businesses increase their value, and creating new jobs through economic development. Through active engagement in the region's economic development, the team drives more opportunities to faculty, staff and students and helps create a growing and thriving economy.

The university-wide strategic plan for Corporate Engagement was recently approved and has moved into the implementation phase. It outlines the goals, initiatives and tactics to help bring the plan's ambition to life: Ohio State will be a preferred partner for corporations, cultivating a modern workforce, advancing discovery and innovation for societal impact and fostering economic success. The goals include:

- Engage in partnerships of highest mutual value for corporations and Ohio State faculty, students and staff.
- Foster a culture and environment that accelerates corporate partnerships and revenue generation and empowers our faculty, staff, and students to collaborate with industry.

- Develop the talent and differentiated capabilities that corporations seek from university partnerships.
- Create a structure and key processes that promote alignment, responsiveness, efficiency and accountability.

Industry Liaison Office

The Industry Liaison Office (ILO) connects Ohio State's research enterprise with business and industry. ILO ensures that the company, the researcher and the university all realize a positive return from their mutual investment in each relationship. ILO cultivates Ohio State's reputation as a progressive, collaborative partner across all industries and seeks to eliminate hurdles in order to capture corporate projects and relationship opportunities in the shortest time possible, with the least complications and with the greatest mutual value.

Student engagement is a primary interest of the university's corporate partners, realized across a wide variety of pathways, including scholarships, engagement with student organizations, curricular contributions, experiential learning, and part and full-time hiring. ILO considers the big picture when structuring the university/industry engagement continuum. Throughout this process, ILO is committed to:

- Nurturing trusting, collaborative relationships that result in win-win engagement.
- Establishing unique differentiators that enhance the attractiveness of partnering with Ohio State, including the unique interests, passion, motivations and capabilities of our students.
- Ensuring experiences that consistently meet or exceed the highest expectations of collaborators.

Appendix A: University Undergraduate Student Profiles

All Appendix A data are for undergraduate students as of Autumn 2019 fifteen-day count. NR – Not reported. Average ACT is only relevant for NFYS. Remedial Education Needs includes students who scored a six on the English placement test or T on the Math placement test.

Columbus Campus

Autumn 2019

| Student Demographic | Entering | | Returning | | Transfer | | Total | |
|---|----------|------------|-----------|------------|----------|------------|-------|------------|
| | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| Total | 7630 | 16.7 | 35612 | 78.0 | 2415 | 5.3 | 45657 | 100 |
| Enrolled Part Time | 8 | 0.3 | 2801 | 91.2 | 262 | 8.5 | 3071 | 100 |
| Not Degree/Certificate | -- | -- | -- | -- | -- | -- | 1161 | 100 |
| Financial Need – Pell-Eligible | 1432 | 15.6 | 7020 | 76.5 | 724 | 7.9 | 9176 | 100 |
| Remedial Education Needs | 132 | 5.8 | 1972 | 86.2 | 184 | 8.0 | 2288 | 100 |
| Female | 3918 | 17.6 | 17155 | 77.1 | 1164 | 5.2 | 22237 | 100 |
| Male | 3712 | 15.8 | 18457 | 78.8 | 1251 | 5.3 | 23420 | 100 |
| Age 18-24 | 7010 | 16.7 | 33021 | 78.5 | 2019 | 4.8 | 42050 | 100 |
| Age 25 and Older | 8 | 0.3 | 2573 | 86.6 | 391 | 13.2 | 2972 | 100 |
| Ohio Resident | 5162 | 15.1 | 27100 | 79.1 | 1994 | 5.8 | 34256 | 100 |
| High School-to-College Factors | | | | | | | | |
| Average High School GPA | | NR | | NR | | NR | | NR |
| Average ACT or SAT | | 29.5 | | -- | | -- | | -- |
| Race / Ethnicity | | | | | | | | |
| Hispanic | 447 | 20.7 | 1598 | 73.9 | 117 | 5.4 | 2162 | 100 |
| American Indian / Alaskan | 5 | 13.9 | 27 | 75.0 | 4 | 11.1 | 36 | 100 |
| Asian | 694 | 20.0 | 2636 | 76.0 | 140 | 4.0 | 3470 | 100 |
| African American /Black | 466 | 15.5 | 2330 | 77.5 | 210 | 7.0 | 3006 | 100 |
| Native Hawaiian or Other Pacific Islander | 2 | 7.7 | 19 | 73.1 | 5 | 19.2 | 26 | 100 |
| Two or More Races | 323 | 18.0 | 1360 | 75.8 | 112 | 6.2 | 1795 | 100 |
| White | 4734 | 15.8 | 23649 | 78.9 | 1599 | 5.3 | 29982 | 100 |
| International | 673 | 17.5 | 3013 | 78.4 | 158 | 4.1 | 3844 | 100 |
| Unknown | 286 | 21.4 | 980 | 73.1 | 70 | 5.2 | 1336 | 100 |

Regional Campuses (excluding ATI Wooster)
Autumn 2019

| Student Demographic | Entering | | Returning | | Transfer | | Total | |
|--|----------|------------|-----------|------------|----------|------------|-------|------------|
| | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| Total | 2802 | 48.0 | 2753 | 47.2 | 277 | 4.7 | 5832 | 100 |
| Enrolled Part Time | 84 | 13.9 | 473 | 78.2 | 48 | 7.9 | 605 | 100 |
| Not Degree/Certificate | | | | | | | 425 | 100 |
| Financial Need – Pell-Eligible | 1072 | 47.4 | 1075 | 47.5 | 115 | 5.1 | 2262 | 100 |
| Remedial Education Needs | 969 | 47.5 | 1013 | 49.6 | 59 | 2.9 | 2041 | 100 |
| Female | 1343 | 44.5 | 1530 | 50.6 | 148 | 4.9 | 3021 | 100 |
| Male | 1459 | 51.9 | 1223 | 43.5 | 129 | 4.6 | 2811 | 100 |
| Age 18-24 | 2639 | 50.6 | 2357 | 45.2 | 219 | 4.2 | 5215 | 100 |
| Age 25 and Older | 17 | 3.6 | 395 | 84.2 | 57 | 12.2 | 469 | 100 |
| Ohio Resident | 2796 | 48.1 | 2747 | 47.2 | 271 | 4.7 | 5814 | 100 |
| Average High School GPA | | NR | | NR | | NR | | NR |
| Average ACT or SAT | | 21.9 | | -- | | -- | | -- |
| <i>Hispanic</i> | 135 | 53.4 | 107 | 42.3 | 11 | 4.3 | 253 | 100 |
| <i>American Indian / Alaskan</i> | 1 | 20.0 | 3 | 60.0 | 1 | 20.0 | 5 | 100 |
| <i>Asian</i> | 153 | 63.0 | 78 | 32.1 | 12 | 4.9 | 243 | 100 |
| <i>African American /Black</i> | 380 | 57.4 | 257 | 38.8 | 25 | 3.8 | 662 | 100 |
| <i>Native Hawaiian or Other Pacific Islander</i> | 1 | 50.0 | 1 | 50.0 | 0 | 0.0 | 2 | 100 |
| <i>Two or More Races</i> | 151 | 54.3 | 116 | 41.7 | 11 | 4.0 | 278 | 100 |
| <i>White</i> | 1906 | 45.1 | 2111 | 49.9 | 213 | 5.0 | 4230 | 100 |
| <i>International</i> | 3 | 50.0 | 3 | 50.0 | 0 | 0.0 | 6 | 100 |
| <i>Unknown</i> | 72 | 47.1 | 77 | 50.3 | 4 | 2.6 | 153 | 100 |

Agricultural Technical Institute (ATI) – Wooster Campus
Autumn 2019

| Student Demographic | Entering | | Returning | | Transfer | | Total | |
|--|----------|------------|-----------|------------|----------|------------|-------|------------|
| | # | % of Total | # | % of Total | # | % of Total | # | % of Total |
| Total | 247 | 43.3 | 305 | 53.4 | 19 | 3.3 | 571 | 100 |
| Enrolled Part Time | 3 | 6.0 | 45 | 90.0 | 2 | 4.0 | 50 | 100 |
| Not Degree/Certificate | | | | | | | 23 | 100 |
| Financial Need – Pell-Eligible | 82 | 49.4 | 76 | 45.8 | 8 | 4.8 | 166 | 100 |
| Remedial Education Needs | 120 | 48.4 | 125 | 50.4 | 3 | 1.2 | 248 | 100 |
| Female | 123 | 43.5 | 150 | 53.0 | 10 | 3.5 | 283 | 100 |
| Male | 124 | 43.1 | 155 | 53.8 | 9 | 3.1 | 288 | 100 |
| Age 18-24 | 241 | 45.0 | 279 | 52.1 | 16 | 3.0 | 536 | 100 |
| Age 25 and Older | 0 | 0.0 | 26 | 89.7 | 3 | 10.3 | 29 | 100 |
| Ohio Resident | 241 | 43.2 | 298 | 53.4 | 19 | 3.4 | 558 | 100 |
| High School–to-College Factors | | | | | | | | |
| Average High School GPA | | NR | | NR | | NR | | NR |
| Average ACT or SAT | | 20.6 | | -- | | -- | | -- |
| Race / Ethnicity | | | | | | | | |
| <i>Hispanic</i> | 5 | 35.7 | 9 | 64.3 | 0 | 0.0 | 14 | 100 |
| <i>American Indian / Alaskan</i> | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 1 | 100 |
| <i>Asian</i> | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 1 | 100 |
| <i>African American /Black</i> | 4 | 57.1 | 2 | 28.6 | 1 | 14.3 | 7 | 100 |
| <i>Native Hawaiian or Other Pacific Islander</i> | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 1 | 100 |
| <i>Two or More Races</i> | 6 | 42.9 | 8 | 57.1 | 0 | 0.0 | 14 | 100 |
| <i>White</i> | 226 | 43.5 | 276 | 53.1 | 18 | 3.5 | 520 | 100 |
| <i>International</i> | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 1 | 100 |
| <i>Unknown</i> | 4 | 33.3 | 8 | 66.7 | 0 | 0.0 | 12 | 100 |

Appendix B: Approved Certificate Programs

To be approved, certificate program proposals are reviewed by the Council on Academic Affairs, a standing committee of the University Senate. The Council reviews and makes recommendations regarding all proposals for the establishment, alteration and abolition of all the university's curricula and courses, degrees and certificates, colleges, divisions, departments, and schools, and centers and institutes. The following are approved credit-bearing certificates offered by The Ohio State University as of May 13, 2020:

- Assistive Rehabilitative Technology (Undergraduate Stand-Alone)
- Assistive Rehabilitative Technology (Graduate Stand-Alone)
- Bilingual Education (Graduate Stand-Alone)
- Bioenergy (Undergraduate Stand-Alone)
- Biomedical Informatics (Graduate Stand-Alone)
- Business Education Teacher Licensure (Graduate Stand-Alone)
- Career and Technical Education Licensure (Graduate Stand-Alone)
- Certificate in Advanced Chemistry Knowledge for Educators (Graduate Stand-Alone)
- Certificate in Analytics (Graduate Stand-Alone)
- Certificate in Business Leadership (Graduate Stand-Alone)
- Certificate in Translation and Interpretation (Undergraduate Stand-Alone)
- Certificate in Wellness (Undergraduate Embedded)
- Certificate of Achievement in Floral Design (Undergraduate Stand-Alone)
- College and University Teaching (Graduate Embedded)
- Computer Technology Endorsement (Graduate Stand-Alone)
- Core Practices in World Language Education (Graduate Stand-Alone)
- Criminal Justice Administration (Graduate Stand-Alone)
- Dairy (Undergraduate Embedded)
- Diversity, Equity, and Inclusion (Undergraduate Stand-Alone)
- Early Childhood Generalist Endorsement (Graduate Stand-Alone)
- Educational Ethics (Graduate Stand-Alone)
- Environmental Public Health Risk Assessment (Graduate Stand-Alone)
- Essential Skills for Travel and Business in Russia (Undergraduate Stand-Alone)
- Family and Consumer Sciences Education Licensure (Graduate Stand-Alone)
- Food, Culture, and Society (Undergraduate Embedded)
- Fundamentals of Hospitality Services (Undergraduate Stand-Alone)
- Geographic Information Science and Technology (Graduate Stand-Alone)
- Global Engineering Leadership Certificate (Graduate Stand-Alone)
- Graduate Bridge Certificate (Graduate Stand-Alone)
- Graduate Business Leadership (Graduate Stand-Alone)
- Graduate Certificate in One Health (Graduate Embedded)
- Health Education Licensure (Graduate Stand-Alone)
- Health Information Management and Systems (Undergraduate Stand-Alone)

- Health and Wellness Coaching (Graduate Stand-Alone)
- Healthcare Environmental and Hospitality Services (Undergraduate Stand-Alone)
- Healthcare Leadership and Innovation (Graduate Stand-Alone)
- Histotechnology (Undergraduate Stand-Alone)
- Hospitality and Retail Leadership (Undergraduate Stand-Alone)
- Hydraulic Service and Repair (Undergraduate Stand-Alone)
- Interprofessional Healthcare Graduate Certificate (Graduate Stand-Alone)
- Leadership (Undergraduate Embedded)
- Mechanical Design and Simulation (Graduate Stand-Alone)
- Medical Laboratory Science (Undergraduate Stand-Alone)
- Medieval and Renaissance Studies (Graduate Embedded)
- Middle Childhood Generalist Endorsement (Graduate Stand-Alone)
- Nurse Coaching Graduate Certificate (Graduate Stand-Alone)
- Nurse Educator (Graduate Stand-Alone)
- Nursing in School Health Services (Undergraduate Stand-Alone)
- Ohio Alternative Licensure Professional Development Institute for Visual Impairment Education (Graduate Stand-Alone)
- Ohio Alternative Licensure Professional Development Institute for World Language Education (Graduate Stand-Alone)
- Orientation and Mobility Licensure (Graduate Stand-Alone)
- P-6 Mathematics Specialist Endorsement (Graduate Stand-Alone)
- Planetary Science (Undergraduate Embedded)
- Post-Baccalaureate Licensure in Music Education (Undergraduate Stand-Alone)
- Primary Care Academic Certificate (Undergraduate Embedded)
- Principal Licensure (Graduate Stand-Alone)
- Public Management (Graduate Stand-Alone)
- Public Safety Leadership Academy (Undergraduate Stand-Alone)
- Reading Endorsement (Graduate Stand-Alone)
- Registered Nurses in Primary Care (Graduate Stand-Alone)
- School Nurse Professional Pupil Services (Undergraduate Stand-Alone)
- School Nurse Wellness Coordinator (Graduate Stand-Alone)
- Special Education - Early Childhood Intervention Specialist Licensure (Graduate Stand-Alone)
- Special Education - Mild/Moderate Intervention Specialist Licensure (Graduate Stand-Alone)
- Special Education - Moderate Intensive Intervention Specialist Licensure (Graduate Stand-Alone)
- Special Education - Pre-K Special Needs Endorsement (Graduate Stand-Alone)
- Superintendent Licensure (Graduate Stand-Alone)
- Teacher Leader Endorsement (Graduate Stand-Alone)
- Teaching English to Speakers of Other Languages Endorsement (Graduate Stand-Alone)
- Teaching Visual Impairment Licensure (Graduate Stand-Alone)
- Turfgrass Equipment Manager (Undergraduate Stand-Alone)

Appendix C: References and Web Links

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| Ohio State College Portrait Report | oaa.osu.edu/institutional-data |
| Enrollment Services – Analysis and Reporting | oesar.osu.edu |
| Undergraduate Admissions Quick Facts | undergrad.osu.edu/majors-and-academics/quick-facts |
| Office of Student Academic Success | osas.osu.edu |
| Office of Student Life | studentlife.osu.edu |
| Office of Distance Education and e-Learning | odee.osu.edu |
| University Libraries | library.osu.edu |
| Need-Based Financial Aid (OSAS) | sfa.osu.edu |
| Orientation and First Year Experience (OSAS) | fye.osu.edu/orientation.html fye.osu.edu |
| Office of Diversity and Inclusion | odi.osu.edu |
| Campus Change and Transfer (OSAS) | campuschange.osu.edu undergrad.osu.edu/apply/transfer |
| STEP (OSAS) | step.osu.edu |
| Academic Advising (OSAS) | advising.osu.edu |
| Drake Institute for Teaching and Learning | drakeinstitute.osu.edu |
| Digital Flagship (ODEE) | digitalflagship.osu.edu |

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|---|--|
| Affordable Learning Exchange (ODEE) | affordablelearning.osu.edu |
| Ohio State Online (ODEE) | online.osu.edu |
| Dennis Learning Center (College of Education and Human Ecology) | dennislearningcenter.osu.edu |
| Mathematics and Statistics Learning Center (College of Arts and Sciences) | mslc.osu.edu |
| Study of Teaching and Writing (College of Arts and Sciences) | cstw.osu.edu |
| Student Athlete Support Services (OSAS) | ohiostatebuckeyes.com/sasso |
| Military and Veterans Services (OSAS) | veterans.osu.edu |
| Disability Services (Student Life) | slds.osu.edu |
| Student Wellness Center (Student Life) | swc.osu.edu |
| Counseling and Consultation Service (Student Life) | ccs.osu.edu |
| Undergraduate Education Redesign | oaa.osu.edu/general-education |

| | |
|--|--|
| <p>Workforce Development Priorities</p> | <p>Choose Ohio First: ugeducation.osu.edu/choose-ohio-first</p> <p>Coding Skill Development (ODEE): digitalflagship.osu.edu/swift-coding-and-app-development-certificate</p> <p>Bachelor of Science in Engineering Technology: go.osu.edu/bset</p> <p>Academic Certificates at Ohio State: registrar.osu.edu/certificates</p> <p>Center for Design and Manufacturing Excellence (College of Engineering): cdme.osu.edu</p> |
| <p>Student Career Resources</p> | <p>Buckeye Careers (Student Life): careers.osu.edu</p> <p>Career Counseling and Support Services (Student Life): ccss.osu.edu</p> |
| <p>Ohio Means Internships and Co-ops JobReady Programs</p> | <p>omi.osu.edu/internships</p> |
| <p>Central Ohio Compact</p> | <p>centralohiocompact.org</p> |
| <p>Ohio State's Corporate Engagement Office</p> | <p>ceo.osu.edu</p> |
| <p>Industry Liaison Office</p> | <p>ilo.osu.edu</p> |
| <p>Institutional Research and Planning</p> | <p>oaa.osu.edu/irp</p> |
| <p>NFYS Enrollment Trend Data</p> | <p>oesar.osu.edu/pdf/admissions/nfqf_au_15thday_web.pdf</p> |
| <p>Graduation and Retention Rate Data</p> | <p>oesar.osu.edu/grad_rates.html</p> |

Appendix XI

The Ohio State University
Board of Trustees

August 25, 2020

Appointments/Reappointments of Chairpersons

ANISH ARORA, Chair, Department of Computer Science and Engineering, effective July 1, 2020 through June 30, 2024

**CAROLINE A. BREITENBERGER, Director, Center for Life Sciences Education, effective June 1, 2020 through June 30, 2021

THOMAS H. DARRAH, Director, Global Water Institute, effective April 1, 2020 through June 30, 2024

JEFFREY E. FROYD, Chair, Department of Engineering Education, effective June 1, 2020 through May 31, 2024

**BENNET S. GIVENS, Secretary of the University Senate-OAA, effective July 1, 2020 through June 30, 2023

IGOR JOULINE, Interim Chair, Department of Microbiology, effective July 1, 2020 through June 30, 2021

MARK KING, Interim Chair, Department of Radiology, effective June 1, 2020, until a new Chair is appointed

LAURA LISBON, Chair, Department of Art, effective June 15, 2020 through June 30, 2024

**GLENN MARTINEZ, Director, Center for Languages, Literatures and Cultures, effective July 1, 2020 through June 30, 2024

ANTOINETTE C. MIRANDA, Interim Chair, Department of Teaching and Learning, effective July 1, 2020 through June 30, 2021

MARIA MIRITI, Associate Director, Center for Life Sciences Education, effective July 1, 2020 through June 30, 2021

MARIA PALAZZI, Director, Advanced Computing Center for the Arts and Design (ACCAD), effective June 1, 2020 through May 31, 2021

MICHAEL G. POIRIER, Chair, Department of Physics, effective July 1, 2020 through June 30, 2024

**SALLY RUDMANN, Faculty Ombudsperson, OAA, effective September 1, 2020 through August 31, 2021

ANDREW C. SHELTON, Interim Chair, Department of History of Art, effective August 1, 2020 through December 31, 2020

ANDREW C. SHELTON, Interim Chair, Department of Theatre, effective July 1, 2020 through June 30, 2021

TODD A. THOMPSON, Interim Chair, Department of Astronomy, effective August 15, 2020 through August 14, 2021

**Reappointment

The Ohio State University
Board of Trustees

August 25, 2020

Faculty Professional Leaves

MICHELLE A. ABATE, Professor, Department of Teaching and Learning, effective Spring 2021

ANNE CO, Associate Professor, Department of Chemistry and Biochemistry, change from Autumn 2020 to Spring 2021

LIN DING, Associate Professor, Department of Teaching and Learning, effective Spring 2021

SUZANNE M. GRAY, Associate Professor, School of Environment and Natural Resources, effective Spring 2021

GEORGE E. NEWELL, Professor, Department of Teaching and Learning, effective Spring 2021

MELINDA RHOADES, Associate Professor, Department of Teaching and Learning, effective Spring 2021

VISH V. SUBRAMANIAM, Professor, Department of Mechanical and Aerospace Engineering, effective Autumn 2020

TRACI WILGUS, Associate Professor, Department of Pathology, change from Autumn 2020 and Spring 2021 to Autumn 2021 and Spring 2022

YOUNGJOO YI, Associate Professor, Department of Teaching and Learning, effective Spring 2021

Faculty Professional Leave Cancellations

ANDREA GROTTOLI, Professor, School of Earth Sciences, Cancellation of FPL for Spring 2021

MARC J. GUERRERO, Associate Professor, Department of Educational Studies, Cancellation of FPL for Autumn 2020

Emeritus Titles

ANIL K. AGARWAL, Department of Internal Medicine, with the title of Professor Emeritus-Clinical, effective July 18, 2020

BHARAT BHUSHAN, Department of Mechanical and Aerospace Engineering, with the title of Professor Emeritus, effective June 1, 2020

CAROLYN C. BRACKETT, College of Pharmacy, with the title of Associate Professor Emeritus-Clinical, effective September 1, 2020

ELIZABETH B. DAVIS, Department of Spanish and Portuguese, with the title of Associate Professor Emeritus, effective June 1, 2020

ELLEN E. DEASON, Moritz College of Law, with the title of Professor Emeritus, effective September 1, 2020

ELMAHDI ELKHAMMAS, Department of Surgery, with the title of Professor Emeritus, effective September 1, 2020

LAWRENCE L. FETH, Department of Speech and Hearing Science, with the title of Professor Emeritus, effective August 1, 2020

The Ohio State University
Board of Trustees

August 25, 2020

MARY A. FRISTAD, Department of Psychiatry and Behavioral Health, with the title of Professor Emeritus, effective August 18, 2020

TERRELL A. MORGAN, Department of Spanish and Portuguese, with the title of Professor Emeritus, effective July 1, 2020

ROBERT H. SORTON, School of Music, with the title of Associate Professor Emeritus, effective August 1, 2020

KRISHNASWAMY SRINIVASAN, Department of Mechanical and Aerospace Engineering, with the title of Professor Emeritus, effective June 1, 2020

ALAN P. SUNDERMEIER, Department of Extension, with the title of Professor Emeritus, effective May 1, 2020

BETH SUTTON-RAMSPECK, Department of English, with the title of Associate Professor Emeritus, effective June 1, 2020

DOUG SUTTON-RAMSPECK, Department of English, with the title of Professor Emeritus, effective September 1, 2020

ABRIL TRIGO, Department of Spanish and Portuguese, with the title of Professor Emeritus, effective June 1, 2020

THOMAS M. WICKIZER, College of Public Health, with the title of Professor Emeritus, effective September 1, 2020

MARGARET WYSZOMIRSKI, Department of Arts Administration, Education and Policy, with the title of Professor Emeritus, effective September 12, 2020

Promotion, Tenure, and Reappointments

JOHN GLENN COLLEGE OF PUBLIC AFFAIRS

TENURE ONLY [AT THE CURRENT RANK OF ASSOCIATE PROFESSOR]

Yi, Hongtao, effective August 15, 2020

ENGINEERING

PROFEESOR WITH TENURE

Johnson, Kristina, Department of Electrical and Computer Engineering, effective September 1, 2020

Appendix XII

FY2021-25 Capital Investment Plan



**New Projects to Begin in
FY2021: \$ 1,912**

**Prior Commitment Remaining
Spend: \$ 2,053**

Total: \$ 3,965

*In Millions

Table 1 - Prior Commitment - Remaining Spend

| Line | Capital Priority | Projected Capital Expenditures | | | | | Total |
|------|---|--------------------------------|--------------|--------------|--------------|-------------|----------------|
| | | FY2021 | FY2022 | FY2023 | FY2024 | FY2025 | |
| 1 | A&S - Arts District | 11.1 | 37.8 | 44.0 | 22.4 | 18.7 | 134.0 |
| 2 | A&S - Celeste Lab Renovation | 11.0 | 13.0 | 5.1 | 0.3 | 0.0 | 29.5 |
| 3 | Athletics - Lacrosse Stadium | 0.5 | 12.7 | 6.6 | 0.0 | 0.0 | 19.8 |
| 4 | Athletics - Ty Tucker Tennis Center | 8.8 | 2.8 | 0.0 | 0.0 | 0.0 | 11.6 |
| 5 | Energy Advancement and Innovation Center | 2.5 | 1.6 | 10.5 | 21.5 | 0.0 | 36.1 |
| 6 | Engineering - Advanced Materials Corridor - Ph. 1 | 11.1 | 2.0 | 0.0 | 0.0 | 0.0 | 13.1 |
| 7 | FOD - Cannon Drive Relocation - Ph. 2 | 25.0 | 40.0 | 16.8 | 0.0 | 0.0 | 81.8 |
| 8 | FOD - RDM Instructional Sciences | 1.3 | 0.3 | 22.4 | 0.0 | 0.0 | 24.0 |
| 9 | Optometry Clinic and Hlth Sci Faculty Office Bldg | 13.1 | 1.9 | 0.0 | 0.0 | 0.0 | 15.0 |
| 10 | Interdisciplinary Health Sciences Center | 16.6 | 47.0 | 65.5 | 14.2 | 0.0 | 144.8 |
| 11 | Interdisciplinary Research Facility | 46.3 | 84.8 | 75.8 | 21.7 | 0.0 | 228.7 |
| 12 | Libraries - Library Book Depository Ph. 3 | 0.4 | 9.5 | 5.1 | 0.1 | 0.0 | 15.1 |
| 13 | Nursing - Newton Building Addition | 7.0 | 13.0 | 3.2 | 0.0 | 0.0 | 23.2 |
| 14 | VetMed - Frank Stanton Veterinary SOC Clinic | 10.2 | 8.2 | 0.2 | 0.0 | 0.0 | 18.6 |
| 15 | West Campus Infrastructure Ph. 1 | 4.2 | 12.4 | 0.0 | 0.0 | 0.0 | 16.6 |
| 16 | WMC - Inpatient Hospital Garage | 44.5 | 9.6 | 0.0 | 0.0 | 0.0 | 54.1 |
| 17 | WMC - Ambulatory Dublin | 18.9 | 37.3 | 84.3 | 18.9 | 0.0 | 159.4 |
| 18 | WMC - Ambulatory New Albany | 65.7 | 34.9 | 5.0 | 0.0 | 0.0 | 105.5 |
| 19 | WMC - Dodd - Parking Garage | 13.0 | 17.0 | 3.1 | 0.0 | 0.0 | 33.1 |
| 20 | WMC - Inpatient Hospital - Central Sterile Supply | 20.1 | 5.7 | 0.0 | 0.0 | 0.0 | 25.8 |
| 21 | WMC - Inpatient Hospital | 27.0 | 2.4 | 2.0 | 2.0 | 2.0 | 35.4 |
| 22 | WMC - Outpatient Care West Campus | 56.0 | 145.1 | 109.0 | 21.6 | 0.0 | 331.8 |
| 23 | Roll-up of Small Projects | 222.9 | 207.4 | 63.8 | 3.7 | 0.1 | 497.8 |
| 25 | Grand Total | 637.1 | 746.2 | 522.5 | 126.5 | 20.8 | 2,053.1 |

FY2021-25 Capital Investment Plan

Table 2 - New Projects Beginning in FY2021

| Line | Capital Priority | Projected Capital Expenditures | | | | | Total |
|------|--|--------------------------------|--------------|--------------|--------------|--------------|----------------|
| | | FY2021 | FY2022 | FY2023 | FY2024 | FY2025+ | |
| 1 | Anticipated Spend for CIP Additions/Changes | 0.2 | 3.1 | 6.0 | 0.7 | 0.0 | 10.0 |
| 2 | Roll-up of Small Infrastructure/RDM Projects | 0.2 | 3.7 | 6.5 | 0.8 | 0.0 | 11.3 |
| 3 | Small Programmatic Cash Ready Projects | 0.4 | 7.4 | 6.9 | 0.7 | 0.0 | 15.4 |
| 4 | WMC - Roll Up of Cash Ready Projects | 173.8 | 0.0 | 0.0 | 0.0 | 0.0 | 173.8 |
| 5 | New Major Projects (>\$4M) | 117.0 | 245.3 | 435.5 | 427.6 | 476.2 | 1,701.7 |
| 6 | Engineering - Bus Testing Facility | 0.2 | 1.4 | 5.3 | 5.3 | 2.9 | 15.0 |
| 7 | WMC - Inpatient Hospital (construction) | 116.8 | 243.9 | 430.3 | 422.3 | 473.4 | 1,686.7 |
| 8 | Grand Total | 291.6 | 259.6 | 455.0 | 429.8 | 476.2 | 1,912.1 |

Appendix XIII

APPROVAL OF FISCAL YEAR 2021 OHIO STATE ENERGY PARTNERS UTILITY SYSTEM CAPITAL IMPROVEMENT PROJECTS

BACKGROUND

Pursuant to the terms of the First Amended and Restated Long-Term Lease and Concession Agreement for The Ohio State University Utility System dated July 20, 2018 and as amended (the "Agreement"), Ohio State Energy Partners LLC (OSEP) will fund and implement capital improvements to the Utility System. Capital investments made by OSEP will be tied to the annual Utility Fee structure pursuant to the Agreement.

Proposed capital projects are evaluated by the university and OSEP for alignment with applicable strategic, financial, and physical plans and to ensure continued reliability, safety, and compliance.

Pursuant to the Agreement, OSEP submitted a draft five-year plan to the Energy Advisory Committee (EAC) 180 days prior to the start of the fiscal year. Members of the EAC have reviewed the details of the draft five-year plan, provided feedback and made recommendations to OSEP. OSEP submitted a proposed five-year plan for university review and approval, including the OSEP Fiscal Year 2021 proposed capital investment projects.

Approval of these projects will be pursuant to the project scopes, project cost breakdowns, and total project costs outlined below, any applicable university directives, applicable project requests, and supporting documentation submitted pursuant to the Agreement.

OSEP capital projects are categorized as one of three types:

1. Life-Cycle Renovations, Repairs, and Replacement Projects (LFC): LFC projects primarily cover capital improvements to the existing campus utility system plants and distribution networks.
2. Expansion and Extension Projects (EXP): EXP projects are to expand the capacity of the campus utility systems or to extend the campus utility systems to new campus buildings
3. Energy Conservation Measure Projects (ECM): ECM projects are specific capital improvements intended to improve the energy efficiency of the buildings, utility plants, and utility distribution networks of the Columbus campus

| FY 2021 Total OSEP Capital Commitment Summary | Cost |
|---|-------------------|
| Life-cycle Renovations, Repairs, and Replacement Projects | \$ 5.04 M |
| Expansion and Extension Projects | \$ 1.51 M |
| Energy Conservation Measure Projects | \$ 59.81 M |
| Total Capital Commitment | \$ 66.36 M |

Utility System Life-Cycle Renovations, Repairs, and Replacement Projects

Plant Electrical Equipment Upgrade – 35-21-LFC

- Scope: Replace electrical equipment in the McCracken Power Plant, which is at the end of its lifecycle including:
- Backup generator for critical equipment.
 - Substation units #1 and #2, the main distribution components in McCracken.
 - Battery backup and motor control equipment for critical controls in McCracken.

Design Cost Request: \$ 190,000

| Project Cost Breakdown | Cost |
|------------------------------------|------------------|
| FY 2021 – Design | \$ 0.19 M |
| FY 2022 – Construction Estimate | \$ 1.33 M |
| FY 2023 – Construction Estimate | \$ 1.22 M |
| Total Project Cost Estimate | \$ 2.74 M |

McCracken Power Plant Structural Upgrades 92-21-LFC

- Scope: This project will repair or replace the following McCracken building components:
- Windows
 - Concrete Beams
 - Water Treatment Plant Roof
 - Water Treatment System
 - Fire Protection System in Controls Server Room

Construction Cost Request: \$ 2.23 M

| Project Cost Breakdown | Cost |
|-------------------------------|------------------|
| FY 2021 – Construction | \$ 1.12 M |
| FY 2022 – Construction | \$ 1.11 M |
| Total Project Cost | \$ 2.23 M |

Campus Gas – Building System Upgrade 99-21-LFC

Scope: Note: This project was originally identified as “77-20-LFC” in the OSEP Five-Year Plan. It was relabeled as “99-21-LFC” to simplify identification in subsequent plans.

Perform an audit of the gas service to 56 buildings. Resulting building service upgrades will be completed as needed to ensure functionality and code compliance. The university is responsible for inspections and testing after upgrades are complete.

Construction Cost Request: \$ 2.62 M

| Project Cost Breakdown | Cost |
|---|------------------|
| FY 2021 Interim (Jul-Aug 2020) Construction | \$ 0.25 M |
| FY 2021 (Sep 2020 – Jun 2021) Construction | \$ 2.62 M |
| Total OSEP Project Cost | \$ 2.87 M |
| Estimated OSU FY 2021 Scope Cost | \$ 0.06 M |
| Total Project Cost (OSEP + OSU) | \$ 2.93 M |

Utility System Expansion and Extension Projects

West Campus Gas Infrastructure 88-21-EXP

Scope: Design a natural gas master meter and distribution system to extend service to new facilities west of Kenny Road and South of Lane Avenue including the WMC Outpatient Care West Campus facility, the Interdisciplinary Research Facility, and the Energy Innovation Center. To align with OSU's expected construction schedules for the new buildings, OSEP expects to seek construction approval in February 2021.

This request is only for design approval.

Design Cost Request: \$ 190,000

| Project Cost Breakdown | Cost |
|------------------------------------|------------------|
| FY 2021 – Design | \$ 0.19 M |
| FY 2021 – Construction Estimate | \$ 0.63 M |
| FY 2022 – Construction Estimate | \$ 0.22 M |
| Total Project Cost Estimate | \$ 1.04 M |

West Campus North Electrical and Natural Gas Service 81-21-EXP

Scope: Provide electrical upgrades and extend electrical and natural gas infrastructure to the area located north of Lane Avenue and west of Kenny Road to serve future development.

This request is only for design approval.

Design Cost Request: \$ 728,000

| Project Cost Breakdown | Cost |
|------------------------------------|------------------|
| FY 2021 – Design | \$ 0.73 M |
| FY 2022 – Construction Estimate | \$ 3.87 M |
| FY 2023 – Construction Estimate | \$ 1.31 M |
| Total Project Cost Estimate | \$ 5.91 M |

Dodd Garage Power – 90-21-EXP

Scope: Extend the electrical distribution service to the new Dodd Garage (OSU-200103), in alignment with the university's project design and construction schedule.

Construction Cost Request: \$ 588,000

| Project Cost Breakdown | Cost |
|-------------------------------|------------------|
| FY 2021 – Construction | \$ 0.39 M |
| FY 2022 – Construction | \$ 0.20 M |
| Total Project Cost | \$ 0.59 M |

Energy Conservation Measures Projects

District Heating and Cooling Optimization - Phase I 34-21-ECM

Scope: Upgrading the insulation and steam traps of the steam distribution network to reduce heat losses. The project will repair dozens of steam traps and insulate 350 fittings and a mile of steam pipe. Over the equipment life, this project is projected to save more than \$ 24 million (in 2020 dollars) – giving the project a two-year net payback.

Construction Cost Request: \$1.76 M

| Project Cost Breakdown | Cost |
|-------------------------------|------------------|
| FY 2021 – Construction | \$ 1.59 M |
| FY 2022 – Construction | \$ 0.17 M |
| Total Project Cost | \$ 1.76 M |

Building Energy Systems Optimization - Phase III 59-21-ECM

Scope: Energy Conservation Measures (ECMs) in more than 50 buildings. Building energy audits are used to determine the optimal set of ECMs. The average energy use reduction is estimated at over 23%. Over the 20-year life, the estimated cost savings is more than \$105 million (in 2020 dollars) with an estimated nine-year net payback.

Construction Cost Request: \$35.97 M

| Project Cost Breakdown | Cost |
|-------------------------------|-------------------|
| FY 2021 – Construction | \$ 9.36 M |
| FY 2022 – Construction | \$ 20.69 M |
| FY 2023 – Construction | \$ 5.92 M |
| Total Project Cost | \$ 35.97 M |

SCCCP HRC #1 – Part 1: HRC#1 and existing tunnel building connections – 94-21-ECM

Scope: Install a 1000-ton heat recovery chiller (HRC) in the South Campus Central Chiller Plant to generate hot and chilled water. Convert the James, Harding Hospital, Parks Hall, Riffe Hall, and the Biological Sciences Building from steam to heating hot water. Oversized pipes will allow for future expansion to other buildings. Existing steam-to-hot-water converters will remain in the Wexner Medical Center buildings to ensure service redundancy.

This project will result in significant energy and carbon dioxide emissions reductions. HRC will recover waste heat from the existing chillers. The recovered energy will heat water to supply the connected buildings. Net payback is estimated to be 9 years. Over its 20-year life, the HRC is expected to reduce utility costs more than \$59 million (in 2020 dollars) and improve the total campus energy efficiency by 2%.

Construction Cost Request: \$21.43 M

| Project Cost Breakdown | Cost |
|-------------------------------|-------------------|
| FY 2021 – Construction | \$ 5.57 M |
| FY 2022 – Construction | \$ 10.72 M |
| FY 2023 – Construction | \$ 5.14 M |
| Total Project Cost | \$ 21.43 M |

SCCCP HRC #1 – Part 2: New hospital tower connection – 96-21-ECM

Scope: Design the connection of the new Wexner Medical Center Inpatient Hospital to the HRC in the SCCC installed as part of OSEP project 94-21-ECM (above). Dedicated heating hot water pipes from the SCCC to the new tower will cross under 12th Avenue. Over its life, using HRC for the Inpatient Hospital I will save an estimated \$47 million (in 2020 dollars) with a net payback of approximately five years.

This request is for design only.

Design Cost Request: \$ 645,000

| Project Cost Breakdown | Cost |
|------------------------------------|------------------|
| FY 2021 – Design | \$ 0.65 M |
| FY 2022 – Construction Estimate | \$ 2.15 M |
| FY 2023 – Construction Estimate | \$ 4.30 M |
| FY 2024 – Construction Estimate | \$ 1.50 M |
| Total Project Cost Estimate | \$ 8.60 M |

Appendix XIV

Project Data Sheet for Board of Trustees Approval

Morehouse – Chiller and Electrical Distribution Phase 2

OSU-170841 (CNI# 17000112)

Project Location: Morehouse Medical Plaza - Tower

- **approval requested and amount**

| | |
|--------------------------------|--------|
| increase professional services | \$0.1M |
| increase construction | \$0.6M |
| <hr/> | |
| total requested | \$0.7M |

- **project budget**

| | |
|----------------------------|--------|
| professional services | \$0.4M |
| construction w/contingency | \$4.3M |
| <hr/> | |
| total project budget | \$4.7M |

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

- **project schedule**

| | |
|------------------|---------------|
| design/bidding | 01/17 – 12/19 |
| construction | 12/19 – 03/21 |
| BoT approval | 08/20 |
| facility opening | 04/21 |



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

- **planning framework**
 - this project is included in the FY 2018 Capital Investment Plan

- **project scope**
 - multi-phased project to enhance infrastructure and address aging building systems in support of clinic operations
 - this phase of the project will provide necessary chilled and hot water piping, pumps and mechanical room additions to the tower
 - the cost of the project originally did not require Board of Trustees approval. A revised approach to the mechanical room construction, due to existing building materials, resulted in a revised total project cost that requires Board of Trustee approval.

- **approval requested**
 - approval is requested to increase professional services and construction contracts

-
- **project team**

| | |
|-----------------------------|---------------------|
| University project manager: | Alexandra Radabaugh |
| AE/design architect: | CBLH |
| CM at Risk: | Regency |

Appendix XV

APPROVAL FOR SALE OF REAL PROPERTY 0.1+/- ACRES ON BARRYS RIDGE ROAD, CALDWELL, NOBLE COUNTY, OHIO

BOARD BACKGROUND

Background

The Ohio State University College of Food, Agricultural, and Environmental Sciences (CFAES) seeks to sell to Jedidiah D. and Kathryn J. Stephen approximately 0.1 acres of land located on Barrys Ridge Road, Caldwell, Ohio and adjacent to CFAES' Unit 1, Eastern Agricultural Research Station. The Stephens would like to construct a residential driveway across the subject property, and the land is considered excess and not required for the Research Station operations.

Location and Description

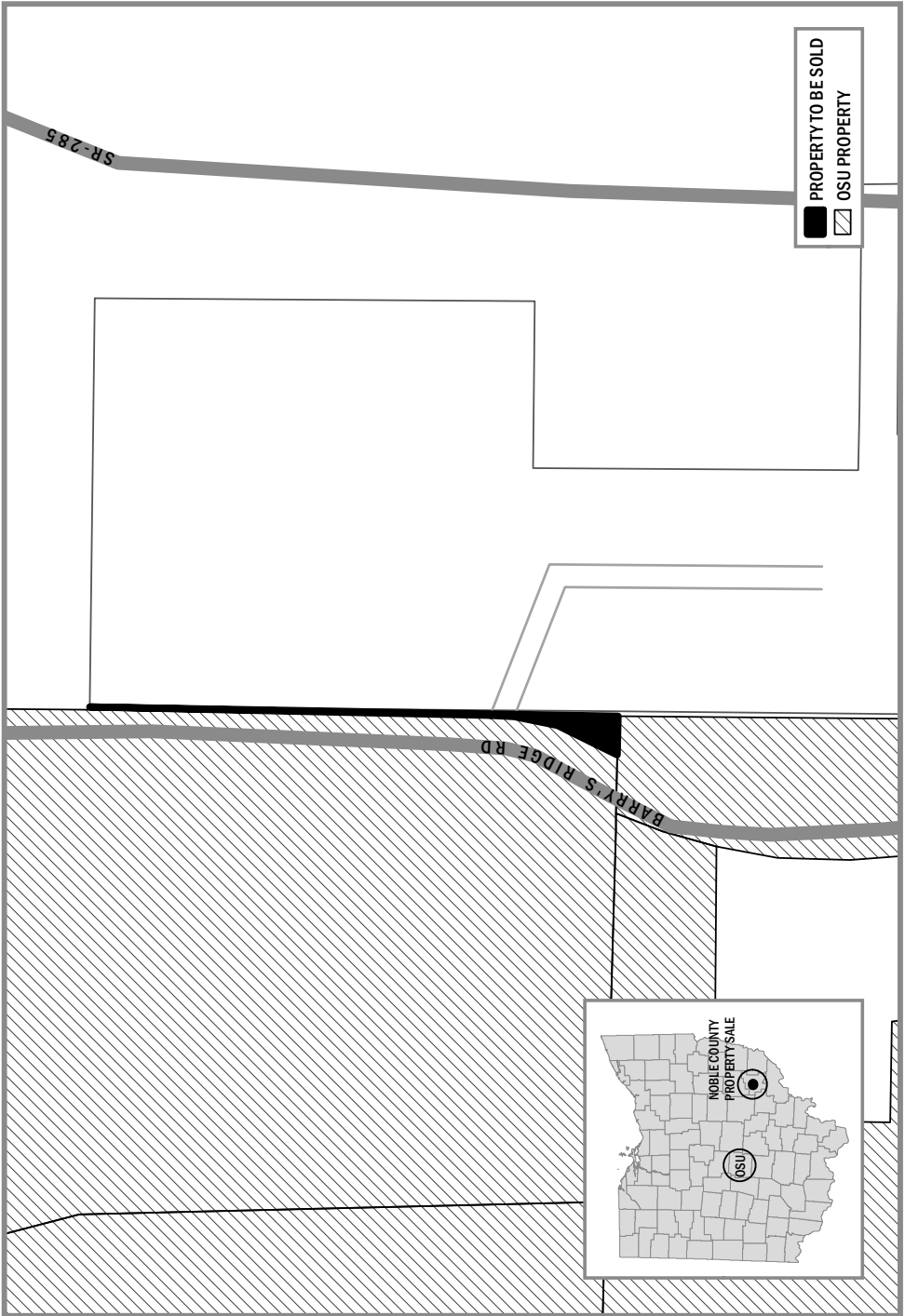
The affected property is located on the east side of Barrys Ridge Road, Caldwell, Ohio and is a narrow strip of orphan land that is not utilized by the Research Station. The site is vacant.

Property History

The property is titled to the State of Ohio. Disposition will require approval from the State of Ohio General Assembly.

Disposition of Property

Planning, Architecture and Real Estate, together with the College of Food, Agricultural and Environmental Sciences, recommend that the +/- 0.1 acres be sold under terms and conditions that are deemed to be in the best interest of the university. The anticipated sale price is \$232. The funds will be utilized by CFAES for the benefit of the College.



Prepared by: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: July 16, 2020
The Ohio State University Board of Trustees

**SALE OF 0.1 ACRES OF REAL PROPERTY
UNIT 1 AG STATION, CFAES
BARRY'S RIDGE RD
NOBLE COUNTY, OHIO**



Appendix XVI

**APPROVAL FOR ROADWAY EASEMENT
ARTHUR ADAMS DRIVE BETWEEN LANE AVENUE AND NORTH STAR ROAD
IN COLUMBUS, FRANKLIN COUNTY, OHIO
BOARD BACKGROUND**

Background

The Ohio State University seeks to grant a 25-year easement for an access road to the City of Upper Arlington across +/- 1.6 acres of land located on Arthur E. Adams Drive between Lane Avenue and North Star Road. The easement will allow development and construction of a roadway along the southern border of retail properties located at the southeast corner of North Star Road and Lane Avenue. The access road will be utilized by OSU, OSU's tenants, and private parties accessing the retail center. The City of Upper Arlington will be responsible for all costs and expenses associated with the proposed easement.

Location and Description

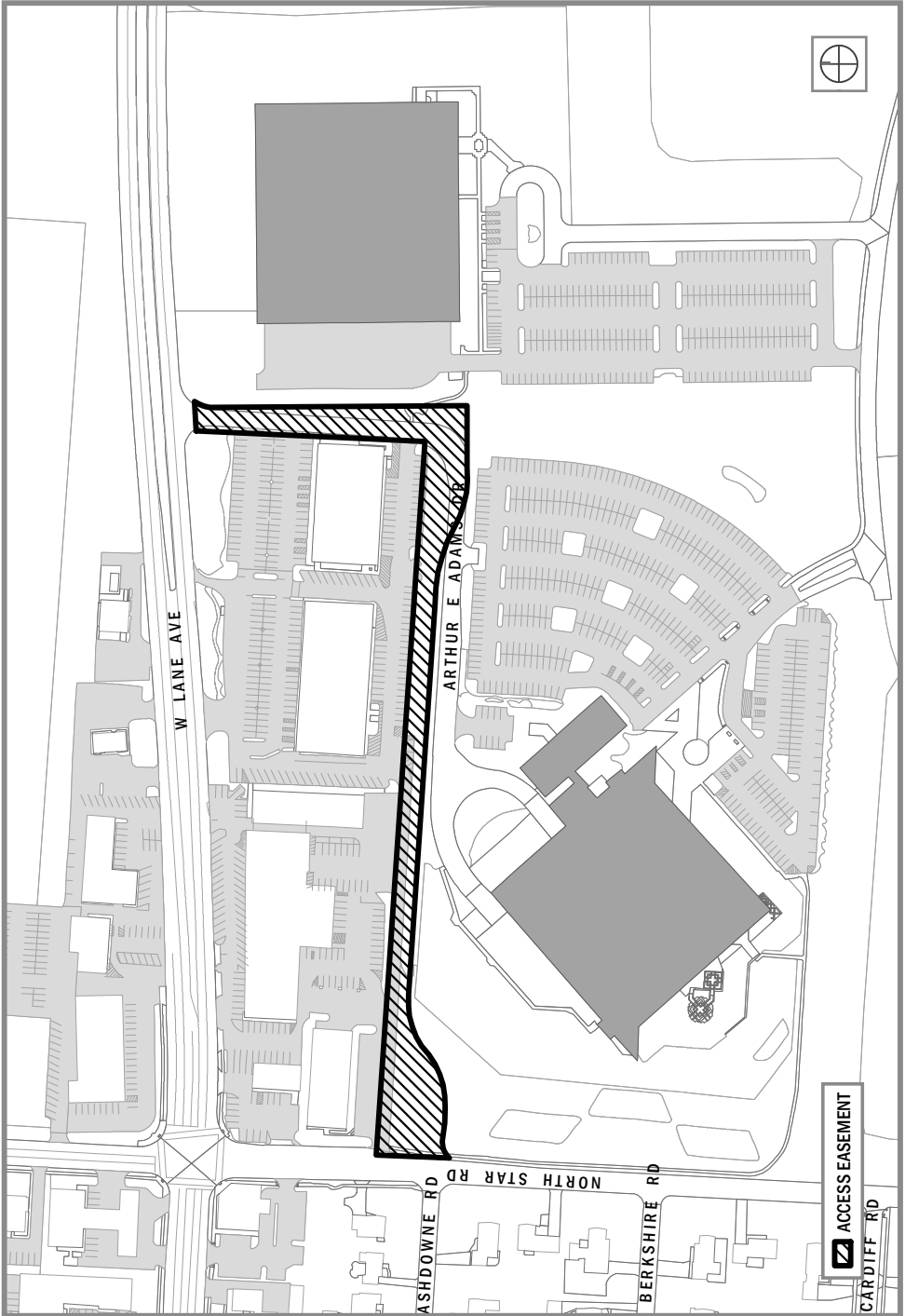
The affected property is located on Ohio State's west campus along Arthur E. Adams Drive between Lane Avenue and North Star Road.

Property History

The property within the easement area is titled to the State of Ohio and to The Board of Trustees. There are three ground leases for which OSU is the landlord in the project area, including a lease to Festival Partners for retail, a lease to the Department of Administrative Services for the State of Ohio Supercomputer Center, and a lease to Edison Welding Institute for their headquarters. These leases will be amended if required to grant the proposed easement.

Granting of Easement

Planning, Architecture and Real Estate recommends that an easement of +/- 1.6 acres for an access road be granted to the City of Upper Arlington on terms and conditions that are deemed to be in the best interest of the university.



Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: July 16, 2020
The Ohio State University Board of Trustees

**ARLINGTON GATEWAY ROADWAY EASEMENT
LANE AVENUE, NORTH STAR ROAD, AND ARTHUR ADAMS DRIVE
COLUMBUS, FRANKLIN COUNTY, OHIO 43221**

 THE OHIO STATE UNIVERSITY

Appendix XVII

**APPROVAL FOR RECOGNITION, NON-DISTURBANCE AND ATTORNMENT AGREEMENT
LANE AVENUE AND CARMACK ROAD
COLUMBUS, FRANKLIN COUNTY, OHIO
BOARD BACKGROUND**

Background

The Ohio State University seeks approval to enter into a Recognition, Non-Disturbance and Attornment Agreement with Andelyn Biosciences, Inc. (Andelyn). A previous board resolution, 2020-84, approved a ground lease of approximately 7.8 acres of land to SciTech with the expectation of a sublease to Andelyn, which will make significant improvements to the property for development of a medical research and advanced manufacturing facility. This resolution is to acknowledge and affirm that the anticipated use by Andelyn is consistent with the purposes set forth in the Development Agreement between The Ohio State University and SciTech.

The Development Agreement was originally created pursuant to Board Resolution 98-77, and has been amended from time to time. The Development Agreement states that the University desires to foster and encourage research and education linkages with business, government entities, and non-profit organizations to increase the range of educational experiences available to students, increase research support from industry, provide greater economic enrichment and development within Ohio and enhance the University's preeminence as a major research organization.

At the site, Andelyn will be making improvements to be used for research, development and commercial grade manufacturing activities of biotechnology and pharmaceutical materials and products for gene and other cell-based therapies and any other uses directly related thereto.

Location and Description

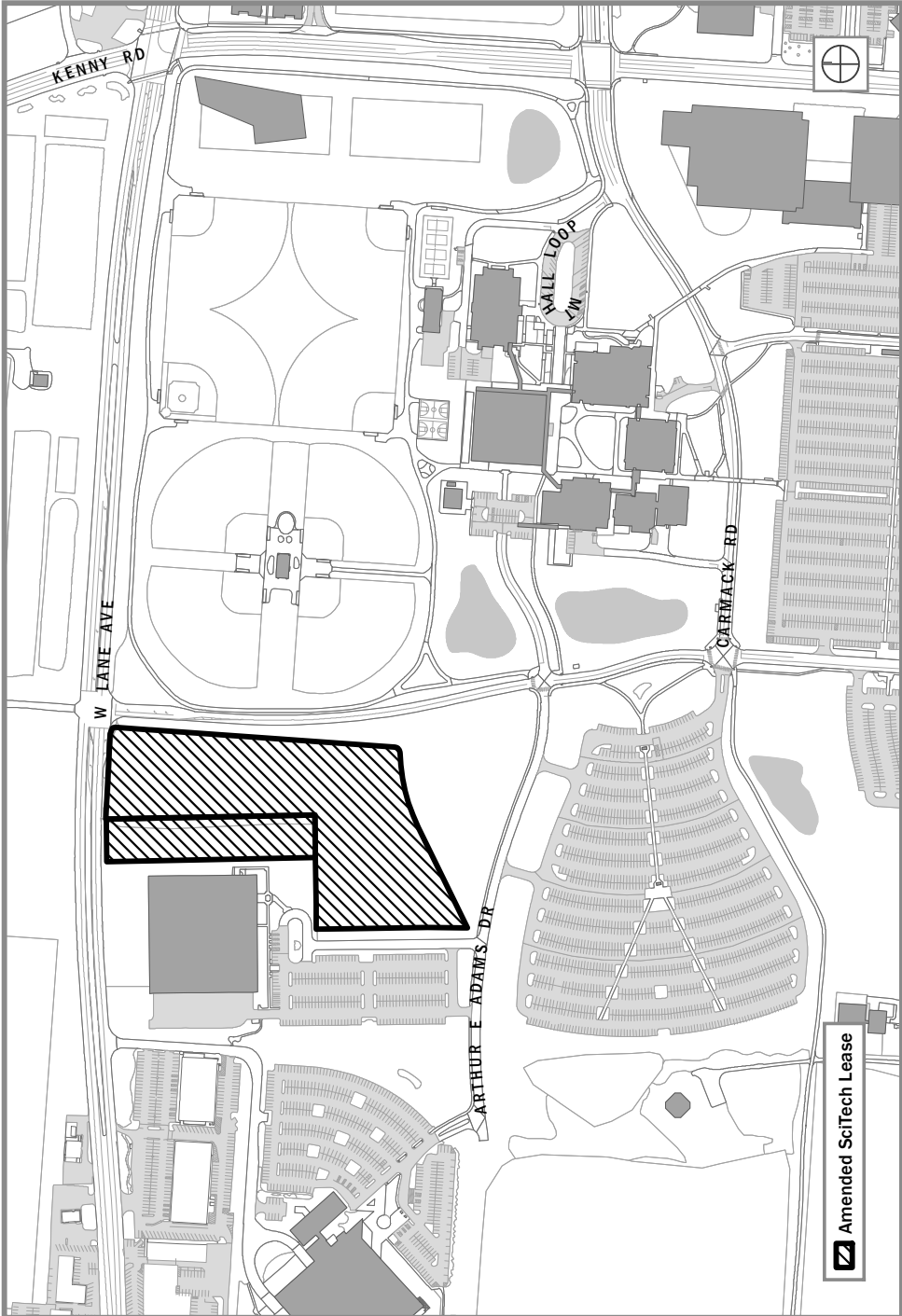
The subject property is located at the southwest corner of Lane Avenue and Carmack Road. The total site is comprised of approximately 7.8 acres and will be utilized for construction and operation of a medical research and advanced manufacturing facility.

Property History

The ground lease arrangement between Ohio State and SciTech was approved in Resolution 2020-84.

Recommendation

Planning, Architecture and Real Estate recommends that the Recognition Agreement be executed.



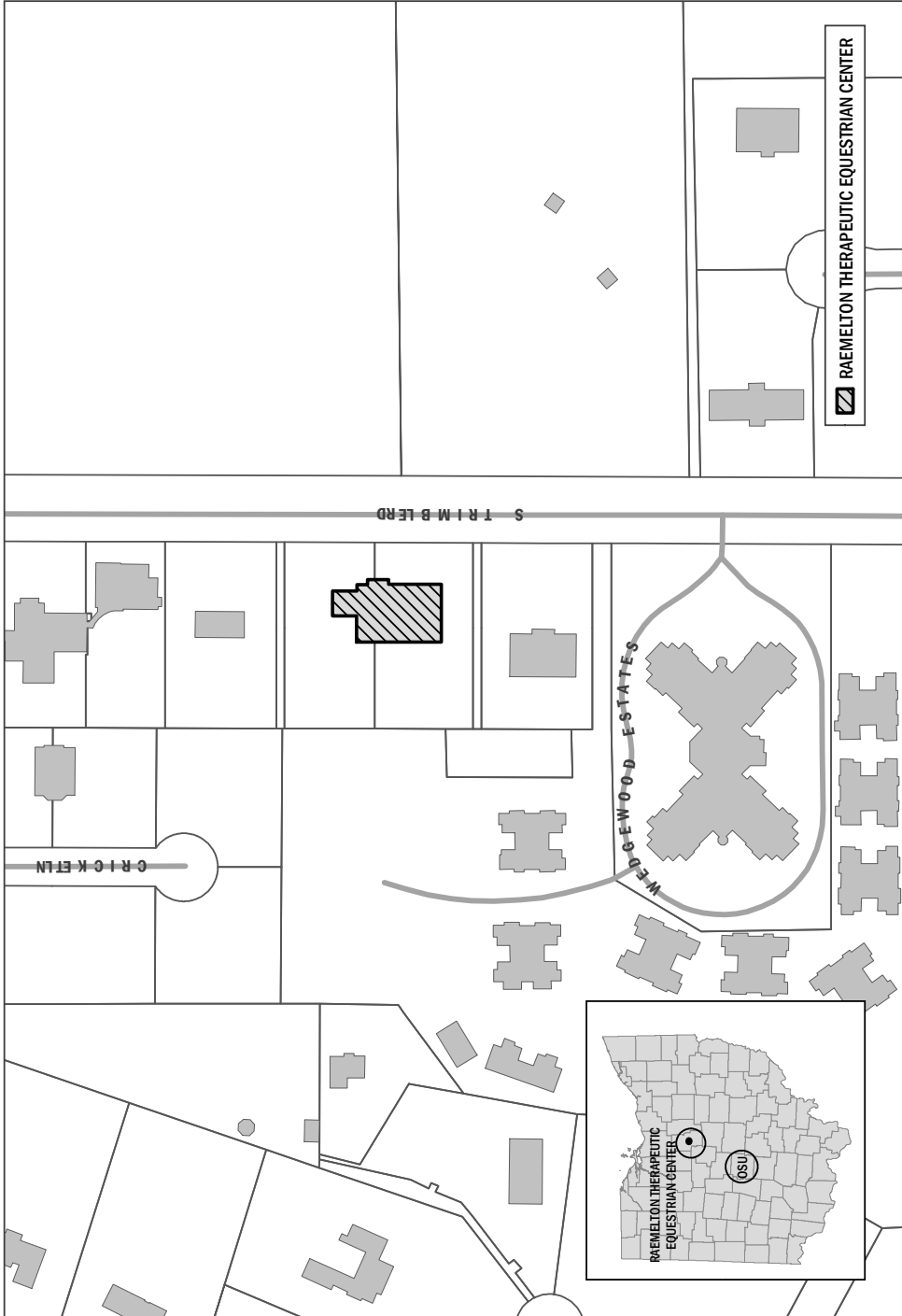
Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: August 2020
The Ohio State University Board of Trustees

RECOGNITION, NON-DISTURBANCE AND ATTORNMENT AGREEMENT
LANE AVENUE AND CARMACK ROAD
COLUMBUS, FRANKLIN COUNTY, OHIO 43221

Amended SciTech Lease

 THE OHIO STATE UNIVERSITY

Appendix XVIII



Prepared by: The Ohio State University
Office of Planning and Real Estate
Issue Date: May 15, 2018
The Ohio State University Board of Trustees

JOINT USE AGREEMENT BETWEEN
THE OHIO STATE UNIVERSITY AND RAEMELTON THERAPEUTIC EQUESTRIAN CENTER
569 TRIMBLE ROAD
MANSFIELD, OHIO 44906

Appendix XIX



Talent, Compensation and Governance Committee Charter Draft 6/8/2020

Purpose of Committee

The Talent, Compensation and Governance Committee (committee) is a standing committee of The Ohio State University Board of Trustees (board) established to:

- Provide oversight and counsel to the president regarding matters related to senior leadership of the university, as determined by the board and the president, including:
 - The development, review and execution of a compensation philosophy and strategy for the university's executives,
 - Oversight and administration of the university's executive compensation program, and
 - The development, review and execution of a talent and culture strategy for the university.
- Make recommendations to the board regarding matters pertaining to the organization of the board and involvement and role of trustees.

Committee Authority and Responsibilities

In furtherance of its purpose set forth above, the committee shall have the following authority and responsibilities:

- **Executive Compensation Philosophy and Strategy** – Develop, consider, and make recommendations to the board regarding an Executive Compensation Philosophy and Strategy for the university's executives, including the president.
- **Comparison Markets and Peers** – Determine comparable institutions and entities for benchmarking total remuneration. Regularly monitor composition of comparison group(s) and refine to reflect changes in the market.
- **President's Compensation and Performance Management** – Review and propose to the board the terms of the president's employment related to compensation, benefits, and perquisites. Recommend a process in order to establish the president's performance goals, evaluate performance outcomes, and determine compensation levels. Annually establish the president's goals and objectives, in collaboration with the president, and evaluate the president's performance in light of those goals and objectives and other pertinent criteria. The performance evaluation process will seek input from all trustees and may include input from senior leaders and other stakeholders. Provide a summary report of findings and make recommendations to the board regarding the president's total remuneration based on such evaluation and consistent with the university's Executive Compensation Philosophy and Strategy.
- **Board Purview Executives** - Review the executive roles for which the committee has decision making authority, as identified in the Executive Compensation Philosophy and Strategy. Review market data and make recommendations to the board regarding the compensation of those board purview executives for whom the committee provides review of management decisions.
- **Benefits and Retirement Plans** - Review and make recommendations to the board with respect to any actions requiring board oversight pursuant to university benefit and retirement plans.



Talent, Compensation and Governance Committee Charter
Draft 6/8/2020

- **Talent and Culture Strategy** - Develop, consider and make recommendations to the board regarding a Talent and Culture Strategy for the university.
- **Statement of Ethical Conduct and Leadership Integrity** – Conduct an annual review and reaffirmation by all trustees of the policy on ethics and conflicts of interest to govern all members of the board and its committees.
- **Statement of Expectations** – Conduct an annual review and reaffirmation by all trustees of the board's Statement of Expectations, which addresses topics such as comportment among board members, with the university president and other internal constituents, and with external constituents.
- **Report to Full Board** – Report regularly to the board in sufficient detail to assure the board that the committee's responsibilities are being fulfilled. Seek full board approval for the total remuneration and employment decisions related to the president and other board purview executives as outlined in the Executive Compensation Philosophy and Strategy.
- **Committee Self-Evaluation** – Conduct a periodic self-evaluation of the committee's own performance, and assess the adequacy of this charter, recommending any changes to the board for approval.
- **Board Self-Evaluation** – Periodically conduct a self-study of the board's performance that includes compliance with the Statement of Expectations.
- **Officer Evaluation** – Conduct an annual review of the performance of the officers of the board (i.e., chair, vice chair, secretary) prior to reappointment or selection of new officers, which ideally occurs at the end of the fiscal year.
- **Bylaws Amendments** – Review all proposed or draft new amendments to the bylaws maintained by the board and make recommendations to the board for approval.
- **Contingency Planning** – Ensure that the chair of the board and the president develop and maintain a contingency plan and framework, including procedures, in the event of the president's departure.
- **Compensation Consultant** – In collaboration with the Office of Legal Affairs and the Office of Human Resources, engage an independent compensation consultant to assist the committee in its duties relative to board purview executive compensation.
- **Trustee Orientation** – Oversee the initial and ongoing orientation process, as coordinated by the Board Office, for acclimating new trustees to the university and their role and responsibilities.
- **Charter Trustee Selection** – Consider and interview charter trustee candidates to fill three-year terms, and make final nominations to the full board for approval.
- **Board Office** – Have oversight over the organization of the Board Office, which exists to support the board and assist with connecting the board to the university community.
- **Other Assigned Responsibilities** – Perform such other responsibilities of the committee as provided by the bylaws of the university or as delegated by the board or the chair of the board.



**Talent, Compensation and Governance Committee Charter
Draft 6/8/2020**

Committee Meetings

The committee generally shall meet in conjunction with the regularly scheduled meetings of the full board, and at such other times and places as it deems necessary to carry out its responsibilities.

Committee Membership

All members of the committee, as well as the committee chair and vice chair, shall be appointed by the chair of the board. The chair and vice chair of the committee shall be trustees or charter trustees.

Trustees, student trustees, charter trustees and non-trustee committee members shall all be voting members of the committee.

The committee shall consist of at least five trustees, one of whom must be a student trustee.

Staff and Other Support

Primary staff support for the committee shall be provided by the Office of Human Resources and the Board Office. Further, the committee shall obtain advice and assistance as needed from internal or external compensation consulting, legal, accounting or other advisors.

University Bylaws

The provisions of this charter are intended to comport with the bylaws of the university. To the extent that these provisions conflict, the university bylaws shall control.

Appendix XX

3335-1-02 Members, officers and committees of the board.

3) Charter trustees. In order to take advantage of the diverse cultural, geographic, business, professional, public service and civic backgrounds, talents and experiences of friends and alumni of the Ohio state university who do not live in the state of Ohio, the position of charter trustee has been established, in accordance with the following guidelines:

- a. Charter trustees shall be non-Ohio residents and shall be chosen on the basis of the following attributes: Ohio state university alumna/alumnus or friend of the university; success in his or her chosen field or profession; state, national, or international prominence; ability to advocate for higher education; and willingness and ability to offer counsel.
- b. ~~There~~ The board shall be appoint no more than three positions of charter trustees at any given time.
- c. Each charter trustee shall be appointed for ~~a one~~ three-year term, commencing on May fourteenth and expiring on May thirteenth, ~~and shall be eligible to serve a second consecutive three-year term. The reappointment of a charter trustee is not automatic. Appointment and reappointment decisions will be made with consideration to the expertise needs of the overall board.~~
- d. Charter trustees shall have no voting privileges on the board of trustees, shall not be considered in determining whether a quorum is present, and shall not be eligible to be officers of the board, but will otherwise participate in all activities of the board, including membership on committees. Charter trustees who are members of board committees shall have voting privileges on those committees and shall be eligible to serve as committee chair or vice chair.
- e. Charter trustees shall be nominated by the talent, compensation and governance committee and shall be appointed, and may be removed before the conclusion of his or her term, by a vote of the board. Upon such appointment, the chair shall cause a letter of appointment to be delivered to the charter trustee, and a copy of the letter shall be delivered to the governor.

August 10-27, 2020, Board of Trustees Meetings
Appendix XXI

| | <u>Amount Establishing Endowment*</u> | <u>Total Commitment</u> |
|--|---|-----------------------------|
| <u>Establishment of Named Endowed Fund (University)</u> | | |
| University Main Library Endowed Fund Established August 27, 2020, with a fund transfer by The Ohio State University Libraries of a gift from the estate of Donna G. Seppanen (BS 1945); used to support the University main library located on the main campus of The Ohio State University, Columbus, Ohio. | \$1,855,224.58 | \$1,855,224.58 |
| Lucas County Veterinary Medicine Endowed Scholarship Fund Established August 27, 2020, with a fund transfer by the College of Veterinary Medicine of an unrestricted gift from the estate of Maria C. Mann; used to provide scholarship support to students who are residents of Lucas County, Ohio pursuing a Doctor of Veterinary Medicine from the College of Veterinary Medicine. | \$555,542.00 | \$555,542.00 |
| Centennial Endowed Professor of Nursing Fund Established August 27, 2020, with transfers from the College of Nursing and gifts from alumni and friends of the college; If full funding is reached on or before September 30, 2025, supports a professorship position in the College of Nursing designed to promote and enhance nursing and trans-disciplinary research consistent with the then current priorities of the college. If full funding is not reached by September 30, 2025, supports faculty in the college. | \$212,500.00 | \$212,500.00 |
| <u>Establishment of Named Endowed Professorship (Foundation)</u> | | |
| John W. Wilkins Endowed Professorship of Physics Established August 27, 2020, with an estate gift from Dr. John W. Wilkins; used to support a rotating professorship position in the College of Arts and Sciences, Department of Physics focused on exceptional and cutting-edge research in any physics. | \$1,360,606.61 | \$1,360,606.61 |
| The John I. Makhoul Professorship in Electrical and Computer Engineering Established February 27, 2020, with a gift from Dr. John I. Makhoul (MS 1965); used to support a rotating professorship position in the College of Engineering, Department of Electrical and Computer Engineering in the general areas of signal processing and machine learning. Revised and position established August 27, 2020. | \$1,000,000.00 | \$1,000,000.00 |
| <u>Establishment of Named Endowed Fund (Foundation)</u> | | |
| Charles E. Ream Memorial Scholarship Fund Established August 27, 2020, with an estate gift from Helen Rose Ream, wife of Charles E. Ream (BIE 1941); used to provide one or more scholarships to students enrolled in the University. | \$833,832.53 | \$833,832.53 |
| The Kay and Norm Drake Scholarship Fund Established August 27, 2020, with a bequest from Kay Moats Drake (BS 1961) of Put-In-Bay, Ohio in memory of her husband Norman L. Drake (BIE 1956); used to provide one or more scholarships to students who are studying at the Franz T. Stone Laboratory, Put-In-Bay, Ohio. | \$656,702.50 | \$656,702.50 |

August 10-27, 2020, Board of Trustees Meetings

| | | |
|---|--------------|--------------|
| <p>The William J. and Lydia Karkut Endowment Fund for Medical Research Established August 27, 2020, with gifts from the estate of William J. Karkut (attended 1945-1947) and Lydia Karkut of Cleveland, Ohio; used to support the advancement of medical knowledge, including both basic and clinical research as recommended by the dean of the College of Medicine and the dean of the College of Public Health. May support, but is not limited to, scientific supplies, equipment, salaries for research personnel and activities required for quality medical research.</p> | \$597,518.70 | \$597,518.70 |
| <p>The Joan Wallick/Jim and Nancy Wasserstrom Hemostasis and Thrombosis Center Support Fund Established August 27, 2020, with grants from The Columbus Jewish Foundation through a donor-advised fund established by James Loren Wasserstrom (BFA 1982) and Nancy E. Wasserstrom known as the Jim and Nancy Wasserstrom Family Foundation; used to support the outreach efforts and research endeavors of The Ohio State University Hemostasis and Thrombosis Treatment Center and the clinic and research areas of hemophilia at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. May be used for, but not limited to, funding necessary personnel, equipment needs, and outreach program support.</p> | \$400,000.00 | \$400,000.00 |
| <p>The Charles R. Wise Washington DC Graduate Endowed Scholarship Fund Established August 27, 2020, with gifts from Charles R. Wise; reinvested in the endowment principal until the principal balance reaches \$446,000 or December 31, 2023, whichever comes first. Thereafter, provides one or more scholarships to students who are enrolled in the John Glenn College of Public Affairs, Master of Public Administration program and are in good academic standing (grade point average 3.0 or higher) to participate in the college's Washington DC Graduate Fellow Program. Participants in this program will enroll in courses to fulfill the requirements for the Master of Public Administration program and serve as interns in federal agencies, congressional committees, or related policy making or consulting organizations in Washington DC.</p> | \$160,000.00 | \$380,000.00 |
| <p>Drs. Steven and Patricia Gabbe Endowed Lectureship Fund Established August 27, 2020, with gifts from Dr. Steven Glenn Gabbe and Dr. Patricia Temple Gabbe; used to support a lectureship in the Department of Obstetrics and Gynecology with a primary focus on maternal and fetal health.</p> | \$106,002.87 | \$106,002.87 |
| <p>Wendy and Bryant Mitchell Scholarship Fund Established August 27, 2020, with gifts from Bryant Mitchell (BA 1979, MBA BA 1980); used to provide one or more scholarships to incoming, first-year students who are studying in the Max. M. Fisher College of Business and demonstrate financial need. First preference will be given to students who graduated from the Neighborhood Academy in Pittsburgh, Pennsylvania. Second preference will be given to students who are from Allegheny County, Pennsylvania. Third preference will be given to students who are from the state of Pennsylvania. If no students meet the selection criteria, the scholarship(s) will be open to all incoming, first-year, out-of-state students who are studying in the college and demonstrate financial need.</p> | \$104,187.00 | \$104,187.00 |

August 10-27, 2020, Board of Trustees Meetings

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| <p>Electroscience Laboratory Interdisciplinary Endowment Fund Established August 27, 2020, with an estate gift from Dr. David R. Wortendyke (MS 1961, PhD 1969); 20% shall be reinvested in the endowment principal. 80% shall be used by the Electroscience Laboratory, or its successor, to encourage interdisciplinary projects involving students and faculty from diverse disciplines.</p> | \$109,399.34 | \$109,399.34 |
| <p>C. Beth Cotner Jazz Fund Established August 27, 2020, with gifts from C. Beth Cotner (BA 1974); 75% used to support the greatest needs of the Jazz Studies program and 25% used to support one or more student(s) enrolled in the Jazz Studies program.</p> | \$100,000.00 | \$100,000.00 |
| <p>Donna Theresa and Preston McMurry Jr. Scholarship Fund Established August 27, 2020, with gifts from Preston V. McMurry Jr. (BS 1960); used to support scholarships for students studying domestic violence and/or scholarships focused on the area of the highest need as determined by the dean of the College of Social Work.</p> | \$100,000.00 | \$100,000.00 |
| <p>Stanton Foundation Spectrum of Care Training Support Endowed Fund Established August 27, 2020, with gifts from the Stanton Foundation; used to support training activities that enhance the confidence and competence of veterinary students in practicing across the Spectrum of Care (SOC) in veterinary medicine. Funds will be prioritized to support Stanton Summer Externships for a minimum of 10 years, SOC Primary Care Clinic (PCC) faculty and SOC-PCC technicians teaching SOC.</p> | \$100,000.00 | \$100,000.00 |
| <p>The Ronald and Susan Vlcek Endowed Chemical Engineering Scholarship Fund Established August 27, 2020, with gifts from Ronald Vlcek (BSChE 1979) and matching gifts from ExxonMobil; used to provide one or more scholarships to undergraduate students who are enrolled in the Department of Chemical and Biomolecular Engineering in the College of Engineering and have demonstrated financial need.</p> | \$68,000.00 | \$68,000.00 |
| <p>The Christ Bourekas Radiology Medical Student Endowed Scholarship Fund Established August 27, 2020, with gifts from Eric C. Bourekas, MD (BS 1984, MBA 2015); used to provide one or more scholarships to fourth year medical students who have demonstrated an interest in radiology, financial need, and academic/clinical merit. If no students meet the selection criteria, the scholarship(s) will be open to all fourth-year medical students. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients.</p> | \$52,407.36 | \$52,407.36 |
| <p>Rick Ketcham ALS Defense Fund Established August 27, 2020, with gifts given in memory of Richard Ketcham from Rebecca J. Hall (MSW 1998), Victor R. Ketcham (MA 1968), friends, family, and colleagues; used to support ALS research as undertaken by Dr. John Kissel and Dr. Stephen Kolb (or successors). Expenditures may be used for salaries, stipends, publication, equipment, supplies, outreach, training, and fees.</p> | \$51,450.00 | \$51,450.00 |

August 10-27, 2020, Board of Trustees Meetings

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|---|--------------------|--------------------|
| <p>The Lieutenant Colonel (R) Kenneth L. and Bonnita L. Bonnell Family Army R.O.T.C. Scholarship Fund Honoring the U.S. Army Value of Selfless Service Established August 27, 2020, with gifts from friends of the Bonnell family; used to provide scholarships (aka The Bonnell Family Scholarship) to a scholarship or non-scholarship cadet based on scholastic merit, financial need or a combination thereof. To qualify, candidates must have expressed a desire to be and is on track to be commissioned in the United States Army or a reserve component thereof and exemplify the Army value of selfless service.</p> | <p>\$51,137.57</p> | <p>\$51,137.57</p> |
| <p>The Barry Family Endowed Fund Established August 27, 2020, with gifts from the Barry family, Aisha M. Barry (BS 1995), Craig B. Barry (BS 1989), Denis A. Barry (BS 1987) and matching gifts from the Dow Chemical Company Foundation and the John Deere Foundation; used to provide one or more scholarships to undergraduate students who are majoring in chemical and biomolecular engineering or electrical and computer engineering. The donors desire that when awarding this scholarship special consideration be given to students who are United States citizens or permanent residents and are members of an organization that is open to all, but whose mission seeks to increase the number of African American and Black engineers and actively contributes to nurturing a more diverse and inclusive community.</p> | <p>\$50,100.00</p> | <p>\$50,100.00</p> |
| <p>Medical Class of 1984 Endowed Scholarship Fund Established August 27, 2020, with gifts from the medical class of 1984; used to provide one or more scholarships to medical students who demonstrate financial need and who are in good academic standing.</p> | <p>\$50,067.44</p> | <p>\$50,067.44</p> |
| <p>Jasam Foundation Endowed Fund Established August 27, 2020, with a gift from the Jasam Foundation; used at the discretion of the president of The Ohio State University or his/her designee.</p> | <p>\$50,000.00</p> | <p>\$50,000.00</p> |
| <p>The Irene and Paul Koval Memorial Scholarship Fund in Primary Care Established August 27, 2020, with gifts from Dr. Ann R. Koval (BS 1983, MD 1987, Residency 1990); used to provide one or more scholarships to first, second, or third year medical students who are pursuing a career in primary care medicine with first preference given to students enrolled in the College of Medicine's three-year Primary Care Track program (or successor program).</p> | <p>\$50,000.00</p> | <p>\$50,000.00</p> |
| <p><u>Change in Name and Description of Named Endowed Fund (Foundation)</u></p> | | |
| <p>From: The Rocky River High School Endowed Scholarship Fund To: The Victor and Janet Erml Endowed Scholarship Fund</p> | | |
| <p>From: The Donald D. Glower Merit Scholarship Fund To: The Donald D. and Betty Stahl Glower Merit Scholarship Fund in Engineering</p> | | |
| <p>From: The Dorothy and George L. Lewis Scholarship Fund To: The Dorothy McAllister and George L. Lewis Memorial Scholarship Fund</p> | | |
| <p><u>Change in Name of Named Endowed Fund (Foundation)</u></p> | | |

August 10-27, 2020, Board of Trustees Meetings

From: Endowment Fund in the Department of Athletics
To: Dr. John and Marilyn Nethers Endowment Fund in the Department of Athletics

From: College of Veterinary Medicine Endowed Scholarship Fund
To: College of Veterinary Medicine Sesquicentennial Endowed Scholarship Fund

Change in Description of Named Endowed Fund (Foundation)

Michael and Andee Rupe Endowed Scholarship Fund

The Charles and Barbara Webb Family Scholarship Fund

Total \$8,674,678.50

*Amounts establishing endowments as of July 31, 2020.

University Main Library Endowed Fund

The Board of Trustees of The Ohio State University shall establish the University Main Library Endowed Fund, as a quasi-endowment, effective August 27, 2020, with a fund transfer by The Ohio State University Libraries of a gift from the estate of Donna G. Seppanen (BS 1945).

The annual distribution from this fund supports the University main library located on the main campus of The Ohio State University, Columbus, Ohio. Expenditures shall be approved in accordance with the then current guidelines and procedures established by The Ohio State University Libraries.

The highest ranking official in The Ohio State University Libraries or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of The Ohio State University Libraries that the quasi-endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the unit named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in The Ohio State University Libraries or his/her designee to identify a similar purpose consistent with the original intent of the unit. Modifications to endowed funds shall be approved by the University's Board of Trustees in accordance with the policies of the University.

Lucas County Veterinary Medicine Endowed Scholarship Fund

The Board of Trustees of The Ohio State University shall establish the Lucas County Veterinary Medicine Endowed Scholarship Fund, as a quasi-endowment, effective August 27, 2020, with a fund transfer by the College of Veterinary Medicine of an unrestricted gift from the estate of Maria C. Mann.

The annual distribution from this fund provides scholarship support to students who are residents of Lucas County, Ohio pursuing a Doctor of Veterinary Medicine from the College of Veterinary Medicine. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the College of Veterinary Medicine that the quasi-endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the college named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose

of this fund. The University shall consult the highest ranking official in the college or his/her designee to identify a similar purpose consistent with the original intent of the unit. Modifications to endowed funds shall be approved by the University's Board of Trustees in accordance with the policies of the University.

Centennial Endowed Professor of Nursing Fund

The Board of Trustees of The Ohio State University shall establish the Centennial Endowed Professor of Nursing Fund effective August 27, 2020, with transfers from the College of Nursing and gifts from alumni and friends of the college.

The annual distribution from this fund shall be held in the distribution fund or reinvested in the endowment principal at the discretion of the highest ranking official in the College of Nursing or his/her designee until full funding is reached or September 30, 2025, whichever comes first.

If full funding is reached on or before September 30, 2025, the annual distribution supports a professorship position in the College of Nursing. This professorship is designed to promote and enhance nursing and trans-disciplinary research consistent with the then current priorities of the college. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment.

If full funding is not reached by September 30, 2025, the annual distribution shall be used to support faculty in the College of Nursing. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the college.

The highest ranking official in the College of Nursing or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the College of Nursing and the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University may modify the purpose of this fund, in consultation with the unit named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University may modify the purpose of this fund. The University shall consult the highest ranking official in the college or his/her designee to identify a similar purpose consistent with the original intent of the unit. Modifications to endowed funds shall be approved by the University's Board of Trustees in accordance with the policies of the University.

John W. Wilkins Endowed Professorship of Physics

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the John W. Wilkins Endowed Professorship of Physics effective August 27, 2020, with an estate gift from Dr. John W. Wilkins.

The annual distribution from this fund supports a rotating professorship position in the College of Arts and Sciences, Department of Physics focused on exceptional and cutting-edge research in any physics. The position holder may be recommended by the highest ranking official in the college, in consultation with the highest ranking official in the department. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Because this position is rotating, the position is non-renewable.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The John I. Makhoul Professorship in Electrical and Computer Engineering

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established The John I. Makhoul Professorship Fund in Electrical and Computer Engineering effective February 27, 2020, with a gift from Dr. John I. Makhoul (MS 1965). The required funding level for a professorship has been reached. Effective August 27, 2020, the fund name and description shall be revised, and the position shall be established.

The annual distribution will support a rotating professorship position in the College of Engineering, Department of Electrical and Computer Engineering in the general areas of signal processing and machine learning. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. Because this position is rotating, the position is non-renewable.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Charles E. Ream Memorial Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Charles E. Ream (BIE 1941) Memorial Scholarship Fund effective August 27, 2020, with an estate gift from his wife, Helen Rose Ream.

The annual distribution from this fund provides one or more scholarships to students enrolled in the University. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in Student Financial Aid or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Kay and Norm Drake Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Kay and Norm Drake Scholarship Fund effective August 27, 2020, with a bequest from Kay Moats Drake (BS 1961) of Put-In-Bay, Ohio in memory of her husband Norman L. Drake (BIE 1956).

The annual distribution from this fund provides one or more scholarships to students who are studying at the Franz T. Stone Laboratory, Put-In-Bay, Ohio. Recipients shall be selected by the director of Stone Lab or his/her designee, in consultation with Student Financial Aid and in accordance with the then current guidelines and procedures for scholarship administration established by the College of Food, Agricultural, and Environmental Sciences.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Food, Agricultural, and Environmental Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The William J. and Lydia Karkut Endowment Fund for Medical Research

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The William J. and Lydia Karkut Endowment Fund for Medical Research effective August 27, 2020, with gifts from the estate of William J. Karkut (attended 1945-1947) and Lydia Karkut of Cleveland, Ohio.

The annual distribution from this fund supports the advancement of medical knowledge, including both basic and clinical research as recommended by the dean of the College of Medicine and the dean of the College of Public Health. The annual distribution may support, but is not limited to, scientific supplies, equipment, salaries for research personnel and activities required for quality medical research. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the colleges.

The highest ranking officials in the College of Medicine and the College of Public Health or their designees have the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the dean of the College of Medicine and the dean of the College of Public Health or their designees to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Joan Wallick/Jim and Nancy Wasserstrom Hemostasis and Thrombosis Center Support Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Joan Wallick/Jim and Nancy Wasserstrom Hemostasis and Thrombosis Center Support Fund effective August 27, 2020, with grants from The Columbus Jewish Foundation through a donor-advised fund established by James Loren Wasserstrom (BFA 1982) and Nancy E. Wasserstrom known as the Jim and Nancy Wasserstrom Family Foundation.

The annual distribution from this fund supports the outreach efforts and research endeavors of The Ohio State University Hemostasis and Thrombosis Treatment Center (OSU HTC) and the clinic and research areas of hemophilia at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James). Expenditures may be used for, but are not limited to, funding necessary personnel, equipment needs, and outreach program support at the discretion of the highest ranking official of the OSU HTC. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the OSUCCC – James.

The highest ranking official/s in the OSUCCC - James or his/her/their designee/s has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund

becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the highest ranking official/s in the OSUCCC - James or his/her/their designee/s to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Charles R. Wise Washington DC Graduate Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Charles R. Wise Washington DC Graduate Endowed Scholarship Fund effective August 27, 2020, with gifts from Charles R. Wise.

The annual distribution from this fund shall be reinvested in the endowment principal until the principal balance reaches \$446,000 or December 31, 2023, whichever comes first.

Thereafter, the annual distribution from this fund shall provide one or more scholarships to students who are enrolled in the John Glenn College of Public Affairs, Master of Public Administration program and are in good academic standing (grade point average of 3.0 or higher) to participate in the college's Washington DC Graduate Fellow Program. Participants in this program will enroll in courses to fulfill the requirements for the Master of Public Administration program and serve as interns in federal agencies, congressional committees, or related policy making or consulting organizations in Washington DC.

The scholarship recipients shall be determined in accordance with the then current guidelines and procedures for scholarship administration by the John Glenn College of Public Affairs, in consultation with Student Financial Aid. The amount awarded to the scholarship recipient shall be equivalent to at least the tuition and fees cost for a John Glenn College graduate student to participate in the college's Washington DC Graduate Fellow Program. The student awardee will receive in total an amount for tuition and fees that is applicable to their status (resident or non-resident) plus funds sufficient to obtain housing in the Washington DC area.

After December 31, 2023, or when the fund's principal balance reaches \$446,000, whichever comes first, if the costs for one student to participate in the John Glenn College of Public Affairs, Washington DC Graduate Fellow Program exceed the fund's distribution balance, the college, on behalf of the University, will secure additional gifts for the benefit of, or transfer the amount needed to cover the excess costs, to the fund subject to: (i) the continued existence of the college's Washington DC Graduate Fellow Program, or a successor program; (ii) the dean of the college, at his or her discretion, agreeing to continue to offer the scholarship any further; (iii) sufficient University funds.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

After December 31, 2023, or when the fund's principal balance reaches \$446,000, whichever comes first, the highest ranking official in the John Glenn College of Public Affairs or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The principal and any unspent annual distribution shall be transferred to The Ohio State University Scholarship Fund (current fund no. 605424) if either the John Glenn College of Public Affairs, Washington DC Graduate Fellow Program or successor program ceases to exist or if the dean of the college, at his/her discretion, decides not to offer the scholarship any further.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University entities referenced in this endowment restructure in the future, the terms of the endowment shall

apply to the successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Sections 1715.51-1715.59 of the Ohio Revised Code, if in the future, the purpose of the fund ever becomes unlawful, impossible to achieve, or wasteful, the Foundation and University, in consultation with the donor or the donor's executor when circumstances permit, may redirect the funds for similar purposes that are consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Drs. Steven and Patricia Gabbe Endowed Lectureship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Drs. Steven and Patricia Gabbe Endowed Lectureship Fund effective August 27, 2020, with gifts from Dr. Steven Glenn Gabbe and Dr. Patricia Temple Gabbe.

The annual distribution from this fund supports a lectureship in the Department of Obstetrics and Gynecology with a primary focus on maternal and fetal health. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Wendy and Bryant Mitchell Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Wendy and Bryant Mitchell Scholarship Fund effective August 27, 2020, with gifts from Bryant Mitchell (BA 1979, MBA 1980).

The annual distribution from this fund provides one or more scholarships to incoming, first-year students who are studying in the Max. M. Fisher College of Business and demonstrate financial need. First preference will be given to students who graduated from the Neighborhood Academy in Pittsburgh, Pennsylvania. Second preference will be given to students who are from Allegheny County, Pennsylvania. Third preference will be given to students who are from the state of Pennsylvania. If no students meet the selection criteria, the scholarship(s) will be open to all incoming, first-year, out-of-state students who are studying in the college and demonstrate financial need. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Max. M. Fisher College of Business or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Max. M. Fisher College of Business or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

ElectroScience Laboratory Interdisciplinary Endowment Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the ElectroScience Laboratory Interdisciplinary Endowment Fund effective August 27, 2020, with an estate gift from Dr. David R. Wortendyke (MS 1961, PhD 1969).

Twenty percent of the annual distribution shall be reinvested in the endowment principal. The remaining annual distribution from this fund shall be used by the ElectroScience Laboratory, or its successor, to encourage interdisciplinary projects involving students and faculty from diverse disciplines. If no interdisciplinary projects are being conducted in the laboratory, the annual distribution may be used as determined by the laboratory's highest ranking official or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Engineering.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

C. Beth Cotner Jazz Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the C. Beth Cotner Jazz Fund effective August 27, 2020, with gifts from C. Beth Cotner (BA 1974).

Seventy-five percent of the annual distribution supports the greatest needs of the Jazz Studies program as recommended by the highest ranking official in the School of Music or his/her designee. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Arts and Sciences. Should the Jazz Studies program cease to exist, seventy-five percent of the annual distribution shall support the greatest needs of the school.

Twenty-five percent of the annual distribution shall support one or more student(s) enrolled in the Jazz Studies program. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid. Should the Jazz Studies program cease to exist, twenty-five percent of the annual distribution shall support one or more student(s) enrolled in the School of Music.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Arts and Sciences or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Arts and Sciences or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Donna Theresa and Preston McMurry Jr. Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Donna Theresa and Preston McMurry Jr. Scholarship Fund effective August 27, 2020, with gifts from Preston V. McMurry Jr. (BS 1960).

The annual distribution from this fund supports scholarships for students studying domestic violence and/or scholarships focused on the area of the highest need as determined by the dean of the College of Social Work. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Social Work or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees,

a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Social Work or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Stanton Foundation Spectrum of Care Training Support Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Stanton Foundation Spectrum of Care Training Support Endowed Fund effective August 27, 2020, with gifts from the Stanton Foundation.

The annual distribution from this fund supports training activities that enhance the confidence and competence of veterinary students in practicing across the Spectrum of Care (SOC) in veterinary medicine. Funds will be prioritized to support Stanton Summer Externships for a minimum of 10 years, SOC Primary Care Clinic (PCC) faculty and SOC-PCC technicians teaching SOC. All spending shall be in accordance with the purpose described above. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Veterinary Medicine.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Ronald and Susan Vlcek Endowed Chemical Engineering Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Ronald (BSChE 1979) and Susan (BS 1980) Vlcek Endowed Chemical Engineering Scholarship Fund effective August 27, 2020, with gifts from Ronald Vlcek and matching gifts from ExxonMobil.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are enrolled in the Department of Chemical and Biomolecular Engineering in the College of Engineering and have demonstrated financial need. Scholarship recipients shall be selected by the department's scholarship committee, in consultation with the college and Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Christ Bourekas Radiology Medical Student Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Christ Bourekas Radiology Medical Student Endowed Scholarship Fund effective August 27, 2020, with gifts from Eric C. Bourekas, MD (BS 1984, MBA 2015).

The annual distribution from this fund provides one or more scholarships to fourth year medical students who have demonstrated an interest in radiology, financial need, and academic/clinical merit. If no students meet the selection criteria, the scholarship(s) will be open to all fourth-year medical students. It is the donor's desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Medicine, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

Unused annual distribution shall be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Rick Ketcham ALS Defense Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Rick Ketcham ALS Defense Fund effective August 27, 2020, with gifts given in memory of Richard Ketcham from Rebecca J. Hall (MSW 1998), Victor R. Ketcham (MA 1968), friends, family, and colleagues.

The annual distribution from this fund supports ALS research as undertaken by Dr. John Kissel and Dr. Stephen Kolb (or successors). Expenditures may be used for salaries, stipends, publication, equipment, supplies, outreach, training, and fees. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the College of Medicine.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

**The Lieutenant Colonel (R) Kenneth L. and Bonnita L. Bonnell Family Army R.O.T.C. Scholarship Fund
Honoring the U.S. Army Value of Selfless Service**

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Lieutenant Colonel (R) Kenneth L. (BA 1966, MA 1973) and Bonnita L. Bonnell Family Army R.O.T.C. Scholarship Fund Honoring the U.S. Army Value of Selfless Service effective August 27, 2020, with gifts from friends of the Bonnell family.

The annual distribution from this fund provides scholarships (aka The Bonnell Family Scholarship) to a scholarship or non-scholarship cadet based on scholastic merit, financial need or a combination thereof. To qualify, candidates must have expressed a desire to be and is on track to be commissioned in the United States Army or a reserve component thereof and exemplify the Army value of selfless service. Recipients will be selected by the professor of Military Science and the Department of Military Science, in consultation with Student Financial Aid. If the Army ROTC ceases to exist, this fund should be redirected to provide scholarships to undergraduate student veterans who have exhausted all government benefits.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the Department of Military Science or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees,

a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Military Science or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Barry Family Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Barry Family Endowed Fund effective August 27, 2020, with gifts from the Barry family, Aisha M. Barry (BS 1995), Craig B. Barry (BS 1989), Denis A. Barry (BS 1987) and matching gifts from the Dow Chemical Company Foundation and the John Deere Foundation.

The annual distribution from this fund provides one or more scholarships to undergraduate students who are majoring in chemical and biomolecular engineering or electrical and computer engineering. The donors desire that when awarding this scholarship special consideration be given to students who are United States citizens or permanent residents and are members of an organization that is open to all, but whose mission seeks to increase the number of African American and Black engineers and actively contributes to nurturing a more diverse and inclusive community. If no students meet the selection criteria, the scholarship(s) will be open to all students enrolled in the College of Engineering. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Engineering or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation, may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Engineering or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Medical Class of 1984 Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Medical Class of 1984 Endowed Scholarship Fund effective August 27, 2020, with gifts from the medical class of 1984.

The annual distribution from this fund provides one or more scholarships to medical students who demonstrate financial need and who are in good academic standing. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Medicine, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Jasam Foundation Endowed Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish the Jasam Foundation Endowed Fund effective August 27, 2020, with a gift from the Jasam Foundation.

The annual distribution from this fund shall be used at the discretion of the president of The Ohio State University or his/her designee.

The president of The Ohio State University or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the president of The Ohio State University or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Irene and Paul Koval Memorial Scholarship Fund in Primary Care

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, shall establish The Irene and Paul Koval Memorial Scholarship Fund in Primary Care effective August 29, 2020, with gifts from Dr. Ann R. Koval (BS 1983, MD 1987, Residency 1990).

The annual distribution from this fund provides one or more scholarships to first, second, or third year medical students who are pursuing a career in primary care medicine. First preference shall be given to students enrolled in the College of Medicine's three-year Primary Care Track program (or successor program). Scholarships may be used for tuition and fees and additional educational expenses (including books). Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the college, in consultation with Student Financial Aid. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donor named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors, in accordance with the policies of the University and Foundation.

The Victor and Janet Erml Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established The Rocky River High School Endowed Scholarship Fund effective April 6, 2018, with gifts from Victor Erml (BS 1957) and Janet Erml. Effective August 27, 2020, the fund name and description shall be revised.

The annual distribution from this fund shall be used to provide a scholarship to one first-year undergraduate student who graduated from Rocky River High School in Rocky River, Ohio or its successor(s). Candidates must have a 3.5 grade point average, demonstrate financial need, and show interest in majoring in business, engineering, or education. Preference shall be given to candidates who demonstrate leadership abilities. Recipients will be selected in accordance with the then current guidelines and procedures for scholarship administration established by Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the

endowment, or reinvested in the endowment principal of The Victor and Janet Erml Endowed Scholarship Fund at the discretion of the highest ranking official in Student Financial Aid or his/her designee.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in Student Financial Aid or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Donald D. and Betty Stahl Glower Merit Scholarship Fund in Engineering

The Donald D. Glower Merit Scholarship Fund was established December 6, 1991, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from friends, colleagues and former students in honor of Donald D. Glower, Dean, College of Engineering, 1976-90, and Vice President, University Communications and Development 1990-92. The name and description were revised, at the request of Dean Glower, May 3, 1996. Effective August 27, 2020, the fund name and description shall be further revised.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to provide one or more full tuition and fees undergraduate merit scholarships to students in the College of Engineering. Recipients shall be selected from incoming freshmen whose homes are in either Crawford or Richland Counties of Ohio. All recipients must be either majoring or planning to major in engineering. Preference will be given to freshmen who excelled in high school. If there are no qualified incoming freshmen from either Crawford or Richland County, the funds shall be reinvested in the endowment. Recipients may be renewed as Donald and Betty Glower Merit Scholars if they demonstrate superior academic achievement and progress towards an undergraduate degree in the College of Engineering.

The annual distribution shall support at least one Donald and Betty Glower Merit Scholar from Crawford or Richland Counties. If the distribution grows to support two or more scholarships, additional Donald and Betty Glower Merit Scholars shall be phased in with a new recipient chosen from the group of qualified entering freshmen.

All unused annual distribution shall be reinvested into the fund's principal. In no way are any of these funds to be diverted from direct student support for students from Crawford and Richland Counties. The fund shall be administered by the College of Engineering, in consultation with Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, the funds should be used to provide living expenses for academically qualified students from Crawford or Richland Counties of Ohio.

The Dorothy McAllister and George L. Lewis Memorial Scholarship Fund

The Dorothy and George L. Lewis Scholarship Fund was established February 7, 1986, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from George L. Lewis, Professor Emeritus of Educational Theory and Practice, in memory of his wife; and gifts from sons Michael (B.S.Ed. '65, M.S., M.B.A. '82), Terry (M.A., Speech/Communication '72), and Patrick (B.M.E. '79, M.A., Music '84), and friends in honor of George Lewis and in memory of Dorothy Lewis. The name and description were changed February 5, 1988. Effective August 27, 2020, the fund name and description shall be further revised

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual distribution shall be used to provide one or more scholarships for undergraduate students in either Drama Education, Speech Education or Music Education who have declared their major and who have demonstrated academic ability (3.0 or above average). Recommendations may be made by a committee representing drama education, speech education, and music education. Recipients, the number of recipients, and amount of support shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Arts and Sciences, in consultation with Student Financial Aid.

Should the need for this fund cease to exist or so diminish as to provide unused distribution, then the distribution may be used for any purpose whatsoever as determined by the Board of Trustees, with preference being given to those responsible for drama, speech and music education.

Dr. John and Marilyn Nethers Endowment Fund in the Department of Athletics

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established the Dr. John and Marilyn Nethers Endowment Fund in the Department of Athletics effective June 4, 2020, with an estate gift from Dr. John L. Nethers (BS 1951, MA 1959, PhD 1964). Effective August 27, 2020, the fund name shall be revised

The annual distribution from this fund supports the varsity football program. Expenditures shall be approved in accordance with the then current guidelines and procedures established by the Department of Athletics.

The highest ranking official in the Department of Athletics or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donor that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation, may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the Department of Athletics or his/her designee to identify a similar purpose consistent with the original intent of the donor. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

College of Veterinary Medicine Sesquicentennial Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established the College of Veterinary Medicine Endowed Scholarship Fund effective February 27, 2020, with gifts from friends of the college to support the continued recruitment and training of outstanding future veterinarians. Effective August 27, 2020, the fund name shall be revised.

The annual distribution from this fund provides one or more scholarships to students who are pursuing their DVM degree. Scholarship recipients, the number of recipients, and amount of each scholarship shall be determined in accordance with the then current guidelines and procedures for scholarship administration established by the College of Veterinary Medicine, in consultation with Student Financial Aid.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

The highest ranking official in the College of Veterinary Medicine or his/her designee has the discretion to hold all or a portion of the unused distribution in the distribution fund to be used in subsequent years, and/or reinvest all or a portion of the unused distribution in the endowment principal. The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees.

As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. Should the University units referenced in this endowment restructure in the future, the terms of the endowment shall apply to their successors in interest. The University and the Foundation may modify the purpose of this fund, in consultation with the donors named above. In accordance with Ohio Revised Code, if the purpose of the fund becomes unlawful, impracticable, impossible to achieve, or wasteful, the University and Foundation may modify the purpose of this fund. The University and the Foundation shall consult the highest ranking official in the College of Veterinary Medicine or his/her designee to identify a similar purpose consistent with the original intent of the donors. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Michael and Andee Rupe Endowed Scholarship Fund

The Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, established the Michael and Andee Rupe Endowed Scholarship Fund effective April 6, 2018, with gifts from Michael C. Rupe (BA 1992) and Andee L. Rupe (BA 1992). Effective August 27, 2020, the fund description shall be revised.

The annual distribution from this fund shall be used to provide renewable scholarships to undergraduate students enrolled in the College of Arts and Sciences who demonstrate financial need and graduated from a high school in the state of Ohio. Preference will be given to new first-year students. It is the donors' desire to provide as significant financial support as possible to one eligible recipient. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients. Scholarship recipients will be selected by the executive dean of the college or his/her designee, in consultation with Student Financial Aid. The Ohio State University's mission and admissions policy supports educational diversity.

The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy. In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be held in the distribution account to be used in subsequent years and only for the purposes of the endowment, or reinvested in the endowment principal at the discretion of the executive dean of the College of Arts and Sciences or his/her designee.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. The University and the Foundation reserve the right to modify the purposes of this fund, however, (1) in consultation with the donors named above, or (2) if such purposes become unlawful, impracticable, impossible to achieve, or wasteful, provided that such fund shall only be used for the University's charitable purposes. In seeking such modification, the University and the Foundation shall consult the executive dean of the College of Arts and Sciences or his/her designee. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

The Charles and Barbara Webb Family Scholarship Fund

The Charles and Barbara Webb Family Scholarship Fund was established November 4, 2011, by the Board of Trustees of The Ohio State University, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Charles R. and Barbara Webb of Powell, Ohio, and Naples, Florida. The description was revised August 29, 2014. Effective August 27, 2020, the fund description shall be revised.

The annual distribution from this fund provides a scholarship to an outstanding student in the undergraduate program in the Max M. Fisher College of Business, who is ranked as a sophomore or higher and attending the Columbus campus. Scholarship recipients shall be selected by the director of the undergraduate program in the college, in consultation with Student Financial Aid. The scholarship is renewable as long as the recipient is enrolled in the college.

The Ohio State University's mission and admissions policy supports educational diversity. The University may modify any criteria used to select scholarship recipients should the criteria be found, in whole or in part, to be contrary to federal or state law or University policy.

In any given year that the endowment distribution is not fully used for its intended purpose, the unused portion should be reinvested in the endowment principal.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures, as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the endowment portfolio for the University's costs of development and fund management.

It is the desire of the donors that the endowment established herein should benefit the University in perpetuity. The University and the Foundation reserve the right to modify the purposes of this fund, however, (1) in consultation with the donors named above or their representative, or (2) if such purposes become unlawful, impracticable, impossible to achieve, or wasteful, provided that such fund shall only be used for the University's charitable purposes. In seeking such modification, the University and the Foundation shall consult the dean of the Max M. Fisher College of Business, or his/her designee. Modifications to endowed funds shall be approved by the University's Board of Trustees and the Foundation's Board of Directors in accordance with the policies of the University and Foundation.

Appendix XXII

The Ohio State University
Board of Trustees

August 27, 2020

TOPIC:

FY 2021 Operating Budget Approval

CONTEXT:

The approval of the FY 2021 Operating Budget for the fiscal year ending June 30, 2021 is the final step in establishing the budget for the University. The budget as presented is based on the student tuition and fees approved at the June 3, 2020 Board of Trustees meeting.

SUMMARY:

Included are the following:

- Resolution for Approval of the FY 2021 Operating Budget
- FY 2021 Financial Plan for The Ohio State University

REQUESTED OF THE AUDIT, COMPLIANCE & FINANCE COMMITTEE:

Approval of the FY 2021 Operating Budget.



THE OHIO STATE UNIVERSITY

FY2021 Financial Plan

Office of Business and Finance
Financial Planning and Analysis

FY 2021 FINANCIAL PLAN

FY 2021 Financial Plan

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FY 2021 FINANCIAL PLAN

Chapter 1 | Executive Summary

We are pleased to submit the FY 2021 Financial Plan. This plan builds on the university's strengths and provides operating margin to be reinvested into capital projects at the university. Consistent with the higher education and the health care industries, this was a challenging planning year with the pandemic affecting nearly every revenue source. We have taken corresponding expenditure and cost containment actions during this planning cycle. Impacts on the plan relating to COVID-19 are addressed throughout the narrative.

We are presenting the Operating Plan alongside the Capital Investment Plan to provide more clarity about funding sources – which funding sources are fungible and can be spent for unrestricted purposes, and which funding sources must be spent on legally mandated or designated programs and projects.

The narratives throughout this financial plan utilize this managerial-based presentation. The full U.S. GAAP version of the plan is presented in Appendix A for comparison.

This document includes an Executive Summary, an introduction on planning at Ohio State, the full FY 2021 Operating Plan, a snapshot of the FY 2021 Capital Investment Plan, and detailed material provided in the Appendix.

Highlights of the Financial Plan

- The Consolidated FY 2021 Operating Plan projects a surplus after depreciation of \$35.6 million on \$7.5 billion of sources and \$7 billion of uses and \$458.6 million of depreciation. We anticipate sources will decrease -0.2% over FY 2020 results, driven primarily by decreases in university sales and services, tuition and fees, and interest income, offset by growth in The Ohio State University Health System and Ohio State University Physicians, Inc. (OSUP). Uses are projected to increase 1.7% driven by a 1.3% increase in personnel expenses reflecting holding salaries flat to FY 2020 and limited strategic growth in personnel as well as a 2.3% increase in non-personnel expenses. Excess sources less uses before depreciation will be invested in the university capital plan.
- The University-Only FY 2021 Operating Plan, which excludes the Health System and OSUP, projects a surplus of \$67.6 million on \$3.6 billion of sources and \$3.5 billion of uses. We anticipate sources to decrease -7.6% over FY 2020 results. This decrease is driven by a -4.6% decrease in tuition and fee revenue, a -39.3% decrease in sales and services revenue by auxiliaries, and a -56.1% decrease in interest income, partially offset by a 5.3% increase in grants and contracts. Overall, the university-only plan projects that uses will decrease -1.5%, stemming from a -2.6% decrease in personnel expenses and no increase in non-personnel expenses. Significant cost containment efforts in FY 2021 will be partially offset by COVID-19 related expenses for personal protective equipment and back to campus safety measures.
 - The university is comprised of general funds used for teaching and other unrestricted uses, restricted funds from either grants or gifts, and earnings funds such as housing and dining. These funds are tracked and managed to ensure all restrictions are met. Of the \$67.6 million surplus, \$16.4 million is from general funds, (\$131.8) million is from earnings funds, and the remainder are for restricted purposes.
 - Within the \$3.6 billion of university-only sources are \$1.7 billion in general funds, which are allocated to units based on a highly specialized modified responsibility center management model, including some funding held centrally for strategic investment. The model allocates \$1.6 billion of revenue in

FY 2021 FINANCIAL PLAN

proportion to credit hours taught. General funds also includes research indirect costs allocated primarily to the unit providing services for the grants. The model also includes assessments to colleges and support units for centrally provided services and expenses such as facilities and institutional student aid.

- The Health System FY 2021 Operating Plan projects a surplus of \$274.5 million on \$3.5 billion of sources, and \$3.1 billion of uses. We anticipate sources will increase 8.6% and uses will increase 4.4% over FY 2020 results. This is driven by a combination of an estimated increase in adjusted admissions, outpatient growth, and some rate increases.
- The OSU Physicians, Inc. FY 2021 Operating Plan projects a surplus of \$7 million on \$538 million of sources and \$531 million of uses. This translates to an 11.3% increase in sources and an 11.6% increase in uses over FY 2020 results.
- The consolidated University and Health System will continue to invest heavily in various capital assets. The FY 2021 Capital Investment Plan includes \$928.7 million in capital expenditures, including \$637 million from projects approved in prior Capital Investment Plans and \$292 million related to new projects starting in FY 2021.

FY 2021 FINANCIAL PLAN

University Response to COVID-19

Ohio State has implemented a comprehensive response to the COVID-19 pandemic, both to protect the university community and as part of our role as a leading national flagship public research university. The university is utilizing a blend of in-person, online and blended teaching for autumn 2020 and applying guidelines for a safe and healthy return to campus, as outlined at safeandhealthy.osu.edu. We have reconfigured classrooms to allow for physical distancing, upgraded cleaning protocols and created university-wide expectations for safe and healthy behaviors.

Beyond these measures to support the university community, Ohio State has been actively working in the broader community to address the need for health care and other solutions to COVID-19. The Wexner Medical Center is a hub for patient care and research to address COVID-19. The Infectious Diseases Institute and members of the medical center have worked closely to support the state of Ohio's response. The Infectious Diseases Institute, the College of Public Health and other units across campus assist Ohio State's COVID Connect Hub to make expertise and resources available to public officials on the front lines of fighting the virus. The Office of Research established a seed grant program to support COVID-19 research projects.

FY 2021 FINANCIAL PLAN

Strategic Context

The university's Time and Change strategic plan guides the financial decisions reflected in this financial plan. The strategic plan sets forth the aspiration of being a leading national flagship public research university.

This aspiration requires a focus on uplifting the well-being of the state, the nation, and the global community through the dissemination of knowledge. It necessitates celebrating all that makes Ohio State distinctive and making decisions that build on our unique assets and strengths. Finally, it means being recognized consistently as one of the top public research universities in the nation. To reach our goals, Ohio State's strategic plan sets forth five pillars of focus:



The FY 2021 Financial Plan invests in these five strategic pillars to achieve our vision.

Teaching and Learning

Ohio State is integrating learning technology throughout the student experience through the Digital Flagship, a student success initiative that in which the university is collaborating with Apple. For the third year of the Digital Flagship, incoming first-year students at all campuses will receive an iPad and related technology as part of their academic toolkit, faculty members are ramping up courses specifically designed to take advantage of widespread access to this technology and the university is introducing a new coding curriculum to support our students' career credentials. The university is investing approximately \$12 million per cohort for this initiative.

Meanwhile, the university continues to support teaching excellence through programs, such as the University Institute for Teaching and Learning. The institute works with faculty throughout the university to extend best practices in instruction. We anticipate investing approximately \$4 million in this initiative in FY 2021, funded primarily through an endowment that the university created with proceeds from the comprehensive energy management partnership.

FY 2021 FINANCIAL PLAN

Access, Affordability and Excellence

Ohio State is controlling costs and providing unprecedented aid for students who demonstrate financial need. The university will mark a number of milestones in the coming year in terms of student support. Since FY 2016, the university has added more than \$200 million in new need-based student aid, outpacing the \$100 million goal set at the time. In all, the university will invest more than \$50 million in FY 2021 in three programs: The Buckeye Opportunity Program, President's Affordability Grants, and the Land Grant Opportunity Scholarship program.

- This year will be the third for the Buckeye Opportunity Program, which ensures that financial aid covers the cost of tuition and fees for low- and moderate-income students from Ohio who receive Pell Grants.
- President's Affordability Grants support more than 15,000 low- and moderate-income students annually at all Ohio State campuses.
- Land Grant Opportunity Scholarships have been expanded to cover the full cost of attendance and doubled to 176 scholarships each year.
- A fourth incoming class of Ohio students will enter under the Ohio State Tuition Guarantee, which locks in rates for tuition, mandatory fees, room and board for four years. This program provides students and families with predictability about the cost of a four-year education.

Research and Creative Expression

The university aspires to become a national leader in research and creative expression, with the specific goal of attracting top scholars who excel in targeted research areas designed to address complex and pressing challenges. Strategies to achieve this goal include facilitating multidisciplinary research to take advantage of the breadth of expertise at the university through the Discovery Themes initiative; establishing new centers focused on current and emerging research challenges; supporting the proposal development center to increase funding for strategic initiatives; and establishing and maintaining cutting-edge facilities to support our growing community of research-intensive faculty. The FY 2021 Financial Plan includes \$28 million in funding for Discovery Themes.

The Office of Research is also focusing on building external relationships that will help grow the university's portfolio of federally funded research, and on expanding strategic partnerships with industry.

Academic Health Care

The Wexner Medical Center plans to reinvest projected margin in patient care and in capital planning to support growing demand, including a new inpatient hospital, expanded ambulatory facilities, and an integrated health sciences facility. Among other investments, the Wexner Medical Center and the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are collaborating with Nationwide Children's Hospital to bring the first proton therapy treatment facility to central Ohio. The proton center, planned for Ohio State's west campus, is expected to cost approximately \$100 million and open in FY 2023. The Wexner Medical Center has also partnered with Mercy Health to launch the Healthy State Alliance, which brings together two organizations with complementary missions, capabilities, and talents. The Alliance will focus early efforts on three objectives in particular: addressing the opioid epidemic and increasing access to cancer and transplant care.

Operational Excellence and Resource Stewardship

The university has exceeded the five-year, \$200 million operating efficiency goal that was set for FY 2020 by at least \$20 million. These administrative savings have been re-directed to the university's core academic mission through strategic initiatives such as new need-based financial aid and the Digital Flagship student-success initiative. Savings in administrative support units, whether generated centrally or through initiatives undertaken by

FY 2021 FINANCIAL PLAN

the units, are all captured centrally. Colleges have retained some of their savings to utilize for their strategic initiatives. All deposits are reviewed to ensure they reflect savings, not avoided costs, or set aside funds.

The university has also prioritized strategic procurement to reduce costs. Since FY 2013, the university's strategic procurement program has produced \$451.6 million in cumulative savings by reducing the number of vendors and negotiating preferred contracts with master vendors. The strategic procurement team has negotiated over a thousand university-wide contracts, reflecting a range of goods and services. Most of the savings from negotiated rates benefit colleges and support units, allowing them to further invest in their core missions and strategic initiatives.

Additionally, due to the overall impact of COVID-19 for FY 2021, the university is implementing \$252.2M (\$175M university and \$77.2M Wexner Medical Center) of targeted savings across all colleges, support units and the Wexner Medical Center in the Financial Plan.

FY 2021 FINANCIAL PLAN

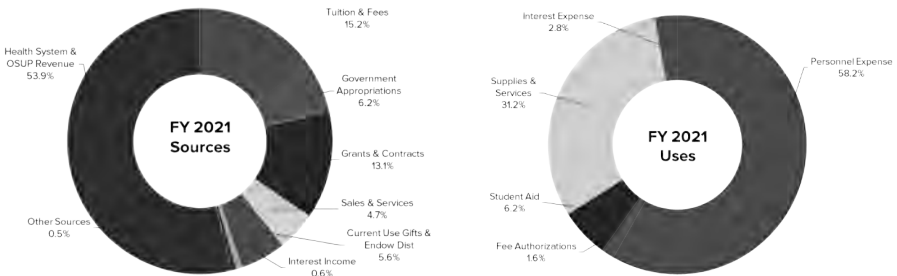
FY 2021 Operating Plan Summary

The following table shows consolidated sources and uses for FY 2021 and compares those numbers to unaudited FY 2020 and actual results for FY 2019.

| Total Sources (\$ thousands) | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|-----------------------------------|------------------|-------------------|------------------|----------------------|---------------------|
| Tuition & Fees (gross) | 1,188,569 | 1,192,489 | 1,137,578 | (54,911) | -4.6% |
| Government Appropriations | 469,679 | 461,838 | 463,710 | 1,873 | 0.4% |
| Grants & Contracts | 862,895 | 1,071,155 | 978,632 | (92,523) | -8.6% |
| Sales & Services University | 543,580 | 490,967 | 354,219 | (136,748) | -27.9% |
| Sales & Services Health System | 3,239,926 | 3,214,279 | 3,490,140 | 275,861 | 8.6% |
| Sales & Services OSU Physicians | 480,879 | 482,954 | 537,535 | 54,581 | 11.3% |
| Current Use Gifts & Endow Dist | 395,665 | 417,451 | 421,702 | 4,251 | 1.0% |
| Interest Income | 108,342 | 113,021 | 48,236 | (64,785) | -57.3% |
| Other Revenues | 44,862 | 42,848 | 41,091 | (1,757) | -4.1% |
| Total Sources | 7,334,398 | 7,487,000 | 7,472,842 | (14,158) | -0.2% |

| Total Uses (\$ thousands) | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|---|------------------|-------------------|------------------|----------------------|---------------------|
| Total Personnel Expense | 3,765,162 | 4,010,432 | 4,062,915 | 52,484 | 1.3% |
| Student Aid and Fee Authorizations | 524,205 | 548,257 | 543,983 | (4,275) | -0.8% |
| Supplies, Services & Other | 2,196,521 | 2,110,880 | 2,176,825 | 65,945 | 3.1% |
| Debt Service | 184,029 | 190,580 | 194,910 | 4,330 | 2.3% |
| Total Non-Personnel Expense | 2,904,755 | 2,849,718 | 2,915,717 | 66,000 | 2.3% |
| Total Uses | 6,669,917 | 6,860,149 | 6,978,633 | 118,483 | 1.7% |
| Sources Less Uses, Operating | 664,481 | 626,851 | 494,210 | (132,641) | -21.2% |
| Depreciation Expense | 420,506 | 420,017 | 458,617 | 38,600 | 9.2% |
| Sources Less Uses, Incl Depreciation | 243,975 | 206,834 | 35,592 | (171,242) | -82.8% |

The Consolidated FY 2021 Operating Plan projects a surplus before depreciation of \$494.2 million on \$7.5 billion of sources and \$7 billion of uses. Including depreciation expense, this margin declines to \$35.6 million. We anticipate sources will decrease -0.2% over FY 2020, driven primarily by decreases in university sales & services, interest income, and tuition & fees, offset by growth in The Ohio State University Health System and Ohio State University Physicians, Inc. (OSUP). Uses are projected to increase 1.7% driven by a 1.3% increase in personnel expenses as well as a 2.3% increase in non-personnel expenses, before depreciation.



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Sources

Tuition and fees are charged to students to cover the cost of instruction and university operations. All students are charged a base instructional fee based on their program of study. Non-Ohio resident and international students also pay a non-resident and/or international surcharge. Select graduate and professional programs charge a market-based differential instructional fee. Certain programs also charge a program and/or technology fee. Tuition and fees also include Student Life fees, including the Ohio Union fee, the recreation fee, the student activities fee, and other miscellaneous fees for applications, orientation, transcripts and the like.

State Operating Appropriations are divided between State Share of Instruction (SSI) and State Operating Appropriations. SSI is allocated between all Ohio public colleges based on a State of Ohio performance-based formula and is used to fund instruction, operations, and strategy. State Operating Appropriations are direct line item allocations for Ohio State University and are restricted in use.

Grants and Contracts include research projects administered through the Office of Sponsored Programs (OSP), grants and contracts administered directly by colleges and support units, and funding from federal and state government financial aid programs. These funds are highly restricted in use and are typically disbursed on a reimbursement basis.

University Sales and Services are goods and services sold to students or the general public. Housing, Dining, Athletics, and Instructional Clinical Services make up the majority of this revenue. University Sales and Services operations retain their earnings and are charged an overhead rate to fund central operations and strategy.

Health System and OSU Physicians Sales and Services are derived from patient and insurance billing. The Health System and OSU Physicians retain their earnings and are charged an overhead rate to fund central operations and strategy.

Current Use Gifts are gifts that are available for immediate use based on donor restrictions. These funds are highly restricted based on donor intent and may or may not be expended in the year received.

Endowment Distributions are received from endowed funds established for the purpose of generating a distribution into perpetuity for a donor-restricted purpose. For purposes of the Operating Plan, only distributions are counted as sources and are restricted to each endowment description.

Interest Income is generated by the university on all cash balances. The short and intermediate term interest revenue is unrestricted and used to fund operations and strategy.

Other Revenues include miscellaneous university earnings such as royalties and rental income.

Uses

Personnel Expenses are salaries, wages, and bonus payments to university employees and benefits paid on their behalf. Units pay into benefits pools based on composite rates by employee type; these rates are reviewed by faculty senate and approved by the Provost and Chief Financial Officer.

Student Aid includes all institutional, departmental, governmental, gifted and athletic financial aid.

Fee Authorizations pay for the tuition and fees for graduate teaching, research or administrative appointments.

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Supplies, Services & Other covers all other operating expenses for the University. Utilities, repairs and maintenance, consulting expense, and research subcontract expense are reflected in this category.

Debt Service is interest expense and principal repayment incurred on all outstanding debt.

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Chapter 2 | FY 2021 Operating Plan Scope

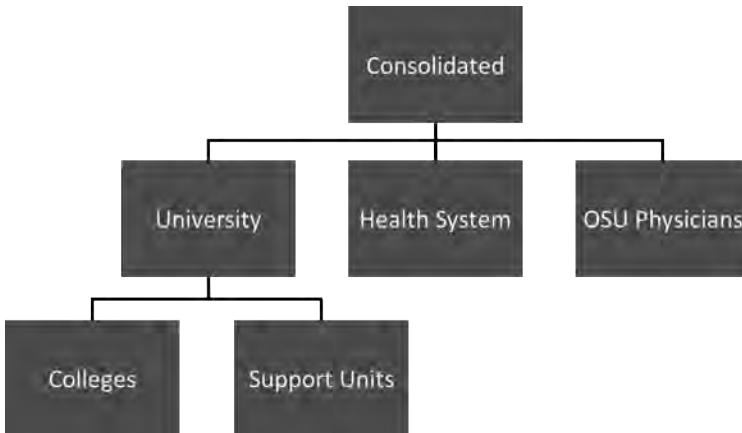
The university is a complex institution with planning units that are responsible for diverse missions: patient care, teaching introductory accounting, and automotive engineering research are all under the same umbrella. These diverse missions are funded by diverse revenue streams and our financial plan takes these differences into account.

Operating Plan Units

All funds operating plans are intended to represent planned revenue and expenses and are collected from each unit in the university and reviewed and consolidated by the Office of Financial Planning & Analysis. This all funds total operating plan provides the base framework for evaluating the activities of all academic and support units within the university, allowing proactive responses to changing economic issues as they arise. During FY 2021 we will continue our greater focus and attention on performing updated forecasts throughout the fiscal year, as well as facilitating the adoption of Workday.

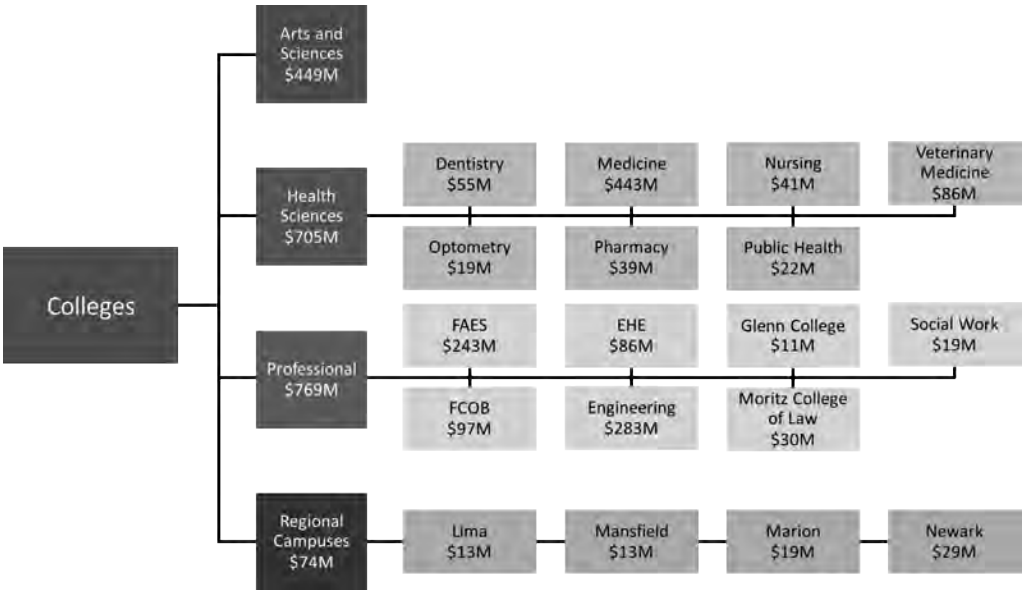
The financial structure of units at the organization reflects our complex mission. The financial plan is put together based on a hierarchical structure where plans are collected from units and consolidated. Financial Planning & Analysis performs a bottoms-up review and consolidation and reconciles the resulting numbers with a top-down forecasted approach to arrive at the final submitted plan. Note that this hierarchy does not necessarily imply personnel reporting lines but serves as a graphical representation of how the plan is compiled and consolidated.

The top level of consolidation is made up of the University, Health System, and OSU Physicians. There are numerous eliminations that occur at this level that reflect transfers of funds between these three entities. In turn, the University is split between Colleges and Support Units; the Health System is split between five hospitals, dozens of ambulatory care facilities, and other administrative units; and OSU Physicians is split into 19 physicians practices. The Health System and OSU Physicians are discussed in greater detail in Chapters 6 and 7.



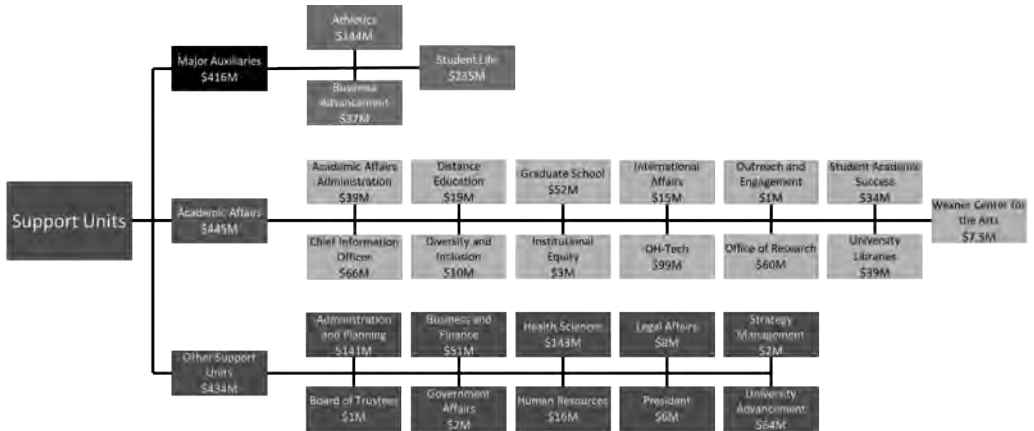
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For the University consolidation, colleges are broken out into their respective Executive Dean clusters, Arts and Sciences, Health Sciences Colleges, Professional Colleges and Regional Campuses. Figures below represent sources before transfers for all funds.



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Support Units included are as follows:

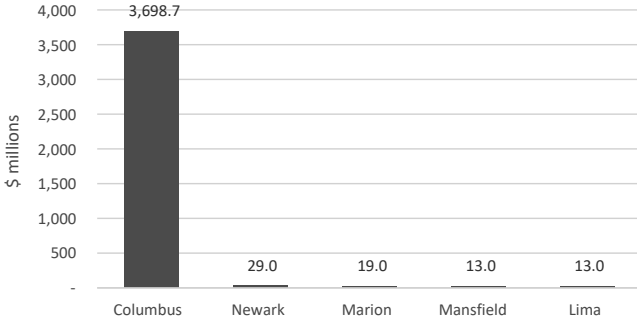


Note also that each unit depicted here is divided into many additional planning subunits that include divisions such as academic departments, dean’s offices, centers, specific earnings operations, sports teams, physicians practices, etc.

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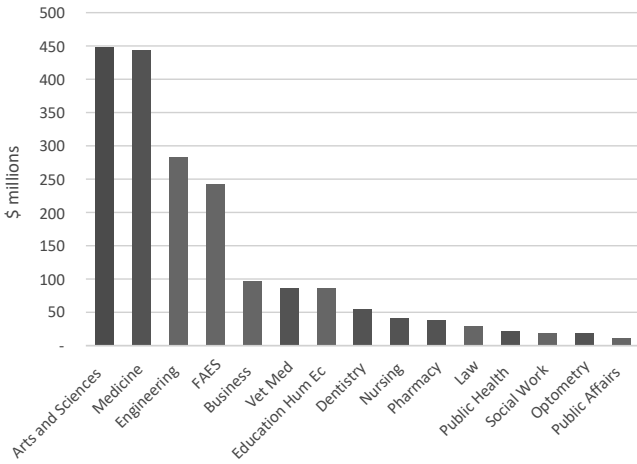
The size of campuses vary widely. The Columbus Campus is by far the largest in terms of sources:

SOURCES BY CAMPUS



The College of Arts and Sciences is the largest college by sources, followed by the College of Medicine, the College of Engineering, and the College of Food, Agricultural and Environmental Sciences:

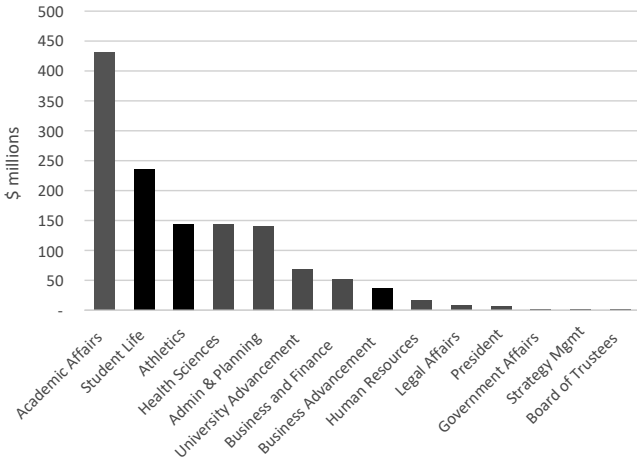
SOURCES BY COLLEGE



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The Office of Academic Affairs and its component units is the largest support unit, followed by Student Life and Athletics:

SOURCES BY SUPPORT UNIT

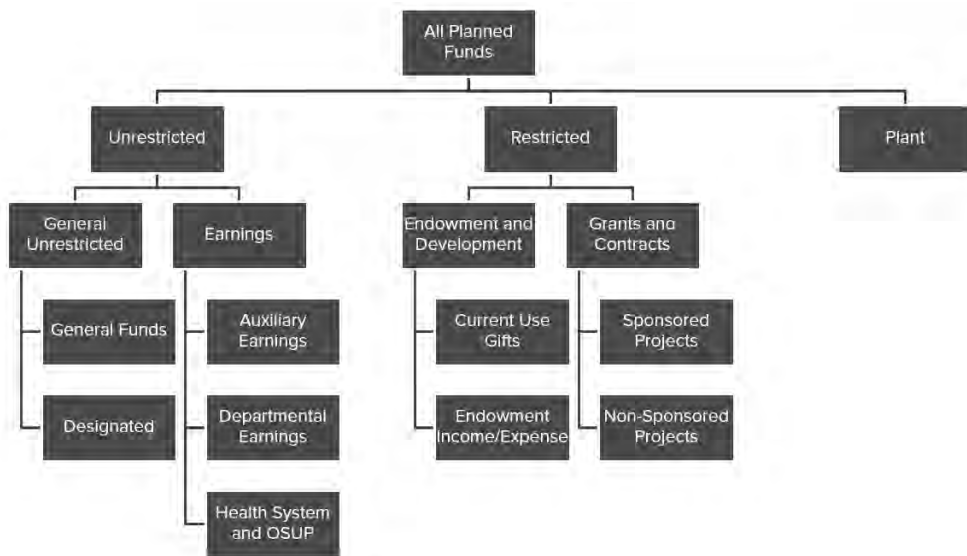


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Operating Plan Funds

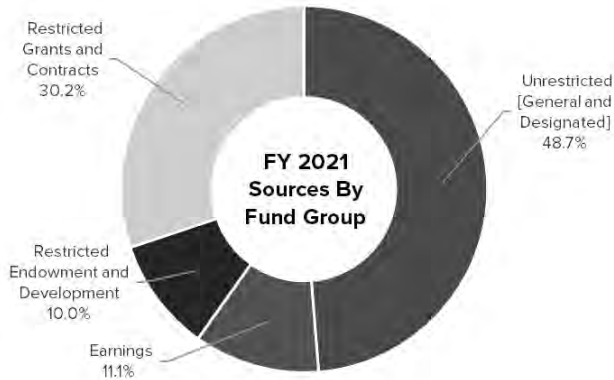
Not only is the university divided into planning units of vastly varying sizes, but each planning unit is also tracked using funds to ensure that fund restrictions are met. For the FY 2021 Financial Plan, the university continues a planning process that encompasses all operating funds of the university. This approach affords a holistic view of all operations of the university in an easily understood format that will enable the university to highlight the evolution of funding sources. This will allow leadership to make informed strategic decisions in a timely manner.

The operating plan is comprised of the following fund groups:



The university’s plan is developed and managed according to the principles of fund accounting. We manage more than 20,000 active expendable funds through a robust accounting system. Not all funds are created alike and many are not fungible. Revenue is segregated into a variety of fund types, the use of which is governed by the restrictions of the specific fund. Some fund types are unrestricted, including general funds and some earnings funds. Others have restrictions derived from the source of the revenue, including current use gifts, endowments, and grants and contracts received from government agencies, foundations, and other outside sponsors. For both planning and spending decision purposes, the source of funding matters: only certain fund groups can be used for all purposes at the university. Roughly 49% of total university operating sources are completely unrestricted general funds. An additional 11% are from earnings sources, in which customers and users may expect revenue to only support specific goods or services, and the remaining 40% is restricted to the purposes set forth by the donor, contract, or granting agency.

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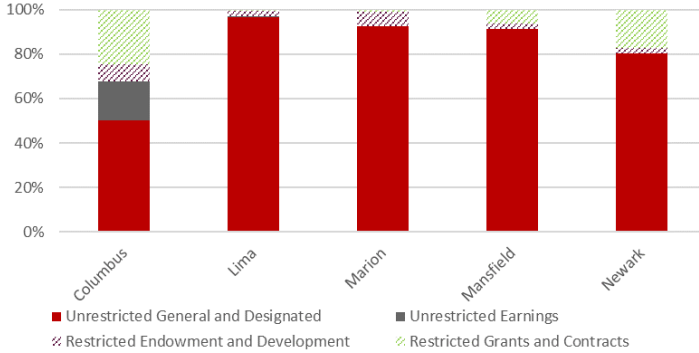
Funding sources and restrictions vary greatly by fund type:

| Fund Type | Typical Funding Sources | Restrictions |
|---------------------------------|---|--|
| General Funds | Tuition and student fees, state share of instruction, short term interest income, grant facilities and administrative cost allowances, cost allocations from earnings funds and Health System | None |
| Designated | Originally from General Funds or unrestricted gifts; internally designated for a specific purpose | Not legally restricted but internally restricted for stated purposes |
| Auxiliary Earnings | User fees, e.g. housing, dining, athletics ticket revenue | Not legally restricted but Customer/user may expect specific fees to only support specific goods or services |
| Departmental Earnings | User fees, including internal billings, e.g. instructional clinic revenue, lab services revenue, etc. | Not legally restricted but Customer/user may expect specific fees to only support specific goods or services |
| Current Use Gifts | Donor gifts without either a requirement to be deposited into an endowment or used for a capital project | Restricted based on donor intent, may be governed by gift agreement |
| Endowment Income/Expense | Income from investment of donor gifts in the endowment | Restricted based on donor intent as memorialized in fund description |
| Grants and Contracts | Grant or contract dollars received from external entities; includes specific line item appropriations from the State of Ohio | Restricted based on grant agreement, contract, or line item appropriation description |
| Plant | Cash sourced from other fund groups and held in reserve, funds raised as a result of private capital gifts or debt issuance, or state capital appropriations | Restriction depends on original source of funds |

As units vary in size, units also vary by funding type. The following charts show the differences in funding proportions between General Unrestricted, Earnings, and Restricted funds. Differences in funding sources result in different risk profiles for units. A unit with heavy reliance on general funds will be more sensitive to changes in enrollments, changes in tuition and fees (including restrictions on tuition rates from the State of Ohio), proportion of non-resident students, and changes in subsidy received from the State of Ohio than a more balanced unit. Units with reliance on earnings are more susceptible to market-driven factors, and typically must carry greater equity balances as reserves to maintain facilities and replace capital equipment. Units more reliant on restricted funding may not have flexibility to spend all available equity balances based on the original gift or grant restrictions and are likely more susceptible to changes in the grant funding landscape or the loss of a large donor.

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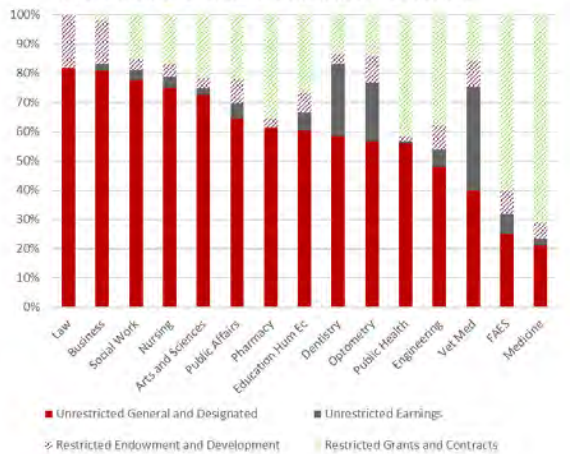
PROPORTION OF SOURCES BY FUND GROUP - BY CAMPUS



The Columbus Campus has more varied funding sources than the regional campuses, which rely primarily on general funds sources – tuition and subsidy.

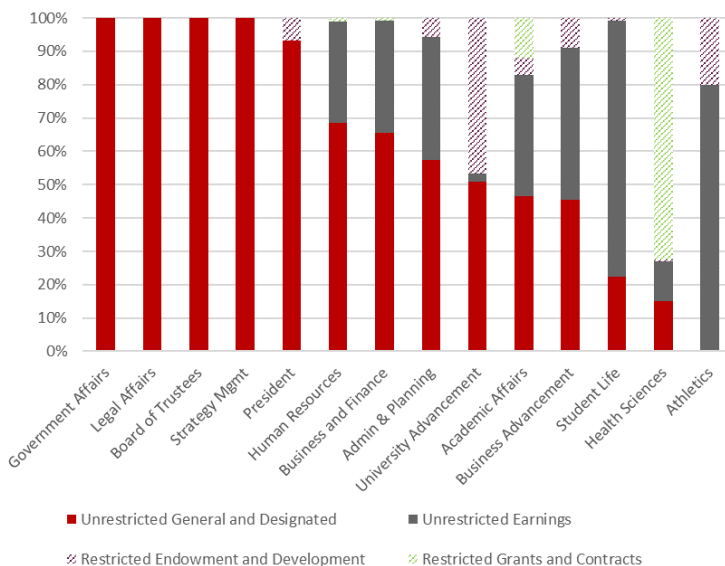
Some colleges, like Nursing, Social Work, and Law are highly dependent on general funds sources – tuition and subsidy. Others, such as Dentistry, Optometry, and Veterinary Medicine bring in significant earnings revenue through their instructional clinics. Still others, like Food Agricultural and Environmental Sciences (FAES) and the College of Medicine are primarily operated with restricted funding.

PROPORTION OF SOURCES BY FUND GROUP - BY COLLEGE



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PROPORTION OF SOURCES BY FUND GROUP - BY SUPPORT UNIT



Support Units also demonstrate a wide variety of funding dependencies, from units that are completely reliant on general funds – Government Affairs and Legal Affairs – to units that heavily utilize earnings funds – such as Student Life and Athletics.

Units use a variety of techniques to prepare their plans. General funds plans are based on fixed uses (such as tenured faculty salaries) and historical patterns coupled with preliminary estimates of tuition and subsidy allocations provided by Financial Planning and Analysis. Earnings units typically plan based on their business plans, approved fees, and projected use of their products and services. Grants and contracts revenue and current use gifts are projected based on historical patterns and anticipated gifts and grants that may be received.

This was a challenging planning year given the pandemic and related pressure on revenue. As an additional planning exercise, each college, regional campus, and support unit was asked to prepare 5%, 10%, and 20% reduction scenarios during the fourth quarter of FY 2020. These scenarios were used in a series of meetings between unit leadership and university senior leadership to chart a path forward through these unprecedented times. This document represents the best available data at the time it was published.

The Ohio State University Health System and Ohio State University Physicians, Inc. prepare their plans based on projected activity and associated costs. External factors, such as government regulations and reimbursement rates, as well as contractual agreements with health care payers also play an integral part in developing the health system's plan. Like the university, the Health System and OSUP have undertaken additional financial planning exercises in response to the pandemic.

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General Funds Allocations

Although emphasis was placed on including all university funds in the FY 2021 planning process, general funds continue to remain a significant component of the plan. General funds can generally be used for any university purpose whereas restricted funds are more specifically targeted. These funds play a major role in both the plan and operations of the university, as they cover many expenses in the colleges and support units for which it is difficult to raise money. The main sources of general funds are tuition and other student fees, state support of instruction, indirect cost recovery, and overhead charged to earnings units.

Most of the sources of general funds are at risk due to the pandemic. Tuition and student fees are difficult to project given unknown impacts to matriculation patterns and the proportion of courses delivered fully online. State support of instruction, while improved from our initial estimates, is under pressure from reduced state tax receipts. Overhead charged to earnings units is a function of their revenue – which we are expecting to decline. In anticipation of decreases in these revenue streams, we have made significant general funds allocation reductions for colleges and support units on the Columbus campus. Regional campuses, which do not participate in the allocation model, are subject to similar planning decreases. This Operating Plan is based on total general funds reductions of \$134.7 million or 6.7% of the prior year unrestricted spend. This reduction may change again as more information is known ahead of the planned allocation in September.

Allocation of Funds

For general funds, the Columbus campus uses an allocation model that is comprised of two components: a modified Responsibility Center Management (RCM) model and the strategic investment of central funds. This structure allows for decentralized decision-making and control of financial resources at the colleges and support units while still retaining central funds for holistic strategic investment purposes. The modified RCM allocation model assigns substantial control over resource decisions to individual colleges and support units. The underlying premise of the university's decentralized budget model is entrusting academic and support unit leaders with significant control over financial resources, leading to more informed decision-making and better outcomes for the university as a whole. Through this decentralized model, colleges in particular are incentivized to increase resources by teaching more credit hours and increasing research activity.

Each college and support unit receives a portion of general funds in support of both academic and administrative functions. The process for allocating the funds is administered through the Office of Financial Planning & Analysis under the guidance of the Chief Financial Officer and Provost. General funds are allocated to colleges and support units on a marginal basis under an established set of criteria. In other words, increases (or decreases) in the pool of general funds available each budget year are allocated back to colleges and support units as increases (or decreases) to their base general funds budgets. While the allocation is on a marginal basis, the change is calculated based on total revenues.

Revenue is allocated to colleges based on three primary funding formulas. The first funding formula for colleges utilizes a model to distribute undergraduate marginal tuition and state support. Sixty percent of the funding is allocated based on total credit hours taught, while forty percent is allocated based on the cost of instruction. This allocation method considers the fact that some courses have a higher cost for delivery and are allocated a greater share of the funding. The other two primary funding formulas allocate graduate tuition and state support based on a two-year average of credit hours in fee-paying categories (tuition) and type of course taught based on cost of instruction (state support). As a college teaches more of the share of total credit hours, it receives a proportionally larger share of the incremental funding. Conversely, if a college's share of the hours taught declines, the college's allotted share of incremental funding will correspondingly decline proportionally. The two-year

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average credit hour driver acts as a smoothing mechanism in times of unforeseen volatility. Colleges will receive their share of marginal revenue on indirect research cost recovery, based upon the college's share of research revenue. Fee revenue from differential, learning technology, course and program fees are provided directly to colleges.

Support units are funded through a combination of central tax, specific activity-based assessments, and an overhead rate charged to auxiliary and earnings units. The central tax, assessments and overhead charges are designed to provide the funds necessary to maintain support services such as payroll services, central human resource services, and academic support services. Support units are generally ineligible for marginal revenue changes because the funding formulas rely on credit hours taught; instead, support units must request additional funding during the annual planning process to support new services or mandates. Funding available in FY 2021 for support unit requests was constrained due to the pandemic, and no continuing funds were approved. For FY 2021, the following one-time cash requests were approved, all of which fund commitments made in prior years:

| Unit | Request Description | Continuing Funds | One Time Cash |
|--|---------------------------------------|------------------|------------------|
| Office of Research | Research Integrity and Admin Services | - | 1,050,000 |
| Office of the Chief Information Officer | Enterprise Security | - | 1,000,800 |
| | Managed IT Services | - | 905,760 |
| | Cloud Infrastructure | - | 710,220 |
| Total Funded | | - | 3,666,780 |

Allocations of expense are also made through the general funds allocation model. Both colleges and support units receive a net allocation that considers both marginal revenue and marginal expenses. Current expense assessments include:

| Assessment | Allocation Basis | Notes |
|--|---------------------------------|---|
| Plant Operation and Maintenance | Assigned square footage | The square footage is multiplied by a flat rate per square foot for four types of costs: utilities, custodial service, maintenance, and deferred maintenance |
| Student Services | Credit hours | <ul style="list-style-type: none"> • Cost Pool 1 (Undergraduate): 90% of this cost pool is Undergraduate Financial Aid. Also includes operating budgets for Financial Aid and First Year Experience. Expense is allocated by average undergraduate credit hours. • Cost Pool 2 (Graduate): 83% of this cost pool is Non-Resident Fee Authorizations and Graduate Fellowships. This is the largest student services cost pool and includes operating budget of the Graduate School. Expense is allocated by average graduate credit hours. • Cost Pool 3 (All Students): This is the smallest student services cost pool and includes portions of operating budgets for Student Affairs, Academic Affairs, and new Library Acquisitions. Expense is allocated by an average of ALL credit hours. |
| Research | Modified Total Direct Costs | Research cost allocation covers the budgets of units that support sponsored research |
| Distance Education | Distance Education credit hours | Funds operations of Office of Distance Education and eLearning |

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| | | |
|--------------------|---|--|
| Central Tax | % of marginal tuition and subsidy revenue | Funds support units such as the President's Office, OAA, Controller, Public Safety, etc. as well as promotion and tenure and strategic investments |
|--------------------|---|--|

Auxiliaries and earnings units are expected to operate at a break even or better margin and generally do not receive general fund support. One exception is the Office of Student Life, which does receive general fund support via special Student Activity, Ohio Union and Recreational Facility fees that were enacted to specifically advance the student experience.

Regional campuses develop their own individual campus plans primarily based on the student tuition and fees received from the regional campus students, the state share of instruction they expect to collect, and costs directly incurred to operate those campuses.

FY 2021 FINANCIAL PLAN

Chapter 3 | FY 2021 Financial Plan

The FY 2021 Financial Plan is displayed in a modified cash flow presentation that includes operating sources and uses. The purpose of this presentation is to provide a more complete understanding of the University's funding and margins generated by operations. A full walk between this presentation and an external GASB presentation can be found in Appendix A. Capital sources and uses will be discussed in Chapter 8.

Consolidated

| | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|---|------------------|-------------------|------------------|----------------------|---------------------|
| Total Sources (\$ thousands) | | | | | |
| Tuition & Fees (gross) | 1,188,569 | 1,192,489 | 1,137,578 | (54,911) | -4.6% |
| State Share of Instruction | 383,220 | 377,449 | 379,322 | 1,873 | 0.5% |
| Other Operating Appropriations | 86,459 | 84,389 | 84,389 | (0) | 0.0% |
| Exchange Grants & Contracts | 778,422 | 806,437 | 811,652 | 5,215 | 0.6% |
| Non-Exchange Grants & Contracts | 84,473 | 264,717 | 166,979 | (97,738) | -36.9% |
| Sales & Services - Auxiliaries | 376,899 | 338,047 | 205,313 | (132,733) | -39.3% |
| Sales & Services - Departmental | 166,681 | 152,920 | 148,906 | (4,014) | -2.6% |
| Sales & Services - Health System | 3,239,926 | 3,214,279 | 3,490,140 | 275,861 | 8.6% |
| Sales & Services - OSU Physicians | 480,879 | 482,954 | 537,535 | 54,581 | 11.3% |
| Current Use Gifts | 160,102 | 167,233 | 155,379 | (11,854) | -7.1% |
| Endowment Distributions | 235,563 | 250,218 | 266,323 | 16,106 | 6.4% |
| Interest Income | 108,342 | 113,021 | 48,236 | (64,785) | -57.3% |
| Other Revenues | 44,862 | 42,848 | 41,091 | (1,757) | -4.1% |
| Total Sources | 7,334,398 | 7,487,000 | 7,472,842 | (14,158) | -0.2% |
| Total Uses (\$ thousands) | | | | | |
| Total Personnel Expense | 3,765,162 | 4,010,432 | 4,062,915 | 52,484 | 1.3% |
| Fee Authorizations | 119,560 | 113,097 | 113,097 | 0 | 0.0% |
| Student Aid | 404,645 | 435,160 | 430,886 | (4,275) | -1.0% |
| Supplies, Services & Other | 2,196,521 | 2,110,880 | 2,176,825 | 65,945 | 3.1% |
| Debt Service | 184,029 | 190,580 | 194,910 | 4,330 | 2.3% |
| Total Non-Personnel Expense | 2,904,755 | 2,849,718 | 2,915,717 | 66,000 | 2.3% |
| Total Uses | 6,669,917 | 6,860,149 | 6,978,633 | 118,483 | 1.7% |
| Sources Less Uses, Operating | 664,481 | 626,851 | 494,210 | (132,641) | -21.2% |
| Capital Sources and Uses (\$ thousands) | | | | | |
| State Capital Appropriations | 64,900 | 67,584 | 15,468 | (52,116) | -77.1% |
| Private Capital Gifts | 26,565 | 25,333 | 41,450 | 16,117 | 63.6% |
| Total Capital-Related Sources | 91,465 | 92,917 | 56,918 | (35,999) | -38.7% |
| Total Capital-Related Uses | 572,359 | 845,352 | 928,747 | 83,395 | 9.9% |
| Sources Less Uses, Capital | (480,894) | (752,435) | (871,830) | (119,394) | -15.9% |
| Sources Less Uses, Capital and Operating | 183,587 | (125,585) | (377,620) | (252,035) | -200.7% |

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University [excluding Health System and OSUP]

| Total Sources (\$ thousands) | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|---|------------------|-------------------|------------------|----------------------|---------------------|
| External Sources | | | | | |
| Tuition & Fees (gross) | 1,188,569 | 1,192,489 | 1,137,578 | (54,911) | -4.6% |
| State Share of Instruction | 383,220 | 377,449 | 379,322 | 1,873 | 0.5% |
| Other Operating Appropriations | 86,459 | 84,389 | 84,389 | (0) | 0.0% |
| Exchange Grants & Contracts | 778,422 | 806,437 | 811,652 | 5,215 | 0.6% |
| Non-Exchange Grants & Contracts | 84,780 | 101,977 | 144,738 | 42,760 | 41.9% |
| Sales & Services - Auxiliaries | 376,899 | 338,047 | 205,313 | (132,733) | -39.3% |
| Sales & Services - Departmental | 166,681 | 152,920 | 148,906 | (4,014) | -2.6% |
| Current Use Gifts | 160,102 | 167,233 | 155,379 | (11,854) | -7.1% |
| Endowment Distributions | 235,563 | 250,218 | 266,323 | 16,106 | 6.4% |
| Interest Income | 108,342 | 89,725 | 39,405 | (50,320) | -56.1% |
| Other Revenues | 44,862 | 42,848 | 41,091 | (1,757) | -4.1% |
| Total External Sources | 3,613,900 | 3,603,732 | 3,414,095 | (189,637) | -5.3% |
| Internal Sources | | | | | |
| Net Transfers from OSU Health System | 199,712 | 255,579 | 150,000 | (105,579) | -41.3% |
| Total Internal Sources | 199,712 | 255,579 | 150,000 | (105,579) | -41.3% |
| Total Sources | 3,813,611 | 3,859,311 | 3,564,095 | (295,216) | -7.6% |
| Total Uses (\$ thousands) | | | | | |
| Salaries | 1,512,118 | 1,572,248 | 1,531,290 | (40,958) | -2.6% |
| Benefits | 376,782 | 428,136 | 417,066 | (11,069) | -2.6% |
| Total Personnel Expense | 1,888,900 | 2,000,384 | 1,948,356 | (52,028) | -2.6% |
| Fee Authorizations | 119,560 | 113,097 | 113,097 | 0 | 0.0% |
| Student Aid | 404,645 | 435,160 | 430,886 | (4,275) | -1.0% |
| Supplies, Services & Other | 992,228 | 867,192 | 795,296 | (71,896) | -8.3% |
| COVID-19 Expense (non-student aid) | - | - | 49,150 | 49,150 | n/a |
| Debt Service | 133,291 | 133,144 | 159,725 | 26,581 | 20.0% |
| Total Non-Personnel Expense | 1,649,724 | 1,548,593 | 1,548,154 | (440) | 0.0% |
| Total Uses | 3,538,624 | 3,548,977 | 3,496,510 | (52,467) | -1.5% |
| Sources Less Uses, Operating | 274,987 | 310,334 | 67,585 | (242,749) | -78.2% |
| Capital Sources and Uses (\$ thousands) | | | | | |
| State Capital Appropriations | 64,900 | 67,584 | 15,468 | (52,116) | -77.1% |
| Private Capital Gifts | 25,321 | 24,012 | 41,450 | 17,438 | 72.6% |
| Total Capital-Related Sources | 90,221 | 91,595 | 56,918 | (34,678) | -37.9% |
| Total Capital-Related Uses | 391,600 | 488,736 | 445,300 | (43,436) | -8.9% |
| Sources Less Uses, Capital | (301,379) | (397,141) | (388,383) | 8,758 | 2.2% |
| Sources Less Uses, Capital and Operating | (26,392) | (86,807) | (320,798) | (233,991) | -269.6% |

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University by Fund Group [FY21 Plan]

As explained in Chapter 2, not all funding is fungible at the university. The following gives a breakout by fund group indicating level of restriction of dollars:

| Total Sources (\$ thousands) | Unrestricted [General and Designated] | Earnings | Restricted Endowment and Development | Restricted Grants and Contracts | Total University |
|---|---|------------------|---|---------------------------------------|---------------------|
| External Sources | | | | | |
| Tuition & Fees (gross) | 1,137,578 | - | - | - | 1,137,578 |
| State Share of Instruction | 379,322 | - | - | - | 379,322 |
| Other Operating Appropriations | - | - | - | 84,389 | 84,389 |
| Exchange Grants & Contracts | 116,100 | - | - | 695,552 | 811,652 |
| Non-Exchange Grants & Contracts | - | - | - | 144,738 | 144,738 |
| Sales & Services - Auxiliaries | - | 205,313 | - | - | 205,313 |
| Sales & Services - Departmental | - | 148,906 | - | - | 148,906 |
| Current Use Gifts | - | - | 155,379 | - | 155,379 |
| Endowment Distributions | 64,535 | - | 201,788 | - | 266,323 |
| Interest Income | 39,405 | - | - | - | 39,405 |
| Other Revenues | - | 41,091 | - | - | 41,091 |
| Total External Sources | 1,736,939 | 395,310 | 357,167 | 924,678 | 3,414,095 |
| Internal Sources | | | | | |
| Net Transfers from Health System | - | - | - | 150,000 | 150,000 |
| Total Internal Sources | - | - | - | 150,000 | 150,000 |
| Total Sources | 1,736,939 | 395,310 | 357,167 | 1,074,678 | 3,564,095 |
| Total Sources | | | | | |
| Total Uses (\$ thousands) | Unrestricted [General and Designated] | Earnings | Restricted Endowment and Development | Restricted Grants and Contracts | Total University |
| Salaries | 888,603 | 226,660 | 38,223 | 377,805 | 1,531,290 |
| Benefits | 244,061 | 61,359 | 8,937 | 102,709 | 417,066 |
| Total Personnel Expense | 1,132,663 | 288,019 | 47,161 | 480,514 | 1,948,356 |
| Fee Authorizations | 97,732 | 936 | 1,539 | 12,890 | 113,097 |
| Student Aid | 272,265 | 27,498 | 46,555 | 84,568 | 430,886 |
| Supplies, Services & Other | 138,059 | 130,763 | 138,495 | 387,979 | 795,296 |
| COVID-19 Expense (non-student aid) | - | - | - | 49,150 | 49,150 |
| Debt Service | 79,862 | 79,862 | - | - | 159,725 |
| Total Non-Personnel Expense | 587,918 | 239,059 | 186,589 | 534,587 | 1,548,153 |
| Total Uses | 1,720,581 | 527,078 | 233,750 | 1,015,101 | 3,496,510 |
| Sources Less Uses, Operating | 16,358 | (131,768) | 123,417 | 59,578 | 67,585 |
| Depreciation Expense | | | | | 253,493 |
| Sources Less Uses, Incl Depreciation | | | | | (185,908) |

Unrestricted [General and Designated] funds generate a modest margin of \$16.4 million which is mainly used for operating reserves and strategic investments. Historically the earnings units generate positive margins that are directed toward capital and debt service reserves. In FY 2021 there is a projected loss due to campus dedensification in housing and dining, anticipated changes to the athletic program revenues and loss of revenue

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due to no or reduced events through calendar year 2020. Restricted Endowment and Development funds generate a margin of \$123.4 million mainly due to anticipated timing differences between gift receipt and spend. Restricted grants and contracts generate a margin of \$59.6 million due to timing of reimbursements on research projects.

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Chapter 4 | University Operating Plan | Sources

Tuition and Fees

Gross tuition and fees are expected to decrease by \$54.9 million, or -4.6%, from FY 2020 to \$1.1 billion. The university saw an overall increase in credit hours for the summer as students leveraged discounted summer tuition and fees. However, the revenue increase due to increased credit hours was offset by decreases in non-resident surcharges revenue due to all online delivery of courses in response to COVID-19. The autumn and spring semesters will reflect the continued trend of reduced time to degree as students are entering with more credit hours and have an increased focus on debt. The university is also anticipating fewer continuing students in autumn 2020 due to the uncertainty of course delivery methods and overall university experience related to COVID-19. We are also expecting a shift in mix of new first year students, with a higher percentage of resident students in that cohort.

Instructional and mandatory fees will not increase in FY 2021 for continuing and transfer undergraduate students as well as graduate students. However, differential fees for some tagged masters and professional programs include increases in those fees.

The university is committed to access, affordability, and excellence. In areas where tuition and fee increases are planned, the proceeds are used to cover inflation and to invest in excellence within the core academic mission. Tuition and fees provide approximately 75% of general funds revenue available to fund the core academic mission. The remaining 25% is largely provided through the State of Ohio instructional subsidy (SSI). Ohio State remains one of the most affordable options in Ohio and among its Big Ten peers.

| \$ thousands | FY19 | FY20 | FY21 | \$ Difference | % Difference |
|---|------------------|------------------|------------------|-----------------|--------------|
| | Actual | Unaudited | Plan | | |
| Instructional Fees | 734,102 | 749,305 | 719,724 | (29,581) | -3.9% |
| Non-Resident Fees | 335,851 | 331,089 | 306,945 | (24,145) | -7.3% |
| General Fees | 24,087 | 24,146 | 24,055 | (91) | -0.4% |
| International Surcharge | 9,937 | 10,774 | 10,359 | (415) | -3.8% |
| Program and Tech Fees | 39,345 | 38,145 | 37,098 | (1,047) | -2.7% |
| Other Student Fees | 18,003 | 15,539 | 15,338 | (201) | -1.3% |
| Total Academic Fees | 1,161,325 | 1,168,998 | 1,113,518 | (55,480) | -4.7% |
| Student Activity Fees | 4,635 | 4,421 | 4,004 | (416) | -9.4% |
| Recreational Fees | 14,226 | 11,029 | 12,496 | 1,467 | 13.3% |
| Ohio Union Fees | 8,384 | 8,041 | 7,559 | (482) | -6.0% |
| Total Student Life Fees | 27,245 | 23,490 | 24,059 | 569 | 2.4% |
| Total Tuition & Fees (gross) | 1,188,569 | 1,192,489 | 1,137,578 | (54,911) | -4.6% |

The decreased revenue in academic fees for undergraduates at the Columbus campus can be explained by three distinct drivers: price (relating to rates charged), volume (total size of enrollments), and mix (proportion of resident/non-resident student populations) as detailed below. The remainder of the decrease is related to decreased revenue in graduate and professional programs and undergraduates at regional campuses.

- **Volume:** 5.3% decrease in total headcount driven by decrease in continuing undergraduate and graduate students. This decrease results from less time to degree due to undergraduate students arriving with existing credit hours and increased sensitivity around total student debt. Class sizes are also a factor, as a larger than average class admitted during the fall of 2016 is expected to have graduated in FY 2020

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(600 more students received bachelor degrees in FY 2020 than in FY 2019). The class admitted during the fall of 2017 was nearly 10% smaller than the prior year. Uncertainty around course delivery methods and university experience are also contributing factors. This decrease in continuing undergraduate and graduate students is partially offset by a larger incoming new first year student class.

- **Mix:** Larger Ohio resident and decreased international enrollment of new first year students has decreased our overall percentage of non-resident students by 2%.
- **Price:** Although instructional and non-resident surcharge rates have increased for autumn semester, delivering summer semester credit hours exclusively online for undergraduate and some graduate students reduced overall revenue by \$23.6 million.

Volume Driver: Enrollment

The university is executing against an enrollment plan, which was implemented beginning in FY 2017 to increase the quality and diversity of the student body. Enrollment is expected to decrease slightly compared with FY 2020 levels.

Regional campuses account for 9.6% of the university’s enrollment. Enrollments at Lima and Mansfield have declined significantly over the past decade as a result of demographic changes and declining numbers of high school graduates outside of Ohio’s largest cities. Enrollments at Marion and Newark have increased slightly in the past few years as a result of population growth in Franklin County and its surrounding communities. Decreased enrollment for next year is a result of more incoming students being accepted to Columbus campus and the impact of COVID-19. Each campus is engaged in efforts to improve student retention and success by enhancing students’ academic experiences and elevating the quality of campus life. The regional campuses are working with the Office of University Marketing to incorporate regional marketing strategies into the university’s overall strategy and provide increased visibility, greater resources, and an improved internet presence.

STUDENT ENROLLMENT FOR AUTUMN TERM

| Headcounts | 2017 | 2018 | 2019 | 2020 | 2021 | 1 YR Chg | 1 YR % Chg | 5 YR % Chg |
|--------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|
| Columbus | 59,482 | 59,837 | 60,537 | 60,923 | 57,696 | -3,227 | -5.3% | -3.0% |
| Lima | 1,039 | 1,018 | 908 | 919 | 919 | 0 | 0.0% | -11.5% |
| Mansfield | 1,128 | 1,061 | 1,042 | 1,040 | 988 | -52 | -5.0% | -12.4% |
| Marion | 1,139 | 1,198 | 1,188 | 1,229 | 1,131 | -98 | -8.0% | -0.7% |
| Newark | 2,536 | 2,623 | 2,772 | 2,793 | 2,570 | -223 | -8.0% | 1.3% |
| ATI | 722 | 707 | 650 | 573 | 515 | -58 | -10.1% | -28.7% |
| Grand Total | 66,046 | 66,444 | 67,097 | 67,477 | 63,818 | -3,659 | -5.4% | -3.4% |

Price Driver: Fees

See Appendix B for a listing of student fees.

Instructional, General & Student Life Fees

We continue to focus on affordability. The Ohio State Tuition Guarantee was established in FY 2018 to provide predictability and transparency for Ohio resident students and their families by locking in a set price for tuition, mandatory fees, housing and dining for four years. Increases for entering cohorts will allow the university to

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continually invest in quality while addressing the inflationary cost increases that affect the rest of the economy. Ohio State ranks third among U.S. flagship universities for controlling resident tuition increases over the decade leading up to 2018-2019, according to the *Chronicle of Higher Education*.

Undergraduate tuition (instruction and general fees) will increase 4.1% or \$434 for new first-year students (2020-21 cohort) compared with the 2019-20 tuition guarantee cohort. Continuing undergraduate students who are part of the 2017-18, 2018-19, and 2019-20 tuition guarantee cohorts and students who began prior to the creation of the guarantee will not see an increase.

Master's and PhD base instructional fees will not increase in FY 2021. Some graduate and professional programs charge a differential instructional fee based principally on market demand and pricing. Revenue generated from these additional fees directly support the graduate or professional program that is charging the student. Nine programs are implementing adjustments or new differential instructional fees:

- Five colleges are increasing differential fees, ranging between 2.0% and 6.0%: Business, Dentistry, Law, Pharmacy, and Veterinary Medicine.
- Three units implemented new differential programs: Engineering, Medicine, and the Graduate School

Non-Resident & International Surcharges

The non-resident surcharge will increase 4.8% or \$1,007 for undergraduate and \$1,132 for graduate programs at each campus. Six colleges offering professional student programs have implemented a different rate change:

- Two colleges are holding the non-resident surcharge flat: Business and Pharmacy
- Two colleges implemented lower than standard increases: Dentistry (3.0%) and Law (2.0%)
- Two colleges, did not increase their non-resident fees for Rank 1 students and reduced the surcharge for continuing students to \$5 to alleviate the burden of applying for in state status during years 2-4, making it more financially attractive nationally, and providing a more predictable cost of attendance: Optometry and Veterinary Medicine.

Summer semester was delivered entirely online, with a non-resident surcharge of only \$5 in lieu of the typical non-resident surcharge (UG: \$10,992; Graduate \$11,792) generating a decrease in revenue of \$25 million, all but \$7.5 million was recognized in FY 2020.

Autumn and Spring semesters, the university is also anticipating fewer continuing students and a shift in mix to a higher percentage of Ohio resident New First Year Students (NFYS) due to the uncertainty of course delivery and overall university experience related to COVID-19. The projected decrease in non-resident fees for NFYS is \$9.5 million. We are continuing to see a greater shift of students enrolling in all online courses for the Autumn semester. Undergraduate resident students pay \$151 less per semester when fully online and non-resident students pay \$9,348 less per semester when fully online as compared to students that take any courses in-person or hybrid.

The undergraduate international surcharge will be held flat for FY 2021, however we are expecting a significant decline of incoming international students resulting in a \$0.4 million decrease of international surcharge fee revenue.

Program & Technology Fees

Several colleges and academic programs have additional fees to support specific initiatives. Program fees are designed to provide financial support for specific academic and student programs, technology fees support

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learning technology, course fees provide classroom supplies and distance education fees support distance education technology. In accordance with the Ohio Revised Code, these types of fees will be frozen for undergraduate students for FY 2021. These fees are listed in Appendix B.

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Peer Comparison of Fees

Note: Charts below compare tuition guarantee cohort entering Autumn 2020 with peers' published FY 2020 rates. Peer rates sourced from the Association of American Universities' Data Exchange.



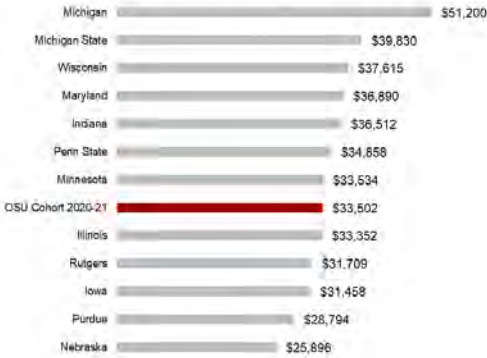
In the Big Ten, Ohio State is near the median and is more affordable than six of 13 Big Ten public universities.



Among Ohio's six public four-year universities with selective admissions, Ohio State ranks highest in academic reputation and is the second most affordable rate for resident tuition and fees – even including the most expensive tuition guarantee cohort. Every Ohio university will have a tuition guarantee for FY 2021

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Big Ten - Non-resident tuition & fees



Ohio State is more affordable than seven of 13 public Big Ten schools for undergraduate non-resident tuition and fees.

Ohio State is the eighth most affordable among the Big Ten public schools for undergraduate international student tuition and fees.

Big Ten - Non-resident Int'l tuition & fees



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Government Appropriations

The university receives funding from the State of Ohio, federal government, and local governments to support various aspects of the university's operations. The largest category received is the State Share of Instruction (SSI), which accounts for approximately 82% of state funding.

| \$ thousands | FY19 Actual | FY20 Unaudited | FY21 Plan | \$ Difference | % Difference |
|--|----------------|-------------------|----------------|---------------|--------------|
| State Share of Instruction | 383,220 | 377,449 | 379,322 | 1,873 | 0.5% |
| State Appropriations Operating | 86,459 | 84,389 | 84,389 | (0) | 0.0% |
| Total Government Appropriations | 469,679 | 461,838 | 463,710 | 1,873 | 0.4% |

State Share of Instruction

The SSI allocation is the State of Ohio's primary funding support for higher education. The allocation between public colleges and universities in Ohio is based on their share of enrollment and degree completions, indexed for financially and academically at risk resident undergraduate students, medical and doctoral subsidy as well as other criteria intended to advance the goals of the state. Prior to the COVID-19 pandemic, the state had authorized a 1% increase across the universities for FY 2021. In response to the pandemic, the state subsequently decreased FY 2020 funding approximately 20% for the last two months of the fiscal year, or 3.8% of the original allocation. The FY 2021 allocation was further reduced by 4.38% against the initial pre-pandemic FY 2021 funding.

State Appropriations | Operating

In addition to SSI funding, the university also receives funding directed for specific purposes through state line item appropriations. Total appropriations for FY 2021 are estimated at \$84.4 million. Near the end of FY 2020 the state decreased the line item operating appropriations by \$4 million. Major line items are anticipated to be similar to reduced FY 2020 funding, including support for the Ohio Agricultural Research and Development Center (OARDC/\$35.5 million), OSU Extension (\$23.9 million) and OH-Tech (\$12.9 million). These programs comprise 81% of the total state line item appropriations received by the university.

Grants and Contracts

Grants and Contracts revenue is administered in two ways: recorded by individual units in segregated grants and contracts funds, or as sponsored projects administered by the Office of Sponsored Programs. For FY 2021, revenue from grants and contracts (including non-exchange grants) is expected to be \$956.4 million, which is up 5.3% over FY 2020.

| \$ thousands | FY19 Actual | FY20 Unaudited | FY21 Plan | \$ Difference | % Difference |
|--|----------------|-------------------|----------------|---------------|--------------|
| Federal Grants and Contracts | 367,748 | 385,988 | 397,568 | 11,580 | 3.0% |
| Private Grants and Contracts | 305,227 | 324,089 | 333,811 | 9,723 | 3.0% |
| State Grants and Contracts | 83,651 | 74,894 | 59,874 | (15,020) | -20.1% |
| Local Grants and Contracts | 21,796 | 21,466 | 20,399 | (1,067) | -5.0% |
| Total Exchange Grants & Contracts | 778,422 | 806,437 | 811,652 | 5,215 | 0.6% |
| Federal Grants and Contracts Non-Exchange | 63,042 | 76,288 | 118,751 | 42,463 | 55.7% |
| State Grants and Contracts Non-Exchange | 11,119 | 14,702 | 15,000 | 298 | 2.0% |
| Federal Build America Bonds Subsidy | 10,619 | 10,987 | 10,987 | (0) | 0.0% |

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| | | | | | |
|--|----------------|----------------|----------------|---------------|--------------|
| Total Non-Exchange Grants & Contracts | 84,780 | 101,977 | 144,738 | 42,760 | 41.9% |
| Total Grants & Contracts | 863,202 | 908,415 | 956,390 | 47,975 | 5.3% |

Of the \$956.4 million, \$590.5 million is administered by the Office of Sponsored Programs, \$221.2 million is administered directly by colleges and support units, \$78.3 million is administered by Enrollment Services for student financial aid programs, \$55.4 million is CARES assistance and \$11 million is received as federal subsidy for Build America Bond interest. Projects administered by the Office of Sponsored Programs typically have more stringent process and documentation requirements than projects that are directly administered through the colleges and support units. \$40 million of the increase in grants and contracts is attributable to the additional CARES assistance expected in FY 2021.

Sponsored Research Programs

The university secures funding for sponsored research programs from a variety of external sources. External grants are awarded by federal, state and local agencies along with private foundations and corporate sponsors. Total direct revenue for sponsored research programs administered by the Office of Sponsored Programs is expected to increase from \$573.8 million in FY 2020 to approximately \$590.5 million in FY 2021, an increase of 2.9%.

The sponsored research revenues include facilities and administrative (F&A) cost recoveries, which are projected to be \$137 million, a 5% increase over final estimated FY 2020 recovery of \$130 million. F&A costs are recovered from most sponsored programs to offset the cost of maintaining the physical and administrative infrastructure that supports the research enterprise at the university. It is important to note that direct and indirect cost expenditures do not necessarily align when comparing expected revenue streams, and this occurs for two reasons. First, certain direct cost expenditures do not recover F&A. Second, not all sponsors allow the university to recover F&A at the university's fully negotiated rate. The full negotiated F&A rate for FY 2020 is 56% and is likely to remain at this rate through FY 2021.

CARES Assistance

As a result of the COVID-19 pandemic the university received \$15.2 million in FY 2020 in federal CARES assistance which was used for emergency aid to students. In FY 2021, we are expecting \$55.4 million in CARES assistance, an increase of 264.6% or \$40.2 million. Of the \$55.4 million, \$6.3 million is budgeted to be used for student aid while the remaining \$49.1 million will be used to cover institutional costs related to COVID-19.

College/Support Unit Administered Grants and Contracts

FY 2021 revenue for exchange grants and contracts administered directly by individual colleges and support units is expected to decrease \$11.4 million to \$221.2 million, a decrease of -4.9%. Approximately half of these grants and contracts are state grants and contracts, a quarter are private, and the remainder are federal and local grants and contracts.

Student Financial Aid Funding

Some grants and contracts revenue is considered a non-exchange item and appears in the non-operating section of the external income statement as Non-Exchange Grants. These items include \$78.3 million of grants administered by Student Financial Aid sourced from federal funding and for Pell Grants and Supplemental Educational Opportunity Grants (SEOG) and state funding for Ohio College Opportunity Grants (OCOG) and \$6.3

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million of CARES assistance for student emergency aid. In total, funding levels for these items excluding CARES assistance are expected to increase \$2.5 million from FY 2020.

Sales and Services

| \$ thousands | FY19 | FY20 | FY21 | \$ Difference | % Difference |
|-----------------------------------|----------------|----------------|----------------|------------------|---------------|
| | Actual | Unaudited | Plan | | |
| Sales and Services Auxiliaries | 376,899 | 338,047 | 205,313 | (132,733) | -39.3% |
| Sales and Services Departmental | 166,681 | 152,920 | 148,906 | (4,014) | -2.6% |
| Total Sales and Services | 543,580 | 490,967 | 354,219 | (136,748) | -27.9% |

Student Life, Athletics, and Business Advancement comprise the majority of sales and services of auxiliary enterprises. Revenue from sales and services of auxiliary enterprises before scholarship allowances is expected to decrease \$132.7 million or -39.3% in FY 2021 over FY 2020. The 2020 Big Ten Conference fall athletics seasons, which include the sports of football, field hockey, men’s and women’s soccer, women’s volleyball and men’s and women’s cross country, have been postponed and is a major driver of this decrease.

There are decreases in revenue in all three major auxiliary enterprises. Athletics is declining \$130.3 million over FY 2020 due to the cancelled fall athletics season and related ticket, media, conference, and game guarantee revenue. Student Life revenue is down \$3 million from FY 2020, but this equates to \$38.3 million against a normalized year due to \$33 million of housing and dining fees refunded during spring semester. Student Life is projecting a continued decrease in revenue during FY 2021 resulting from lower occupancy rates due to COVID-19 dedensification efforts and fewer days in housing as course delivery will be fully online after Thanksgiving for the remainder of the autumn semester. Units relying on revenue from events have declined since fourth quarter FY 2020 and we anticipate that this will continue through calendar year 2020. Business Advancement is projecting a \$5.9 million decline from FY 2020, which equates to a \$19.5 million decline from a normalized year due to cancelled events during the fourth quarter of FY 2020.

Revenue sources in educational departments consist largely of clinical operations in colleges such as Dentistry, Optometry and Veterinary Medicine and non-college departments such as Recreational Sports and Student Health Services. Sales and Services are expected to decrease -2.6% in FY 2021 from an anticipated reduction in patient care resulting from the COVID-19 pandemic.

Advancement Sources

| \$ thousands | FY19 | FY20 | FY21 | \$ Difference | % Difference |
|----------------------------------|----------------|----------------|----------------|---------------|--------------|
| | Actual | Unaudited | Plan | | |
| Current Use Gifts | 160,102 | 167,233 | 155,379 | (11,854) | -7.1% |
| Endowment Distributions | 235,563 | 250,218 | 266,323 | 16,106 | 6.4% |
| Total Advancement Sources | 395,665 | 417,451 | 421,702 | 4,251 | 1.0% |

Gifts from alumni, friends, grateful patients, and the rest of Buckeye Nation continue to be directed to our students, our faculty, our campuses, and our future potential. In FY 2021, the university’s goal for “New Fundraising Activity” is \$550 million which is \$25 million lower than the goal for FY 2020. New Fundraising Activity includes gifts, pledges and certain private contracts. Advancement fully expects to deliver results in line with expectations. Dollars are being raised by engaging a variety of constituents, including students, faculty, staff, alumni, friends, corporate partners and private foundations.

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In order to display an operating financial plan we are presenting only the cash sources that can be used immediately against operating expenses. These include current use gifts and endowment distributions.

Current Use Gifts

In the FY 2021 Financial Plan current use gifts are projected to decrease \$11.9 million or -7.1% over FY 2020. This decrease is driven by the decrease in overall fundraising goals.

Endowment Distributions

Endowment distributions are the spendable portion of annual distributions from the Long Term Investment Pool (LTIP), which totals \$5.3 billion as of FY 2020 and includes gifted endowment funds of \$2.0 billion, designated funds of \$1.9 billion and operating funds of \$1.4 billion that have been invested for long-term stability. Through a partnership with external managers, the Office of Investments has adopted an asset allocation model for the LTIP that groups assets into three broad categories. This model enables the investment team to build a portfolio of specialized investment teams around the world to implement our strategic allocation and to be responsive to changing market conditions. The LTIP is expected to gain \$344 million before fees at an 8.0% return in FY 2021 and is projected to have an ending market value of \$5.6 billion at the end of FY 2021.

For the operating budget, we are anticipating spendable endowment distributions of \$266.3 million for FY 2021. Distribution per share was calculated based on market values through December 2019.

Interest Income

Interest income on cash, short and intermediate term investments is budgeted at \$39.4 million for FY 2021. This projection reflects a significant reduction in short term rates due to economic conditions and strategic use of university cash to fund capital investments. See Chapter 8 for further discussion of the capital investment plan.

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Chapter 5 | University Operating Plan | Uses

Salaries and Benefits

| \$ thousands | FY19 | FY20 | FY21 | \$ Difference | % Difference |
|------------------------|------------------|------------------|------------------|-----------------|--------------|
| | Actual | Unaudited | Plan | | |
| Faculty | 489,659 | 506,030 | 499,506 | (6,524) | -1.3% |
| Staff | 821,712 | 866,595 | 846,161 | (20,433) | -2.4% |
| Students | 145,677 | 145,921 | 141,803 | (4,119) | -2.8% |
| Additional Pay | 55,071 | 53,702 | 43,820 | (9,882) | -18.4% |
| Total Salaries | 1,512,118 | 1,572,248 | 1,531,290 | (40,958) | -2.6% |
| Benefits | 376,782 | 428,136 | 417,066 | (11,069) | -2.6% |
| Total Personnel | 1,888,900 | 2,000,384 | 1,948,356 | (52,028) | -2.6% |

Salaries

Salary expense is expected to decrease by \$41 million or -2.6% over FY 2020. The plan for FY 2021 includes no increase in faculty and staff salary guidelines, as well as continued cost containment efforts that include a hiring pause through the end of calendar year 2020. The plan for FY 2021 is divided between Faculty (\$6.5 million decrease), Staff (\$20.4 million decrease) and Students (\$4.1 million decrease) and an additional pay¹ decrease of \$9.9 million. This plan reflects a critical look at open and new positions and only moves forward with strategic hires that advance the mission of the university.

Benefits

Benefit costs consist of several different pools of costs, including retirement plans, medical plans, educational benefits, and life insurance benefits. For the forecast and budget, benefits are estimated based on the composite benefit rate applied to salaries by employee type (e.g., full-time faculty vs. part-time staff vs. students). Actual expenses may be more or less than the amount collected through the rates and vary from year to year. The composite benefit rate setting process takes these yearly variations into account.

Total benefit costs are expected to decrease by \$11.1 million or -2.6% over FY 2020, to \$417.1 million. This decrease is primarily driven by the absence of salary guideline increases and a reduction in net new hires, which directly affects the retirement plan contribution expense. Benefit rates for FY 2021 will remain flat to FY 2020 rates; these rates will continue to reflect controlled employer medical costs and historical over-collection against expense. Controlled employer medical costs are driven by benefits plan changes that reflect recent trends in moving to consumerism. Employer medical costs are also driven by tightened controls over benefits administration and a decrease in inpatient and outpatient utilization from enhanced medical management processes. Benefits include the university's contribution to employee retirement plans, various medical, dental, vision, life and disability plans, employee and dependent tuition plans and university expense related to compulsory plans, such as workers' compensation and unemployment compensation.

Retirement Plans - University employees are covered by one of three retirement systems. The university faculty is covered by the State Teachers Retirement System of Ohio (STRS Ohio). Substantially all other employees are covered by the Public Employees Retirement System of Ohio (OPERS). Employees may opt out of STRS Ohio and OPERS and participate in the Alternative Retirement Plan (ARP) if they meet certain eligibility requirements. Under

¹ Additional pay is comprised of non-salary compensation and supplemental pay for both faculty and staff.

FY 2021 FINANCIAL PLAN

each of the plans, the university contributes 14% of the employee’s pay to the plan annually, while the employees contribute 10%. Vesting varies by plan.

Medical Plan - The university is self-insured for employee health insurance. FY 2021 medical plan costs are budgeted based on historical cost trend data, projected employee eligibility, and expected plan changes associated with governmental regulations and plan design.

Student Financial Aid

| \$ thousands | FY19 | FY20 | FY21 | \$ Difference | % Difference |
|---|----------------|----------------|----------------|----------------|--------------|
| | Actual | Unaudited | Plan | | |
| Student Aid Institutional | 198,426 | 199,507 | 204,495 | 4,988 | 2.5% |
| Student Aid Departmental | 57,341 | 72,537 | 67,793 | (4,744) | -6.5% |
| Student Aid Endowment and Development | 47,495 | 45,642 | 46,555 | 913 | 2.0% |
| Student Aid Athletic | 27,223 | 26,484 | 27,474 | 990 | 3.7% |
| Student Aid Federal | 63,042 | 76,288 | 69,568 | (6,719) | -8.8% |
| Student Aid State | 11,119 | 14,702 | 15,000 | 298 | 2.0% |
| Total Student Aid | 404,645 | 435,160 | 430,886 | (4,275) | -1.0% |
| Fee Authorizations | 119,560 | 113,097 | 113,097 | 0 | 0.0% |

Financial Aid is a critical investment of resources that keeps the cost of education manageable for students. The Ohio State University engages both the federal and state governments in conversations to stress the importance of financial aid and reasonable loan programs for students.

The financial aid plan seeks to advance two specific goals for the university: to invest in the quality, quantity and diversity of students to continue to advance Ohio State as a leading national flagship public research university; and to invest in students to fulfill our role as the land grant university for the State of Ohio, whereby access to college is afforded to those students with limited resources. The university continues to work to support both goals and continues to develop the appropriate balance in moving the university toward eminence. Fundraising efforts are also underway through various initiatives.

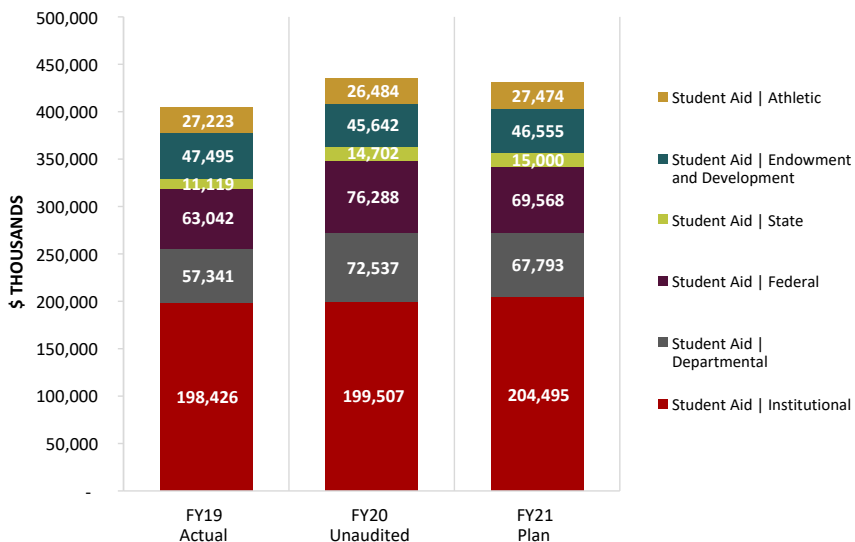
Since FY 2016, the university has increased financial aid to support low- and moderate-income families by more than \$200 million. This exceeded the 2020 Vision goal more than a year ahead of schedule.

Ohio State expects to distribute a total of \$430.9 million of financial aid, excluding graduate fee authorizations, to students in FY 2021. Sources for financial aid include federal and state programs, gifts and endowments and institutionally funded aid. The university financial statements present a portion of financial aid, in accordance with GASB accounting requirements, as an allowance against gross tuition and, in the case of athletic and room and board scholarships, an allowance against sales and services of auxiliary enterprises.

Institutionally funded financial aid is expected to increase by \$5 million, or 2.5%, in FY 2021 to a total of \$204.5 million. Need-based financial aid continues to be a priority as part of the university’s commitment to affordability. The budget for FY 2021 includes a total of \$14.6 million for the Buckeye Opportunity Program, which covers the full cost of tuition for Pell-eligible Ohio students after accounting for existing federal, state, and institutional aid. This program is anticipated to be funded by income from an endowment created by the energy concession agreement and will assist 4,200 eligible students in the first year. The Land Grant Opportunity Scholarship program will also be expanded by \$3.5 million to offer full cost of attendance scholarships for up to 176 students. The budget devotes \$25 million to the President’s Affordability Grant program, which supports more than 15,000 low- and moderate- income students from Ohio.

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Student Aid Trend



Federal financial aid, which consists primarily of Pell Grants and some Supplemental Educational Opportunity Grants (SEOG), is expected to decrease by \$6.7 million to \$69.6 million in FY 2021, due to an increase in the maximum Pell Grant award. State financial aid is expected to increase by \$0.3 million in FY 2021 to \$15 million. This is driven by a budgeted increase in the state budget for programs such as the Ohio College Opportunity Grant (OCOG). Endowment and Development aid is projected to increase 2.0% due to uncertainty in the timing of some gifts.

Fee Authorizations

Fee authorizations are provided to students holding graduate student appointments to pay for graduate tuition and fees. Total university fee authorization expense is expected to stay flat at \$113.1 million in FY 2021. Approximately half of graduate student appointments are graduate research associates, 45% are graduate teaching associates, and the remainder are graduate administrative associates.

Supplies and Services

Supplies & Services expenses are comprised of several discrete categories, including Cost of Sales, Supplies, Office Services, Repairs & Maintenance, Utilities, Rentals, Purchased Services, Travel, Other Expense and Non-Capitalized Equipment, all offset by Intra-University Revenue. Additionally, this category will include expenses related to the institutional response to COVID-19, including personal protective equipment. Excluding COVID-19

FY 2021 FINANCIAL PLAN

related expenses, most categories are expected to decrease in FY 2021 due to supplies and services being a primary area for targeted operational efficiencies and cost containment.

Overall, Supplies & Services expenses are projected to decrease \$22.7 million or -2.6% over FY 2020 to \$844.4 million. However, this includes an additional \$49.2 million in COVID-19 related expense for personal protective equipment and other expenses. The university curtailed spending on Supplies & Services in the fourth quarter of FY 2020 by \$72.8 million by limiting spending to business-essential items in reaction to the pandemic and related impacts to revenue. We anticipate an additional \$71.8 million in reduced Supplies & Services spend in FY 2021 over FY 2020, excluding COVID-19 related expense. Overall, our cost containment efforts in Supplies & Services will result in \$144.6 million in reduced spending over a normalized fiscal year.

Interest Expense

The proceeds of past debt issuance have been utilized to fund major construction projects including the Wexner Medical Center expansion, student housing construction and refurbishments, as well as significant campus infrastructure improvements and academic facility construction and enhancements. The university's portion of consolidated interest expense is expected to be approximately \$96.6 million in FY 2021; an increase of \$7.1 million over FY 2020. This is due to increased variable rate debt obligations. See Chapter 8 for additional details on current capital projects.

FY 2021 FINANCIAL PLAN

Chapter 6 | Health System Operating Plan

| Health System (\$ thousands) | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|--|------------------|-------------------|------------------|----------------------|---------------------|
| Total Operating Revenue | 3,239,926 | 3,214,279 | 3,490,140 | 275,861 | 8.6% |
| Operating Expenses | | | | | |
| Salaries & Benefits | 1,448,151 | 1,525,282 | 1,584,314 | 59,031 | 3.9% |
| Supplies | 355,305 | 343,258 | 358,620 | 15,363 | 4.5% |
| Drugs & Pharmaceuticals | 388,591 | 416,935 | 455,763 | 38,827 | 9.3% |
| Services | 311,792 | 321,261 | 335,213 | 13,952 | 4.3% |
| COVID-19 Expenses | - | 20,716 | 20,000 | (716) | -3.5% |
| Depreciation | 164,230 | 171,806 | 178,642 | 6,836 | 4.0% |
| Interest | 34,981 | 31,941 | 29,508 | (2,433) | -7.6% |
| University Overhead | 60,834 | 61,900 | 57,200 | (4,700) | -7.6% |
| Other Expenses | 48,337 | 51,313 | 55,577 | 4,264 | 8.3% |
| Total Expenses | 2,812,221 | 2,944,412 | 3,074,837 | 130,425 | 4.4% |
| Gain/Loss from Operations | 427,705 | 269,866 | 415,302 | 145,436 | 53.9% |
| Medical Center Investments | (150,000) | (173,749) | (180,264) | (6,515) | -3.7% |
| Investment Income | 6,355 | 22,272 | 17,258 | (5,014) | -22.5% |
| Other Gains (Losses) | (307) | 162,740 | 22,242 | (140,498) | -86.3% |
| Excess of Revenue over Expenses | 283,753 | 281,129 | 274,538 | (6,591) | -2.3% |

The margin for the OSU Health System is budgeted at \$274.5 million for FY 2021. The operating budget is set at a level to achieve the organizations strategic and long range financial plan goals and provides the necessary margin to invest in clinical programs, capital, provide debt service coverage and build cash reserves. The operating budget for FY 2021 anticipates continued growth in both inpatient and outpatient activities with cancer, heart and other surgical specialties having the most influence. The budget also takes into consideration the impact of healthcare reform and the associated reimbursement impacts. In addition, the budget continues to incorporate payer mix changes resulting from an aging population with shifts to Medicare. Included in the budget is the Health System’s continued investment in Medical Center initiatives (\$180 million). The budget provides a Total Operating Margin percentage of 7.9% and an EBIDA operating margin of 19.0%.

Revenue Drivers

Overall revenue is budgeted to increase approximately 8.6% compared to a 0.8% decrease in FY 2020 due to COVID-19 impacts. Inpatient admission growth is budgeted at 8.0% above FY 2020 yet 4% below initial budget projections. Growth is projected across numerous specialties as recovery efforts continue. Outpatient activity will grow at 14.0% with recovery to pre-COVID-19 levels and continued ambulatory growth related to increasing access and new locations.



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The overall payer mix continues to see growth in Medicare and decreases in managed care. Medicaid Expansion continues to keep the uninsured population below historical trends. Overall Medicare rates will increase less than 1%. Managed care plan migration to Medicare due to the aging population is anticipated to increase to 2% in FY 2021. Managed care arrangements are negotiated through the end of FY 2021 and in some cases into 2022. Quality and risk-based contracts continue to be a focus in ongoing negotiations with payers and are reflected in the modeled reimbursement rates. The payment increases for managed care contracts are on average 3% in rate growth while governmental payer base rates are anticipated to increase less than 1%.

Expense Drivers

Total operating expenses will grow by 4.4% compared to the prior year growth of 12.7% which included \$21 million in COVID-19 related expenses. Drug cost is increasing 9.3% with 5% due to inflation and the remaining impact primarily due to growth in infusions and increased cancer drug utilization. Operating expenses, excluding drugs, depreciation and overhead, are budgeted to grow 4.0%, of which 2.3% will be activity driven and 1.7% rate driven. A pause is anticipated for annual salary merit increases for employees with the exception of union associated employees. Benefit rates are expected to remain flat to FY 2020. Expense management initiatives will continue to be an emphasis to mitigate reimbursement changes and COVID-19 related impacts.

FY 2021 FINANCIAL PLAN

Chapter 7 | OSU Physicians Operating Plan

| OSU Physicians (\$ thousands) | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|---------------------------------|----------------|-------------------|----------------|----------------------|---------------------|
| Total Revenue | 480,879 | 482,954 | 537,535 | 54,581 | 11.3% |
| Expenses | | | | | |
| Faculty Salaries & Benefits | 325,832 | 371,791 | 410,808 | 39,017 | 10.5% |
| Non Faculty Salaries & Benefits | 102,279 | 112,975 | 119,438 | 6,463 | 5.7% |
| Supplies & Pharmaceuticals | 20,049 | 19,706 | 17,945 | (1,760) | -8.9% |
| Services | 31,833 | 32,916 | 32,152 | (764) | -2.3% |
| Depreciation | 3,580 | 3,393 | 2,977 | (416) | -12.3% |
| Interest | 376 | 279 | 258 | (22) | -7.8% |
| Other Expenses | 48,386 | 37,584 | 57,109 | 19,525 | 52.0% |
| Medical Center Investments | (79,443) | (103,244) | (110,127) | (6,883) | -6.7% |
| Total Expenses | 452,891 | 475,399 | 530,558 | 55,160 | 11.6% |
| Gain / (Loss) | 27,989 | 7,555 | 6,977 | (579) | -7.7% |

Total operating revenue is budgeted to increase \$54.6 million or 11.3% over FY 2020. Total operating revenue includes net patient revenue and other operating revenue associated with physician services. Net patient revenue is budgeted to increase \$40.1 million or 11.0% over FY 2020 due to faculty recruitment, increased clinical productivity, improved payment rates, and improved service mix. Other operating revenue is budgeted to increase \$14.4 million due primarily to support for specific healthcare service lines.

Total expenses are expected to increase \$55.2 million. Expense categories with the largest increases were physician salaries & benefits and staff salaries & benefits. Expenses are included for staff and supplies in preparation for opening Outpatient Care New Albany. New physicians in FY 2021 are approximately 187. Generally, the amount of time for a new practice to reach full profitability is approximately 2-3 years.

Work continues on increasing revenue growth through a number of initiatives. In addition, expense control measures continue to evolve to help keep controllable costs, such as number of staff, supplies, and services, in line with revenue changes. The budget includes expense moderation measures due to COVID-19 impact, as well as assumptions about COVID-19 recovery of clinic volumes. These assumptions are aligned with the Health System, and do not include assumptions about a second COVID-19 surge during the fiscal year.

FY 2021 FINANCIAL PLAN

Chapter 8 | Capital Investment Plan FY 2021-25

The University will invest nearly \$4.0 billion over five years in strategic physical plant projects as detailed in the FY 2021-25 Capital Investment Plan. The planning process is guided by the university's master plan, Framework 2.0 and projects are evaluated against its principles. Framework 2.0 is based on planning principles that tie the mission, vision and values of the university to the physical plan, focusing on five thematic areas:

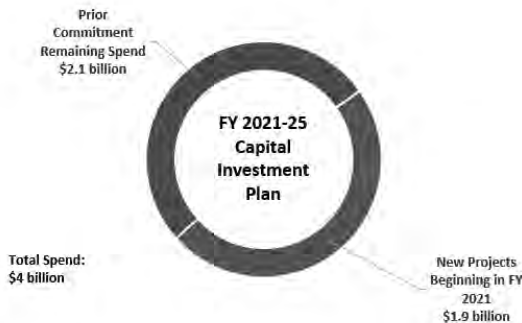


Six large capital projects are currently underway in various stages of development: Arts District, Interdisciplinary Health Sciences Center, Interdisciplinary Research Facility, Wexner Medical Center Inpatient Hospital, Wexner Medical Center Dublin and New Albany Ambulatory facilities, and Wexner Medical Center West Campus Outpatient Care facility. These projects represent the facility needs of a cross section of the university and advance a number of the university's strategic plan pillars, including teaching and learning, research and creative expression, and academic health care.

Capital projects are also reviewed for financial soundness before inclusion in the FY 2021-25 Capital Investment Plan.

The following chart reflects the capital plan through FY 2025. Of the total \$4.0 billion, \$2.1 billion is remaining spend on projects previously committed and \$1.9 billion on new projects beginning in FY 2021.

The following charts reflect the Capital Plan through FY 2025. The FY 2021 Financial Plan includes \$936.2 million in capital spending, \$637.1 million is related to projects previously committed and \$299.1 million for new projects.



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Prior Commitment Remaining Spend

| Prior Commitment Remaining Spend (\$ millions) | Projected Capital Expenditures | | | | | |
|---|--------------------------------|-----------------|-----------------|-----------------|----------------|-------------------|
| | FY 2021 | FY 2022 | FY 2023 | FY 2024 | FY 2025 | Total |
| A&S - Arts District Ph. 1 | \$ 11.1 | \$ 37.8 | \$ 44.0 | \$ 22.4 | \$ 18.7 | \$ 134.0 |
| A&S - Celeste Lab Renovation | 11.0 | 13.0 | 5.1 | 0.3 | - | 29.5 |
| Athletics - Lacrosse Stadium | 0.5 | 12.7 | 6.6 | - | - | 19.8 |
| Athletics - Ty Tucker Tennis Center | 8.8 | 2.8 | - | - | - | 11.6 |
| Energy Advancement and Innovation Center | 2.5 | 1.6 | 10.5 | 21.5 | - | 36.1 |
| Engineering - Advanced Materials Corridor - Ph. 1 | 11.1 | 2.0 | - | - | - | 13.1 |
| FOD - Cannon Drive Relocation - Ph. 2 | 25.0 | 40.0 | 16.8 | - | - | 81.8 |
| FOD - RDM Instructional Sciences | 1.3 | 0.3 | 22.4 | - | - | 24.0 |
| Optometry Clinic and Hlth Sci Faculty Office Bldg | 13.1 | 1.9 | - | - | - | 15.0 |
| Interdisciplinary Health Sciences Center | 16.6 | 47.0 | 65.5 | 14.2 | - | 143.2 |
| Interdisciplinary Research Facility | 46.3 | 84.8 | 75.8 | 21.7 | - | 228.7 |
| Libraries - Library Book Depository Ph. 3 | 0.4 | 9.5 | 5.1 | 0.1 | - | 15.1 |
| Nursing - Newton Building Addition | 7.0 | 13.0 | 3.2 | - | - | 23.2 |
| VetMed - Frank Stanton Veterinary SOC Clinic | 10.2 | 8.2 | 0.2 | - | - | 18.6 |
| West Campus Infrastructure Ph. 1 | 4.2 | 12.4 | - | - | - | 16.6 |
| WMC - Inpatient Hospital Garage | 44.5 | 6.7 | - | - | - | 51.2 |
| WMC - Ambulatory Dublin | 18.9 | 37.3 | 84.3 | 18.9 | - | 159.4 |
| WMC - Ambulatory New Albany | 65.7 | 34.9 | 5.0 | - | - | 105.5 |
| WMC - Dodd - Parking Garage | 13.0 | 17.0 | 3.1 | - | - | 33.1 |
| WMC - Inpatient Hospital - Central Sterile Supply | 20.1 | 5.7 | - | - | - | 25.8 |
| WMC - Inpatient Hospital - Design | 27.0 | 5.3 | 2.0 | 2.0 | 2.0 | 38.3 |
| WMC - Outpatient Care West Campus | 56.0 | 145.1 | 109.0 | 21.6 | - | 331.8 |
| Roll-up of Small Projects | 222.9 | 207.4 | 63.8 | 3.7 | 0.1 | 497.8 |
| Total Prior Commitment Remaining Spend | \$ 637.1 | \$ 746.2 | \$ 522.5 | \$ 126.5 | \$ 20.8 | \$ 2,053.1 |

New Projects Beginning in FY 2021

| New Projects Beginning in FY 2021 (\$ millions) | Projected Capital Expenditures | | | | | |
|--|--------------------------------|-------------------|-----------------|-----------------|-----------------|-------------------|
| | FY 2021 | FY 2022 | FY 2023 | FY 2024 | FY 2025 | Total |
| Anticipated Spend for CIP Additions/Changes | \$ 0.2 | \$ 3.1 | \$ 6.0 | \$ 0.7 | \$ - | \$ 10.0 |
| Roll-up of Small Infrastructure/RDM Projects | 0.2 | 3.7 | 6.5 | 0.8 | - | 11.3 |
| Small Programmatic Cash Ready Projects | 0.4 | 7.4 | 6.9 | 0.7 | - | 15.4 |
| WMC - Roll Up of Cash Ready Projects | 173.8 | - | - | - | - | 173.8 |
| New Major Projects (>\$4M) | | | | | | |
| Engineering - Bus Testing Facility | 0.2 | 1.4 | 5.3 | 5.3 | 2.9 | 15.0 |
| WMC - Inpatient Hospital (construction) | 116.8 | 243.9 | 430.3 | 422.3 | 473.4 | 1,686.7 |
| Total New Projects Beginning in FY 2020 | \$ 291.6 | \$ 259.6 | \$ 455.0 | \$ 429.8 | \$ 476.2 | \$ 1,912.1 |
| Total Capital Investment Spend | \$ 928.7 | \$ 1,005.8 | \$ 977.5 | \$ 556.3 | \$ 497.0 | \$ 3,965.2 |

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Capital Plan Funding Sources

Capital projects are funded with a variety of sources, including state capital appropriations, private capital gifts, debt proceeds, endowment income, principal from quasi-endowments, current year operating margins and existing cash from units and central university. As discussed previously, operating margins can be highly restrictive and only certain funds are available for capital uses. As projects are completed, restricted dollars such as state capital appropriations and private capital gifts typically are used first, followed by existing cash, depending on the project or funding plan. State capital appropriations are anticipated to be \$15.5 million in FY 2021. Each project requiring debt must have a specific funding plan completed and approved before it can proceed to construction. For the FY 2021-25 Capital Investment Plan, the following represents the sources identified to fund the new projects.

| Funding Sources | | | | | | |
|-----------------------------------|------------------|-------------------|-----------------|----------------|---------------------|-----------|
| Unit Type (\$ millions) | Local Funding | Debt Financing | Fund Raising | Partners | Total \$ by Unit | % by Unit |
| Academic-Support | \$ 29.3 | \$ - | \$ 2.0 | \$ 16.8 | \$ 48.1 | 2.5% |
| Athletics | 2.6 | - | - | - | 2.6 | 0.1% |
| Infrastructure | 0.5 | - | - | 0.5 | 1.0 | 0.1% |
| Medical Center | 426.4 | 984.0 | 450.0 | - | 1,860.4 | 97.3% |
| Total \$ by Funding Source | \$ 458.8 | \$ 984.0 | \$ 452.0 | \$ 17.3 | \$ 1,912.1 | |
| % by Funding Source | 24.0% | 51.5% | 23.6% | 0.9% | | |

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Chapter 9 | Economic Impact of Ohio State

The university’s economic impact on the state of Ohio provides important context to understand the FY 2021 Financial Plan. To quantify Ohio State’s current economic impact in Ohio, the university partnered with a third party to undertake a comprehensive analysis of the economic benefits that arise from university operations. The firm used a model to calculate the economic benefits traced to the direct and indirect effects of Ohio State’s operational spending. The model accounts for the ripple effects of spending by employees, students and visitors on retail purchases, restaurant meals, hotel stays, events and other goods and services that filter through the economy and support jobs.

The analysis showed that The Ohio State University generates \$15.2 billion annually in economic impact for the state of Ohio – which equates to more than \$1.735 million in economic impact every hour.

Ohio State’s research enterprise, medical complex, construction projects, athletics events and status as Ohio’s fourth-largest employer combined in FY 2018 to support more than 123,000 jobs across Ohio. To put that in context, one in every 57 jobs in the state is directly or indirectly supported or sustained by the university.

The total economic impact is attributed to Ohio State’s six campuses, academic medical complex, and the Department of Athletics. The analysis estimated that the Columbus campus alone generated \$7 billion in economic benefits, supporting 67,244 jobs and stimulating \$348.8 million in state and local tax revenue. The Wexner Medical Center generated \$7.3 billion, almost half of which represents direct spending, and directly supported almost 22,000 full- and part-time jobs.

In addition to operations-related impact, Ohio State has potential to create an estimated \$184 million of additional earning power annually for new graduates and generates at least \$364 million each year in faculty, staff and student charitable donations and volunteer services, according to the analysis.



The Ohio State University is made up of the Columbus campus, four regional campuses in Lima, Mansfield, Marion, and Newark, and the Wooster Campus which includes the Agricultural Technical Institute (ATI) and the Ohio Agricultural Research and Development Center (OARDC). The university also has a presence in all 88 Ohio counties in the form of OSU Extension offices, as well as numerous farms and research facilities throughout the state. As of Autumn 2018, there were 1,247 buildings across all campuses on 16,196 acres. All these facilities are included in the FY 2021 Financial Plan.

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Appendix A | FY 2021 Financial Plan – GASB Version

FY 2021 Presentation Notes

For FY 2021, we are presenting a Modified Operating Cash version of the financial plan as this is a more informative and effective format for management accounting and performance measurement. There are differences in presentation between this version and the version based on the GASB external financial statements. The Modified Operating Cash Flow excludes sources that cannot be used in operations (state capital appropriations, undistributed investment income, private capital gifts and additions to permanent endowments) while the GASB income statement presentation includes these items as revenue.

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Consolidated – GASB Version

| Total Sources (\$ thousands) | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|-------------------------------------|------------------------|---------------------------|----------------------|------------------------------|-----------------------------|
| Tuition & Fees (gross) | 1,188,569 | 1,192,489 | 1,137,578 | (54,911) | -4.6% |
| State Share of Instruction | 383,220 | 377,449 | 379,322 | 1,873 | 0.5% |
| Other Government Appropriations | 86,459 | 84,389 | 84,389 | (0) | 0.0% |
| Exchange Grants & Contracts | 778,422 | 806,437 | 811,652 | 5,215 | 0.6% |
| Non-Exchange Grants & Contracts | 84,473 | 264,717 | 166,979 | (97,738) | -36.9% |
| Sales & Services - Auxiliaries | 376,899 | 338,047 | 205,313 | (132,733) | -39.3% |
| Sales & Services - Departmental | 166,681 | 152,920 | 148,906 | (4,014) | -2.6% |
| Sales & Services - Health System | 3,239,926 | 3,214,279 | 3,490,140 | 275,861 | 8.6% |
| Sales & Services - OSU Physicians | 480,879 | 482,954 | 537,535 | 54,581 | 11.3% |
| Advancement Receipts | 232,200 | 238,873 | 249,150 | 10,277 | 4.3% |
| Investment Income | 232,287 | 240,041 | 459,052 | 219,011 | Assumes 8% |
| Other Revenues | 44,862 | 42,848 | 41,091 | (1,757) | -4.1% |
| Total Sources | 7,294,878 | 7,435,443 | 7,711,106 | 275,664 | 3.7% |

| Total Uses (\$ thousands) | FY19 Actual | FY20 Unaudited | FY21 Plan | FY20-FY21 \$ Diff | FY20-FY21 % Diff |
|--------------------------------------|------------------------|---------------------------|----------------------|------------------------------|-----------------------------|
| Total Personnel Expense | 3,765,162 | 4,010,432 | 4,062,915 | 52,484 | 1.3% |
| Fee Authorizations | 119,560 | 113,097 | 113,097 | 0 | 0.0% |
| Student Aid | 404,645 | 435,160 | 430,886 | (4,275) | -1.0% |
| Supplies, Services & Other | 2,196,521 | 2,110,880 | 2,176,825 | 65,945 | 3.1% |
| Total Non-Personnel Expense | 2,720,726 | 2,659,138 | 2,720,808 | 61,670 | 2.3% |
| Depreciation | 420,506 | 420,017 | 458,617 | 38,600 | 9.2% |
| Interest Expense | 117,380 | 116,043 | 121,458 | 5,415 | 4.7% |
| Total Capital-Related Expense | 537,886 | 536,060 | 580,075 | 44,015 | 8.2% |
| Total Uses | 7,023,774 | 7,205,629 | 7,363,798 | 158,169 | 2.2% |

| | | | | | |
|--------------------------|----------------|----------------|----------------|----------------|--------------|
| Sources Less Uses | 271,104 | 229,813 | 347,308 | 117,495 | 51.1% |
|--------------------------|----------------|----------------|----------------|----------------|--------------|

| | | | | | |
|---------------------------------------|---------------|-----------------|------------------|------------------|----------------|
| Sources Less Uses Excl Invstmt | 38,817 | (10,228) | (111,744) | (101,516) | -992.6% |
|---------------------------------------|---------------|-----------------|------------------|------------------|----------------|

Note: This GASB presentation excludes impact of pension and OPEB liabilities.

FY 2021 FINANCIAL PLAN

Appendix B | Student Fees

Columbus Undergraduate Fees

| Undergraduate Cohort | General Fees | | | | | | Distance Education Fee | Resident Total |
|--|--------------------|---------|------------------|-------------------|---------|----------|------------------------|-----------------|
| | Instructional Fees | General | Student Activity | Student Union Fee | Rec Fee | COTA Fee | | |
| ON CAMPUS | | | | | | | | |
| Continuing, enrolled prior to August 2015 | 4,584.00 | 186.00 | 37.50 | 74.40 | 123.00 | 13.50 | - | 5,018.40 |
| Continuing, enrolled between August 2015 and July 2017 | 4,584.00 | 186.00 | 37.50 | 74.40 | 123.00 | 13.50 | - | 5,018.40 |
| Cohort 2017-2018 | 4,858.80 | 186.00 | 40.00 | 74.40 | 123.00 | 13.50 | - | 5,295.70 |
| Cohort 2018-2019 | 4,926.00 | 186.00 | 40.00 | 74.40 | 123.00 | 13.50 | - | 5,362.90 |
| Cohort 2019-2020 | 5,098.50 | 192.50 | 40.00 | 74.40 | 123.00 | 13.50 | - | 5,541.90 |
| Cohort 2020-2021 | 5,307.50 | 200.50 | 40.00 | 74.40 | 123.00 | 13.50 | - | 5,758.90 |
| DISTANCE LEARNING | | | | | | | | |
| Continuing | 4,584.00 | 186.00 | - | - | - | - | 100.00 | 4,870.00 |
| Cohort 2017-2018 | 4,858.80 | 186.00 | - | - | - | - | 100.00 | 5,144.80 |
| Cohort 2018-2019 | 4,926.00 | 186.00 | - | - | - | - | 100.00 | 5,212.00 |
| Cohort 2019-2020 | 5,098.50 | 192.50 | - | - | - | - | 100.00 | 5,391.00 |
| Cohort 2020-2021 | 5,307.50 | 200.50 | - | - | - | - | 100.00 | 5,608.00 |

| Undergraduate Cohort | Resident Total | Non-Resident Surcharge | Non-Resident (Domestic) Total | Int'l Surcharge | Non-Resident (Int'l) Total |
|--|----------------|------------------------|-------------------------------|-----------------|----------------------------|
| ON CAMPUS | | | | | |
| Continuing, enrolled prior to August 2015 | 5,018.40 | 10,992.00 | 16,010.40 | 498.00 | 16,508.40 |
| Continuing, enrolled between August 2015 and July 2017 | 5,018.40 | 10,992.00 | 16,010.40 | 966.00 | 16,976.40 |
| Cohort 2017-2018 | 5,295.70 | 10,992.00 | 16,287.70 | 1,464.00 | 17,751.70 |
| Cohort 2018-2019 | 5,362.90 | 10,992.00 | 16,354.90 | 1,464.00 | 17,818.90 |
| Cohort 2019-2020 | 5,541.90 | 10,992.00 | 16,533.90 | 1,464.00 | 17,997.90 |
| Cohort 2020-2021 | 5,758.90 | 10,992.00 | 16,750.90 | 1,464.00 | 18,214.90 |
| DISTANCE LEARNING | | | | | |
| Continuing | 4,870.00 | 1,795.00 | 6,665.00 | n/a | n/a |
| Cohort 2017-2018 | 5,144.80 | 1,795.00 | 6,939.80 | n/a | n/a |
| Cohort 2018-2019 | 5,212.00 | 1,795.00 | 7,007.00 | n/a | n/a |
| Cohort 2019-2020 | 5,391.00 | 1,795.00 | 7,186.00 | n/a | n/a |
| Cohort 2020-2021 | 5,608.00 | 1,795.00 | 7,403.00 | n/a | n/a |

Notes:

- Fees presented above are for undergraduate students with credit hour loads of 12 to 18 per term. For loads of less than 12 credit hours, fees are prorated by the credit hour except for the Student Activity Fee and COTA Fee, which are flat rates regardless of credit hours, and the Rec Fee, which is a flat fee for 4 credit hours or more.
- Tuition guarantee applies to instructional, general, student activity, student union, recreational, and COTA fees for incoming freshmen starting in Autumn 2017. The Tuition Guarantee does not apply to the non-resident surcharge or the international surcharge. See Program and Technology fees for additional fees charged by certain programs.
- For each half credit hour of enrollment over 18 credit hours per term, students are assessed an additional half credit hour instructional, general, and non-resident surcharge.
- For students taking all distance learning courses over an entire semester and not pursuing an online degree / certificate program, in lieu of all on-site fees there is a distance learning fee of \$100 and the non-resident surcharge is reduced to \$1,795.

FY 2021 FINANCIAL PLAN

Regional Campus and ATI Undergraduate Fees

| Undergraduate Cohort | Instructional Fees | General Fees | Resident Total | Non-Resident Surcharge | Non-Resident (Domestic) Total |
|--|---------------------------|---------------------|-----------------------|-------------------------------|--------------------------------------|
| AGRICULTURAL TECHNICAL INSTITUTE | | | | | |
| Continuing, enrolled prior to August 2017 | 3,438.00 | 114.00 | 3,552.00 | 10,992.00 | 14,544.00 |
| Cohort 2017-2018 | 3,644.40 | 114.00 | 3,758.40 | 10,992.00 | 14,750.40 |
| Cohort 2018-2019 | 3,690.00 | 114.00 | 3,804.00 | 10,992.00 | 14,796.00 |
| Cohort 2019-2020 | 3,819.00 | 118.00 | 3,937.00 | 10,992.00 | 14,929.00 |
| Cohort 2020-2021 | 3,975.50 | 123.00 | 4,098.50 | 10,992.00 | 15,090.50 |
| LIMA, MANSFIELD, MARION, NEWARK - UNDERGRADUATE | | | | | |
| Continuing, enrolled prior to August 2017 | 3,456.00 | 114.00 | 3,570.00 | 10,992.00 | 14,562.00 |
| Cohort 2017-2018 | 3,662.40 | 114.00 | 3,776.40 | 10,992.00 | 14,768.40 |
| Cohort 2018-2019 | 3,708.00 | 114.00 | 3,822.00 | 10,992.00 | 14,814.00 |
| Cohort 2019-2020 | 3,838.00 | 118.00 | 3,956.00 | 10,992.00 | 14,948.00 |
| Cohort 2020-2021 | 3,995.50 | 123.00 | 4,118.50 | 10,992.00 | 15,110.50 |

FY 2021 FINANCIAL PLAN

Undergraduate Program and Technology Fees

Full Time Rates - 12+ Credit Hours; prorated by credit hour for loads less than 12

| Program | Program Fee | Technology Fee | |
|---|-------------|----------------|-----|
| Animal Sciences | 78.00 | - | |
| Art | 114.00 | - | |
| Arts | - | 162.00 | |
| Business | 649.20 | 186.00 | |
| MPS in CIS | - | 108.00 | |
| Communications | - | 49.20 | |
| Education and Human Ecology | - | 90.00 | |
| Engineering (all except Engineering Physics) | 589.20 | 240.00 | (1) |
| Engineering Physics | 349.20 | 108.00 | |
| Environmental and Natural Resources | 49.20 | - | |
| Food, Agricultural and Environmental Sciences | 49.20 | 49.20 | (2) |
| Health and Rehabilitation Services | 199.20 | - | |
| Music | 348.00 | 162.00 | |
| Nursing | 624.00 | 199.20 | |
| Psychology | 104.40 | - | |

(1) Beginning in FY 2015, specific Agriculture majors and plans only

(2) ATI students in FAES also pay this fee.

FY 2021 FINANCIAL PLAN

Graduate and Professional Fees

| Program | Instructional | | General Student | | Student Union Fee | Rea. Fee | COTA Fee | Distance Education Fee | College-Specific Fees | Resident Total | Non-Resident Surcharge | Non-Resident Total |
|---|------------------|---------|-----------------|-----------|-------------------|----------|----------|------------------------|-----------------------|----------------|------------------------|--------------------|
| | General Activity | Student | Activity | Union Fee | | | | | | | | |
| Masters & PhD - Columbus | 5,780.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 6,212.40 | 12,358.00 | 18,570.40 |
| Masters & PhD - Distance Learning | 5,780.00 | 184.00 | - | - | - | - | - | 100.00 | - | 6,064.00 | 1,295.00 | 7,359.00 |
| Master of Accounting | 15,728.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 16,421.40 | 12,358.00 | 28,779.40 |
| Master of Business Administration | 14,876.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 15,569.40 | 12,358.00 | 27,927.40 |
| Master of Business Logistics Engineering | 13,612.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 14,288.40 | 10,979.00 | 25,267.40 |
| Master of Business Administration - Working Professional | 12,592.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 13,298.40 | 10,979.00 | 24,277.40 |
| Master of Business Management | 12,592.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 13,298.40 | 10,979.00 | 24,277.40 |
| Master of Business Administration - Executive | 32,736.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 32,988.40 | 11,838.00 | 44,826.40 |
| Master of Business Operational Excellence | 17,094.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 17,768.20 | 5.00 | 17,773.20 |
| Master of Business Analytics | 17,430.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 17,694.40 | 200.00 | 17,894.40 |
| Specialized Masters in Business - Finance | 27,632.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 261.00 (1) | 28,328.40 | 5.00 | 28,333.40 |
| Graduate Minor in Business for Health Sciences | 11,644.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 12,076.40 | 5.00 | 12,081.40 |
| Chemistry - Rank 1 | 16,260.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 2,893.00 (2) | 21,648.40 | 21,848.00 | 43,496.40 |
| Chemistry - Ranks 2, 3, 4 | 16,520.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 4,751.00 (2) | 18,684.40 | 19,372.00 | 38,056.40 |
| Master of Global Engineering Leadership - Distance Learning | 8,352.00 | 184.00 | - | - | - | - | 100.00 | - | - | 8,636.00 | 200.00 | 8,836.00 |
| Master of Engineering Management - Distance Learning | 8,352.00 | 184.00 | - | - | - | - | 100.00 | - | - | 8,636.00 | 200.00 | 8,836.00 |
| Master of Transitional Data Analytics | 9,530.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 9,962.40 | 12,358.00 | 22,320.40 |
| Law - Doctor of Jurisprudence | 16,598.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 16,939.40 | 7,626.00 | 24,565.40 |
| Law - Master in the Study of Law | 8,092.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 8,524.40 | 7,626.00 | 16,150.40 |
| Medicine | 14,840.00 | 164.00 | 164.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 66.00 (1) | 15,318.40 | 12,460.00 | 27,778.40 |
| Master in Genetic Counseling | 9,596.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 10,000.40 | 6,616.00 | 16,616.40 |
| Doctor of Occupational Therapy | 6,596.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 6,998.40 | 9,977.00 | 16,975.40 |
| Master/Doctor of Physical Therapy | 6,520.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 6,924.40 | 10,458.00 | 17,382.40 |
| Master of Dietetics and Nutrition | 6,286.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 6,626.40 | 12,358.00 | 18,984.40 |
| Master of Health Administration | 6,984.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 7,416.40 | 12,358.00 | 19,774.40 |
| Master of Public Health | 6,136.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 6,624.40 | 12,358.00 | 18,982.40 |
| Public Health Program for Experienced Professionals | 6,136.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 6,624.40 | 12,358.00 | 18,982.40 |
| Pharmacy | 12,164.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 12,596.40 | 13,013.00 | 25,609.40 |
| Cytometry - Rank 1 | 13,468.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 626.00 (1) (2) (6) | 14,526.40 | 10,526.00 | 25,052.40 |
| Cytometry - Rank 2 | 13,468.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 626.00 (1) (2) (6) | 14,526.40 | 5.00 | 14,531.40 |
| Cytometry - Ranks 3 and 4 | 11,936.00 | 164.00 | 164.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 860.00 (2) (6) | 12,924.40 | 5.00 | 12,929.40 |
| Doctor of Audiology | 6,088.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 6,500.40 | 12,358.00 | 18,858.40 |
| Master of Speech-Language Pathology | 6,088.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 6,500.40 | 12,358.00 | 18,858.40 |
| Master of Social Work | 6,116.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 94.50 (3) | 6,642.90 | 12,358.00 | 19,000.90 |
| Veterinary Medicine - Rank 1 | 16,084.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 277.50 (2) | 16,793.90 | 19,668.00 | 36,461.90 |
| Veterinary Medicine - Rank 2 | 16,084.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 202.50 (2) | 16,718.90 | 5.00 | 16,723.90 |
| Veterinary Medicine - Rank 3 | 16,084.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 277.50 (2) | 16,793.90 | 5.00 | 16,798.90 |
| Veterinary Medicine - Rank 4 | 16,084.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 352.50 (2) | 16,688.90 | 5.00 | 16,693.90 |
| Master of Science in Nursing | 7,780.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 1,449.40 (4) | 9,661.80 | 12,358.00 | 22,019.80 |
| Doctor of Nursing Practice - On Campus | 7,780.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | 1,449.40 (4) | 9,661.80 | 12,358.00 | 22,019.80 |
| Doctor of Nursing Practice - Distance Learning | 7,780.00 | 184.00 | - | - | - | - | 100.00 | - | 1,439.60 (5) | 9,503.60 | 200.00 | 9,703.60 |
| Master of Art and Extension Education - On Campus | 7,172.00 | 184.00 | 184.00 | 37.50 | 74.40 | - | 123.00 | 13.50 | - | 7,653.60 | 5.00 | 7,658.60 |
| Master of Art and Extension Education - Distance Learning | 7,172.00 | 184.00 | - | - | - | - | 100.00 | - | - | 7,495.00 | 200.00 | 7,695.00 |

Notes:
 - Fees presented above are for credit hour loads of 8 credit hours per term and above. For loads of less than 8 credit hours, fees are promoted by the credit hour except for the Student Activity Fee and COTA Fee, which are flat rates regardless of credit hours, and the Rec Fee, which is a flat fee for 4 credit hours or more.
 - See Program and Technology fees for additional fees charged by certain programs.
 - For students pursuing an online degree / certificate program, in lieu of all on-site fees there is a distance learning fee of \$100 and the non-resident surcharge is reduced to \$200, unless otherwise noted.
 (1) Technology Fee
 (2) Student Activity Fee
 (3) Field Practicum Fee
 (4) Technology and Program Fee
 (5) College-Specific Distance Education Fee
 (6) Association Fee

FY 2021 FINANCIAL PLAN

Online Programs

| | Instructional Fees | | | General Fees | | | Program Specific Fees | | | | Non-Resident Surcharges | Non-Resident Total |
|--|--------------------|------------------|-------------------|------------------------|----------|---------|-----------------------|----------|----------------|-----------|-------------------------|--------------------|
| | General | Student Activity | Student Union Fee | Distance Education Fee | COTA Fee | Ric Fee | Program | Other | Resident Total | | | |
| Undergraduate | | | | | | | | | | | | |
| Associate of Arts in Early Childhood Development and Education | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| Certificate in Essential Skills for Travel and Business in Russia | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| Bachelor of Science, Dental Hygiene | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| Healthcare Environmental and Hospitalary Services | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| AS to Bachelor of Science in Radiological Sciences | 5,307.50 | 200.50 | - | - | - | - | 100.00 | 186.00 | - | 5,794.00 | 200.00 | 5,994.00 |
| Assistive and Rehabilitative Technology Undergraduate Certificate | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| Bachelor of Science in Health Services | 5,307.50 | 200.50 | - | - | - | - | 100.00 | 200.00 | - | 5,808.00 | 200.00 | 6,008.00 |
| Nursing in School Health Services Certificate | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| Primary Care Academic Certificate | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| Registered Nurses in Primary Care Certificate | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| RN to Bachelor of Science in Nursing | 5,307.50 | 200.50 | - | - | - | - | 100.00 | 190.00 | 572.00 | 6,370.00 | 200.00 | 6,570.00 |
| Special Nurse Professional Pupil Services Licensure Certificate | 5,307.50 | 200.50 | - | - | - | - | 100.00 | - | - | 5,608.00 | 200.00 | 5,808.00 |
| Graduate | | | | | | | | | | | | |
| Diversity, Equity and Inclusion | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Arts in Art Education | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Dental Hygiene | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Core Practices in World Language Education | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Science in Learning Technologies | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Engineering Management | 8,352.00 | 184.00 | - | - | - | - | 100.00 | - | - | 8,636.00 | 200.00 | 8,836.00 |
| Master of Global Engineering Leadership | 8,352.00 | 184.00 | - | - | - | - | 100.00 | - | - | 8,636.00 | 200.00 | 8,836.00 |
| Master of Science in Welding Engineering | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master in Plant Health Management | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Science in Agricultural Communication, Education, and Leadership | 7,172.00 | 184.00 | - | - | - | - | 100.00 | - | - | 7,456.00 | 200.00 | 7,656.00 |
| Specialized Master in Business Analytics | 17,410.40 | 184.00 | - | - | - | - | 100.00 | - | - | 17,694.40 | 200.00 | 17,894.40 |
| Assistive and Rehabilitative Technology Graduate Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Biomedical Informatics Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Arts in Bioethics | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Science in Transitional Pharmacology | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Doctor of Nursing Practice | 7,780.00 | 184.00 | - | - | - | - | 100.00 | 1,249.60 | 190.00 | 9,503.60 | 200.00 | 9,703.60 |
| Health and Wellness Coaching Graduate Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Healthcare Leadership and Innovation Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Clinical Research | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Healthcare Innovation | 5,780.00 | 184.00 | - | - | - | - | 100.00 | 1,062.16 | 190.00 | 7,316.16 | 200.00 | 7,516.16 |
| Master of Science, Nursing | 5,780.00 | 184.00 | - | - | - | - | 100.00 | 1,249.60 | 190.00 | 7,503.60 | 200.00 | 7,703.60 |
| Nurse Coaching Graduate Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Nurse Educator Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| School Nurse Wellness Coordinator Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Science in Pharmaceutical Sciences | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Criminal Justice Administration Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | 104.00 | 180.00 | 6,348.00 | 200.00 | 6,548.00 |
| Master of Public Administration and Leadership | 5,780.00 | 184.00 | - | - | - | - | 100.00 | 161.00 | 180.00 | 6,405.00 | 200.00 | 6,605.00 |
| Public Management Certificate | 5,780.00 | 184.00 | - | - | - | - | 100.00 | 104.00 | 180.00 | 6,348.00 | 200.00 | 6,548.00 |
| Master of Social Work | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |
| Master of Social Work ASAP | 5,780.00 | 184.00 | - | - | - | - | 100.00 | - | - | 6,064.00 | 200.00 | 6,264.00 |

Differential Fee Paying Categories; Fees listed are for students starting in FY21

FY 2021 FINANCIAL PLAN

Graduate Program and Technology Fees

Full Time Rates - 8+ Credit Hours; prorated by credit hour for loads less than 8

| Program | Program Fee | Technology Fee |
|---|-------------|----------------|
| Arts | - | 162.00 |
| Business | - | 261.00 |
| Education and Human Ecology | 832.00 | (1) 189.00 |
| Engineering | - | 255.00 |
| Food, Agricultural and Environmental Sciences | - | 49.20 (2) |
| Medicine | - | 66.00 |
| Nursing, enrolled Fall 2013 and later | 1,249.60 | 199.80 |
| Nursing, enrolled prior to Fall 2013 | 1,000.00 | 199.80 |
| Public Policy | - | 180.00 |

(1) Beginning in Autumn 2019, master-level students enrolled in the Master of Science in Human Development and Family Science, Specialization in Couple and Family Therapy program.

(2) ATI students in FAES also pay this fee.

FY 2021 FINANCIAL PLAN

Housing Rates

| Columbus Campus Housing Rates | Cohort 2019-2020 and All Non-Tuition Guarantee Students | Cohort 2020-2021 and All Non-Tuition Guarantee Students | \$ Change | % Change |
|--|---|---|-----------|----------|
| | Students | Students | | |
| Rates by Term | | | | |
| Autumn and Spring Term Rates | | | | |
| Rate I | 8,658 | 8,874 | 216 | 2.5% |
| Rate II | 7,214 | 7,394 | 180 | 2.5% |
| Rate IIA | 6,982 | 7,156 | 174 | 2.5% |
| Rate III | 6,742 | 6,910 | 168 | 2.5% |
| Summer Term Rates | | | | |
| 4-Week Session - Rate I | | | n/a | |
| 6-Week Session - Rate I | | | n/a | |
| 8-Week Session - Rate I | | | n/a | |
| 4-Week Session - Rate II | 902 | 925 | 23 | 2.5% |
| 6-Week Session - Rate II | 1,353 | 1,387 | 34 | 2.5% |
| 8-Week Session - Rate II | 1,804 | 1,850 | 46 | 2.5% |
| 4-Week Session - Rate IIA | 873 | 895 | 22 | 2.5% |
| 6-Week Session - Rate IIA | 1,309 | 1,342 | 33 | 2.5% |
| 8-Week Session - Rate IIA | 1,746 | 1,790 | 44 | 2.5% |
| Summer Term - Rate I | | | n/a | |
| Summer Term - Rate II | 2,706 | 2,775 | 69 | 2.5% |
| Summer Term - Rate IIA | 2,618 | 2,685 | 67 | 2.6% |
| Special Programs | | | | |
| Stadium Scholars Program | 5,718 | 5,858 | 140 | 2.4% |
| Alumnae Scholarship Houses - single or double w/bath | 6,554 | 6,718 | 164 | 2.5% |
| Alumnae Scholarship Houses - double or triple | 6,412 | 6,572 | 160 | 2.5% |
| German House - 1-person room | 6,650 | 6,816 | 166 | 2.5% |
| German House - 2-person room | 6,190 | 6,344 | 154 | 2.5% |
| Rates by Month | | | | |
| 237 E 17th - mini-single | 457 | 468 | 11 | 2.4% |
| 237 E 17th - single | 631 | 648 | 17 | 2.7% |
| 237 E 17th - supersingle | 764 | 783 | 19 | 2.5% |
| 237 E 17th - double | 417 | 427 | 10 | 2.4% |
| Buckeye Village - 1 bedroom | 555 | 569 | 14 | 2.5% |
| Buckeye Village - 2 bedroom | 700 | 717 | 17 | 2.4% |
| Gateway - studio | 948 | 972 | 24 | 2.5% |
| Gateway - 1 bedroom apartment | 1,017 | 1,042 | 25 | 2.5% |
| Gateway - 2 bedroom apartment | 990 | 1,015 | 25 | 2.5% |
| Gateway - 3 bedroom apartment | 861 | 882 | 21 | 2.4% |
| Neil - efficiency | 861 | 882 | 21 | 2.4% |
| Neil - 4 bedroom | 854 | 875 | 21 | 2.5% |
| Penn Place - 1 person room | 815 | 835 | 20 | 2.5% |
| Penn Place - 2 person room | 467 | 478 | 11 | 2.4% |

FY 2021 FINANCIAL PLAN

| Regional Campus and ATI Housing Rates, By Term | Cohort 2019-2020 and All | Cohort 2020-2021 and All | \$ Change | % Change |
|--|--------------------------------|--------------------------------|-----------|----------|
| | Non-Tuition Guarantee Students | Non-Tuition Guarantee Students | | |
| ATI | | | | |
| 1-bedroom for 2 (per person) | 7,178 | 7,358 | 180 | 2.5% |
| 2-bedroom for 4 (per person) | 7,178 | 7,358 | 180 | 2.5% |
| 2-bedroom for 5 (per person - double) | 7,178 | 7,358 | 180 | 2.5% |
| 2-bedroom for 5 (per person - triple) | 6,192 | 6,346 | 154 | 2.5% |
| 3-bedroom for 5 (per person - single) | 7,562 | 7,750 | 188 | 2.5% |
| 3-bedroom for 5 (per person - double) | 7,178 | 7,358 | 180 | 2.5% |
| Private apartment | 8,534 | 8,748 | 214 | 2.5% |
| NEWARK | | | | |
| 2-person efficiency (per person) | 7,764 | 7,958 | 194 | 2.5% |
| 2-bedroom for 4 (per person) | 7,806 | 8,000 | 194 | 2.5% |
| 3-bedroom for 6 (per person) | 7,356 | 7,540 | 184 | 2.5% |
| McConnell Hall | 8,040 | 8,240 | 200 | 2.5% |
| MANSFIELD | | | | |
| 2-bedroom for 2 (per person) | 8,202 | 8,408 | 206 | 2.5% |
| 2-bedroom for 4 (per person) | 6,564 | 6,728 | 164 | 2.5% |
| 5-bedroom for 5 (per person) | 6,884 | 7,056 | 172 | 2.5% |
| 5-bedroom for 6 - single (per person) | 6,564 | 6,728 | 164 | 2.5% |
| 5-bedroom for 6 - double (per person) | 5,916 | 6,064 | 148 | 2.5% |

Dining Rates

| Meal Plan Rates | Cohort 2019-2020 and All | Cohort 2020-2021 and All | \$ Change | % Change |
|--|--------------------------------|--------------------------------|-----------|----------|
| | Non-Tuition Guarantee Students | Non-Tuition Guarantee Students | | |
| Autumn and Spring Terms | | | | |
| Unlimited Access (Unlimited Meals / \$200 Dining Dollars) | 3,952 | 4,050 | 98 | 2.5% |
| Scarlet Access 14 (14 Meals / \$400 Dining Dollars / \$300 BuckID) | 4,824 | 4,944 | 120 | 2.5% |
| Gray Access 10 (10 Meals / \$400 Dining Dollars / \$300 BuckID) | 4,050 | 4,152 | 102 | 2.5% |
| Declining Balance (\$2,738 / \$2,798 Dining Dollars) | 4,304 | 4,412 | 108 | 2.5% |
| McConnell Plan [Newark] (\$1,794 / \$1,833 Dining Dollars) | 2,820 | 2,890 | 70 | 2.5% |
| Summer Term | | | | |
| Carmen 1 (\$556 / \$568 Dining Dollars) | 874 | 896 | 22 | 2.5% |
| Carmen 2 (\$1,086 / \$1,110 Dining Dollars) | 1,708 | 1,750 | 42 | 2.5% |

FY 2021 FINANCIAL PLAN

Appendix C | Typical Annual Undergraduate Fees

Columbus Campus by Cohort – Autumn and Spring Terms

| Resident | Continuing, enrolled between | | | | |
|-------------------------------|------------------------------|---------------------|---------------------|---------------------|---------------------|
| | August 2015 and July 2017 | Cohort 2017-2018 | Cohort 2018-2019 | Cohort 2019-2020 | Cohort 2020-2021 |
| Instructional Fees | \$ 9,168.00 | \$ 9,717.60 | \$ 9,852.00 | \$ 10,197.00 | \$ 10,615.00 |
| General Fees | 372.00 | 372.00 | 372.00 | 385.00 | 401.00 |
| Student Activity Fee | 75.00 | 80.00 | 80.00 | 80.00 | 80.00 |
| Student Union Fee | 148.80 | 148.80 | 148.80 | 148.80 | 148.80 |
| Rec Fee | 246.00 | 246.00 | 246.00 | 246.00 | 246.00 |
| COTA Fee | 27.00 | 27.00 | 27.00 | 27.00 | 27.00 |
| Total Tuition and Fees | \$ 10,036.80 | \$ 10,591.40 | \$ 10,725.80 | \$ 11,083.80 | \$ 11,517.80 |
| Housing (Rate I) | 8,874.00 | 8,348.00 | 8,472.00 | 8,658.00 | 8,874.00 |
| Dining (Gray 10) | 4,152.00 | 3,904.00 | 3,962.00 | 4,050.00 | 4,152.00 |
| Total | \$ 23,062.80 | \$ 22,843.40 | \$ 23,159.80 | \$ 23,791.80 | \$ 24,543.80 |

| Non-Resident Domestic | Continuing, enrolled between | | | | |
|-------------------------------|------------------------------|---------------------|---------------------|---------------------|---------------------|
| | August 2015 and July 2017 | Cohort 2017-2018 | Cohort 2018-2019 | Cohort 2019-2020 | Cohort 2020-2021 |
| Instructional Fees | \$ 9,168.00 | \$ 9,717.60 | \$ 9,852.00 | \$ 10,197.00 | \$ 10,615.00 |
| General Fees | 372.00 | 372.00 | 372.00 | 385.00 | 401.00 |
| Student Activity Fee | 75.00 | 80.00 | 80.00 | 80.00 | 80.00 |
| Student Union Fee | 148.80 | 148.80 | 148.80 | 148.80 | 148.80 |
| Rec Fee | 246.00 | 246.00 | 246.00 | 246.00 | 246.00 |
| COTA Fee | 27.00 | 27.00 | 27.00 | 27.00 | 27.00 |
| Non-Resident Surcharge | 21,984.00 | 21,984.00 | 21,984.00 | 21,984.00 | 21,984.00 |
| Total Tuition and Fees | \$ 32,020.80 | \$ 32,575.40 | \$ 32,709.80 | \$ 33,067.80 | \$ 33,501.80 |
| Housing (Rate I) | 8,874.00 | 8,348.00 | 8,472.00 | 8,658.00 | 8,874.00 |
| Dining (Gray 10) | 4,152.00 | 3,904.00 | 3,962.00 | 4,050.00 | 4,152.00 |
| Total | \$ 45,046.80 | \$ 44,827.40 | \$ 45,143.80 | \$ 45,775.80 | \$ 46,527.80 |

| Non-Resident International | Continuing, enrolled between | | | | |
|-------------------------------|------------------------------|---------------------|---------------------|---------------------|---------------------|
| | August 2015 and July 2017 | Cohort 2017-2018 | Cohort 2018-2019 | Cohort 2019-2020 | Cohort 2020-2021 |
| Instructional Fees | \$ 9,168.00 | \$ 9,717.60 | \$ 9,852.00 | \$ 10,197.00 | \$ 10,615.00 |
| General Fees | 372.00 | 372.00 | 372.00 | 385.00 | 401.00 |
| Student Activity Fee | 75.00 | 80.00 | 80.00 | 80.00 | 80.00 |
| Student Union Fee | 148.80 | 148.80 | 148.80 | 148.80 | 148.80 |
| Rec Fee | 246.00 | 246.00 | 246.00 | 246.00 | 246.00 |
| COTA Fee | 27.00 | 27.00 | 27.00 | 27.00 | 27.00 |
| Non-Resident Surcharge | 21,984.00 | 21,984.00 | 21,984.00 | 21,984.00 | 21,984.00 |
| International Surcharge | 1,932.00 | 2,928.00 | 2,928.00 | 2,928.00 | 2,928.00 |
| Total Tuition and Fees | \$ 33,952.80 | \$ 35,503.40 | \$ 35,637.80 | \$ 35,995.80 | \$ 36,429.80 |
| Housing (Rate I) | 8,874.00 | 8,348.00 | 8,472.00 | 8,658.00 | 8,874.00 |
| Dining (Gray 10) | 4,152.00 | 3,904.00 | 3,962.00 | 4,050.00 | 4,152.00 |
| Total | \$ 46,978.80 | \$ 47,755.40 | \$ 48,071.80 | \$ 48,703.80 | \$ 49,455.80 |

FY 2021 FINANCIAL PLAN

Appendix D | Tuition and SSI History (Columbus Campus)

| Fiscal Year | Undergraduate Resident | | Undergraduate Non-Resident (Domestic) | | Columbus Campus | |
|-------------|------------------------|----------|---------------------------------------|----------|-----------------|----------|
| | Total | % Change | Total | % Change | Total SSI | % Change |
| 1998 | \$3,687 | 6.3% | \$10,896 | 5.4% | \$297,551 | 5.1% |
| 1999 | \$3,906 | 5.9% | \$11,475 | 5.3% | \$305,161 | 2.6% |
| 2000 | \$4,137 | 5.9% | \$12,087 | 5.3% | \$312,839 | 2.5% |
| 2001 | \$4,383 | 5.9% | \$12,732 | 5.3% | \$317,721 | 1.6% |
| 2002 | \$4,788 | 9.2% | \$13,554 | 6.5% | \$305,389 | -3.9% |
| 2003 | \$5,691 | 18.9% | \$15,114 | 11.5% | \$300,064 | -1.7% |
| 2004 | \$6,651 | 16.9% | \$16,638 | 10.1% | \$299,998 | 0.0% |
| 2005 | \$7,542 | 13.4% | \$18,129 | 9.0% | \$301,898 | 0.6% |
| 2006 | \$8,082 | 7.2% | \$19,305 | 6.5% | \$305,588 | 1.2% |
| 2007 | \$8,667 | 7.2% | \$20,562 | 6.5% | \$314,597 | 2.9% |
| 2008 | \$8,676 | 0.1% | \$21,285 | 3.5% | \$330,269 | 5.0% |
| 2009 | \$8,679 | 0.0% | \$21,918 | 3.0% | \$362,682 | 9.8% |
| 2010 | \$8,726 | 0.5% | \$22,298 | 1.7% | \$391,658 | 8.0% |
| 2011 | \$9,420 | 8.0% | \$23,604 | 5.9% | \$390,830 | -0.2% |
| 2012 | \$9,735 | 3.3% | \$24,630 | 4.3% | \$329,548 | -15.7% |
| 2013 | \$10,037 | 3.1% | \$25,445 | 3.3% | \$331,829 | 0.7% |
| 2014 | \$10,037 | 0.0% | \$25,757 | 1.2% | \$334,394 | 0.8% |
| 2015 | \$10,037 | 0.0% | \$26,537 | 3.0% | \$330,878 | -1.1% |
| 2016 | \$10,037 | 0.0% | \$27,365 | 3.1% | \$341,582 | 3.2% |
| 2017 | \$10,037 | 0.0% | \$28,229 | 3.2% | \$362,654 | 6.2% |
| 2018 | \$10,591 | 5.5% | \$29,695 | 5.2% | \$360,816 | -0.5% |
| 2019 | \$10,726 | 1.3% | \$30,742 | 3.5% | \$359,412 | -0.4% |
| 2020 | \$11,084 | 3.3% | \$32,061 | 4.3% | \$353,396 | -1.7% |
| 2021 | \$11,518 | 3.9% | \$33,502 | 4.5% | \$359,645 | 1.8% |

2018-2021 tuition represents tuition guarantee for students starting each autumn

**The Ohio State University Board of Trustees
Audit, Compliance & Finance Committee
August 27, 2020**

TOPIC:

Expense Repayment Endowment Fund

CONTEXT:

Establishment of an Expense Repayment Endowment Fund effective August 27, 2020 with a fund transfer of university operating funds.

The university has incurred or will incur expenses, some of which shall be necessary to pay via either a significant one-time lump sum payment or significant anticipated periodic payments ("Lump Sum Expenses").

SUMMARY:

The annual distribution along with realized appreciation and principal, if needed, shall be used to defray Lump Sum Expenses at the discretion of the senior vice president for business and finance and chief financial officer ("CFO"). In any given year in which the endowment distribution is not fully used for the payment of Lump Sum Expenses, the unused distribution from this endowment shall be reinvested in the endowment principal. Additional contributions may be made to this fund in the future as well.

Upon payment in full of the Lump Sum Expenses, this endowment fund will terminate and any remaining balance in this fund will be used at the discretion of the Chief Financial Officer in consultation with the President of the University.

The investment and management of and expenditures from all endowment funds shall be in accordance with University policies and procedures as approved by the Board of Trustees. As authorized by the Board of Trustees, a fee may be assessed against the entire endowment portfolio, which includes this endowment fund.

Should circumstances arise in the future that warrant a change in the use of this quasi-endowment fund, then another use shall be designated by the university's Board of Trustees in consultation with the President and Chief Financial Officer.

Amount Establishing Endowment: \$ 15,000,000.00

REQUESTED OF THE AUDIT, COMPLIANCE & FINANCE COMMITTEE:

Approval of the Expense Repayment Endowment Fund

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Appendix XXIV

**The Ohio State University Board of Trustees
Audit, Compliance & Finance Committee
August 27, 2020**

TOPIC:

Ohio Graduate Student Non-Resident Surcharge waiver beginning Spring Semester FY 2021

CONTEXT:

Approval of the decrease in non-resident surcharge for select graduate students with baccalaureate degrees from institutions within Ohio. This will retain more talent with advanced degrees within the state of Ohio, increase affordability for out-of-state graduate students, and maintain consistency with other Ohio public universities. Historically, approx. 60% of graduate students have their non-resident surcharge funded by the university.

REQUESTED OF THE AUDIT, COMPLIANCE & FINANCE COMMITTEE:

Approval of waiver of all but \$5.00 of the non-resident surcharge for select graduate students with baccalaureate degrees from institutions within Ohio beginning Spring Semester 2021.

Participating Graduate Program List

| Program | Current Per Semester Non-Resident Surcharge | Proposed Per semester Non-Resident Surcharge after waiver |
|--|--|--|
| Masters & PhD - Columbus | \$ 12,358 | \$ 5 |
| Masters & PhD - Regional | \$ 12,358 | \$ 5 |
| Master of Accounting | \$ 12,358 | \$ 5 |
| Master of Business Administration | \$ 12,358 | \$ 5 |
| Master of Business Logistics Engineering | \$ 10,979 | \$ 5 |
| Master of Business Administration - Working Professional | \$ 10,979 | \$ 5 |
| Master of Human Resource Management | \$ 11,361 | \$ 5 |
| Master of Translational Data Analytics | \$ 12,358 | \$ 5 |
| Law - Master in the Study of Law | \$ 7,626 | \$ 5 |
| Master in Genetic Counseling | \$ 6,616 | \$ 5 |
| Doctor of Occupational Therapy | \$ 9,977 | \$ 5 |
| Master/Doctor of Physical Therapy | \$ 10,456 | \$ 5 |
| Master of Dietetics and Nutrition | \$ 12,358 | \$ 5 |
| Master of Health Administration | \$ 12,358 | \$ 5 |
| Master of Public Health | \$ 12,358 | \$ 5 |
| Public Health Program for Experienced Professionals | \$ 12,358 | \$ 5 |
| Doctor of Audiology | \$ 12,358 | \$ 5 |
| Master of Speech-Language Pathology | \$ 12,358 | \$ 5 |
| Master of Social Work | \$ 12,358 | \$ 5 |
| Master of Science in Nursing | \$ 12,358 | \$ 5 |
| Doctor of Nursing Practice - On Campus | \$ 12,358 | \$ 5 |

August 10-27, 2020, Board of Trustees Meetings
Appendix XXV

The Ohio State University
Board of Trustees

August 27, 2020

BACKGROUND

INTRODUCTION

The purpose of the Internal Audit Department (Internal Audit) is to provide independent and objective assurance and consulting services designed to add value and improve the operations of The Ohio State University. The mission of Internal Audit is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. It assists the university in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the organization's governance, risk management, and control processes.

ROLE

Internal Audit is established by the Board of Trustees (hereafter referred to as the Board). Internal Audit's responsibilities are defined by the Board as part of their oversight role.

PROFESSIONALISM

Internal Audit shall govern itself by adherence to the mandatory elements of The Institute of Internal Auditors' International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Definition of Internal Auditing, the Code of Ethics, and the *International Standards for the Professional Practice of Internal Auditing (Standards)*. This mandatory guidance constitutes principles of the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of the internal audit activity's performance.

The Institute of Internal Auditors' Practice Advisories, Practice Guides, and Position Papers shall also be adhered to as applicable to guide operations. In addition, Internal Audit shall adhere to the university's relevant policies and procedures and Internal Audit's standard operating procedures manual.

AUTHORITY

Internal Audit, with strict accountability for confidentiality and safeguarding records and information, is authorized full, free, and unrestricted access to any and all university records, physical properties, and personnel pertinent to carrying out any engagement. All employees are required to assist the internal audit activity in fulfilling its roles and responsibilities. Internal Audit shall also have free and unrestricted direct access to the Audit, Compliance, and Finance Committee of the Board.

ORGANIZATION

The chief audit executive (Director) shall report functionally to the Board's Audit, Compliance, and Finance Committee and to the university president and administratively (i.e., day to day operations) to the senior vice president for business and finance.

The Audit, Compliance, and Finance Committee shall:

- Approve the internal audit charter;
- Approve the risk based internal audit plan;
- Approve the internal audit budget and resource plan;
- Receive communications from the Director on the internal audit activity's performance relative to its plan and other matter;
- Approve decisions regarding the appointment and removal of the Director;
- Approve the remuneration of the Director;
- Make appropriate inquiries of management and the Director to determine whether there is inappropriate scope or resource limitations.

The Director shall communicate and interact directly with the Audit, Compliance, and Finance Committee, including in executive sessions and between Board meetings as appropriate.

INDEPENDENCE AND OBJECTIVITY

The Director shall ensure that Internal Audit remains free from interference by any element in the organization, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of a necessary independent and objective mental attitude. If the Director determines that independence or objectivity may be impaired in fact or appearance, the details of the impairment shall be disclosed to appropriate parties and to the Chair of the Audit, Compliance, and Finance Committee.

Internal auditors shall have no direct operational responsibility or authority over any of the activities audited. Accordingly, they shall not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair internal auditor's judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing any operational duties for The Ohio State University or its affiliates.
- Initiating or approving transactions external to Internal Audit.
- Directing any activities of any Ohio State University employee not employed by Internal Audit, except to the extent that such employees have been appropriately assigned to auditing teams or to otherwise assist internal auditors.

Internal auditors shall exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined.

Internal auditors shall maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others.

The Director shall confirm to the Audit, Compliance, and Finance Committee, at least annually, the organizational independence of the Internal Audit Department.

RESPONSIBILITY

The scope of Internal Audit encompasses, but is not limited to, the examination and evaluation of the adequacy and effectiveness of the organization's governance, risk management, and internal controls as well as the quality of performance in carrying out assigned responsibilities to achieve the organization's stated goals and objectives. This includes:

- Evaluating risk exposure relating to achievement of the organization's strategic objectives;
- Evaluating the reliability and integrity of information and the means used to identify, measure, classify, and report such information;
- Evaluating the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on the organization;
- Evaluating the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
- Evaluating the effectiveness and efficiency with which resources are employed;
- Evaluating operations or programs to ascertain whether results are consistent with established objectives and goals and whether the operations or programs are being carried out as planned;
- Monitoring and evaluating governance processes;
- Monitoring and evaluating the effectiveness of the organization's risk management processes;
- Evaluating the quality of performance of external auditors and the degree of coordination with internal audit;

- Performing consulting and advisory services related to governance, risk management and control as appropriate for the organization;
- Reporting periodically on the internal audit activity's purpose, authority, responsibility, and performance relative to its plan;
- Reporting significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by the Board;
- Evaluating specific operations at the request of the Board or management, as appropriate.

INTERNAL AUDIT PLAN

At least annually, the Director shall submit to senior management and the Audit, Compliance, and Finance Committee an internal audit plan for review and approval. The internal audit plan shall consist of a work schedule as well as budget and resource requirements for the next fiscal/calendar year. The Director shall communicate the impact of resource limitations and significant interim changes to senior management and the Audit, Compliance, and Finance Committee.

The internal audit plan shall be developed based on a prioritization of the audit universe using a risk-based methodology, including input of senior management and the Board. The Director shall review and adjust the plan, as necessary, in response to changes in the organization's business, risks, operations, programs, systems, and controls. Any significant deviation from the approved internal audit plan shall be communicated to senior management and the Audit, Compliance, and Finance Committee through periodic activity reports.

REPORTING AND MONITORING

A written report shall be prepared and issued by the Director or designee following the conclusion of each internal audit engagement and shall be distributed as appropriate. Internal Audit results shall also be communicated to the Audit, Compliance, and Finance Committee.

The internal audit report shall include management's response and corrective action taken or to be taken in regard to the specific findings and recommendations. Management's response, included within the original audit report, shall include a timetable for anticipated completion of action to be taken and an explanation for any corrective action that shall not be implemented.

The internal audit activity shall be responsible for appropriate follow-up on engagement findings and recommendations. All significant findings shall remain in an open issues file until cleared.

The Director shall periodically report to senior management and the Audit, Compliance, and Finance Committee on the internal audit activity's purpose, authority, and responsibility, as well as performance relative to its plan. Reporting shall also include significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by senior management and the Board. The Director shall also ensure Internal Audit collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of the internal audit charter.

QUALITY ASSURANCE AND IMPROVEMENT PROGRAM

Internal Audit activity shall maintain a quality assurance and improvement program that covers all aspects of the internal audit activity. The program shall include an evaluation of Internal Audit's conformance with the Definition of Internal Auditing and the *Standards* and an evaluation of whether internal auditors apply the Code of Ethics. The program also assesses the efficiency and effectiveness of the internal audit activity and identifies opportunities for improvement.

The Director shall communicate to senior management and the Audit, Compliance, and Finance Committee on the Internal Audit's quality assurance and improvement program, including results of ongoing internal assessments and external assessments conducted at least every five years.